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Second Generation Parenting: Grandparents Caregivers Who Receive TANF

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ABSTRACT. A review of the scholarly literature indicates that the number of grandparents who are second generation parents (e.g., raising their grandchildren) has increased dramatically. These grandparents often return to parenting with a variety of financial and physical health issues that need to be addressed within the context of their caregiving role. The current study is a secondary data analysis of a sample of grandparent caregivers that received TANF (Temporary Assistance for Needy Families) using data from a larger study conducted on welfare reform. The research is primarily descriptive, providing a summary of these grandparents' functioning. Findings and implications for understanding the experience of grandparent caregivers are presented. doi:10.1300/J194v04n03_04 *[Article copies available for a fee from The Haworth Document Delivery Service: 1-800-HAWORTH. E-mail address: <docdelivery@haworthpress.com> Website: <http://www.HaworthPress.com>* *© 2006 by The Haworth Press, Inc. All rights reserved.]*

KEYWORDS. Second generation parents, skipped generation families, TANF, welfare reform

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> *When I was in the second grade, my grandmother took me to Lawrence to raise me. Our mortgage never got paid off–for my grandmother was not like the other colored women of Lawrence. She didn't take in washing or go out to cook, for she had never worked for anyone. But she tried to make a living by renting rooms to college students from Kansas University; or by renting out half her house to a family; or sometimes she would move out entirely and go live with a friend, while she rented the whole little house for ten or twelve dollars a month, to make a payment on the mortgage. But we were never quite sure the white mortgage man was not going to take the house. And sometimes, on that account, we would have very little to eat, saving to pay the interest. (Langston Hughes, 1986)*

Second generation parenting is not a new social issue. In the above excerpt, Langston Hughes describes his childhood experience growing up in his own family. His grandmother, Mary Langston, intervened to provide a home for him when his parents were unable to perform their roles. In this passage, he details some of the economic and social stresses that Mary Langston experienced in the context of trying to provide an adequate home for him.

The issue of second generation parenting (defined as grandparents raising their grandchildren) has become increasingly prevalent in today's society. Second generation parents, also called skipped generation care providers, take on the role of the biological parent in the absence of a parental figure. The role of grandparents helping raise grandchildren is not new; grandparents have always served as "family watchdogs" (Troll, 1985). The Hughes family, described above, is a good example of ways that grandparents have historically been involved in raising younger generations of family members. Over a four decade time span, however, this family form increased dramatically. A national probability sample of grandmothers indicates that 43% provide supportive childcare for grandchildren (Baydar & Brooks-Gunn, 1998). Of particular interest, however, is the number of grandparents who have primary responsibility for raising grandchildren. Since 1990, the greatest increase has been in families without either parent present, an increase of 53% between the years 1990 and 1998 (Casper & Bryson, 1998). In the 2000 Census, 5.8 million grandparents were identified as co-resident grandparents, and 2.4 million had primary responsibility for raising grandchildren (Simmons & Dye, 2003). Current estimates of these skipped generation families indicate that about 5-6% of children live in households with

grandparents, with about 10% of grandparents having responsibility to raise children at some point in their lifetime (Pebley & Rudkin, 1999).

Although the transfer of care to the grandparent generation is prevalent in all racial and ethnic groups, the phenomenon is disproportionately found in the African American community and in the South. Compared to all co-resident grandparents, African Americans had the highest rate of grandparents who had primary responsibility for their grandchildren (52%) as compared to either Whites (42%) or Hispanics (35%). In addition, the South had the highest proportion of grandparents within caregiving roles (48%) and the highest percentage that had been responsible for grandchildren for an extended time (40% over five years) (Simmons & Dye, 2003).

The situation of raising grandchildren is often stressful for the grandparents, and includes economic and financial aspects. For this reason, the present research provides descriptive data from a larger study conducted on welfare reform within Georgia. The current literature on grandparents raising their grandchildren is discussed. The reasons that these children are in the care of their grandparents, the effects of second generation parenting on the caregivers, and the relevancy of welfare reform to these caregivers are presented. The needs of this growing population, along with gaps in the literature are also covered. Finally, recommendations for future research are made.

