



California State University, San Bernardino
CSUSB ScholarWorks

Electronic Theses, Projects, and Dissertations

Office of Graduate Studies

6-2016

Kinship Support Group: Addressing Grandparent Caregiver Challenges

Danya Brenda Cervantes
danxa02@gmail.com

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

 Part of the [Social Work Commons](#)

Recommended Citation

Cervantes, Danya Brenda, "Kinship Support Group: Addressing Grandparent Caregiver Challenges" (2016). *Electronic Theses, Projects, and Dissertations*. Paper 332.

This Project is brought to you for free and open access by the Office of Graduate Studies at CSUSB ScholarWorks. It has been accepted for inclusion in Electronic Theses, Projects, and Dissertations by an authorized administrator of CSUSB ScholarWorks. For more information, please contact scholarworks@csusb.edu.

KINSHIP SUPPORT GROUP: ADDRESSING GRANDPARENT CAREGIVER
CHALLENGES

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

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

by
Danya Brenda Cervantes

June 2016

KINSHIP SUPPORT GROUP: ADDRESSING GRANDPARENT CAREGIVER
CHALLENGES

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

by
Danya Brenda Cervantes

June 2016

Approved by:

Dr. Herbert Shon, Faculty Supervisor, Social Work

Dr. Janet Chang, MSW Research Coordinator

© 2016 Danya Brenda Cervantes

ABSTRACT

Grandparent caregivers to their grandchild(ren) is a growing population that is not completely understood. This study explored the challenges faced by grandparent caregivers to their grandchild(ren) and how being part of a kinship support group can help in addressing the challenges. A qualitative research design was used for the purpose of gathering first account narratives from the participants in the study. California Family Life Center, a kinship support agency was contacted and allowed the researcher to reach out to grandparents who were interested in taking part of the study. Seven participants took part in this study. This study concluded that grandparent caregivers are presented with challenges such as: an impact in their social life, making adjustments to their retirement plans and learning to cope through support from the kinship support group. The Loss and Grief Theory and Erikson's Developmental Stages, generativity vs. stagnation provided an analysis and a better interpretation from the data collected from the participants. Results from the study suggest that being part of a kinship support group for participants has been beneficial to them as they come to better understand their current situation through the kinship support group. Nevertheless, the challenges are still present in their everyday lives. Implications for practice, policy and research are also discussed.

ACKNOWLEDGEMENTS

I would like to express my gratitude to all the grandparents who took part in this research study. Their experiences have taught me to value and better understand this growing population. It is through their shared experiences as a caregiver that more people will become aware of the challenges grandparents face. Your sacrifices and hard work is priceless. Without your support, this study would have not been possible. Again, thank you for your time.

A special thanks to California Family Life Center for providing me with the platform to reach out to grandparents getting assistance through the agency. Through the agency's support, I was able to make this study a reality.

A special thanks to Dr. Shon, my research advisor for taking the time to explain to me one, two, even three times until it made sense. I am grateful for your knowledge throughout this experience.

To the School of Social Work for molding me into the social worker I am today. I still have a lot to learn, but you have provided me with the foundation needed to succeed in the real world. I will be forever grateful to the professors and supporting staff who have served as mentors during the past two years. You have definitely left an impression on me.

To all the members of my cohort. I have gained valuable friendships that will continue beyond graduation. May you thrive in your professions as social workers and make an impact in the life of others. Always remember: self-care.

DEDICATION

I would like to thank first my Lord and Savior, Jesus Christ. I am here today through His grace and love guiding me every step of the way.

To my beloved husband, Raul for his support and encouragement for the past two years. I love you. Thank you for understanding or trying to understand me as I would vent out my frustrations at you. You listened and that is what I needed. Thank you for everything you have done. You are my knight in shining armor.

To my “three musketeers”, Halina, Jael, and Omar. They bring sunshine to my life and were my inspiration through all of this. My hope is that they have been inspired to someday follow and pursue their dreams, not giving up until they have achieved them. I know it was hard at times and I tried to make “family night” happened almost every Friday even when I was half asleep.

To my parents for all their sacrifices they have done to provide my siblings and I a better life. Thank you for all your support and love. Especially to my mother, for caring for my little ones while I was away at school or work. I know that they are in good hands.

To my siblings, family and friends who have provided me with words of encouragement for the past two years. Your words have made a world of a difference.

TABLE OF CONTENTS

ABSTRACT	iii
ACKNOWLEDGEMENTS	iv
LIST OF TABLES	x
CHAPTER ONE: INTRODUCTION	
Problem Statement	1
Policy Context	2
Purpose of the Study	4
Social Work Relevance	5
Definition of Terms	7
CHAPTER TWO: LITERATURE REVIEW	
Introduction	9
Grandparent Caregiver Demographics	10
African American	11
Hispanic	12
Caucasian	13
Historical Overview	13
Kinship Policies	15
Federal Policies	15
State Policies	17
Common Disruptions	18
Biological Parents	19

Adolescents	19
Special Needs Children	20
Grandparent Health	21
Caregiver Challenges	22
Grandparent Mental Health	22
Physical Health	23
Financial Challenges	24
Legal Issues	25
Life Altering Circumstances	26
Kinship Support Groups	27
Theoretical Perspectives	29
Loss and Grief Theory	29
Theories Guiding Conceptualization	30
Erikson's Stages of Psychological Development Generativity vs. Stagnation	30
Limitations of Current Literature	32
 CHAPTER THREE: METHODS	
Introduction	34
Study Design	34
Sampling	35
Data Collection and Instruments	36
Procedures	37
Protection of Human Subjects	37

Data Analysis	38
Summary	39
CHAPTER FOUR: RESULTS	
Introduction	40
Demographics of Participants	40
Participants Bibliography	43
Felipe (78) and Gloria (76)	43
Dori (69)	43
Joyce (74)	43
Martha (66).....	44
Christine (65)	44
Melissa (48)	45
Identifying Themes	46
Reason for Caregiving	46
Retirement Adjustments	47
Health	48
Caregiver Challenges	49
Social Life	50
Support Group	53
Views on their Children	56
Summary	58

CHAPTER FIVE: DISCUSSION

Introduction.....	60
Discussion of Themes.....	60
Reason for Caregiving	61
Retirement Adjustments	62
Health.....	64
Caregiver Challenges.....	65
Social Life.....	66
Support Group	67
Views on their Children	68
Limitations and Strengths	69
Recommendations for Social Work Practice, Policy and Research.....	70
Social Work Practice	70
Policy	71
Research	72
Conclusion	72
APPENDIX A: INTERVIEW SCRIPT	74
APPENDIX B: AGENCY LETTER	76
APPENDIX C: DEMOGRAPHICS SURVEY	78
APPENDIX D: INTERVIEW QUESTIONS	80
APPENDIX E: FLYER	82
APPENDIX F: CONSENT FORM	84

APPENDIX G: AUDIO CONSENT FORM	86
APPENDIX H: DEBRIEFING STATEMENT	88
REFERENCES	90

LIST OF TABLES

Table 1. Participants' Pseudonym	42
Table 2. Demographic Information of Participants	42

CHAPTER ONE

INTRODUCTION

Problem Statement

The role of the grandparent has evolved over time. The grandparent role has been construed as “pleasure without responsibility” where grandparents play an active role without “interfering” in the lives of their grandchildren (Backhouse & Graham, 2012). However, in recent years’ studies have shown that grandparents are often moving away from traditional roles and into the parent role (Backhouse & Graham, 2012). Grandparents raising their grandchildren is a growing phenomenon that has had an increase in the past three decades. Since 1990, there has been a 30% increase in the number of children living with their grandparents, half of which are under the age of 6 (Hayslip & Kaminski, 2005).

The 2010 U.S. Census data indicates that 2.7 million children (of which 1.7 million were under the age of 18) were living with a grandparent who was acting as the primary caregiver (“2010 Census Data – 2010 Census,” n.d.). Due to the inability to account for every grandparent as the primary caregiver for their grandchildren in the U.S. Census of 2010, secondary analysis shows that almost 11% of grandparents had some sort of responsibility for caring for their grandchild for six or more months, with longer periods being the norm (Grinnell, & Unrau, 2011).

Most often grandparents assume primary care of their grandchildren due to unforeseen events. Several research studies report divorce, death,

deportation, incarceration, substance abuse, mental illness, and child abuse and neglect as reasons for grandparents taking on the parenting role for a second time (Leder, Grinstead, & Torres, 2007; Mayer, 2002; Edwards & Daire, 2006; Hayslip & Kaminski, 2005). With the responsibility of caring for their grandchildren comes stress to the grandparent that can have an impact on their emotional health and psychological well-being.

Factors that put grandparents at a higher risk for health problems include lack of access to health care, psychological distress, living in poverty, lack of access to services, as well as having grandchildren with special needs (Kelley et al., 2010; Mayer, 2002; Leder et al., 2007). Mayer (2002) noted that grandparents find themselves under many stressors because they have to endure changes in their lifestyles such as loss of freedom and control, disruption in friendships due to lack of time to socialize, as well as friction with their adult children. In addition, parenting grandparents report disruptions in the grandparent-grandchild relationship, limited time with their spouse and in their retirement. The added stress of parenting again as well as dealing with their own personal issues makes grandparents assume unexpected challenges in older age.

