ABSTRACT

Title of Document: THE WELL-BEING OF GRANDPARENT CAREGIVER HOUSEHOLDS: DOES DURATION OF CARE MATTER?

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Do variations in the duration of grandparents caring for grandchildren result in significantly different patterns of poverty and receipt of public assistance for the household and disability for the grandparent caregiver? Using data from the 5% Integrated Public Use Microdata Samples (IPUMS) from the Census 2000, this paper explores how grandparent caregivers and their households fare as the length of caregiving extends from the possibly temporary category of under 6 months to a more permanent situation of over five years. The results indicate that households in the higher duration of grandparent caregiving categories have a significantly lower likelihood of living below 150% of the poverty threshold and a higher likelihood of receiving public assistance, after controlling for demographic and human capital covariates[JI1]. Disability of the caregiver varies slightly as the length of caregiving reaches five or more years.

THE WELL-BEING OF GRANDPARENT CAREGIVER HOUSEHOLDS: DOES DURATION OF CARE MATTER?

By

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Chapter 1: Introduction

The role of grandparents in American society is in many ways being redefined in response to changing social conditions and shifts in the structure of families. Grandparents are increasingly stepping into the lives of their grandchildren as caretakers, often becoming the sole "parents" responsible for raising them. Over the past twenty years, the notable increases in the number of children living with, and commonly in the care of, grandparents have sparked greater discussion surrounding this family form and the well-being of its members. Because many policy makers view grandparents as a safety net for grandchildren, creating policies that shift the burden for dealing with family problems from government back to families, it is crucial to explore how adequate the webs of care are.

The multigenerational living arrangement both informs and creates the environment in which its members may prosper. In 2000, roughly 2,400,000 grandparents were raising grandchildren in the United States, 39% of whom had been doing so for over five years, 34% who were doing so without the presence of the parents of the grandchildren within the home (Simmons and Dye, 2003). Grandparents who are caregivers to their grandchildren play an important role in preserving kinship ties but this role invariably comes with challenges. In addition to role-related demands, there are current and cumulative disadvantages that exacerbate poor economic and health conditions that in turn can undermine grandparent caregivers' effectiveness as providers. Given the strong association between family structure and economic well-being, examining the burgeoning grandparent-grandchild family -- both with and without parents present -- becomes increasingly important as

its prevalence grows. In order to better understand how these families are faring, this research not only evaluate how the structure and composition of grandparent caregiver households differ over duration of care but also reveal details of well-being at the different stages of this care.

There are several factors that have led to grandparents increasingly assuming roles as caretakers for their grandchildren. The first is that grandparents, and all people for that matter, are simply living longer and thus are able to provide a role that in the past death or ill health may have obviated. Beyond improved geriatric medicine and longer life spans, factors including parental substance abuse, AIDS, incarceration, homicide, divorce, teen pregnancy, high costs of childcare, and mental illness have all contributed to thrusting grandparents into the often unwanted role of parenting again (Jendrek, 1994; Minkler and Roe, 1993; Kelly, 1993; Dowdell, 1995). Many of the above issues are particularly prevalent in America's urban inner cities and reflect the influences and consequences of poverty and demonstrate how challenging poverty or near poverty status can be in modern America (Pebley and Rudkin, 2001; Brooks-Gunn, Duncan, and Maritato, 1999). These factors, when considered in the context of the economic and emotional health of the entire extended household, may have significant consequences for the quality of daily life.

While this extremely poor population is not the only group who cares for their grandchildren, they make up a particularly vulnerable portion of grandparent primary caregivers. For many grandparents, the caregiver role not only causes financial strain but also presents a complicated emotional atmosphere. The context in which the grandchildren come into their care is largely the result of "failure" in the middle

generation which affects not only the grandparents but the grandchildren as well. Often the uncertainty surrounding the permanency of the role adds to the unstable nature of building a cohesive family. Because the temporary responsibility often transitions into a long-term commitment, with nearly 40% of grandparents caring for their grandchildren for more than five years, consideration of the mutigenerational households overall functioning and specifically grandparent caregivers' well-being becomes particularly important in that a healthy environment cannot be maintained if the caregiver is experiencing undue difficulty.

The Census 2000 data, with its three new questions specifically addressing grandparents and their care of grandchildren, present a new opportunity to explore in more detail the grandparent household structures, their determinants and consequences, and the inequality that exists across certain family and caregiving arrangements. Researchers often hold the assumption that the grandparent is involved in order to stabilize the family environment for the grandchild by assuming the parental role. Little is known about how long this stabilization role takes and whether it truly is stabilizing in the end. While prior research has documented the numerous challenges grandparents face in their role as primary caregiver, very little research has looked at how duration of grandparent caregiving is associated with the well-being of the multigenerational household and its members. The new question on the Census regarding the amount of time grandparents have had responsibility of their grandchildren is all the more important considering the dearth of information concerning duration. The opportunity to glean new information, not only on the duration of grandparent caregiving but also on grandparents who claim responsibility

for their grandchildren in three generation households, who have been largely relegated to the role of helper, is valuable in furthering our understanding of these multigenerational living situations. This paper focuses on grandparents who claim responsibility for their grandchildren in both skipped-generation households, in which a grandparent and grandchild co-reside but no middle generation is present, and three-generation households, in which a grandparent, child (middle generation), and grandchild all live together. The substantive goal of this research is to provide a comparison of grandparent caregiving households by the amount of time grandparents have had responsibility for their grandchildren, and secondarily by household structure and race/ethnicity. By exploring the variations in characteristics and prevalence of the grandparent caregiving experience at different durations of care, we can better understand how to enhance the well-being of those in this family form. In particular, by examining whether the duration of grandparent care is connected to poverty status and welfare receipt for the household and disability of the caregiver, a more accurate picture of these multigenerational households and the types of supports that are needed can be revealed.

Chapter 2: Literature Review

A substantial increase in the number of grandparents raising and helping to raise their grandchildren coupled with the growing evidence of social and health problems associated with this living structure has helped focus much needed attention on this growing caregiver family type. The demographic research on grandparent families has largely addressed skipped-generation households, which are easily identified by household rosters, and intergenerational households more generally, exclusive of grandparent caregiving responsibilities. Other retrospective studies include information on grandparental responsibility but often the characteristics of the household at the time of caregiving are limited. There have been numerous studies that have detailed grandparent families but the majority of them have used small samples and/or qualitative analysis methods (Burnette, 1997; Burton, 1992; Joslin, 2000; Minkler and Roe, 1993; Dressel and Barnhill, 1994; Goodman and Silverstein, 2002)[JI2] and as a result of the narrow scope, the generalizability of their findings is unclear.

The National Survey of Families and Households and the Health and Retirement Study both address issues of grandparent caregiving and provide much needed longitudinal data on it. However, the HRS is limited to those 50 and older, therefore eliminating a large portion of grandparent caregivers. While other large-scale, national surveys, including the Current Population Survey and the Survey of Income and Program Participation, have provided data rich with grandparent-grandchild living arrangement information, none (before the 2000 Decennial Census) have explicitly addressed the responsibility taken on by the grandparents (Mutchler

and Baker, 2004). Despite the data limitations above, prior research has created a detailed picture of the multigenerational household and the conditions and challenges those in grandparent caregiver households face. The bulk of past research on grandparents has focused on five issues: reasons for the increase in relative caregiving, characteristics of grandparents and grandparent-maintained households, the relationship between grandparents and their grandchildren, mental and physical health of grandparents and their grandchildren, and documentation of the poor economic status of custodial grandparent families. I use these categories and focus my analysis on grandparent caregivers and the households they govern.

Reasons for the Increase in Relative Caregiving

The increases in intergenerational households result from a myriad of social factors, in addition to preferences and policies that encourage placement with relatives over non relative foster care. In 1979, the Supreme Court mandated that federal foster care benefits could not be denied to relatives if the children fulfilled eligibility requirements. This decision coupled with the stipulation of federal Adoption Assistance and Child Welfare Act of 1980 to place children with the least restrictive, most family like setting available has led to sizable increases in kinship-care placements (Burnette, 2002; Minkler, 1999). However, much of the growth in grandparent caregiving occurs on a less official basis and so while kinship care payments may certainly explain some of the rise in intergenerational living, they only explain a fraction of the growth. Changes in welfare legislation resulting from The 1996 Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA)

also may play a part in the increased numbers of low-income, three-generation households because of residence requirements for teenage mothers, work requirements that increase the demand for child care, and eligibility ceilings that when hit, heighten the need for extended family support (Pebley and Rudkin, 1999; Minkler, 1998).