REVIEW OF THE LITERATURE

The literature reflects a number of issues that are pertinent to co-resident grandparent caregivers but the three most prevalent are the reasons that the children have come into their grandparents' care, the effects of second generation parenting on the caregiver, and participation in formalized support programs.

The Experience of Raising Grandchildren

There appear to be several reasons that grandchildren end up in the care of grandparents. A number of factors create the "disappearance" of biological parents, the most common of which is drug addiction (Burton, 1992; Fuller-Thomson & Minkler, 2000; Minkler, Roe, & Price, 1992). As the addiction rate increased, a concomitant rise in the number of incarcerated women occurred. When women were imprisoned, grandparents most commonly took responsibility of the grandchildren (Dressel &

Barnhill, 1994). HIV/AIDS has also been a significant factor as children whose parents have died or are physically incapacitated frequently are raised by their grandparents (Caliandro & Hughes, 1998; Poindexter & Linsk, 1999; Whetten-Goldstein & Nguyen, 2001). Other factors are also pathways into care, such as child abuse/neglect, deployment of military personnel, and labor force issues (Kropf & Robinson, 2004).

When grandparents become primary caregivers to their grandchildren, this role may place stress on their individual and social functioning. Various studies have reported substantial rates of depression and physical health issues for grandparents who have caregiving responsibilities (Dowdell, 1995; Lee, Colditz, Berkman, & Kawachi, 2003; Ruiz, Zhu, & Crowther, 2003). In comparisons of various types of care provision, caregiving grandparents have been found to experience poorer health than either non-caregiving grandparents or caregivers in other roles (e.g., adult children, spouses) (Bowers & Myers, 1999; Strawbridge et al., 1997; Szinovacz et al., 1999; Whitley, Kelley, & Sipe, 2001). The physical and emotional toll that is created by the caregiving role often creates problems in physical functioning for the grandparents.

Grandparents may also experience stress related to the financial burden of providing primary care for grandchildren. Fifty-six percent of grandparent headed households have incomes of $20,000 or below per year (Chalfie, 1994) and 27% live at or below the poverty level (Fuller-Thomson, Minkler, & Driver 1997; Mullen, 1996). One study reported that the median income of grandparents raising grandchildren was between $10,000 and $11,000 annually (Robinson, Kropf, & Myers, 2000). As many grandparents may be living off fixed incomes (e.g., Social Security) the cost of care for grandchildren (food, shelter, clothes, medical, school, etc.) may stretch beyond the family budget and place them in economic jeopardy.

Grandparents and Welfare Reform

There are programs available to financially assist grandparents with raising their grandchildren; however, limited information is available about the household. One of the programs that caregiving grandparents may qualify for is TANF, which is the acronym for *Temporary Assistance to Needy Families*. A person's eligibility and amount of assistance varies from state to state and the requirements for eligibility and continued assistance can be unclear. For these reasons, this form of economic assistance is often quite confusing for grandparents (Flint & Perez- Porter, 1997).

There have been several changes to the welfare system in recent years, which are consistently referred to in the literature (and by the government) as "welfare reform." The focus of the welfare reform effort was to encourage adults to work. The movement of welfare policy away from income provision and towards self-sufficiency through employment culminated with the Personal Responsibility and Work Reconciliation Act (PRWORA) signed into law by President Clinton in 1996. The PRWORA, which is the official policy that changed the AFDC program to what is now known as TANF, institutionalized work requirements and time limits on cash benefits for single able-bodied adults (Joseph, 1999). Individuals can be exempt from the work requirement but that is also up to each state. There are "good cause" exemptions for illness and inability to work but states are also only permitted to have 15% of their caseload exempted from the work requirement. A greater percentage will place the state at risk of losing federal money (Mullen, 1996). In addition, each state is also able to exempt 20% of its caseload from the time limit requirement (Hegar & Scannapieco, 2000). This leaves a retired grandparent caring for his/her grandchildren in a difficult dilemma. While some preliminary research has examined grandparents and welfare reform (Berrick, Needell, & Minkler, 1999), additional data are needed.