Policy Context

There are policies that help and benefit formal kinship care. However, informal caregivers find themselves vulnerable because of their limited rights. It

is important to first understand the difference between formal and informal care. Within kinship care, there are different arrangements and definitions that can lead to confusion and can vary from state to state. The United States Department of Health and Human Services (2000) has defined formal kinship care as a child under the legal custody of the child welfare system where arrangements have been made for the child to be placed under the foster care of a relative. Informal kinship does not involve the child welfare system and arrangements have been made among the relatives. These types of kinship arrangements are seen as private and informal (Bratteli, Bjelde, & Pigatti, 2008).

Income assistance for kin caregivers resulted from an amendment to the Social Security Act of 1950, which provided financial assistance for children under their care through the Aid to Dependent Children program (Letiecq, Bailey & Porterfield, 2008). Recent federal policies, including the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA) and Adoption and Safe Families Act of 1997 recognized that kin care is the best fit for children. These policies allow states to waive certain foster care requirements. Though these policy changes offer a “fix” for the shortage of nonkin foster homes, it still has not completely eliminated how non-kin and kin foster families are looked upon (Letiecq, Bailey & Porterfield, 2008). The lack of policy attention to this growing phenomenon has left many informal kinship grandparent caregivers to confront challenges alone with few legal rights and little to no access to social services programs and financial assistance.

Purpose of the Study

The purpose of the study is to explore the life challenges among grandparent caregivers and how attending a kinship support group can help alleviate the challenges they face. As the population of grandparents as caregivers grows, so will the need for supportive services and interventions. Fruhauf et al. (2015) noted that service providers do not seem to fully understand the scope of the problem. The social work profession must become more aware of this growing population to better serve grandparent caregivers and link them to programs within their community. This research seeks to provide useful knowledge that can aid therapist, social policy makers and support service agencies in addressing more effectively the social, psychological, and legal needs of the grandparent caregiver and family members affected.

This was a qualitative exploratory study that consisted of interviewing grandparent caregivers in which the biological parents are not involved for the purpose of gathering data. Participants were recruited through California Family Life Center: Kin Care. A total of seven participants who attend monthly support group meetings participated in this study. Participants were provided at the beginning with a consent form and a written statement about the purpose of the study. A small survey was given at the beginning of the interview to gather demographics such as; age, reason why they became primary caregiver and employment status. The interview consisted of ten questions and lasted approximately forty-five minutes. The interview took place in a neutral setting.

The questions addressed how becoming a caregiver for their grandchild(ren) has impacted their lives. The interviews were recorded and participants were provided with an audio consent form. The interviews were transcribed and studied to reveal common themes among the stories told.

Social Work Relevance

Social workers who choose the field of human services will come in contact with clients who are grandparents caring for their grandchildren for various reasons. Research shows that child welfare agencies look for support in family members, especially grandparents, to provide care when children are removed from their biological parents (Waite et al., 2012). This research study is important and contributed to the field of social work by providing first account views of grandparents as they reflected on their challenges and the impact the kinship support group has had in their lives. It will guide social workers when working with grandparent caregivers and help social workers to be sensitive to the unique circumstance faced by grandparent caregivers and be able to properly link them with services that can meet their individual needs.

This study is relevant to the field of social work because there are not many studies with findings of grandparent caregiver's experiences with the child welfare agency when seeking support. There are mixed results in the overall satisfaction of grandparents when seeking services in a child welfare agency. A study conducted by Thornton (1991) concluded that there was high satisfaction

among kinship caregivers, while a study conducted by O'Brien, Massat and Gleeson (2001) concluded that more concrete information on the services was needed. A study conducted by Gladstone, Brown, & Fitzgerald, (2009) concluded that grandparent's express frustration with the child welfare agency. The study resulted in the grandparents not happy in how the removal of the child took place; issues with their experiences in court; lack of information on resources available, and; displeased with the social worker's handling of the situation. In addition, grandparents in the study described the social workers as "unapproachable", "cold", "condescending", and not being genuine.

Grandparents also expressed great frustration when having to "chase" the social worker or when they would not follow through on something they said they would do. The vast majority of grandparent caregivers report facing roadblocks when seeking services at the state and federal level. This is especially the case when it involves an informal caregiver setting. Furthermore, in the majority of the states, kin caregivers most of the time do not receive foster care payments, and are often offered, referred, and receive fewer services than non-kin foster families (Letiecq, Bailey & Porterfield, 2008). With the majority of grandparents experiencing financial difficulties, legal assistance regarding custody issues and obtaining adequate housing, the social work profession needs to be more aware of the challenges grandparent caregivers face (Yancura, 2013).

Definition of Terms

Formal kinship care: Is the daily parenting and care of children by kin as a result of a determination by the court and the public child protective service agency that a child must be separated from his or her parents because of abuse, neglect, dependency, abandonment, or special medical circumstances. (Child Welfare League of America [CWLA], 2000, p. 12)

Informal kinship care: “A living arrangement in which parents ask kin to care for their children and the public child welfare agency assumes neither legal custody nor fiscal responsibility for the children” (CWLA, 2000, p. 12).

Kin: “Extended biological family or persons who are not related to the child but have an established relationship with the child, including godparents, neighbors, and others” (Casey Family Programs, 2008, p. 7).

Grandparent caregiver: grandparents having primary care for their grandchildren under formal or informal caregiver arrangements (Roe & Minkler, 1998).

Custodial grandparent: Custodial grandparents are grandparents who have legal guardianship of a grandchild through temporary adoption, temporary custody or guardianship, full custody or adoption (Jendrek, 1993).

Familism: a value in which “all members strongly identify with their respective family units and feel a deep sense of family loyalty” (Halgunseth, 2004, p. 339).

Support groups: “Foster mutual aid to help members cope with stressful life events, and revitalize and enhance members’ coping abilities so they can

effectively adapt to and cope with future stressful life events” (Toseland & Rivas, 2009, p. 20).

CHAPTER TWO

LITERATURE REVIEW

introduction

This chapter will review the literature regarding grandparents as primary caregivers with statistics and a breakdown of the demographics of the population affected. The history of kin support groups as well as federal and state policies regarding kin arrangements will be addressed. Common disruptions, caregiver challenges and kinship support groups will be covered. The chapter will address the Loss and Grief Theory and Erikson's seventh life stage of development: generativity versus stagnation. The chapter will conclude with limitations of current literature.

Grandparents who decide to raise their grandchildren are able to offer a loving home environment that is more positive than a foster care home. Nevertheless, raising children can present itself as difficult for grandparents during a time where they are thinking about retirement and what should be their golden years. Grandparents acting as primary caregivers of their grandchildren has risen dramatically in recent years. Padilla-Frausto & Wallace (2014) reported that in 2011, seven million U.S. grandparent head of households had at least one grandchild living with them. This phenomenon does not discriminate as it can be found among all religions, ethnicities, and socio-economic classes (Edwards & Daire, 2006). Approximately three million grandparent had primary responsibility for meeting their grandchildren's basic needs. Historically, there

were four reasons associated with grandparent headed households: divorce, desertion, drugs and death. This was known as the four Ds (Edwards & Benson, 2010). However, recent research studies have reported biological parent's incarceration, death, mental illness, substance abuse, child abuse and neglect, and deportation are some reasons why grandparents become primary caregivers of their grandchild(ren) (Leder, Grinstead, & Torres, 2007; Mayer, 2002; Edwards & Daire, 2006).

Edwards and Benson (2010) noted that when government agencies, such as Child Protective Services (CPS), remove children from their homes they have to first consider placing the child(ren) with relatives to maintain family connection. In some cases, the child(ren) has been through many relative placings before finally being placed with a grandparent. Many grandparents find themselves having to make the decision of taking in their grandchildren for fear of them being taken by the state and put into a foster home. In other cases, the grandparents initially offer themselves because they have the time and have a strong familial commitment to care for their grandchild(ren) (Edward & Benson, 2010).

Grandparent Caregiver Demographics

Although grandparent-headed families (GHF) are represented across all ethnic and socioeconomic groups, it is disproportionately higher among low-income families. The African-American community has a higher rate of GHF than any other racial and ethnic group (Kelch-Oliver, 2011). According to the U.S.

Census' report of Children's Living Arrangements and Characteristics of 2002, approximately 13.5% of African-American children are likely to live in a GHF compared to 6.5% of Hispanic children and 4% of White children. (Kelch-Oliver, (2011).

African-American

Within the African American community, children are 4 to 5 times more likely than white or Hispanic children to come under the care of their grandmother (Del Bene, 2010). Kinship care in an African American family strengthens the traditional matriarchal family system. An estimated 50% of children not living with their biological parents are living with African American grandmothers in urban low-income settings (Kelch-Oliver, 2011). A study conducted by Pruchno and McKenney (2000) among 60 African American grandmothers reported that they took the parent role due to their children's drug addiction. The study found that 86% reported feeling depressed, 60% reported an increase in smoking, and 36% had an increase in medical issues.