Separate from the legislation and policies that have affected living arrangements, there are a plethora social factors that have contributed to the increases in multigenerational families. Research on grandparent caregiver families has focused largely on dysfunction as a construct for study, in part due to the negative circumstances under which many grandparents step in. "The fact that the grandparent-grandchild family structure often emerges out of dysfunction in the middle generation has led to a problem-oriented approach to the study of this form (Landry-Meyer, 1999)." The crack cocaine epidemic of the 1980's, and substance abuse more generally, often are cited as contributors to the formation of grandparent-headed households with grandchildren (Fuller-Thomson and Minkler, 2000; Burton, 1992; Minkler and Roe, 1993). The increases in the number of incarcerated women has also led to more grandparents taking charge of their grandchildren, serving as primary caretakers to over 50% of the children of imprisoned mothers (Dressel and Barnhill, 1994). Grandparents also act as surrogate parents to approximately two thirds of children whose parents are suffering from HIV infection or have died as a result (Joslin, 2000). There are other, less dramatic but also important factors that contribute to the growth of the grandparent caregiving household including divorce, non-marital childbearing, teen pregnancies, shortage of affordable housing, and

mental illness (Fuller-Thomson and Minkler, 2003; Minkler, 1999; Pruchno, 1999). Many of the above factors are fundamentally linked to the pervasive problem of poverty, which itself is a vulnerability factor for assuming grandparental care (Burnette, 1997).

Characteristics of Grandparent Caregivers and their Households

In a Census 2000 brief on grandparents living with grandchildren, information from the three grandparent questions was presented, laying a foundation of rich descriptive statistics on coresident grandparents. In 2000, 5.6 million grandparents lived with grandchildren under age 18, 2.4 million of whom were responsible for raising their grandchildren. Overall, 12% of grandparents had cared for grandchildren for fewer than 6 months, 11% for 6 to 11 months, 23% for 1 to 2 years, 15% for 3 to 4 years, and 39% percent for 5 or more years. However, the distribution differed by race and ethnicity, with Black grandparent caregivers having the highest percentages responsible for their grandchildren for five or more years. While the prevalence of Hispanic caregiving households (16%) is not as high as African American caregiving households, they merit special attention given the rapid growth of this population group. Nearly 70% of all grandparent caregivers were below the age of 60. However, while grandparent caregivers aged 60-69 made up 13% of those responsible for grandchildren under 6 months, they accounted for 30% of durations of five years or more. Almost 95% of grandparent caregivers were the householder or spouse of the householder. Over one third of the caregivers maintained skipped-generation households (Simmons and Dye, 2003).

Mutchler and Baker (2004), using then Census 2000 Supplementary Survey, delve further into the differences between skipped-generation and shared-care households, with particular attention to the age of grandchildren involved and the intensities of economic hardship. They find that the two types of grandparent caregiving households tend to "specialize" in slightly different age groups. Skipped-generation households very seldom include preschool age grandchildren, whereas over half of shared-care households do. Mutchler and Baker argue that this specialization may point to childcare being a factor in the formation of shared-care households and also influence a grandparent's claim of responsibility.

Fuller-Thomson and Minkler (2000) note that census data fail to address the lifetime prevalence of tackling the parenting role for one's grandchildren. They used longitudinal data from the 1992-1994 National Survey of Families and Households to ascertain the lifetime prevalence of grandparent caregiving. They found that 1 in 10 grandparents had been responsible for a grandchild for 6 months or more, nearly three quarters of whom took on the parenting role before the grandchild turned 5. The study also found that 1 in 5 grandparents had been the caregiver for over 10 years. When comparing custodial grandparents to non-custodial grandparents, Fuller-Thomson and Minkler found that custodial grandparents were more likely to be unmarried, younger, 60% more likely to state incomes below the poverty threshold, and 50% more likely not to have graduated from high school.

Grandparent caregivers make up a diverse group. Many differences exist in relation to gender, age and race of caregivers, with grandmothers disproportionately taking on the care of grandchildren (Dellmann-Jenkins, Blankemeyer, and Olesh,

2002; Bowers and Myers, 1999). Coresident grandmothers are approximately twice as likely as coresident grandfathers to be poor, with single grandmothers being the most likely to suffer economic hardship (Bryson and Casper, 1998). While the most common grandparent raising a grandchild is a white married woman living slightly above the poverty threshold, being single, poor, and African American greatly raises the chance of becoming a caretaker for one's grandchildren (Fuller-Thomson and Minkler, 2000). The profile of a grandparent caregiver is varied and will continue to evolve as our families grow more diverse.

Relationship between Grandparent and Grandchild

Of all households with grandparents and grandchildren, the role of grandparents range from needing care themselves from their own children, to providing part-time care to their grandchildren, to taking on full-time custodial care for their grandchildren. The roles between grandparents and grandchildren differ widely by involvement levels of the grandparents and encompass wide variations in attitude, culture and education. To a large extent, grandparental roles are shaped by individual personalities and desires and expectations of others. The absence of a clearly prescribed function that a grandparent must conform to has led some to identify the grandparent role as the "roleless role" (Troll, 1983). In fact, it is the paucity of defined "guidelines" that often lead to confusion and ambiguity about when and how grandparents should step in during times of trouble. For those that do enter into the caregiver role, it is likely that interrole conflict and role overload will occur. However, as the time grandparents spend raising grandchildren increases, activities and obligations involving the grandchildren will necessitate taking on a

"parenting" role (Cox, 2000). Successful transitioning into the caregiver position is often undermined by not only the unanticipated and ambiguous nature of the role but also by the lack of preparation for undertaking care of the grandchildren (Burnette, 1999; Minkler and Roe, 1993). It has been demonstrated that a crucial factor in accepting new roles is the presence of social supports (Roberto and Stroes, 1992). As the role of grandparent caregiver becomes more prevalent, having these social supports in place is key to preventing many problems, including social isolation, financial strain, and psychological stress that grandparents raising grandchildren may encounter.

In many ways, it is the legal status of the grandparent-grandchild relationship that dictates the scope of grandparents' rights, responsibilities, and control over their grandchildren. Issues such as school enrollment, medical consent, access to official records, and health insurance eligibility for grandchildren are difficult to access unless a social worker or state employee plays an active role in thoroughly completing paperwork. The amount of paperwork and the hassle involved is considerable enough to deter grandparents from completing the forms, especially for grandparents who only intend to be temporary guardians (Bowers and Myers, 1999). Unfortunately, without the necessary paperwork, grandparents are often denied the rights to make decisions regarding a grandchild's education and/or health. Since practical and personal disincentives exist for so many caretakers, it is important to see whether and how the duration of care is related to negative outcomes. Many grandparents choose informal care over legal custody in the name of family peace or in the hopes of the parent returning. However, this living arrangement offers the least

access to economic and supportive services. While adoption, guardianship, and kinship care, are avenues to formalizing the relationship of grandparent to grandchild, they often involve investigations and background checks that many grandparents are unwilling to go through (Perez-Porter and Flynt, 2000). Despite the higher benefits that often accompany these legalized relationships, grandparents often are wary about following through because of mistrust and/or unfamiliarity of the system and remaining questions about the permanency of their care situation. As a result, many caregiving grandparents raising their grandchildren do not access benefits that could help support their grandchildren (Bronstein and Admiraal, 2005; Burnette, 2002).

It is expected that in the next decade, caregiver grandparents will increase due to the myriad of social problems that have already been mentioned. As grandparents age or their health falters, grandchildren are likely to have some caregiving role as well. This dimension of reciprocal care introduces an emotional dimension to the lives of children that are already being bombarded with disappointment and change which may result in adverse effects for all involved. Relationships vary by individuals but the grandparent-grandchild relationship is complicated by sometimes undefined, and oft changing roles and responsibilities.

Mental and Physical Health of Grandparents and Grandchildren

A number of studies have emerged that suggest that grandparent caregivers are negatively affected by their caregiving roles in several areas including, but not limited to, psychological stress and physical health (Dowdell, 1995; Bowers and Myers, 1999; Burton, 1992; Pruchno and McKenney, 2002; Sands and Goldberg-Glen, 2000). Nearly 40% of custodial grandparents nationwide rate their own health

as fair, poor, or very poor and a high proportion of them also have limitations in "Activities of Daily Living" (Minkler and Fuller-Thomson, 1999). Existing physical and mental health problems affect grandparents' quality of life and often impede their ability to meet the demands of the caregiver role, and unfortunately are likely to worsen over time. Health problems have been documented as particularly difficult for urban, ethnic minority grandparents, partly due to more limited access to health care and partly due to acute and chronic conditions that are more prevalent in that population (Whitley, Kelley and Sipe, 2001; Burton, 1992).