One area of welfare reform includes PRWORA giving greater flexibility to the states to determine what categories of families are eligible for assistance. Individuals caring for children who are relatives (the status of caregiving grandparents), may fall into two categories: relatives who receive child-only grants and those who receive aid for both the children and themselves (Hegar & Scannapieco, 2000). Those caregivers receiving the child-only grants are exempt from work requirements and time limits because the child is receiving the benefit, not the adult. Those receiving aid for themselves and the child are not automatically exempt from the work requirement and time limits. The applicability of these changes to the grandparent headed household could depend on the criteria in their particular state and the characteristics of their new family structure (e.g., income, assets, health, age).

In summary, the literature indicates that grandparents face stressors with limited resources and support. One possible financial resource for these relative caregivers is the TANF program. The purpose of this study is to describe a sample of TANF recipients who are age 50 and older, and a primary caregiver to their grandchildren. Since the majority of grandparents are in informal caregiving relationships, many in this role are unable to receive assistance and economic support. Although the

sample size is small, this study adds to the understanding of grandparent caregivers who receive economic support through a TANF program.

METHODOLOGY

The descriptive data discussed in this paper are taken from research done on welfare reform within Georgia (Larrison, Nackerud, & Risler, 2001). The researchers randomly selected study participants from the statewide 1999 TANF caseload (N = 56,260). The caseload was stratified according to four economic/geographic locations of urban, suburban, rural growth, and rural decline. The number of participants needed from each of the locations was estimated to achieve a 92.5 percent confidence level, which resulted in 201 TANF who were interviewed for the study.

The primary data collection strategy was personal interviews with the participants. Those selected were interviewed between a three month time period and asked to respond to a questionnaire that included 185 quantitative and qualitative questions focusing on eight areas: family relationships, physical and emotional health, child well-being, educational and vocational training, employment and work history, income and resources, and welfare experience (Larrison et al., 2001). The interviews took approximately ninety minutes and each respondent was paid $25 for their participation.

After the data collection was complete, the participants were separated into four groups, using recipient's age and health status as it related to their ability to work, and retirement status. Group I included TANF recipients 25 years and younger. Group II included recipients ages 26-49 years old, and Group III included individuals with a health problem that prevents them from working or individuals receiving Social Security Disability. Group IV, the group of interest for this paper, included individuals age 50 and older and those who reported being retired. Group IV contained families headed by a grandparent, elderly, or retired person caring for a relative one generation removed. This final group is the focus of this descriptive analysis.

RESULTS

All participants that fit the age criteria (> 50) for inclusion in Group IV were extracted from the original study, leaving a sample size of 36

TANF recipients. Descriptive frequencies were calculated for this data set. The data were analyzed for individual and household characteristics.

Individual Characteristics

What does Group IV look like? The majority of individuals in this group were African American and female (72%). Other members of the sample were Caucasian females (22%) and African American males (6%). There were no Caucasian males in this sample of TANF recipients.

The data were also analyzed for descriptors such as age and marital status. The average age of the members of Group IV was 58.50 years (SD = 7.59). Fourteen (39%) reported that they were currently married. The other individuals in the sample reported being widowed (17%), divorced (28%), separated or never married (8% in each category).

Household Characteristics

In addition to personal demographics, household characteristics were also analyzed. These included the number of children in the home, presence (or absence) of a biological parent, and available resources. An analysis of the children in the household found that participants reported having a range of one to seven children under their care. Fourteen participants (39%) reported having one child in their home, but over half had multiple children living with them. Fifteen individuals (42%) were raising two children, 17% were raising three or four children, and one participant reported being the primary caregiver for seven children. With regard to their household structure and other members living in the home, the overwhelming majority (89%) reported that the child/children's biological parent did not live in the household with the family. Two individuals reported that the child/children's non-custodial biological parent did live in the household with the caregiver and the child/children.