Another study gave similar results with half the sample of African American grandmothers reporting fair or poor health, one third rated their physical health worse and almost 40% reported their mental health was worse (Del Bene, 2010). Research conducted by Ivery (2014) found that culture and values as well as a strong faith was an effective coping method. Del Bene (2010) also noted in her study that African American grandmothers are the most

vulnerable population compared to other minority ethnicities due to lack of political voice or power, limited resources and low social economic status.

Hispanic

In 2001, there were roughly 2,400,000 GHF in the United States of which 424,000 were of Hispanic origin (Fuller-Thomson & Minkler, 2007). The Hispanic community reflects strong Latino values of “familism” and a strong belief in extended family and intergenerational ties. In Latino society, the family unity goes beyond the nuclear family and into the extended (Fuller-Thomson & Minkler, 2007). There is a belief within the Latino community that family members have a moral obligation to aid other family members who are experiencing financial, health or other problems. Hispanic grandparents perceive themselves as a support and caregiver when their adult children are going through difficulties (Fuller-Thomson & Minkler, 2007).

A study conducted by Burnette (1999) with poor inner city Puerto Rican grandparents concluded that high poverty rates, poor health and depression is experiences by grandparent headed families. Another study conducted by Fuller-Thomson & Minkler (2007) concluded that Latino grandparents are more likely to reside with the parents of the child, compared to African Americans and American Indians even when financial hardship is the case. Further, 60% of grandparents in the study could not speak English and lacked a high school education, putting them at a higher risk for unemployment opportunities as well as less likely to seek services.

Caucasian

Literature among Caucasian grandmothers is limited. Studies across the board tend to use Caucasian grandmothers only as a point of comparison to African American and Hispanic grandmothers. More studies need to address only the Caucasian grandmother caregiver role to be able to gather factual statistics and explore their individual challenges. For instance, compared to African American grandmothers, White grandmothers are least likely to have friends under similar circumstances (Hayslip, & Kaminski, 2005). Another study reported a greater degree of burden among White grandmothers (Kolomer, & Kropf, 2004).

Historical Overview

Kinship care or grandparents caring for their grandchildren is a practice that has been in use for many generations in many cultures. Kinship care involves relatives of children caring for them when the biological parent cannot due to abuse, neglect, incarceration, death, drug and alcohol abuse and a mental illness (e.g. Leder, Grinstead, & Torres, 2007; Mayer, 2002; Edwards & Daire, 2006). Kinship arrangement has been faced with support as well as opposition.

Kinship is deeply rooted within the African American culture. In order to better understand the significance of kinship care, it is important to look into its origins of West African families. Historically, in West Africa, extended family was viewed as being responsible for the well-being of children when parents could not

do it. The African proverb, “It takes a village to raise a child” is a representative example of how kinship is important to the culture (Littlewood, 2008, pg. 4).

African American families have heavily relied on extended kin when environmental and social stressors are present (Littlewood, 2008).

Supporters of kinship arrangement maintain that these types of arrangements reduce the number of children entering the foster care system, keep ties to the culture and the family of the child, allow the biological parent to maintain a relationship with their children, and avoid the separation of siblings by keeping them together (Movsisyan, 2013). Although kinship offers many advantages, opponents to this practice argue that “the apple doesn’t fall far from the tree” (Littlewood, 2008, pg. 2). This popular criticism questions the grandparent’s ability to parent when they have essentially failed their own children. Opponents also argue that grandchildren having contact with their biological parents can expose them to family violence. Lastly, opponents criticize kin caregivers for seeking financial support because morally they should take care of their family during a crisis (Littlewood, 2008).

It is important to first understand the difference between formal and informal care. Within kinship care, there are different arrangements and definitions that can lead to confusion and can vary from state to state. The United States Department of Health and Human Services (2000) has defined formal kinship care as a child under the legal custody of the child welfare system where arrangements have been made for the child to be placed under the foster care of

a relative. Informal kinship does not involve the child welfare system and arrangements for the care of children are made among the relatives. These types of kinship arrangements are seen as private and informal (Bratteli, Bjelde, & Pigatti, 2008).

Kinship Policies

An ample amount of evidence in the literature suggests that kinship foster care had a dramatic increase during the late 1980s and 1990s (e.g. Leos-Urbel et al., 2002, Kelch-Oliver, 2011, & Gladstone, Brown, & Fitzgerald, 2009). This, in part, can be associated with child welfare agencies developing a more positive attitude toward kin as foster parents, federal and state court rulings recognizing the rights of relatives and being compensated and a decrease in the amount of non-kin foster homes being available (Leos-Urbel, Bess, & Geen, 2002).

Federal Policies

Kinship policies at the federal level fall under the domain of child welfare and income assistance. The 1950 amendment to the Social Security Act became an important income assistance policy because it allowed relative if eligible, to receive monetary assistance through the Aid to Families with Dependent Children (AFDC) program. Kinship caregivers were able to get income assistance for the children under their care as well as for themselves (Leos-Urbel, Bess, & Geen, 2002). However, if the kinship relative did not qualify, they would still receive payment for the child. This was in part because the policy

argued that relatives were not legally required to care for the child. Current federal policies allow states to provide Temporary Assistance for Needy Families (TANF) child-only grants for any relative providing care through a kinship arrangement, regardless of the income of the relative as long as they meet the state's definition of relative caregiver under TANF guidelines¹ (Leos-Urbel, Bess, & Geen, 2002). Child welfare agencies have also made changes to their policies such as amendments to Title IV of the Social Security Act in 1962 that authorized federal payments to licensed foster parents. However, during that time most kinship arrangements were informal and not involved with a child welfare agency, disqualifying them from payment (Leos-Urbel, Bess, & Geen, 2002).

The U.S. Supreme Court in *Miller v. Youakim* in 1979 addressed disparities between non-kin foster parents and kin caregivers receiving AFDC payment. The court ruled that kin caregivers are entitled to the same federal benefits that non-kin foster parents receive as long as they meet the same foster care licensing guidelines. However, the U.S. Supreme court failed to address kin families who do not meet certain eligibility criteria for foster care licensing. These families find themselves not being eligible for federal financial aid as well as services that can be difficult to obtain (Letiecq, Bailey & Porterfield, 2008). The

¹ Under AFDC, relatives were entitled to child-only payments. Under TANF, states are not obligated to provide assistance to kinship caregivers, although currently all states except Wisconsin provide payments to all relative caregiver who seek assistance. Wisconsin's Kinship Care program provides a TANF-funded kinship care benefit to kin caring for related children at-risk of abuse or neglect (Leos-Urbel, Bess, & Geen, 2002, pg. 39).

Adoption and Safe Families Act of 1997 (ASFA) and Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA) are more recent federal policies that encourage states to give priority to kin caregiver placement and allow states to waive certain foster care requirements (Letiecq, Bailey & Porterfield, 2008). ASFA acknowledged that, “a fit and willing relative” can provide a “planned permanent living arrangement” and is in the best interest of the children (Leos-Urbel, Bess, & Geen, 2002, pg. 40). Furthermore, ASFA allows states on a case-by-case basis to seek title IV-E reimbursement for kinship placement.

State Policies

Within state kinship policies it tends to vary among states on how they will assess and determine payment for kin family arrangements. Though the federal government regulate state’s foster care guidelines and practices regarding payment to non-kin families, it has remained distant on how states should reimburse kin families. With limited federal guidelines there is significant variation as to how each state handles the reimbursement to kin families (Leos-Urbel, Bess, & Geen, 2002).

Gleeson and Craig examined the differences between state kinship care policies in 1993. The study examined kinship care policies from 32 states. Within each state’s policies, they found that many states use the same approval criteria for kin families as well as for non-kin families. Out of the 32 states, 17 states developed new guidelines specifically for kin families or would waive certain non-

kin foster care requirements. The study also found that 16 states out of the 32 do provide payment to kin families as long as they meet foster home licensing requirements (Leos-Urbel, Bess, & Geen, 2002).

Leos-Urbel, Bess, & Geen (2002) noted that there still remain differences among states as to how kin families should be provided with financial assistance while providing care for a child. With limited federal interference, states are at their disposition to create their own policies addressing reimbursement to kin placements. Policymakers and experts cannot find common ground as to whether kinship care should be reimbursed as they argue that families should not be given incentives when it is a family duty to care for a family member during a time of need. Others argue that the government should help with meeting the basic needs of a child whether kin or non-kin placement (Leos-Urbel, Bess, & Geen, 2002).

Common Disruptions

When the biological parents of the grandchildren are unable to meet their needs, grandparents may offer to care for them to maintain family connections. However, in some circumstances, grandparents find themselves unable or unwilling to take such a role. When looking at the best interest of the child, kinship arrangements may not be in the best option, especially when there is emotional conflict from the grandparent providing the care (Cooper, 2012). The following sections will address kinship disruptions when the biological parents are

involved, when adolescents are involved, when special needs children are involved and the overall health of the grandparent caregiver.

Biological Parents

A study conducted by Terling-Watt (2001) reported that continued influence of the biological parents has led to a disruption in the kinship arrangements. Seven of the nineteen grandparents in the study stated that they feared for the safety of their grandchildren due to the biological parents continued presence in their lives, especially when the biological parents were unstable or violent, even when restricting or limiting contact had been established. In a few cases, grandparents reported the biological parents trying to steal their grandchildren, which resulted in the children going back under the care of the child welfare system. The study also reported that, in other cases, the grandparents were intimidated by their children's hostility towards them (Terling-Watt, 2001).