The strain that frequently comes with usurping the parental role is often made worse by additional stresses brought on by grandchild behavioral problems (Hayslip, Shore, Henderson, and Lambert, 1998; Dowdell, 1995). Many of the grandchildren entering the grandparent home are doing so after experiencing parental drug abuse, death, incarceration, mental illness or neglect and are at particular risk for psychological, behavioral, and health problems. In addition, economic strife, emotional turmoil, and conflicts that arise from navigating between complicated family relationships among various family members can introduce a significant degree of anxiety. One in four grandparent caregivers in the United States has depressive symptoms (Minkler, Fuller-Thomson, Miller, and Driver, 1997). Yet, often when grandparents take on the parental role for their grandchildren, they ignore their own health warnings and fail to seek needed medical treatment, especially for mental health reasons (Minkler and Roe, 1993; Whitley et. al, 2001).

Finally, caregivers living below the poverty line have increased levels of serious medical issues that often get left untreated because of costs of medication and

difficulty accessing help. (Murry, Brody, Brown, Wisenbaker, Cutrona and Simons, 2002) Furthermore, low-income caretakers who reported depressed feelings were less involved with children's lives. Given this reality, their own health care issues can be seen as a barrier to the effective management and health maintenance of their dependents. Health risks can jeopardize the stability of the family environment which both increases the likelihood that grandchildren will be forced to seek alternative living arrangements in the future and decreases the likelihood that appropriate attention is being paid to the general health and well being of intergenerational family members. These risks are very pertinent given that the duration for the majority of grandparent-grandchild care situations is five years or more. Health maintenance and heightened awareness surrounding the needs of grandparent-grandchild families is needed in order to maximize stability and minimize the adverse consequences of compromised mental and physical health for all members in these multigenerational homes.

Documentation of Poor Economic Status

The single most common problem that grandparent caregivers face is economic insecurity. A little less than half live on fixed incomes and close to 65% do so without reliance on public assistance. Almost one-fourth of grandparent-maintained households have incomes below the poverty line, a figure that differs greatly by race and marital status of the householder and household type (Burnette, 2002; Bryson & Casper, 1999; Mutchler & Baker, 2004). The total income of the family and the ratio of dependents to earners are two integral factors that shape a

family's economic status. Therefore, it is not surprising that skipped-generation households in general, and those headed by single grandparents in particular are found to be the most economically vulnerable. In Mutchler and Baker's (2004) examination of economic hardship among skipped-generation and shared-care (three generation) households in New England and the Deep South, nearly half of all skipped-generation families were found to have incomes below 150% of the poverty threshold. Whereas, only 17% of shared-care households in New England and 35% of shared-care households in the Deep South reported incomes below 150% of the poverty cutoff.

The high poverty rates documented among grandparent caregivers is of concern in light of increased costs associated with providing for grandchildren coupled with limited opportunity for increased income. For many low-income grandparents, the role of caregiver translates into supporting their grandchildren on an already stretched Supplemental Security Income check or accepting the challenges and potential stigma of "going on welfare". For other grandparent caregivers, assuming responsibility of grandchildren may mean stopping employment or cutting back on hours which may undermine their economic present and future (Minkler, Berrick, and Needell B, 1999).

Another challenge faced by caregivers, particularly those who are renting and are living below the poverty line, is access to adequate and affordable housing. Many grandparent caregivers are forced to move when they assume responsibility of their grandchildren because of rental agreements that do not allow for children, inadequate space of current residence, and perceived inappropriate environments for raising

grandchildren. Ability to access housing subsidies is in many cases contingent upon legal custody. Therefore, there is a strong association between duration of caregiving and receipt of subsidies because those who have had responsibility for their grandchildren for more than five years are most likely to have formalized the care relationship (Fuller-Thomson and Minkler, 2003).

The legal status of Grandparent caregivers greatly affects the types of assistance available to them. Without formal custody of grandchildren, access to assistance programs can be more difficult. As long as the parent continues to have custody, he or she can claim the child's financial assistance which is appropriate when the money is used to provide for the child but often grandparents complain that it goes to support irresponsible behavior outside of the household (Glass and Huneycutt, 2002). With nearly three-quarters of grandparent caregivers "parenting" without legal authority, custodial eligibility requirements need to be reevaluated in order to better serve those multigenerational households.

While welfare receipt is not contingent upon legal custody, TANF benefits come with their own set of drawbacks. They are often many times lower than payments that are available through other avenues like kinship care (requiring legal custody) and they can also be subject to constraints that grandparents are unable or unwilling to adhere to. The promotion of individual responsibility, work requirements, and limits on the number of years of receipt can, depending on the state's eligibility requirements, also apply to grandparent caretakers who are under 60 and not sick or incapacitated themselves or responsible for a family member who is in ill health. Caregivers can also be held to the 5-year lifetime limit and prior

enrollment for assistance could also reduce or negate the amount of the grant (AARP, 2000). These limitations are not the same for the "child-only" grants, which constitute 1 of every 5 welfare cases nation-wide. In a number of states, almost 50% of those still on welfare rolls are children whose parents or guardians are not eligible for assistance due to receipt of disability benefits, rule infraction, or who are undocumented immigrants but whose children are U.S. citizens (Burnette, 1999). The fragmented public social services, coupled with a reluctance to seek services on the part of many grandparents, undermine the efficacy of social support programs in ameliorating the economic hardships faced by these grandparent caregiver households.

The formation of intergenerational households can also be a response to economic hardship. Shared housing is one approach to coping with economic insecurity (Edin & Lein, 1997). Coresidence is particularly prevalent among African Americans and Latinos - a reflection mainly of greater economic hardship and partly cultural preference and/or acceptance of extended family care (Burr and Mutchler, 1999). Living in a three-generation household increases the likelihood that the parent (middle generation) is in the labor force or enrolled in school (Hao and Brinton, 1997; Minkler and Fuller-Thompson, 2002). It also can translate into more available time for family members to take advantage of social service supports (Mutchler, 1998).

Poverty has detrimental effects on the family, that sometimes manifest themselves in psychological distress, violence, and negative outlooks – all of which undermine the stability and overall functioning of the family. Financial stress is connected indirectly to low levels of parental nurturance and poor parent-child

relationship quality through maternal psychological functioning. Many researchers have reported that adults in parental roles with low and unsteady incomes encounter more emotional stress and see themselves as less effective parents than adults with stable incomes (Brody and Flor, 1998; McLoyd, Jayaratne, Ceballo and Borquez; Taylor, 2000). The economic picture is rather bleak for many grandparents raising grandchildren. Especially while the permanency of the care situation is still unknown, grandparents may not be willing or able to adequately accommodate for the new addition.

Chapter 3: Hypotheses

I hypothesize that the variations in duration of grandparent caregiving will result in significantly different patterns of poverty and public assistance receipt for the household and disability status for the grandparent caregiver. I expect that the longer a grandparent spends in a caregiver role, the more likely the grandparent and household are to find adequate mechanisms of coping with financial burdens. In addition, there is the likelihood that grandparents who can not manage to provide – financially, physically, or mentally - for a family will give up care sooner. This selection out process coupled with increased coping skills should be evidenced by higher rates of public assistance receipt but lower levels of poverty for those in the later durations of care. However, regardless of those who select out, the stresses and burdens that accompany grandparent caregiving will likely lead to higher disability rates among those who have been caring for their grandchildren for longer periods of time.

1) Do grandparent caregiver households in the longer duration of care categories have lower levels of poverty?

In terms of poverty status, the financial and social burdens that often accompany the care of a grandchild (AARP, 2000) are likely to strain the economic well-being of grandparent householders. However, some of the financial strains will likely be muted by other forms of payments that grandparents are better able to tap into over time, such as kinship care, child-only grants, tax credits, Supplemental Security Income (SSI), and retirement benefits (Burnette, 1999). Also, in accordance with family stress theory, families cope when faced with increased pressures on

limited resources by increasing labor supply, cutting back on expenditures, relocating to more affordable housing, and accessing support funds (Yeung and Hofferth, 1998; Vandsburger and Biggerstaff, 2004; Seccombe, 2002). Some grandparents who are not able to cope with the increased economic pressure will in all likelihood find other care option for their grandchildren. This selection out of care likely translates into many of the severely impoverished families being disbanded before they reach the higher duration categories. However, many times the grandparents are still seen as the last viable family option and so even with serious economic troubles, grandparents will remain as caregivers. Despite certain vulnerable populations who are not as equipped to adapt or as likely to be pulled from poverty with the economic help available to them, I would expect the ability to successfully cope and the ability to access financial resources to grow as the care situation shifts toward permanency, resulting in fewer grandparent caregiver households in poverty, holding other factors constant.