Many in this sample reported having resources available within the household. According to the data, two-thirds (67%) owned their own home with the remaining third renting. In addition, over one half (58%) of the group owned a car that was operational. A final item asked about the family's income during the previous year. Of the 20 individuals that responded to the question, the average income was $20,862.

Although a criterion for Group IV membership was to be retired, many of the respondents reported still being employed in some form. Equal numbers (28% each) reported being retired or disabled. The other

members of the sample (31%) had "soft" economic jobs (e.g., cleaned homes, watched children), while some were employed in the labor force (11%), or had various "odd jobs" such as baking or consulting (one respondent each).

Community Characteristics

The participants were asked questions about their communities that included their county of residence and their opinion of their neighborhood. The counties of residence were stratified according to the four economic/geographic designations of urban, suburban, rural growth, and rural decline which were developed by a demographer for the purposes of the larger research study (Larrison et al., 2001). In the current sample of grandparents, one-third (33%) lived in an urban area, 31% in an area designated as rural growth, 28% in a suburban area, and the remaining respondents lived in an area designated as rural decline (8%).

When asked, "As a place to raise your children, how would you rate your neighborhood?" the responses varied. The response of "excellent" and "very good" were evenly split with 31% responding to both categories. Remaining respondents reported their neighborhoods as "good" (22%), "not too good" (11%), and one respondent reported their neighborhood as "awful."

Health Characteristics

Since physical and mental health are issues of concern to caregiving grandparents, health data were of interest. Most of the sample (89%) reported that they had health insurance, and only four (11%) reported that they did not have any health insurance. The most common type of health insurance was Medicaid (92%) and two individuals (6%) reported having insurance that was employer provided. The remaining person participated in the state's low-cost health insurance program.

Utilization of healthcare services appears to be relatively high for this group. Most of the people in the sample reported seeing a doctor within the last month (61%). Another third (31%) reported seeing a doctor in the last 1-6 months. Only a few (8%) reported that they saw a doctor more than one year ago.

Health utilization for the grandchildren was also included. For the most part, the grandparents visited a private doctor's office when their grandchild was ill (78%). An additional number in the sample (11%) visited

the county health department. However, the remaining respondents (11%) used the local emergency room as their primary healthcare resource.

The question that asked about health problems garnered a variety of responses from the respondents, who were asked about their specific health problems. Although most (89%) reported health problems, the list of possible problems included 25 different conditions. Each ailment listed had at least one person in the sample designate that illness as specific to them. The most common ailments were diabetes (11%), asthma, breast cancer, high blood pressure, and heart problems (6% for each). Interestingly, but not surprisingly, when asked whether they have been hospitalized for an emotional or mental illness, 86% reported that they had not. A small number (8%) reported that they had been hospitalized due to mental illness at some point.

Finally, respondents were asked to rate their health and the overall health of their children. The respondents' ratings varied across the categories with one quarter (25%) indicating their health was poor, about another quarter (28%) reporting their health as fair. A higher percentage (42%) reported their health as good. Only a few (6%) reported their health as excellent. Conversely, most of the children reportedly were in good (47%) or excellent (44%) health. A few individuals (8%) responded that they thought their child's health was fair. None reported that their grandchildren were in poor health.

DISCUSSION

Overall, this sample of caregiving grandparents who received TANF yields some results that are consistent with the findings of past studies. Similar to other studies, this sample was predominantly African American women who were in caregiving roles (Caputo, 1999; Fuller-Thomson, Minkler, & Driver, 1997). These race and age indicators are similar to what other researchers have found. Many studies have found that the average age of grandparent caregivers is 55 to 57 years (Dowdell, 1995; Kelley, 1993; Kelley et al., 2001).

From a social work perspective, this finding has important significance. Older women of color have the highest poverty rate (Ozawa, 1995), experiencing the "triple jeopardy" oppression of ageism, racism, and sexism. From an economic perspective, TANF should be a program to provide an economic safety net for grandparent headed families. The data from this study indicates that the grandparents who were participating in the program had more adequate financial resources than other

grandparents reported in the literature (c.f. Robinson et al., 2000). Additional research about the outcomes for families, both TANF recipients and non-recipients, may help answer the question of how much of the economic buffer was related to participation in this social program.