Adolescents

Another example of kinship disruptions is when adolescents are involved. Adolescents who come from long-term substance abuse homes where there was no structure or rules, have a hard time adapting to a relative placement where there is structure and rules that are expected to be followed. The study conducted by Terling-Watt (2001) concluded that many teens that are placed with their grandparents do not do well when they have been fending for themselves and making critical life decisions without any guidance. In many

cases they have been the adult in the house by providing childcare for their younger sibling's as well as doing the household chores. With such independence, they do not do well in a placement where their independence is taken away. In many instances the adolescent runs away from the home environment. As one caseworker stated, "teenagers run away all the time. They will run from our office" (Terling-Watt, 2001).

Special Needs Children

When children and adolescents with psychological and behavioral problems are involved in kinship placements many grandparents are not prepared or equipped to handle them. Many of the children come from years of abuse and neglect as well as the trauma of separation from their parents. Caseworkers in the study by Terling-Watt (2001) stated that the problem with relative caregivers is, "that the relatives are uninformed and unrealistic about their ability to address the problems of the children they take. They feel empowered by the good deed they are doing and believe that with time and love they can offer the child exactly what he or she had been denied. Unfortunately for many of these children, time and love are not sufficient" (Terling-Watt, 2001, pg. 121). An example involved a case of a thirteen-year-old boy with a tragic childhood. The boy's mom died when he was six and he was raised by his abusive alcoholic father. When the boy was thirteen, he came home and found his father dead. He became a ward of the state and was placed with relatives. He had a hard time adjusting to the placement and with time behaved very hostile in

the relative's home. At one point he threatened to kill the relative's nine-year-old daughter which resulted in the relatives hiding the knives and other potential weapons. At the age of fifteen the boy ran away from the home. The study also noted that grandparents are not educated when it comes to understanding how to address their grandchildren with psychological and/or behavioral needs. Many of these children need outside help. Terling-Watt (2001) concluded that grandparents need to communicate better with the children and be provided with effective strategies when raising abusive and/or neglected grandchildren.

Grandparent Health

Another common problem that can lead to the disruption of the kinship arrangement is the age and health of the grandparent caregiver. Grandparents who are raising their grandchildren are more likely to suffer declining levels of their health due to stress brought upon from childrearing. Many grandparents are already facing health issues and the added caregiving of their grandchildren leads to a higher risk for deterioration of their physical and mental health (Butler, & Zakari, 2005). In many cases, the grandparent cannot handle the strain of caregiving, especially when it involves young grandchildren. Once case involved two boys, ages three and five in which the grandparents were faced with the hard decision of relinquishing custody to the state when the grandmother became terminally ill. Though at first the grandfather tried to care for the two of them, it became challenging for him. The case file reported, "He was very remorseful, he

did not want to release the boys but felt as if he had no choice” (Terling-Watt, 2001, pg. 122).

Caregiver Challenges

Typically, the best alternative after the biological parents are the grandparents who can provide care and raised the child. However, this role can have a disadvantage for the grandparents (Edwards & Daire, 2006). These disadvantages may include an illness, lack of desire to parent, low energy level, and old age (Minkler, Fuller-Thomson, Miller, & Driver, 1997; Minkler, 1999). Older women find themselves anticipating a lessening in the parent role. It is also a time when they are more vulnerable and resistant to change. A sudden change in the grandparent’s life can cause them to alter their roles and make way for new ones (Del Bene, 2010), which can result in denying their physical, mental, emotional, and financial needs, something that can lead to negative consequences in their overall health.

Grandparent Mental Health

Research has indicated Leder et al. (2007) that grandparents who find themselves once again parenting become victims of tremendous stress, which can have consequences on their overall physical, mental and emotional state. Grandparents who are primary caregivers for their grandchildren are more likely to have a poorer health status compared to non-custodial grandparents. Grandparents are at a higher risk for health problems due to poor access to

health care, inadequate living conditions, and grandchildren with special needs or behavioral problems (Kelley et al., 2010; Mayer, 2002; Leder et al., 2007).

Researchers have found elevated levels of psychological distress, including higher levels of depressive symptomology. A study conducted by Kelley et al. (2010) of low-income African American custodial grandmothers found that factors that contribute to an increase of psychological distress are lack of family resources, lack of social support, and their overall physical health. The study also found that custodial grandparents may experience feelings of guilt, anger and loss over thoughts of failure as a parent because of the problems and poor choices of their adult child. These grandparents find themselves with challenges they did not expect. Other challenges, such as child management problems, unexpected pressures, legal issues, financial hardship and transitional problems, can lead a grandparent to become engulfed with chronic stress that stems from raising their grandchildren (Kelley et al., 2010).

Physical Health

Grandparents who are primary caregivers for their grandchildren are more likely to have a poorer health status compared to non-custodial grandparents. Factors that put grandparents at a higher risk for health problems include lack of access to health care, psychological distress, living in poverty conditions, as well as having grandchildren that come from abusive and neglectful homes and present with behavioral and/or special needs (Kelley et al., 2010; Mayer, 2002; Leder et al., 2007). Given the challenges that come with raising their

grandchildren, grandmothers find themselves compromising their health. A study of 100 predominantly low income African American grandmothers found that over half had hypertension and well over three-fourths were obese placing them at a higher risk for diabetes, cardiovascular disease and osteoarthritis. One fourth of participants in the study also had high cholesterol and diabetes (Kelley, Whitley, & Campos, 2010).

Financial Challenges

When it comes to the economic security of grandparents raising their grandchildren, research has shown that grandparents face financial challenges supporting an additional dependent(s) on a fixed income. The U.S. Census reports that grandparent headed households endure a higher rate of economic hardship with poverty rates considerably high for single minority grandmothers who do not participate in the labor force (Bachman, & Chase-Lansdale, 2005). Financial hardships can have an impact on the mental, emotional and physical well-being of the grandparent and the grandchild (Padilla-Frausto and Wallace, 2014). Nationally, more than one in six of grandparents pay over half of their income in rent and more than one in four live in overcrowded conditions. The added financial burden on having to care for an additional family member(s) can further lead the grandparent household into poverty. Extra cost includes basic necessities, legal cost for establishing guardianship or custody, and/or professional treatment for the grandchild's mental health or physical problems (Bachman, & Chase-Lansdale, 2005). The authors also noted that grandmothers

are less likely to have spousal assistance, a steady employment, or financial assistance from the birth parents.

Legal Issues

When grandparents make an informal kinship arrangement it comes with consequences that negatively impact the welfare of their grandchildren. Grandparents often find themselves with many challenges when trying to navigate the legal system. It is especially difficult when informal living arrangements have been made. Having a legal arrangement, such as legal guardianship, custody or adoption will greatly reduce stress by being able to access legal assistance and services. According to Minkler (1999), legal proceedings can be time consuming, costly and emotionally draining for all parties involved. Many grandparents find it hard to pursue legal proceedings because it is a form of admittance that their adult children are unfit parents. They also do not want to further compromise their relationship (Minkler, 1999). However, not having any sort of legal documentation can pose a threat to grandparents when dealing with basic and necessary decision making school, at doctor's appointments, or in dealing with agencies that require proof of legal custody (Minkler, 1999). Grandparents in kinship arrangements find themselves powerless in making educational and medical decisions (Strutton, 2010).

Current legislation in a growing number of states is coming up with options for informal grandparent caregiver arrangements that will facilitate access to benefits for grandchildren in kinship arrangements. Minkler (1999) reported on

“consent legislation” which allows parents to transfer authority to the grandparent to make school and medical decisions without terminating their parental rights. Although this form of legation is helpful, further attention and advocacy is needed.

Life Altering Circumstances

Grandparents who decide to raise their grandchildren can offer a loving home environment that is more positive than a foster care home. Nonetheless, grandparents have often envisioned the latter part of their lives as a time to pursue hobbies, take pleasure in retirement and enjoy their grandchildren. Taking the responsibility for their grandchildren can have a negative impact in their social network interaction. Edwards and Benson (2010) have noted that friends of custodial grandparents may have difficulty understanding the circumstances and may not visit or interact with custodial grandparents. In addition, many friends will not visit because they do not want to interact with the children as they perceive the grandchildren as emotionally and physically draining. Whereas grandparents who do not have responsibility for grandchildren are more likely to engage in retirement, traveling, volunteering or interacting with others, grandparents with responsibility for their grandchildren find themselves withdrawn from society because they perceive themselves as different (Edwards & Benson, 2010). Taking the parenting role for the second time leads grandparents to abruptly have to make modifications to previous life planning. These adjustments lead to changes in their financial planning, retirement, career,

friendships, and marital relationships. Finally, the child rearing, discipline, and added responsibility takes away the pleasure of being a grandparent leading to an emotional transition felt by both the grandparent and grandchild (Strutton, 2010).

Kinship Support Groups

Kinship support groups have risen dramatically in recent years with more kin foster care arrangements taking place. Kinship support groups can offer social support and linkage to services within the community for those who attend them. Specifically, for kin arrangements, a support system can reduce social isolation, stressors and be a place where grandparents can relate and share their challenges with others. It can also serve as a great way to network and share resources amongst each other. "Participation in support groups can result in greater physical and emotional stability for caregivers, allowing them to fully focus on the best interest of the children in their care" (Movsisyan, 2013 pg. 33).