2) Are grandparent caregiver households in the longer duration of care categories more likely to receive public assistance?

Public assistance receipt will likely increase as the duration of responsibility increases. I would expect to see the highest levels of welfare receipt in households of grandparents who have been raising their grandchildren for over five years, holding other factors constant (such as income levels), not only because of the cumulative effects of economic burden but also because the acceptance of the permanency of the situation (manifested in higher legalized guardianship rates) may arm grandparents with the need and motivation to tackle the system for financial help. Many

grandparents in the early durations of caregiving may see their situation as temporary and be less likely to attempt to break down access barriers. The more permanent the care situation becomes the more likely grandparents are to access services for their households both out of need but also out of ability to adequately address bureaucratic snags. Without well-established social networks or well-publicized programs, it takes time to learn about available help options, making duration of care an important factor in accessing programs. Factors such as hitting the welfare time limit and aging into other retirement or disability benefits may mask the growth in receipt of public assistance in the higher duration categories. Overall though, as the care balances more toward permanency, increased financial demands coupled with better accessing skills, will manifest in higher rates of welfare support.

3) *Are grandparent caregivers in the longer duration of care categories more likely to have a disability?*

Disability status is a measure of one dimension of health. Given that many reported disabilities are not likely to go away over time, in addition to the well-documented stress and depression that often accompanies the grandparent caregiver role (Burton 1992; Bowers and Myers 1999; Minkler and Fuller-Thomson 1999), it seems that the longer a grandparent has care of the grandchild, the higher the incidence of health related problems the grandparent will experience, holding other factors (such as age) constant. Despite the possibility that serious disabilities will cause some grandparents to select out of care of grandchildren at earlier durations, I still expect the grandparent caregivers in longer duration categories to have higher levels of disability given the often taxing task of raising grandchildren. Often when

grandparents take on the parental role for their grandchildren, they ignore their own health warnings and fail to seek needed medical treatment (Minkler and Roe, 1993), possibly allowing minor health problems to grow into more serious issues that fall under the disability umbrella.

Chapter 4: Methods

Data

The analysis for this project uses data from the 5% Integrated Public Use Microdata Samples (IPUMS), a dataset assembled by researchers at the University of Minnesota. The IPUMS from the Census 2000 long form consists of a sample of approximately 1 out of 6 households, and provides records for over 14 million people and over 5 million housing units and contains the full range of population and housing information collected in Census 2000. The IPUMS is not a self-weighted sample but uses person and household weights to account for mixed sampling methods and variation of nonresponse. Since this paper focuses on grandparent caregiver households, the analysis uses the household weight to produce the number of households in the general population represented by each household in the sample. The sample consists of 88,434 (weighted = 1,728,276) grandparent caregiver households.

In response to a mandate from the 1996 Welfare Reform Act, the Census Bureau added three new questions concerning grandparents to the Census 2000 long form – these questions serve as the basis for this analysis. The first question determines whether there is a grandchild in the home, the second clarifies the level of caregiving responsibility, and the third establishes the duration of caregiving responsibility. The three questions read:

> 1 Does this person have any of his/her own grandchildren under the age of 18 living in the house or apartment?
> 2 (If yes): Is the grandparent currently responsible for most of the basic needs of any grandchild(ren) under the age of 18 who live(s) in this house or apartment?
> 3 (If yes): How long has this grandparent been responsible for

the(se) grandchild(ren)? *If the grandparent is financially responsible for more than one grandchild, answer the question for the grandchild for whom the grandparent has been responsible for the longest period of time.*

- ○ Less than 6 months
- ○ 6 to 11 months
- ○ 1 to 2 years
- ○ 3 to 4 years
- ○ 5 years or more

Mutchler and Baker (2004) detail the challenges associated with any analysis of grandparent caregiving households using these questions, beginning with the ambiguities embedded in the questions. The use of "basic needs" is open to interpretation and might be influenced by the wording of the subsequent duration of care question that references "financial responsibility". The reporting of responsibility is highly subjective, making it vulnerable to more variability than happens for more objective indicators. Despite these drawbacks, these data are the only national data that clarify grandparent caregiving relationships. This analysis, anchored by the grandparent questions, examines grandparent caregiving households and explores whether and how duration of grandparent responsibility for grandchildren is associated with poverty status, welfare receipt, and disability status of the caregiver.

The initial step for this research was identifying the households in which a grandparent was present and claimed responsibility for a grandchild. Because the length of responsibility is key to this analysis, grandparents in skipped-generation households who answered yes to having a grandchild in the house but no to having responsibility even though there were no parents present had to be excluded. After establishing the grandparent caregiving households, further details on their structure

and makeup were gleaned from information rooted in relationship indicators on individuals' records throughout the households. In order to accurately determine whether the household falls into the skipped-generation or three-generation type, the grandchild's record must be examined to see whether the child is in a parent-child family or subfamily.

Since the grandchild responsibility question is asked of every person over 15 in the household, there were many instances of more than one grandparent claiming primary responsibility. The majority of these cases were married grandparent caregivers with the grandfather as householder, some were cohabitating grandparents, and a few were four-generation households where it appeared caregiving was occurring for separate grandchildren. Shared responsibility is certainly a possibility but it seems more likely that the overlap might result from the grandfather answering affirmatively in terms of financial responsibility and the grandmother in response to both financial and day-to-day responsibility. I assigned caregiver status to the grandmother under this assumption. When there was more than one grandmother claiming responsibility, the householder or spouse of the householder was retained as the sole caregiver. A decision rule was also called for in establishing the number of grandchildren a grandparent had responsibility for. In households with more than one grandchild, all grandchildren regardless of whether they were part of the same sibling group were classified as grandchildren receiving grandparental care. While this likely leads to an overcount of grandchildren being cared for by their grandparents, error is bounded by the fact that over two-thirds of grandparent caregiver households only have one grandchild present.

Dependent Variables

Poverty Status

This is a dichotomous variable that designates whether the household income is below 150% of the poverty threshold or above. Since there is the argument that the official poverty line is far below what may reasonably reflect economic hardship, a higher cutoff is often used in summarizing economic well-being. Edin and Lein (1997) examined resources and expenditures among low income single mothers, and found that incomes approximating 150% of the poverty line are needed to "make ends meet." Therefore, in this paper, those below 150% of the established poverty line are considered in poverty.

Receipt of Public Assistance

This is a dichotomous variable designating whether anyone in the household received cash public assistance under TANF or welfare payments from the state or local welfare office.

Disability Status

This is a dichotomous variable designating whether the grandparent caregiver responded yes to any of the following: having a long-lasting condition that substantially limits one or more basic physical activities, has a disability that is long-lasting (blindness, deafness, or severe vision or hearing impairment), has difficulty dressing, bathing, getting around inside the home, going outside the home alone, or working at a job or business.

Independent Variables

Main: Duration of Care

How long the grandparent has been responsible for the grandchildren has five categories of duration: less than 6 months, 6 to 11 months, 1 to 2 years, 3 to 4 years, and over five years, as described in detail above.

Family Structure

Family structure has two categories: skipped-generation and three generation. Skipped generation households are those in which there is a grandparent and grandchild but no parent of the grandchild present. Three generation households are those in which there is a grandparent, a child (parent of the grandchild), and a grandchild.

Family structure has been shown to be one of the most important elements affecting economic well-being (McLanahan, Casper, and Sorensen, 1995; Bryson and Casper, 1999), making the inclusion of even a basic breakdown of different types of grandparent-maintained households an important variable for inclusion.

Race and Ethnicity

Groups include non-Hispanic White, non-Hispanic Black, non-Hispanic other, and Hispanic. Despite the fact that the majority of grandparents in grandparent caregiver households are White, there is a disproportionate representation of African American, and to a lesser extent Hispanics. While this, in part, may reflect both a

history and greater acceptance of caregiving across generations, often it is the result of negative circumstances that are more prevalent among minority populations. Higher rates of poverty and poor health among minority grandparents make race/ethnicity also an important variable for inclusion (Burnette, 2002; Goodman and Silverstein, 2002).