Within this study, the grandparents also reported other types of resources. Since the grandparents reported high levels of health concerns, it seems critical that there be an appropriate level of contact with health providers. Health utilization in this study was high, with few (8%) grandparents reporting no contact with a physician within the past year. Other research reports that grandparents often neglect their own health, represented by higher rates of negative health related activities (e.g., tobacco or alcohol use, or skipped medical appointments) (Emick & Hayslip, 1999; Minkler et al., 1992; Shore & Hayslip, 1994). The data from this group of grandparents suggest that participation in TANF may have a positive impact over the families' abilities to access healthcare. This finding could be a result of additional economic resources that are gained through the TANF payments themselves, or that involvement within the public welfare system provides an avenue for other types of services, such as healthcare. Over time, an interesting question is whether the adequate health coverage is related to lower rates of health crises in these families, which may precipitate a need for out-of-family placement for the grandchildren.

An interesting finding involved the few questions about mental health issues. A small number of grandparents reported that they were hospitalized for a mental health issue, and unfortunately, there were no additional questions about community-based mental health resources. Furthermore, items related to mental health functioning were not included in the original resources. Because the study was not initially structured to capture the breadth of experience of caregiving grandparents, mental health questions did not address specific experiences associated with this group of care providers. In previous research on mental health functioning of grandparents, results indicate that these caregivers have high rates of depression, loneliness, anxiety, and disempowerment (Burnette, 1999; Minkler, Fuller-Thomson, Miller, & Driver, 1997; Robinson et al., 2000; Sands & Goldberg-Glen, 1998). In furthering study in this area, a potential area of research is to determine whether grandparents who receive TANF have lower rates of mental health concerns. If resources can alleviate a sense of anxiety and hopelessness, it might follow that a portion of the emotional burden may also be lifted from these grandparents.

An additional issue is the comparison of Group IV, the caregiving grandparents, to the other three groups of TANF recipients in the origi-

nal welfare reform study. Group IV had higher rates of home and car ownership, and the highest monthly income when compared to the other three groups (Larrison et al., 2001). Within this research, grandparents were doing at least as well (from an economic perspective) as other groups of TANF recipients.

IMPLICATIONS AND FUTURE RESEARCH

These findings suggest several possible implications. First, the complex system of public welfare is a disincentive for many grandparents, who often are also in informal caregiving roles (Flint & Perez-Porter, 1997). Public policies that mandate a particular arrangement (e.g., formal custody) by grandparents bar families from receiving economic support that is crucial for adequate family function. Secondly, participation in TANF may provide families with the secondary gain of having access to other needed resources such as health and mental healthcare. For these reasons, policymakers need to consider the multiple types of family structures and create flexible policy structures to comprehensively support these intergenerational households. Research needs to be conducted to provide additional data to shape comprehensive policies for these care providers.

Due to the ages of the grandparents, there also needs to be a bridge between service systems that would work with these families. In the present sample, the grandparents were reaching retirement age and many maintained some type of employment besides being employed full time. This raises an important question about the coordination of assistance across various programs such as retirement income (social security, private pensions if available) and TANF. When grandparents have already expended resources on raising their own children, should they be economically responsible for another generation? This question should be considered as changes in social security benefits and other later life programs are discussed.

STRENGTHS AND LIMITATIONS

This descriptive analysis has several limitations. The sample being analyzed, although part of a larger study, was very small and cannot necessarily be assumed as a representative sample of TANF recipients in the state. Also, the questionnaire used for this study was intended for a particular target population, which was not grandparents who were raising grandchildren. Therefore, important information was not cap-

tured about this group of caregivers, such as items related to mental health status, and reason for caregiving.