McCallion, Janicki, and Kolomer (2004) investigated the effectiveness of support groups among kinship providing care for children with developmental disabilities. The sample consisted of 97 kinship caregivers in which 47% of participants were assigned to a support group and given case management services (treatment group) and 53% of participants were only assigned case management services (control group). The researchers found that participants who were assigned to a support group and given case management services felt

empowered and had a decreased level of depression. Similar results were found for the control group who were later assigned to a support group (McCallion et al., 2004). In another study, Kelley, Whitley, Sipe and Yorker (2000), investigated predictors related to psychological distress among 102 grandmother caregivers providing full care without the biological parent's involvement. The study found that with fewer resources and less social support, grandmothers have higher levels of psychological distress. Younger grandmothers reported increase in their levels of distress compared to older grandmothers. The findings suggest that family resources and social support can reduce stressors among kinship caregivers while providing strength (Kelley et al., 2000).

Although kinship care programs varied by state, the state of California offers Kinship Support Services Program (KSSP) to help relatives in raising children so that the family can remain together (www.childsworld.ca.gov).

The KSSP program provides community-based family support services to kin caregivers and dependent children under their care. The program also provides services to kin relatives who have become a legal guardian or have adopted the children. (www.childsworld.ca.gov). The program allocates funds to create services throughout counties in the state of California. Some of the programs services include: kinship support groups, information and referral, respite, legal assistance and many other support services for kin families (www.childsworld.ca.gov).

Support groups are an important resource for grandparent caregivers because they can discuss and resolve family challenges among peers going through similar situations. Through support groups, grandparents can learn about resources within their community, network with other grandparents and share with others who can relate and understand their current living situation without fear of judgement.

Theoretical Perspectives

Loss and Grief Theory

This research study is guided by the loss and grief theory. Several research studies have been guided by loss and grief theory in an effort to better understand and explain how grandparents experience change in their lives such as retirement, divorce, or taking on a new role (Goldsworthy, 2005). Loss and grief theory explores how grief is a response to any type of loss, whether it is physical or psychosocial (Goldsworthy, 2005). Unresolved grief and loss can lead to psychological and emotional consequences that can affect the overall well-being of grandparents caring for their grandchildren, which can lead to higher levels of stress (Goldsworthy, 2005). Grandparents experience changes in their lifestyles such as, loss of freedom and control, disruption in friendships due to lack of time to socialize, as well as friction with their adult child. Loss and grief theory explains how grandparents feel when confronted to a drastic change and how they try to come to terms with it.

Due to the impact and complexity grief and loss has on a person, grief and loss can be furthered explored using other theories such as attachment theory, cognitive behavior theory, social learning theory, psychodynamic theory, and constructivism theory, all of which are appropriate when addressing grandparents caring for their grandchildren (Goldsworthy, 2005).

Theories Guiding Conceptualization

Erikson's Stages of Psychological Development: Generativity vs. Stagnation

A major theory of individual psychological development that helps to better understand grandparenthood is Erikson's stages of psychological development. According to Erikson, older individuals experience personal growth through having relationships with younger people; in this case, their grandchildren. Grandparents' bonds with their grandchild(ren) can contribute to personal development as a grandparent because they are contributing to their grandchild's parenting and upbringing (Thomas, Sperry, & Yarbrough, 2000). Erikson's (1963) seventh life-stage developmental crisis is generativity vs. stagnation. According to Erikson, generativity entails being concerned in guiding the next generation. Middle-aged adults will achieve generativity by dedicating themselves to passing on their creativity, resources, and skills to improve the quality of life of the young. (Kirst-Ashman & Zastrow, 2013). Some grandparents report feeling healthier because of a more active lifestyle with their grandchildren, while other grandparents reported that caregiving for their grandchildren gave

them a purpose of living (Leder et al., 2007). In a study conducted by Pruchno (1999) many of the 717 caregiving grandmothers reported their self-esteem increased as a result of caring for their grandchildren.

The opposite of generativity is stagnation. Kirst-Ashman & Zastrow (2013) have noted that stagnation indicates a lack of psychological movement or growth. Examples of stagnation given by Kirst-Ashman & Zastrow (2013) are; people who have difficulty coping with raising children while maintaining a household, are burned out, and are depressed because of their current situation. In a qualitative study conducted by Kelch-Oliver (2011) an African American grandmother stated, “The hardest thing is I don’t have any freedom anymore. You don’t have your life anymore you think that when you get your child up and grown you know, you think you’re going to be doing different things, and then all of a sudden, they dropped the bomb on you and you’re not doing the things that you wanted to do or had planned to do in your latter years. That’s the hardest thing” (Kelch-Oliver, 2011, pg. 77).

When applying Erikson’s stage, generativity vs. stagnation life-stage to grandparents many studies have concluded that grandparents have a hard time adjusting to caring for their grandchildren, especially when the grandchild presents with behavioral problems that can add stress to the grandparent. Kelley et al. (2010) found that custodial grandparents may experience feelings of guilt, anger and loss over thoughts of failure as a parent because of the problems faced by their adult child(ren). In addition, anxiety and depression are mental

health concerns among grandparent caregivers. Grandparent caregivers are more likely to have high depression levels compared to non-grandparent caregivers (Leder et al., 2007).

Limitations of Current Literature

Many of the studies researched during the literature review cited reasons why grandparents become primary caregivers of their grandchildren. Interventions as well as the impact on the grandchildren were also addressed in the literature review. There remains an evident need for future research to further document the psychosocial impact as grandparents' transition to grandparent-as-parent role. There is limited research addressing the roles and identity confusion grandparents-as-parent's face. Del Bene (2010) has pointed out that the physical and mental wellbeing of grandparents is under researched. The author went on to say how there is a demand for programs, especially for minority women caring for their grandchildren. Such studies would be significant because they will bring more attention to caregiving challenges. In addition, new research could lead to policy changes and bring mental health awareness to a population that historically has been diagnosed with depression (Minkler et al., 1997). This population though increasing, still remains partially hidden in our communities due to many informal arrangements.

Finally, the literature tends to concentrate around grandmothers as caregivers for their grandchildren. However, there is little or no research that only

looks into the grandfather role as the caregiver. Research does address that grandparent headed families are sometimes led by both grandparents, but fails to address the impact of the grandfather as they tend to concentrate on the role of the grandmother.

CHAPTER THREE

METHODS

Introduction

Chapter three will address how data was gathered for this research. This research is a qualitative study in which interviews took place and themes were developed from the data that were collected. Participants answered 10 questions during a face to face interview that addressed the life challenges faced among grandparent caregivers. Additional questions gathered demographics from all participants in the study. The chapter is divided into different sections that address the following; study design, sampling, data collection and instruments, procedures, protection of human subjects, and data analysis. The chapter concludes with a summary.

Study Design

This research was conducted using a qualitative research approach to address the life challenges among grandparent caregivers using a semi-structured interview design. According to Mohan (2010) “Qualitative research uses a naturalistic approach. It seeks to understand a phenomenon in a real world setting where the researcher does not attempt to manipulate the phenomenon of interest” (p.g. 35). Denzin & Lincoln (2005) have pointed out that qualitative research provides insight from the participants’ point of view into the

subject being explored. Therefore, qualitative research is the best approach when exploring life challenges among grandparent caregivers as it will provide with first account testimony. A script (Appendix A) was used for all interviews in order to keep interviews as uniform as possible. In addition, all participants were asked the same questions to ensure validity of the study.

Sampling

For this research, participants had to be grandparents who had primary care of their grandchildren and attend a kinship support group. In addition, parents of the grandchildren were not to be living in the same house, and the grandparents needed to have had the grandchild(ren) under their care for at least two years. Participants for this study were recruited by the agency California Family Life Center, a non-profit agency that provides kinship support services in Riverside County, CA. Their kinship support groups are located in the cities of Perris, Hemet, and Corona. California Family Life Center was contacted and was introduced to the purpose of the study. The contact person at the agency was Rachel Babcock, group supervisor. The agency stated that they would facilitate the study and assist the researcher in recruiting participants (Appendix B). Fifteen grandparent caregivers were invited to participate, and a total of 10 participants agreed to participate in this study of which seven were interviewed.

Data Collection and Instruments

In order to better understand the life challenges among grandparent caregivers, the researcher conducted interviews in order to collect data. Two instruments were used during the interview process. The first instrument (Appendix C) is a survey created to gather demographics from all participants in the study. Some questions in the demographic instrument are: age, marital status, number of grandchildren under their care, and reason why they became caregiver to their grandchildren. The interview was guided by a second instrument (Appendix D) that consisted of 10 questions that were designed to explore various challenges by grandparent caregivers. The interviews took approximately 30 – 45 minutes with the researcher conducting them exclusively. Examples of the interview questions include: 1) Since you began providing care for your grandchildren have you notice any changes in your health? and 2) How has becoming a primary caregiver for your grandchildren affect your social life?