Other Factors

The multivariate analysis contains controls for a number of other factors that may be associated with the outcomes examined here. These include age of grandparents, number of grandchildren, marital status, housing tenure, education of caregiver, employment status, household disability, and income-to-poverty ratio.

Age of caregiver is broken into 6 categories: 30-44, 45-54 55-59, 60-64, 65-69, and 70 and above. Marital status applies only to the grandparent caregiver. If he/she has a spouse present then the household is considered to be a married couple household. If the spouse is absent or the caregiver is widowed, divorced, separated, or never married then the household is considered a single caregiver household. Tenure is a dichotomous variable indicating whether the family owns or rents. Education is a series of dummy variables corresponding to the highest degree attained by the grandparent caregiver. Categories include less than high school, high school degree, some college, and college degree or higher. Number of grandchildren is a series of dummy variables corresponding to the number of grandchildren in the household. Categories include one grandchild, two grandchildren, or three or more grandchildren. Employment is a dummy variable for whether the grandparent

caregiver is currently employed or not. Income-to-poverty ratio is expressed in five categories including 0 to 49%, 50 to 99%, 100 to 149%, 150 to 199%, and 200% of poverty and above. It is used for models two and three – for the regressions of welfare receipt and disability of caregiver. Disability is redefined as a control variable to encompass whether anyone in the household reported a disability. It is used for the models predicting poverty and welfare receipt.

Chapter 5: Results

Considering prevalence levels first, Table 1 includes the demographic and social characteristics of grandparent caregiver households. Skipped-generation households make up close to 20% of those which fall under the less than six months duration of responsibility but jumps to nearly half in the highest duration of care category of 5 years or more. Non-Hispanic Whites constitute the largest group of caregivers in every duration category but the notable pattern is that non-Hispanic Blacks who only make up 24% of those in the under 6 months category, comprise 35% of those in the highest duration category. Also interesting is that Hispanics drop from 21% of those with responsibility of grandchildren for under 6 months down to 15% of those with responsibility of their grandchildren for five years or more. Grandmothers make up 88% of all grandparent caregivers. The extremely high prevalence is slightly exaggerated by choosing to designate the grandmother as caregiver when both grandmother and grandfather claim responsibility. Regardless, the pattern remains quite stable over the different durations of grandparent caregiving with a slight spike in the highest duration category.

< Insert Table 1 Here >

Over half of all caregivers are married, a pattern that is consistent across all durations of care. The age of the caregiver follows a logical progression in that 30-44 year old grandparent caregivers make up the largest percentage of those responsible for their grandchildren for under 6 months and the smallest for five years or more. Those 45-54 consistently constitute close to 35% across duration categories. Grandparent caregivers who are 55 years and above are most likely to have had

responsibility for their grandchildren for over five years. Grandparent caregivers of five or more years are most likely to have less than a high school degree and least likely to have a college degree or higher. They are also the least likely to be employed. Most grandparent caregiving households consist of only one grandchild but those with more grandchildren are most likely to have had responsibility of at least one of their grandchildren for longer lengths of time.

The bivariate statistics illustrate that notable differences in the demographic and socioeconomic characteristics of grandparent caregiving households do exist across the five duration of care categories.[JI3] Table 2 highlights the overall prevalence of public assistance receipt, poverty, and disability of the grandparent caregiver and illustrates how this differs in skipped-generation and three-generation grandparent caregiver households. While the higher prevalence of public assistance in the households and disability of caregivers in the longer duration categories are consistent with my hypotheses, the pattern of poverty is not.

< Insert Table 2 here>

For those households that have been caring for their grandchildren for five years or more, 38% are living below 150% of the poverty threshold as opposed to 36% for those with a duration of care of less than six months. For skipped-generation households that have had grandparents caring for grandchildren for five or more years, 43% are living below 150% of the poverty threshold as opposed to 40% for those with a duration of care of less than six months. This percentage dips to 32% for those in three-generation grandparent caregiver households in the less than six

months and five or more years category. There are 15% of households in the five or more years category receiving public assistance whereas only 10.5% of the less than 6 months households are receiving welfare. There are 26% of skipped-generation households in the five or more years category receiving public assistance whereas 22% of the less than 6 months skipped-generation households are receiving welfare. In three-generation grandparent caregiver households there are 15% in the five or more years category receiving public assistance but only 8% in the less than 6 months category. The percentage of households with caregivers who report a disability consistently hovers around 34% until the final duration category where 42% of caregivers report a disability. In both skipped-generation and three-generation households of five or more years, there are approximately 42% of caregivers reporting a disability. Those in skipped-generation households have more grandparents reporting a disability in the earlier durations of care (39%) than those in three-generation households (32%). In order to firmly establish that differences in poverty status and welfare receipt of the household and disability of the caregiver are significantly associated with duration of care, it is important to control for other socioeconomic and demographic variables such as age when looking at disability, income-to-poverty ratio when examining receipt of public assistance, and family structure and race/ethnicity when analyzing poverty. Therefore, in this next section multivariate techniques are utilized to establish how duration of grandparent caregiving is associated with poverty status, welfare receipt, and disability once certain effects are controlled for.

Multivariate Analysis

The multivariate results confirm that duration of grandparent caregiving is strongly associated with varying levels of poverty, public assistance receipt, and to a lesser degree disability status of the caregiver. Separate models were developed for each of the three outcomes. Table 3 presents results from the regression of poverty status on duration of care. Before accounting for differences in demographic, socioeconomic, and health characteristics (Model 1), those households that had care of grandchildren for 6 months to 4 years are 10% less likely to be in poverty than those that had only been responsible for grandchildren for less than 6 months. However, households in the five or more years category are 10% more likely to be in poverty than those with under 6 months of responsibility. After accounting for family structure and race/ethnicity (Model 2), the households with the longest duration of care actually swing to being 13% less likely to live below 150% of the poverty threshold. In other words, the initial higher likelihood of poverty among those in the five or more years category disappears because of higher proportions of caregiving households that are three generation, White, and have married caregivers. In Model 3, the likelihood of being in poverty decreases even further for the longest two duration categories (.83 and .82 respectively) when controlling for all the demographic, socioeconomic, and health variables of interest. The findings support the hypothesis that the higher the duration of caregiving the lower the odds become of living below 150% of the poverty threshold.

< Insert Table 3 Here>

While there is a significant decrease in the odds of being in poverty for all durations over 6 months, there are other factors that appear to have stronger associations with poverty. Both African Americans and Hispanics households are over two times as likely to be in poverty, controlling for duration and family structure. This decreases to 1.7 and 1.5 respectively once the other demographic and human capital variables are controlled for. Skipped-generation households have an 85% higher probability of living 150% below the poverty threshold than three-generation households, after controlling for race, marital status and other relevant factors. All else being equal, the more grandchildren there are in the household, the higher the likelihood of being in poverty - households containing three or more grandchildren are nearly two times as likely to be in poverty. As expected, households with caregivers who are married, more educated, employed, and owners are significantly less likely to be in poverty.

Additional analyses were conducted (results not shown) to explore whether the associations between duration of grandparent caregiving and poverty differed by race/ethnicity and household structure. There was little variation by race/ethnicity in both the magnitude and the pattern of relative odds - the likelihood of living below 150% of the poverty threshold significantly and steadily declined by the length of grandparent caregiving similarly for all groups. Interestingly, the association between poverty and duration of care did change depending on household structure. All significant differences for duration of grandparent caregiving for skipped-generation households disappeared, whereas the pattern and the levels remained for three-generation households. One reason that the relationship between length of caregiving

and poverty status is weakened for skipped-generation households may be a compromised ability to cope with financial strain over time due to having fewer potential earners and older caregivers with limited potential for earnings. [JI4]

Table 4[JI5] presents results from the regression of welfare receipt on duration of care. Before accounting for differences in demographic, socioeconomic, and health characteristics (Model 1), the odds of receiving public assistance steadily climb as the duration of caregiving responsibility increases. Grandparent caregiver households of five or more years are 54% more likely to be receiving welfare. Even after controlling for income-to-poverty[JI6] ratio (Model 2), the same pattern and magnitude of duration of care's association with public assistance holds. Increasing odds of receiving public assistance with each duration of care category also exists in Model 3 where race/ethnicity and family structure variables are added in. Again there is little variation from Model 1 or 2 in the odds of receiving public assistance over the duration of care categories. Even after controlling for all the demographic, socioeconomic, and health characteristics of interest (Model 4), the pattern and magnitude of association remain basically unchanged, with the only significant, albeit slight difference being that the likelihood of receiving welfare for grandparent caregiving households of five or more years drop from 1.5 to 1.4 times that of 6 months or less households. As hypothesized, longer durations of grandparent caregiving are significantly associated with higher rates of welfare receipt, even after controlling for income, race, and other factors.