The strengths of this analysis are that it follows the current literature that focuses on the needs, issues, and concerns of grandparents providing primary care to their grandchildren. The larger study was one that was intended to develop a profile of TANF recipients within Georgia. The fact that a sample of the individuals fell into a category of caregiving grandparents addresses the need for additional research (qualitative and quantitative) focused specifically on grandparents raising grandchildren who receive public welfare assistance. The demographics of the sample confirm that the issues related to grandparenting and care provision are especially paramount to minority communities and African Americans in particular. Future research needs to focus on the effects (physical and mental) of second generation parenting on this population and barriers to attaining financial assistance from programs such as TANF.

In summary, this study was a statewide evaluation of the TANF rolls within Georgia. Although the sample of grandparents was small, the descriptive data provide an initial understanding of the profile of caregivers who are assisted by this program. Overall, the grandparents in this study were functioning at least as well as other participants in the TANF program. In addition, they had more positive outcomes than some of the other grandparents who are raising their grandchildren reported within the literature.

These preliminary data are heartening, and provide a reason to conduct additional research in this area. If TANF enables grandparents to provide an adequate standard of care without sacrificing their own health and well-being, then stronger social policies should be drafted to support this type of care provider. Research that is conducted with larger samples and a greater number of variables is needed to evaluate the outcome of the TANF program for second generation care providers.

REFERENCES

Baydar, N., & Brooks-Gunn, J. (1998). Profiles of grandmothers who help care for their grandchildren in the United States. *Family Relations, 47*, 385-393.

Berrick, J.D., Needell, B., & Minkler, M. (1999). The policy implication of welfare reform for older caregivers, kinship care, and family configuration. *Children and Youth Services Review, 21*, 843-864.

Bowers, B.F., & Myers, B.J. (1999). Grandmothers providing care for grandchildren: Consequences of various levels of caregiving. *Family Relations, 48*, 303-311.

Burnette, D. (1999). Physical and emotional well-being of custodial grandparents in Latino families. *American Journal of Orthopsychiatry, 69*(3), 305-318.

Burton, L.M. (1992). Black grandparents rearing children of drug-addicted parents: Stressors, outcomes, and social service needs. *The Gerontologist, 32*, 744-751.

Caliandro, G., & Hughes, C. (1998). The experience of being a grandmother who is the primary caregiver for her HIV-positive grandchild. *Nursing Research, 47*(2), 107-113.

Caputo, R.K. (1999). Grandmothers and coresident grandchildren. *Families in Society, 80*, 120-126.

Casper, L.M., & Bryson, K. (1998). Co-resident grandparents and their grandchildren: Grandparent maintained families. Population Division Working Series #26. Washington, DC: U.S. Bureau of the Census.

Chalfie, D. (1994). Going it alone: A closer look at grandparents parenting grandchildren. Washington, DC: American Association of Retired Persons.

Dowdell, E.B. (1995). Caregiver burden: Grandmothers raising high risk grandchildren. *Journal of Psychological Nursing, 33*, 27-30.

Dressel, P.L., & Barnhill, S.K. (1994). Reframing gerontological thought and practice: The case of grandmothers with daughters in prison. *The Gerontologist, 34*, 685-691.

Emick, M.A., & Hayslip, B. (1999). Custodial grandparenting: Stress, coping skills, and relationships with grandchildren. *International Journal of Aging and Human Development, 48*(1), 35-61.

Flint, M.M., & Perez-Porter, M. (1997). Grandparent caregivers: Legal and economic issues. *Journal of Gerontological Social Work, 28*(1/2), 63-76.

Fuller-Thomson, E., & Minkler, M. (2000). African American grandparents raising grandchildren: A national profile of demographic and health characteristics. *Health & Social Work, 25*(2), 109-119.

Fuller-Thomson, E., Minkler, M., & Driver, D. (1997). A profile of grandparents raising grandchildren in the United States. *The Gerontologist, 37*, 406-411.

Hegar, R.L., & Scannapieco, M. (2000). Grandma babies: The problem of welfare eligibility for children raised by relatives. *Journal of Sociology and Social Welfare, 27*(3), 153-171.