The instrument questions were created through themes in the literature that address challenges that grandparents face when caring for their grandchildren. A script was designed to be used throughout all the interviews. The purpose of the script was to aid the researcher in ensuring the uniformity and validity of the study. Participants were given a one-page survey prior to the interview for the purpose of gathering demographics. The purpose of the demographic survey is to compare common variables within all participants such

as: age, marital status, number of grandchildren under their care as well as other demographics.

Procedures

Participants were recruited from California Family Life Center through one of their support group meetings. The group facilitator informed members of the study by providing them with a flier (Appendix E). Group members were told of the research being conducted and were advised to contact the researcher if interested in being a participant. Participants who agreed to be part of the study were provided with further paperwork which consisted of a consent form (Appendix F) that explained the purpose of the study, an audio consent form (Appendix G), and a debriefing statement (Appendix H). A list of phone numbers was collected and participants were told that they would be contacted by the researcher to set up an interview date as well as the neutral location of their choice. A portable recording device for digital transcription was used during the interview in order to aid the researcher in later transcribing the data collected. The data was stored in a password-protected, encrypted file. The data was destroyed once the research was concluded.

Protection of Human Subjects

In order to maintain complete confidentiality for all participants in the study, real names were not used. Participants were provided with pseudonyms.

A list of the participants' real names were kept in a safe place with lock for the researcher to know who is being referred to when writing in final results in the research paper. Additional measures will take place by not letting know participant's pseudonym to other participants that are part of the study.

Data Analysis

Through the process of data analysis in this study the researcher identified the life challenges face among grandparent caregivers. Once all participants were interviewed, the researcher transcribed the interviews. The researcher was guided by the phenomenology branch of interpretive research. Phenomenology focuses on people's interpretation of the world (Grinnell, & Unrau, 2011). Data analysis, consisted of six different steps to insure the validity of the study.

The researcher transcribed the data in order to become familiar with the content of the interviews that aided the research when analyzing the data. An important key in transcribing data to maintain participant's confidentiality, thus used pseudonyms for transcription. When transcribing data, the researcher did not edit or censure any part of the interview as this could have eliminated information that could be crucial in interpreting the data.

Previewing the data ensured that the researcher did not prematurely interpret the data. The researcher also asked for feedback from her advisor. This is known as audit trail in which a person is asked to review the data and address

any flaws in the study (Grinnell, & Unrau, 2011). The researcher kept a journal of any important discoveries made during the process of analyzing the data.

The researcher reviewed the transcripts and identified meanings and categories by assigning codes to each category. Coding took place by noticing similarities and differences among all the interviews. This involved interpreting the first – level coding categories in a more abstract way. This step involved identifying themes from the data collected. The researcher addressed this step by establishing her own credibility in the study, providing documentation throughout the process to ensure consistency, and documenting to reduce any biases in the study.

Summary

Chapter three presented the methods used in this study by explaining how they were used to address the life challenges faced among grandparent caregivers. The selection of participants was described as well as the criteria that participants had to meet. Protection of the participants of the study was explained by addressing the measures taken to ensure confidentiality. The chapter concluded by explaining how data was collected as well as how the data was analyzed to identify common themes.

CHAPTER FOUR

RESULTS

Introduction

The intent of this qualitative study was to present the life challenges among grandparent caregivers and the impact a kinship support group can have on their lives. A qualitative design consisting of interviews was used for this study. The chapter describes the demographics of the participants for the study. A total of seven grandparents were interviewed for this study. The results for the study were gathered using audio recordings of the participants' responses to the ten questions asked during the interview. The responses were then transcribed and the data were analyzed to identify common themes in the answers provided. This chapter illustrates through the narrative of the participants the challenges they face in raising their grandchildren. The chapter concludes with a summary.

Demographics of Participants

The sample for this study consisted of seven participants. All participants were grandparents who had legal custody of their grandchildren and the biological parents of the children were not living in the same residence. To ensure confidentiality of the participants, they were each assigned a pseudonym (See Table 2). The interviews took place in different locations depending on where the participants felt comfortable. Four interviews were done in the participant's homes in the morning while their grandchild(ren) were in school. The

remaining three interviews were done at a Starbucks near the participants' homes in the morning while their grandchild(ren) were in school.

The sample consisted of 7 participants. The majority of the participants' (n=6) were female with only one male (n=1). Participants 1 and 2 are a married couple. Two of the participants are married, one participant is divorced, one is a widow, and one is separated, all stating they are not in a relationship. Out of the seven participants only one is working part-time, two have always been homemakers, and four are retired. Only one participant is adopting her grandchild while the six remaining participants have legal custody of their grandchild(ren). The participants' reported the following: five are raising one grandchild, and the married couple are raising two grandchildren. The grandchildren's ages ranged from as young as four-years-old to the age of 15. There were various reasons that lead to the grandparents raising their grandchildren. These included substance abuse, neglect and incarceration.

The breakdown of the demographics for the seven participants will be provided in Table 3. During the interviews all participants expressed that it was important to them to be part of the study because they wanted social workers and other professionals to know their challenges and how they can better help the growing community of grandparent caregivers.

Table 1.

Participants' pseudonym

ID	Pseudonym
1	Felipe
2	Gloria
3	Dori
4	Joyce
5	Martha
6	Christine
7	Melissa

Table 2.

Demographic Information of Participants

ID	Gender	Age	Ethnicity	Marital Status	Employed	Education Level	Reason for Removal	# of Children
1	Male	78	Hispanic	Married	No	middle school	Drugs/ Neglect	2
2	Female	76	Hispanic	Married	No	no school	Drugs	2
3	Female	69	Filipino	Married	No	college graduate	Drugs	1
4	Female	74	White	Divorced	Yes	some college	Drugs	1
5	Female	66	Indian	Separated	No	graduate degree	Drugs	2
6	Female	65	White	Widowed	No	college graduate	Drugs/ Incarceration	1
7	Female	48	White	Married	No	some high school	Drugs	1

Note: Ethnicity was self-reported by each participant.

Participants Bibliography

Felipe (78) and Gloria (76)

Felipe and Gloria were the only married couple for this study. They have been married for more than 50 years. They were both born in Mexico and have been in the United States since the late 1980s. They have both worked in the fields all their lives. Felipe and Gloria have twelve children. They are close to all of them except their son whose children they have. For them taking their grandchildren was something that they did not think twice about. They come from a close knit family. They enjoy having their grandchildren in their lives because they feel young having them around.

Dori (69)

Dori was born in the Philippines but emigrated to the United States when she was young with her husband of 52 years. They both have three children together and 12 grandchildren. Dori described having a rift with her husband in the beginning because he did not want her to take on the responsibility. Even though he feels better about it now, he still carries a grudge with her daughter for putting them in this position and having to put their retirement plans on hold.

Joyce (74)

Joyce was born and raised in Southern California in the city of Compton. Joyce is the only participant who is caring for her great-granddaughter. She married at the young age of 19 and had three children. She was in a verbally abusive marriage that resulted in a divorce 20 years later. She describes the

divorce as a “very significant thing in my life”. She remarried, but the marriage only lasted for 3 years. She has remained single since the 80’s. Joyce is the only participant working as an EGG technician doing brain wave testing. She describes herself as being very active in her great-granddaughter’s life.

Martha (66)

Martha was born in India and emigrated with her then husband when they were newlyweds. Up into taking the caregiver role, she lived with her husband and two children in Anaheim Hills in an upper middle class home. She was active in her temple with her husband and would attend every weekend. Martha was a pre-school teacher before she retired a few years ago. Martha’s husband was not happy with her taking the grandchildren and were separated because of this after 40 years of marriage. Due to religious and cultural reasons she is not divorce from her husband only separated. Martha had plans to retired to India with her husband and devote their lives to the temple as volunteers. Martha is currently living in the same two-story house with her husband and son. She rents out a room to her son downstairs and is forbidden for her or her two grandchildren to set foot on the second floor. Due to stress and worrying about her finances, she developed Type II diabetes. She still struggles with her finances, but the kinship support group has helped her tremendously.

Christine (65)

Christine was attending UCLA when she became pregnant with her son in 1970. She did not marry the father of her son and found herself moving to Florida

where she met her first husband, got married at the age of 22 and took on the responsibility of his 4 children from a previous marriage. Their marriage failed after a few years due to infidelity on his part. Christine decided to move to Montana but a blizzard cause her to instead hear to California where she met her second husband and had her daughter. The marriage did not last long and ended up getting a divorce for a second time. It turns out that the paralegal who did the divorce paperwork spelled their names wrong and she is still legally married to him. Though he passed away in 2010, she is collecting SS from him. Her son suffered from seizures and passed away a few years ago after hitting his head. Her daughter is incarcerated for stealing. Christine had done extensive research on moving to Panama once she retired, but her plans have been put on hold.

Melissa (48)

Melissa was born and raised in California. She is a twin and has two older brothers. Melissa states having a health childhood and upbringing. She did everything with her twin sister and lives close to her. She considered herself a good kid growing up and not getting into trouble. As she states, "I was always the designated driver". Melissa married at the age of 20 and had her daughter at the age of 21. Though she wanted a large family she had many miscarriages as she states, "If God did not want to give me more children, I accepted it". Her biggest fear is her grand-daughter getting into drugs and she was a drug baby and has a higher percentage of becoming addicted to drugs. She is in the process along with her husband of finalizing the adoption process.