< Insert Table 4 Here>

While there is a significant increase in the odds of receiving public assistance for all durations over 6 months, there are other factors that also stand out as having strong associations with receipt of public assistance. Households with three or more grandchildren are nearly two times more likely to receive public assistance than those with only one grandchild, controlling for race, income-to-poverty ratio, and other factors. As expected, households with caregivers who are married, older, more educated, employed, and live in an owned residence are significantly less likely to be receiving public assistance, all other characteristics being equal. Households living 50-99% below the poverty threshold are the most likely to be receiving public assistance, after controlling for the other factors of interest. Despite having higher poverty rates than Whites, Hispanics are the least likely to be on welfare (7% less likely than Whites).[JI7]

I also ran the regression separately for race/ethnicity and household structure (results not shown) to explore whether the associations between duration of grandparent caregiving and public assistance varied by these characteristics. As in the case of poverty status, race/ethnicity differences were minor and did not change the pattern or magnitude of the duration of care association. This was not the case for household structure where the patterns and the magnitude were altered. Even though there was no significant variation between skipped-generation and three-generation households when regressed with welfare receipt, there were large differences in the duration of care variable when the model was run by household structure. The association between duration and welfare receipt became insignificant for skipped-generation households in the 6 months to 1 year category but then highly significant

for these households in the later duration categories[JI8]. Skipped-generation households of five or more years were 2.1 times more likely to be receiving welfare than those that had responsibility for less than 6 months. The odds of receiving welfare for three-generation households were significantly higher for all durations of 6 months or longer when compared to those in the less than 6 month category; however their magnitude was not as impressive. A three-generation caregiving household of five or more years was 29% more likely to be receiving welfare than one of less than 6 months.

Table 5 presents results from the regression of disability status of the grandparent caregiver on duration of care. With no controls (Model 1), the odds of a caregiver having a disability are significantly higher for those caregivers who have had responsibility of their grandchildren for more than 3 years. Grandparent caregivers of 3 to 4 years and of five or more years are 8% and 41% respectively more likely to report a disability than those of less than 6 months. Grandparent caregivers in the higher duration categories are older on a whole and have a higher probability of experiencing health problems as they age, making it important to examine duration and disability net of age. After controlling for age (Model 2), the significance of duration remains only for the caregivers in the five or more years category but odds decline to 1.17 times that of caregivers in the less than 6 month category. So, while age can explain a large portion of the variation in the association between duration of care and disability status of the caregiver, it does not account for the entire relationship. The addition of family structure and race/ethnicity controls (Model 3) makes little substantial contribution. The same pattern remains but the

significance of the relationship between having one's grandchild for five or more years decreases slightly. Once all the factors of interest are controlled for (Model 4), the relationship holds but again slightly declines in significance to caregivers of five or more years being 7% more likely ($p<.05$) to report a disability than those of less than 6 months. While the findings are somewhat consistent with the hypothesis of increased disability with higher durations of care, the magnitude is much lower than expected.

< Insert Table 5 Here >

While there is a slightly significant increase in the odds of having a disability for caregivers who have been raising their grandchildren for five years or more, there are clearly other factors that are more important in predicting disability, age being the most obvious. As expected, caregivers who are married, more educated, employed, and live in an owned residence are significantly less likely to report a disability. African American grandparent caregivers are 20% more likely to have a disability than White grandparent caregivers, controlling for demographic and socioeconomic characteristics. The number of grandchildren has no bearing on the prediction of disability. Interestingly, while all households living below 200% of the poverty threshold have higher odds of having a disability, those living 150-199% of the poverty threshold have caregivers most likely to report a disability.

Additional analyses were conducted (results not shown) to explore whether the associations between duration of grandparent caregiving and disability status of the caregiver differed by race/ethnicity and household structure. As in the case of both poverty status and receipt of public assistance, race/ethnicity differences were

not notable - in the association with disability, the relationship of duration of care remained insignificant for durations of 6 months to 4 years and slightly significant for those with five or more years in comparison to those of under 6 months. This was not the case for household structure where skipped-generation households were consistently less likely (although not significant) to have a disability when the duration of care was 6 months or more. The three-generation household mirrored the pattern of the final model in the disability regression, with grandparent caregivers of five or more years, 8% (significant but not substantively very different) more likely than those caregivers who have had responsibility of their grandchildren for less than 6 months to report a disability.

The multivariate results are consistent with the descriptive results in terms of welfare receipt but point to a slightly different story for poverty status and disability of the grandparent caregiver. Once household structure, race, age, marital status, education, employment, number of grandchildren, and income-to-poverty ratio (for welfare receipt and disability) are taken into account, duration of care works as hypothesized in predicting poverty status, receipt of public assistance, and to some degree disability of the caregiver. There are statistically significant decreases in the odds of living below 150% of the official poverty line and increases in the odds of receiving welfare and having a disability based on the length of time in a grandparent caregiving household. [JI9]

Chapter 6: Discussion and Conclusion

Results from the preceding analysis found that there are statistically significant differences in the odds of grandparent caregiver households being in poverty, receiving welfare, and to a lesser extent having a caregiver with a disability by the duration of grandparent caregiving. While these variations, in terms of duration, did not differ significantly by race/ethnicity, they did by household structure. While no causal claims can be made from these findings, the conjecture would be that the amount of time spent in grandparent caregiver skipped-generation and three-generation households affects the well-being of those in these multigenerational households.

Over one-third of grandparent caregiver households live below 150% of the poverty threshold. Households that have had grandparents caring for grandchildren for more than five years are nearly 20% less likely to be living in poverty than those of less than 6 months, controlling for race, family structure, and other factors. Family resilience and an overall ability to adapt to increased financial pressure over time are likely explanations for some of the decreased likelihood of poverty in the later stages of care. Selection out of care at earlier stages for those grandparents who could not manage also leaves a "stronger" pool in the later duration categories.

While the extent to which families can adapt to economic strains is influenced by social, psychological, and financial resources, it also appears to be influenced by the perception of the permanency of the caregiving role. Caregivers who are uncertain of the duration of care may be less willing to seek employment or take the necessary, and often lengthy, measures to access systems of support. Long-term

caregivers have had time to adjust to their role as "parent" and in all likelihood are more motivated and able to find adequate mechanisms of coping with economic strife. They are also more likely to have custody of grandchildren and as a result, more connected to formal systems of support.

The ability and process of coping with economic vulnerability over different durations of care appear to operate differently for different types of grandparent caregiver households. Those in skipped-generation households did not benefit, in terms of lower rates of poverty, from more time spent in a grandparent caregiver household. There are probably less of these families selecting out of care as a result of financial deficiencies because the grandparents see themselves as the only option. This family form has caregivers who are on a whole older, less educated, and more likely to report a disability. In addition, there tend to be fewer adults around to share the financial and child care burdens. As a result, the ability to effectively cope with financial insecurity is constrained by inadequate employment options, low earning potential, and decreased opportunity to access potentially helpful networks.

Despite the positive association of decreasing poverty rates with higher durations of grandparent caregiving, there are substantial numbers of these households, over all durations of grandparent caregiving, living in poverty and accordingly needing government assistance. Results from the multivariate analysis revealed that households steadily increased their odds of receiving public assistance over the five duration of care categories, even after controlling for income, number of grandchild, marital status and other important factors. It appears that the incremental increases in odds of receiving public assistance are largely a result of better accessing

skills over time. Again, the perceived and realized permanency of caregiving is likely to influence the motivation and ability to access cash assistance. It takes time to navigate the bureaucracy of public social support systems and households in the longer durations of grandparent caregiving appear to be the most effective at doing so.