Hughes, L. (1986). *The big sea: An autobiography*. Thunder Mouth Press: New York.

Joseph, L.B. (Ed.) (1999). *Families, poverty, and welfare reform: Confronting a new policy era*. University of Illinois Press: Chicago.

Kelley, S.J. (1993). Caregiver stress in grandparents raising grandchildren. *Image: Journal of Nursing Scholarship, 25*, 331-337.

Kelley, S.J., Yorker, B.C., Whitley, D.M., & Sipe, T.A. (2001). A multimodal intervention for grandparents raising grandchildren: Results of an exploratory study. *Child Welfare, 80*(1), 27-51.

Kropf, N.P., & Robinson, M.M. (2004). Pathways into caregiving for rural custodial grandparents. *Journal of Intergenerational Relationships, 2*, 63-77.

Larrison, C.R., Nackerud, L., & Risler, E. (2001). A new perspective on families that receive Temporary Assistance for Needy Families (TANF). *The Journal of Sociology and Social Welfare, 28*(3), 49-69.

Lugaila, T. (1998). Marital status and living arrangements: March 1997. Current Population Reports (Series P-20, No. 506). Washington, D.C.: Government Printing Office.

Minkler, M., Fuller-Thomson, E., Miller, D., & Driver, D. (1997). Depression in grandparents raising grandchildren: Results of a national longitudinal study. *The Archives of Family Medicine, 6*, 445-452.

Minkler, M., Roe, K.M., & Price, M. (1992). The physical and emotional health of grandmothers raising grandchildren in the crack epidemic. *Gerontologist, 32*, 5752-5761.

Mullen, F. (1996). Public benefits: Grandparents, grandchildren, and welfare reform. *Generations, 20*(1), 61-65.

Ozawa, M.N. (1995). The economic stats of vulnerable older women. *Social Work, 40*, 323-331.

Pebley, A.R., & Rudkin, L.L. (1999). Grandparents caring for grandchildren: What do we know? *Journal of Family Issues, 20*, 218-242

Poindexter, C.P., & Linsk, N.L. (1999). "I'm just glad that I'm here": Stories of seven African American HIV-affected grandmothers. *Journal of Gerontological Social Work, 32*(1), 63-81.

Robinson, M.M., Kropf, N.P., & Myers, L. (2000). Grandparents raising grandchildren in rural communities. *Journal of Aging and Mental Health, 6*(4), 1-13.

Sands, R.G., & Goldberg-Glen, R.S. (1998). The impact of employment and serious illness on grandmothers who are raising their grandchildren. *Journal of Women & Aging, 10*(3), 41-58.

Shore, R.J., & Hayslip, B. (1994). Custodial grandparenting: Implications for children's development. In A. Godfried and A. Godfried (Eds.) *Redefining families: Implications for children's development.* New York: Plenum.

Strawbridge, W.M., Wallhagen, J.I., Shema, S.J., & Kaplan, G.A. (1997). New burdens or more of the same? Comparing grandparent, spouse, and adult-child caregivers. *The Gerontologist, 37*(4), 505-510.

Szinovacz, M.E. (1998). Grandparents today: A demographic profile. *Gerontologist, 38*, 37-52.

Szinovacz, M.E., DeViney, S., & Atkinson, M.P. (1999). Effects of surrogate parenting on grandparents' well-being. *Journal of Gerontology: Social Sciences, 54B*(6), S376-S388.

Troll, L.E. (1985). The contingencies of grandparenting. In V.I. Bengtson and J.F. Roberts (Eds.), *Grandparenthood.* Beverly Hills, CA: Sage.

Whetten-Goldstein, K., & Nguyen, T.Q. (2001). Characteristics of individuals infected with the human immunodeficiency virus and provider interaction in the predominantly rural southeast. *Southern Medical Journal, 94*(2), 212-222.

Whitley, D.M., Kelley, S.J., & Sipe, T.A. (2001). Grandmothers raising grandchildren: Are they at increased risk of health problems. *Health & Social Work, 26*(2), 105-115.

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