Identifying Themes

After analyzing the transcripts from the interviews, the following six themes emerged: 1) reason for caregiving, 2) retirement plans, 3) health, 4) caregiver challenges, 5) social life, 6) support group and 7) views on their children. The following sections will address each theme with narrative from the participants' response to the interview questions.

Reason for Caregiving

After analyzing the transcription of the interviews all participants reported drugs as the main reason with incarceration, homelessness and neglect being a second factor. The following quotes represent this finding.

Martha stated,

“Both of them were doing drugs. My daughter and the father. They did not have a job, stealing from our house and selling it to get drugs” (Personal Communication, February, 2016).

Christine stated,

“My daughter started doing drugs and um... leaving my granddaughter with me. First it was over night then it became a week, and then it turned out that she would just show up to shower and would just sit there. Then I realized that she was doing drugs, definitely” (Personal Communication, February, 2016).

Melissa stated,

“Um... well her mother was on drugs while she was pregnant with her. She was born addicted to opiates and methadone ... And that is how I got her. Cause she was addicted to drugs and mother was on drugs”
(Personal Communication, February, 2016).

Retirement Adjustments

Retirement adjustments were majorly impacted in the lives of the participants. Taking on the role of the caregiver lead to life altering changes particularly when it came to their retirement. Out of the seven participants, five stated they had to alter their retirement plans while the married couple stated no changes in their retirement plans. The following quotes represent participants' adjustments in their retirement plans.

Dori stated,

“Oh, yes, I made many adjustments. It was hard. It was very hard to care for another person at my age. I have to forgo my needs. My husband and I had plans to travel, but not anymore. So we forgo all of those traveling. It doesn't exist anymore” (Personal Communication, February, 2016).

Joyce stated,

“Oh, definitely. I am 74. I wanted to quit work, but my car quit and I have car payments. If I was alone I wouldn't necessarily need it, but with her I need a reliable car to take her to school. I wanted to retire completely, but

I need the money to maintain my car” (Personal Communication, February, 2016).

Christine stated,

“My whole life has been changed. I was planning on moving to Panama. And then this happen and I was like ok, well. So I thought, ok maybe I can just go tour the country... and then I find out I cannot leave California. I can leave for three months and then I have to come back. Ok. Well that sort of puts a hold on everything” (Personal Communication, February, 2016).

Health

Another theme that emerged was the impact caregiving had on the participants’ overall health. Among the participants there were mixed responses. Some participants stated changes in their health while some reported no changes at all. Participants who stated changes in their health reported the following:

Martha stated,

“I have Type II diabetes. I got diabetes because of the stress. It has been ten years. I could not sleep in the beginning. I still cannot sleep. I still have insomnia. I worry too much about my finances” (Personal Communication, February, 2016).

Christine stated,

“Um... it first was the sleepless nights, stress and health issues, but it turns out it was because of the stress” (Personal Communication, February, 2016).

Participants' who noticed no change in their health state the following,

Dori stated,

“My health no. I think I am more healthier since I have him. I am more active. I don't become a couch potato” (Personal Communication, February, 2016).

Gloria stated,

“No. As an elderly, every bone in my body hurts. My grandchildren have not affected me at all” (Personal Communication, February, 2016).

Caregiver Challenges

Several grandparents reported challenges in different areas such as; life changes, financial strains, and when to tell their grandchildren the truth of why their parents are not involved in their lives. The following narratives describe the participants' responses about caregiver challenges.

Gloria stated,

“The hard work is getting up early in the morning and taking them to school and then picking them up in the afternoon and take them to sport practice. The smallest also does not speak Spanish only English which

makes it hard for us to communicate with him or understanding him”
(Personal Communication, February, 2016).

Martha stated,

“Currently I am facing right now because I want to adopt them but if I adopt them then the state will stop giving me \$600.00 a month for both and I don’t get food stamps, and I only get \$1,000.00 a month from retirement and I pay \$700.00 in rent to my son. I cannot apply for food stamps because I have to put my son’s income and husband’s income in the application. Even though my son and husband do not help me financially, we all live in the same house” (Personal Communication, February, 2016).

Joyce stated,

“Housing has been such a burden. My daughter and I had plan that we would live together, but we can’t anymore. I live in a senior community and my great-granddaughter cannot stay with me. We are living in two places which makes it difficult. My daughter brings her at 5:30am and goes to work. She picks her up around 7:00pm. The fact that we cannot live together is the hardest part of this. Financially now is the challenge”
(Personal Communication, February, 2016)

Social Life

Some participants reported no impact on their social lives while others reported impacts. Some participants also reported not letting their grandchild

have an impact on their social life by working around the child's school and extracurricular schedule.

Dori stated,

“Oh, yes. I don't have any social life because you don't have the freedom to do the things that you want to do. You know? You have to watch people how they speak when your child is there. You know, all the people say a lot of bad words and I don't want my grandson to be around those people so we don't have any social life ... when he is in school I clean the house, cook dinner so that is ready when he comes home. There goes my social life. Sometimes I am able to get a couple of hours to go to bible study, go to church or have coffee with somebody. That is, it. But I try” (Personal Communication, February, 2016).

Joyce stated,

“I work really hard not to let it happen. I have made it a point to drag her along and my friends have been very supported because I have a child with me. She is a particularly good child. She entertains herself and she is not loud. Now, if I was taking care of her brother that would be a whole different story. I would not be able to have a social life. He is very active” (Personal Communication, February, 2016).

Martha stated,

“I don't have a social life. I used to go to the temple often to meet my friends. Now I only talk to them on the phone. Now, I only go to the temple

every three months and talk to my friends. That is my social life. I have a very low social life. I cannot afford to go out or take the kids to places. I am on a limited income and I have to stretch it” (Personal Communication, February, 2016).

Christine stated,

“What is social life? I don’t and I know is probably my own mindset because I tell myself who the heck is going to go out with me who has an 8 year-old. That is not going to happen. And then bringing someone into the family with a girl is not good ... most of my neighbors are young raising kids so there is not a connection there” (Personal Communication, February, 2016).

Melissa stated,

“Yes, I don’t have one. Um ... yeah... I don’t go out much. So that hasn’t change a bit. I do things with her instead. She has a birthday party or dance. That is our outings now. I can’t because I have a child. With CPS involved, to get a babysitter is hard. So the daycare is my outing time. I do groceries while she is in daycare. I did not see a big impact in my social life because I don’t have a lot of friends. Like single friends. I don’t drink. I don’t go to bars. I don’t do any of that stuff anyways. It did not affect me as much like someone who has an active life, busy life” (Personal Communication, February, 2016).

Felipe and Gloria (married couple) agreed that having their grandchildren did not have an impact in their social life. They both agreed that they take care of their personal errands while their grandchildren are in school.

Gloria stated,

“No, they do not bother me at all. They go to school and we can both do our stuff. They are always busy with their spots. They do not limit us in going out because my husband and I go out when they are at school. Since we both do not work, we have time to take care of our personal stuff” (Personal Communication, February, 2016).

Support Group

Being part of a kinship support group has had an impact in the lives of the participants. The following narrative describes how participants first came across the kinship support group they are currently attending and the impact it has had on them since attending.

Melissa stated,

“I guess it was CPS. Yeah, I was asking ... this is hard to remember. I think I was asking them about daycare and they referred me to the kincare program because she needed to be more social with other kids. I have known about the program for about a year. There were so many people coming in and out of the house that I cannot remember exactly how I heard about kincare, but I am sure it was through CPS. They are the ones that helped me I believe” (Personal Communication, February, 2016).

Felipe stated,

“The social worker that helped us with the paperwork to get legal custody of our grandchildren. We have been in the program for nine years. Since the beginning since we have had our grandchildren” (Personal Communication, February, 2016).

The rest of the participants (n=4) stated that they heard of the kinship support group from the community, or a friend telling them about it.

Christine stated,

“I became aware because ... um... I found out about the program through a directors meeting when I was still working. A couple of years before. And so I listened because we had grandparents once in a while with the same situation because their children when to jail or use drugs so they come to head start and we were looking for support for them. I meet Rachel a few years back. I already had my granddaughter but because I was working I could not attend the meetings, but know that I am not working I can attend the meetings” (Personal Communication, February, 2016).

Martha stated,

“In the Corona Library I heard about the support group be hearing a conversation and I asked myself what program was this. They introduced me to Maribel and she put me in the program and I went there and I meet Rachel” (Personal Communication, February, 2016).

All participants (n=7) stated that having this support group has had a positive impact in their lives as well as not feeling alone. Participants stated the kinship support group has made them feel that they are not alone and has become a place where they can come and talk about their problems free of judgement. The following quotes from the participants represent this view.

Dori stated,

“I can go ahead and talk to them when I have needs and I want to clear my mind. The other people are going through same thing I am going helps me. We have each other ... this is all new to all of use. Like a new mother that has to start raising a child. The only difference is that we are older and we want to make it better for the child. The mistakes you made before you try to change it and make it better. And I think the young parents will benefit if they will listen to their parents” (Personal Communication, February, 2016).

Gloria stated,

“I like it because there are Spanish speaking grandparents and we can understand what they are saying. You feel empowered. We are not the only ones” (Personal Communication, February, 2016).