While the association of increased odds of receiving public assistance in conjunction with longer durations of grandparent caregiving can be viewed as heartening, it is also important to remember that the vast majority of caregivers who are living below the poverty line do not receive public assistance (Minkler and Fuller-Thomson, 2005). Even for those that do, it is estimated that 40% of these recipients will eventually hit the five-year limit for cash assistance and will be forced to seek different means of financial assistance (Yeung and Hofferth, 1998). The current and projected long-term effects of welfare reform on grandparent caregiver households are not well defined. In the states that have failed to exempt grandparent caregivers from time limits and work requirements, the coming years could see a number of grandparent caregiver households losing a needed source of financial assistance. Skipped-generation households, already the most economically insecure, are more likely to be adversely affected by the provisions. Returning to work for many of these caregivers is often not a viable option given their age, the low likelihood of finding sufficiently high paying employment, and constraints concerning child care.

Even though the pattern and magnitude of association between poverty and welfare receipt and duration of grandparental caregiving did not substantially vary by race/ethnicity, there are certainly important racial and ethnic differences among

grandparent caregiver households that merit attention. Both African American and Hispanic caregiver households have high rates of poverty – they are 72% and 52% more likely to be living below 150% of the poverty threshold than White grandparent caregiver households. Despite being substantially more likely to be in poverty, Hispanic caregiver households are the least likely to be receiving welfare. These socioeconomic realities certainly influence the grandparent-grandchild relationship and warrant further research and investigation.

While poverty and public assistance varied significantly over all durations of care categories, disability of the caregiver did not. Most of the differences seen in the bivariate results between the length of caregiving and disability were explained by caregivers' older ages in the longer duration categories. After controlling for age, only caregivers of five or more years had a significant increase in the odds of reporting a disability – these long-term caregivers were 7% more likely to have a disability than caregivers of less than 6 months. This is surprising given that the mental and physical tolls of taking care of grandchildren are well-documented. However, some of the strain associated with responsibility of grandchildren may be mitigated by other factors of well-being that seem to improve as the caregiving situation becomes a long-term commitment. Another explanation is that disability is not a sufficient measure for capturing the cumulative burdens affecting one's health.

There are several limitations with this analysis that should be acknowledged. First, the cross-sectional nature does not allow for causality, only associations. The second limitation arises from the type of information that can be gleaned from the Census questions. There is no information that speaks to adjustments to the

grandparent caregiver role or the reasons for the role in the first place. Also, household composition is actually quite fluid but we can not ascertain anything other than the current living situation. We do not know information on grandparent caregiver households that have disbanded. There is also no information on family members who are not in the household. The third limitation is embedded in the ambiguity of the grandparent care questions. What is meant by "responsible for most of the basic needs" and what "primary responsibility" entails is highly subjective and therefore could undermine the generalizability of results. Identifying the nature of caregiving, informal versus legally sanctioned relationships, would further our understanding of the association between lower poverty, higher receipt of public assistance, and slightly elevated disability reporting and having care of grandchildren for longer durations. The final limitation is that the use of disability status does not appear to be an adequate measure for assessing caregiver strain.

Despite these drawbacks, there is important information that the grandparent questions from Census 2000 can provide, including but not limited to, the strong associations between the amount of time spent in a caregiving household with various aspects of well-being. Our understanding of the grandparent caregiving household is still evolving. Grandparents who have primary care for their grandchildren should continue to receive heightened attention because these intergenerational living arrangements have implications for a growing number of grandparents, children, and grandchildren. Given the fragile circumstances under which the majority of grandparent caregiver households are formed coupled with the negative economic and health status of so many in these households, financial support, access to affordable

housing, and availability of both emotional and legal support networks are essential. Efforts to increase access to these services must address current barriers, including low awareness of programs, limited child care, and cultural barriers. By continuing to highlight different aspects of this family form, we can improve the design and implementation of efforts to strengthen and stabilize life for those in grandparent caregiver households.

Table 1: Demographic and Social Characteristics of Grandparent Caregiver Households

	Total	less than 6 months	6 months to 1 year	1 to 2 years	3 to 4 years	five or more years
	Weighted (n=1,728,276)	(n = 206,252)	(n = 183,187)	(n = 399,535)	(n = 266,328)	(n = 672,974)
Characteristics	**100%**	**11.9%**	**10.6%**	**23.1%**	**15.4%**	**38.9%**
Household Structure						
Skipped Generation Household	(577,447) 33.4	19.5	24	23.7	32.6	48.6
Shared Generation Household	(1,150,829) 66.6	80.6	76	76.3	67.4	51.5
Race of Caregiver						
Non-Hispanic White	(761,507) 44.1	48.4	51.3	47.8	47.6	43.4
Non-Hispanic Black	(547,493) 31.7	23.6	24.3	27	28.7	35
Hispanic	(297,253) 17.2	20.5	17	17.8	16.5	14.5
Other Non-Hispanic	(122,023) 7.1	7.6	7.4	7.4	7.3	7.1
Sex of Caregiver						
Male	(199,080) 11.6	14.1	13.2	12.2	11.9	9.8
Female	(1,529,196) 88.4	85.9	86.8	87.8	88.1	90.2
Marital Status of Caregiver						
Married	(947,349) 54.8	58	58.1	57.4	57.8	53.3
Age of Caregiver						
30-44	(340,055) 19.3	35.6	29.8	28.8	18.9	6.1
45-54	(613,595) 35.5	35.2	36.6	37.6	39.6	32.3
55-59	(286,180) 16.6	11.6	12.9	13.6	16.2	21.2
60-64	(212,431) 12.4	7.8	9.5	9.2	11.4	17
65-69	(127,620) 7.4	4.3	5.2	5.3	6.7	10.6
70 and over	(148,395) 8.7	5.5	6	5.6	7.4	12.9
Tenure						
Property is owned	(1,152,509) 66.7	64.2	66.9	67.3	68.7	70.1
Education of Caregiver						
Less than High School	(664,684) 38.6	35.5	34.1	35.3	36.2	43.7
High School Degree	(537,416) 31.6	31.3	32.7	32.5	32.7	30.5
Some College	(394,921) 22.4	25.1	25.1	24.3	23.4	19.4
College Degree or Higher	(131,255) 7.3	8.1	8.2	7.9	7.7	6.4
Employment of Caregiver						
Employed	(857,839) 49.4	56	56	55.1	51.3	41.4
Number of Grandchildren						
One Grandchild	(1,148,152) 66.4	76.7	74.7	71.4	63.1	59.3
Two Grandchildren	(374,451) 21.8	16	17	19.9	25.3	24.7
Three or More Grandchildren	(205,673) 11.8	7.3	8.3	8.7	11.6	16
Public Assistance Receipt						
No	(1,491,749) 86.3	89.5	88.5	87.8	86.1	84.7
Yes	(236,527) 13.7	10.5	11.5	12.2	13.9	15.3
Poverty Status						
0 to 49% of Poverty	(156,860) 9	8.8	7.9	8.4	8.2	9.9
50 to 99% of Poverty	(223,780) 13.1	13.2	12.2	12.1	12.8	14.1
100 to 149% of Poverty	(229,461) 13.3	13.9	13.4	13.2	12.6	13.9
150 to 199% of Poverty	(218,682) 12.7	13	12.9	12.6	12.6	12.8
200% of Poverty or Above	(899,493) 52	51.1	53.6	53.8	53.8	49.3
Disability of Caregiver						
No Disability	(1,083,381) 62.7	66.1	66.9	66.9	64.2	58
Yes Disability	(644,895) 37.3	33.9	33.1	33.1	35.8	42

Table 2: Demographic and Social Characteristics of Grandparent Caregiver Households - Public Assistance, Poverty, and Disability

	Total	less than 6 months	6 months to 1 year	1 to 2 years	3 to 4 years	five or more years
Characteristics	**100%**	**11.9%**	**10.6%**	**23.1%**	**15.4%**	**38.9%**
Public Assistance						
Receiving Public Assistance	13.7	10.5	11.5	12.2	13.9	15.3
Poverty Status						
In Poverty (0 to 149% of Poverty)	35.4	35.9	33.5	33.6	34.6	37.9
Disability Status of Caregiver						
Has a Disability	37.3	33.9	33.1	33.1	35.8	42

Table 2A: Skipped-Generation Grandparent Caregiver Households

	Total	less than 6 months	6 months to 1 year	1 to 2 years	3 to 4 years	five or more years
Characteristics	**100%**	**6.7%**	**7.4%**	**15.9%**	**14.6%**	**55.4%**
Public Assistance Receipt						
Receiving Public Assistance	23.9	22.1	21.7	20.7	24.5	26.4
Poverty Status						
In Poverty (0 to 149% of Poverty)	40.1	37.7	35.5	35.9	37.7	43.2
Disability Status of Caregiver						
Yes Disability	40.9	40.2	39	37.9	38.6	42.8

Table 2B: Three-Generation Caregiver Households

	Total	less than 6 months	6 months to 1 year	1 to 2 years	3 to 4 years	five or more years
Characteristics	**100%**	**14.6%**	**12.3%**	**26.7%**	**15.8%**	**30.6%**
Public Assistance						
Receiving Public Assistance	13.3	7.6	8.6	12	14.5	15.4
Poverty Status						
In Poverty (0 to 149% of Poverty)	32.2	34.6	32.7	32.9	32	32.1
Disability Status of Caregiver						
Has a Disability	35.1	32.4	31.3	31.6	34.5	41.3

Table 3 - Logistic Regression of Poverty Status on Duration of Care and other Characteristics of Grandparent Caregiver Households

	Model 1			Model 2			Model 3		
	Coef	S.E.	O.R	Coef	S.E.	O.R.	Coef	S.E.	O.R.
Duration of Care									
Less Than 6 Months (ref)	----	----	----	----	----	----	----	----	----
6 Months to 1 Year	-0.1***	0.03	0.90	-0.1**	0.03	0.90	-0.08*	0.03	0.92
1 to 2 Years	-0.1***	0.03	0.90	-0.13***	0.03	0.87	-0.13***	0.03	0.88
3 to 4 Years	-0.1***	0.03	0.90	-0.17***	0.03	0.84	-0.19***	0.03	0.83
Over Five Years	0.08***	0.03	1.10	-.14***	0.03	0.87	-0.19***	0.03	0.82
Household Structure									
Skipped Generation				0.49***	0.02	1.63	0.61***	0.02	1.85
Three Generation (ref)				----	----	----	----	----	----
Marital Status									
Married				-1.12***	0.02	0.33	-1.06***	0.02	0.35
Not Married (ref)				----	----	----	----	----	----
Race and Ethnicity of Caregiver									
Non-Hispanic White (ref)				----	----	----	----	----	----
Non-Hispanic Black				0.82***	0.02	2.26	0.54***	0.02	1.72
Non-Hispanic Other				0.55***	0.03	1.73	0.28***	0.03	1.32
Hispanic				.99***	0.02	2.69	0.42***	0.02	1.52
Age of Caregiver									
30-44 (ref)							----	----	----
45-54							-0.66***	0.02	0.52
55-59							-0.8***	0.02	0.45
60-64							-0.9***	0.03	0.41
65-70							-0.97***	0.04	0.38
Over 70							-1.05***	0.04	0.35
Education of Caregiver									
Less than High School (ref)							----	----	----
High School Degree							-0.56***	0.02	0.57
Some College							-0.92***	0.02	0.40
College Degree or Higher							-1.51***	0.04	0.22
Employment Status of Caregiver									
Employed							-1.01***	0.02	0.36
Unemployed or Not in Labor Force (ref)							----	----	----
Household Disability Status									
No Disability (ref)							----	----	----
Yes Disability							0.31***	0.02	1.36
Tenure									
Rents (ref)							----	----	----
Owns							-0.73***	0.02	0.48
Number of Grandchildren									
One Grandchild (ref)							----	----	----
Two Grandchild							0.29***	0.02	1.33
Three or More Grandchildren							0.68***	0.03	1.96

*p<.05, **p<.01, ***p<.001

Table 4 - Logistic Regression of Welfare Receipt on Duration of Care

	Model 1		Model 2		Model 3		Model 4	
	Coef	O.R	Coef	O.R.	Coef	O.R.	Coef	O.R.
Duration of Care								
Less Than 6 Months (ref)	----	----			----	----	----	----
6 Months to 1 Year	0.11**	1.11	0.14**	1.15	0.12**	1.15	0.15**	1.16
1 to 2 Years	0.17***	1.19	0.21***	1.23	0.17***	1.22	0.20***	1.22
3 to 4 Years	0.32***	1.37	0.35***	1.42	0.32***	1.43	0.31***	1.37
Over Five Years	0.43***	1.54	0.42***	1.52	0.37***	1.50	0.36***	1.43
Income-to-Poverty Ratio								
0 to 49			1.26***	3.53	0.97***	2.64	0.48***	1.62
50-99			1.21***	3.34	0.98***	2.67	0.60***	1.82
100 to 150			0.79***	2.20	0.63***	1.87	0.36***	1.44
150 to 200			0.49***	1.65	0.39***	1.48	0.21***	1.23
200 plus (ref)			----	----	----	----	----	----
Household Structure								
Skipped Generation					-0.09**	1.16	0.03	1.03
Three Generation (ref)					----	----	----	----
Marital Status								
Married					- 0.57***	0.56	-0.55***	0.58
Not Married (ref)					----	----	----	----
Race/Ethnicity of Caregiver								
Non-Hispanic White (ref)					----	----	----	----
Non-Hispanic Black					0.24***	1.27	0.10***	1.10
Non-Hispanic Other					0..29***	1.35	0.18***	1.20
Hispanic					0.14***	1.16	-0.7*	0.93
Age of Caregiver								
30-44 (ref)							----	----
45-54							-0.08**	0.92
55-59							-0.20***	0.82
60-64							-0.35***	0.71
65-70							-0.41***	0.66
Over 70							-0.53***	0.59
Caregiver Employment Status								
Employed							-0.30***	0.74
Not in Labor Force (ref)							----	----
Disability Status								
No Disability in Household							----	----
Yes Disability (ref)							0.36***	1.44
Education of Caregiver								
Less than High School (ref)							----	----
High School Degree							-0.15***	0.86
Some College							-0.04	0.96
College Degree or Higher							-0.44***	0.64
Tenure								
Rents (ref)							----	----
Owns							-0.55***	0.58
Number of Grandchildren								
One Grandchild (ref)							----	----
Two Grandchild							0.35***	1.42
Three or More Grandchildren							0.67***	1.96

*p<.05, **p<.01, ***p<.001

Table 5 - Logistic Regression of Disability of Caregiver on Duration of Care and other Characteristics of Grandparent Caregiver Households

	Model 1		Model 2		Model 3		Model 4	
	Coef	S.E.	Coef	S.E.	Coef	S.E.	Coef	S.E.
Duration of Care								
Less Than 6 Months (ref)	----	----	----	----	----	----	----	----
6 Months to 1 Year	-0.04	0.02	-0.07	0.03	-0.06	0.03	-0.05	0.04
1 to 2 Years	-0.04	0.03	-0.06	0.03	-0.07	0.03	-0.06	0.03
3 to 4 Years	0.08**	0.03	0.01	0.03	-0.01	0.03	-0.01	0.03
Over Five Years	0.34***	0.03	0.16***	0.02	0.09**	0.02	0.07*	0.03
Age of Caregiver								
30-44 (ref)			----	----	----	----	----	----
45-54			0.17***	0.02	0.20***	0.02	0.28***	0.02
55-59			0.41***	0.02	0.44***	0.03	0.45***	0.03
60-64			0.51***	0.03	0.49***	0.03	0.43***	0.03
65-70			0.68***	0.03	0.63***	0.03	0.46***	0.03
Over 70			0.92***	0.03	0.87***	0.03	0.64***	0.03
Household Structure								
Skipped Generation					0.12***	0.02	0.04	0.02
Three Generation (ref)					----	----	----	----
Marital Status								
Married					-0.42***	0.01	-0.3***	0.02
Not Married (ref)					----	----	----	----
Race and Ethnicity of Caregiver								
Non-Hispanic White (ref)					----	----	----	----
Non-Hispanic Black					0.34***	0.02	0.19***	0.02
Non-Hispanic Other					0.29***	0.03	0.14***	0.03
Hispanic					0.26***	0.02	-0.5*	0.02
Employment Status of Caregiver								
Employed							-0.59***	0.02
Unemployed or Not in Labor Force (ref)							----	----
Education of Caregiver								
Less than High School (ref)							----	----
High School Degree							-0.3***	0.02
Some College							-0.28***	0.02
College Degree or Higher							0.51***	0.03
Tenure								
Rents (ref)							----	----
Owns							-0.17***	0.02
Number of Grandchildren								
One Grandchild (ref)							----	----
Two Grandchild							0.01	0.02
Three or More Grandchildren							0.00	0.02
Income-to-Poverty Ratio								
0 to 49							0.29***	0.02
50-99							0.47***	0.03
100 to 150							0.27***	0.03
150 to 200							0.16***	0.03
200 plus (ref)							----	----

*p<.05, **p<.01, ***p<.001

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