Joyce stated,

“Just in my attitude. Just letting me know that I was not alone. Other people in the group are going through similar situations. I was not an isolated case. I was not by myself ... going to the meetings have made me

aware of services they offer or I can find in the community. Meeting new people and relating to them” (Personal Communication, February, 2016).

Views on their Children

Being part of a kinship support group has had an influence on how they view their children. All participants’ reported changing how they view their children since attending the kinship support group. Nevertheless, some participants still felt anger towards their children because of their decisions. More than one participant responded by blaming the drugs and its addiction to why their children made the choices they did.

Dori stated,

“I become more understanding. I learned that I am not the only one and I learned what mistakes I made when I was raising my daughter. Going from that mistakes to a new, this new generation I have. It is making me become a better person. I can understand her more than before. This is life. We don’t have a choice. What is going to happen is going to happen” (Personal Communication, February, 2016).

Joyce stated,

“I can see that when I went to the support group and I talked to the other grandmas that has the same problem I know that is not my grandson, is the drugs. And that the grandmas all have similar problems and behaviors when they are on drugs. And is not that he did not love me is just that is

the drugs that take control of him” (Personal Communication, February, 2016).

Martha stated,

“Support group make me think that I am not the only one ... I don’t blame her. I try to help her. Even if I see her today I will try to help her, but I have not seen her in four years” (Personal Communication, February, 2016).

Two participants blamed the drugs, but also their children for their poor choices. Both parent’s express frustration and anger towards their children for putting them in their current situation. Christine’s plans to retire to Panama were put on hold indefinitely, or at least until her granddaughter turns eighteen.

Melissa stated in her response how she could not understand the way her daughter is acting and how they are willing to help her out but she will not take the help.

Christine stated,

“Um ... I think the support group for the few times that I have been there and listen, I am more apt to say no and not be so lenient. Like my daughter I saw her and she asked if she could come home and I said no. she is going to have to figure it out. I understand is the drugs and the alcohol. I think the alcohol is what cause her to get into drugs. I guess I am just carrying a lot of anger because I feel that what happened to her that she is not strong enough to care for herself. At first, I blamed myself, at first, at first. I was thinking I was not there for her at school, but then I

realized that was a bunch of crap ... My mistake is that I was trying to fix her. I realized that it was her choices that made her to pick stupid friends” (Personal Communication, February, 2016).

Melissa stated,

“They still have a choice. I blame her. We have a choice. I have a choice. I can go this way or that way. Is your decision that lead you to what you do. So she has a choice. Although the drugs are hard to get off of, she’s had plenty of time and plenty of people to help her. They don’t want the help. They want the drugs. I am sure it’s an addiction but you still have a choice at that time ... and we jump through hoops, put our plans aside to help them and they don’t want the help. Oh, I am tired of living like this. They tell you everything you want to hear to get things from you and take off. To them it becomes a lifestyle and they like it. I have had to learn tough love over the past ten years. I have tried the cuddling, babying, tough love. I have tried it all. Done it all. Thrown her out. Take her in. I have done everything to help her out. My husband gets angry ... and it is sad. Really sad. Unfortunate” (Personal Communication, February, 2016).

Summary

The participants in this study shared openly the challenges that come with raising their grandchildren and the support they received from the kinship program they attend. All participants interviewed were able to laugh and become

melancholic during the interview. Overall, the participants in this study all agreed that they will care for their grandchild(ren) in a heartbeat. The joys of caring for their grandchild(ren) outweighs the challenges they faced in the past or are currently facing was found among all participants.

CHAPTER FIVE

DISCUSSION

Introduction

This chapter will provide an in-depth discussion from the seven themes identified in chapter four: 1) reason for caregiving, 2) retirement plans, 3) health, 4) caregiver challenges, 5) social life, 6) support group and 7) views on their children. The discussion will consist of participants' narrative and key findings of the study to further enrich the discussion. Limitations of the study as well as implications for practice are explained. The chapter will cover recommendations for social work practice, policy, and research regarding grandparent caregivers. The chapter will conclude with final remarks from the researcher.

Discussion of Themes

The purpose of the study was to have a better understanding of the challenges grandparents face when caregiving for their grandchild(ren) and how being part of a kinship group through California Family Life Center Agency can help them cope with their challenges. After analyzing the data, several themes emerged that were common among grandparent's caregivers regardless of age and background. All participants in the study understood the challenges that can present when taking the caregiver role for their grandchild(ren). In this study,

being part of a kinship support group is interpreted as being part of a community that has come to play a significant role in participants' lives.

Reason for Caregiving

It is interesting to note how for four of the seven participants, their cultural values apparently played a significant role when taking upon the caregiver responsibility for their grandchild(ren). As stated earlier in the literature review, within the Hispanic/Latino culture, family unity is important as the culture reflects strong family values and the importance on relying on extended family when faced with a crisis. Four participants who identified from a minority background put a strong emphasis on family unity and helping each other when needed when asked how they felt for caring for their grandchild(ren). To them, their grandchild(ren) were not a burden. This reflects Felipe's response in the following,

“You feed one, you feed seven. They are not an obstacle. We are very happy” (Personal Communication, February, 2016).

This also seems to be the case within the Filipino culture as they also place a high priority on loyalty, solidarity, and dependence within the family. When needed, the interests of the individual are sacrificed for the best interest of the family as a whole (Katoaka-Yahiro, 2010). For Dori, of Filipino descent, this is demonstrated in her response,

“You forget your health issues, you put the other person ahead of you and you forget your health issues and take care of the little one because he is dependent on you” (Personal Communication, February, 2016).

For Felipe and Dori, it came natural for them to take their grandchild under their care. Their response reflects the importance of keeping the family together and putting ones needs aside to ensure the safety of the grandchild(ren). It was also interesting to see how for the three participants who identified as White, they first addressed their current situation and the challenges before concluding that taking on the responsibility was in the best interest of their grandchild(ren). This may reflect values of individualism within the White culture whereas, within minority groups, there is a value towards collectiveness. Further research can look into whether culture played a role in this or there was other circumstance that were not addressed in the study.

Retirement Adjustments

When addressing their retirement adjustments, two participants had to make drastic adjustments that included loss of monetary investment. Many of the adjustments made by participants added financial strain to their already limited income as they depend on their social security to make ends meet. Having made adjustments to their retirement plans brought mixed emotions from the participants as they still felt resentment towards their children for putting them in this situation, knowing that they would not let their grandchild(ren) enter the

foster system. For Christine, she had feelings of anger towards her daughter for ruining her retirement plans are represented in the following,

“I was angry, angry ... I was pissed. I was very angry at my daughter. Very angry and I didn't say anything so um ... I knew it was a matter of time before she would bail. I just knew. And so I told myself, so much for Panama” (Personal Communication, February, 2016).

Erikson's developmental stage generativity versus stagnation offers a frame for analysis for Christine's situation as this stage addresses how older adults hit a roadblock of movement or growth. As the literature has pointed out stagnation can be best describe as older adults not being able to cope well with their current situation. In this study it can be implied that some participants found themselves stuck in their situation and not being able to move forward in their retirement plans. As Christine's earlier quote and similar responses from other participants, having to postpone their retirement plans was hard for them because it was something they were looking forward too. Though this study did not address the mental state of the participants, it would be interesting to know whether participants reported feelings of depression in the beginning or currently facing as their retirement plans and future goals had to be put aside indefinitely. A longitudinal study could address the mental state, particularly when mental health illnesses like depression. In looking at the role of the kinship support group, participants in this study have been able to vent their frustration and changes made that have had an impact in their future.

Health

The study noted that grandparents did not report any drastic changes to their overall health other than headaches and stress with Martha being the only one who reported a major health change as she developed Type II Diabetes. For the most part, grandparents welcomed their grandchild(ren) because they had a reason to become more active. All participants stated making changes to their overall health by becoming more active and making smarter eating habits.

Erikson's developmental stage, generativity versus stagnation can be applied again as it was interesting to see how having their grandchild(ren) in older adulthood has brought positive changes to all grandparent's health in this study. Generativity can be best described as being concerned for the next generation. Overall, all participants reported having a positive impact in their health. Dori summarizes it best,

"I think I am more healthier since I have him. I am more active. I don't become a couch potato" (Personal Communication, February, 2016).

It can be interpreted that caregiving in older adulthood can come with benefits to the person. Another area in which participants found themselves was bringing up their age and mortality as six of the seven participants are in their 60s and 70s. Participants are aware that their age is a limitation as they do not have the energy they had when raising their own children. Dori summarizes best how the participants generally felt about their mortality in the following,

“I don’t know if I will see him when he graduates from high school. I don’t know what the future holds for me, but I am praying that he has a good life” (Personal Communication, February, 2016).

It was interesting to see how participants reported overall positive changes to their health though their mortality lingers in the back of their mind. It can be interpreted that participants have a sense of uncertainty as to what the future holds for them as they are realistic that they will not be present in their grandchild’s adult stage, but will do whatever it takes to remain healthy.

Caregiver Challenges

The study concluded the main challenge faced by participants is the financial strain they face every day. Though they get financial assistance from the state, it is not enough to provide their grandchild(ren) with a normal life as possible. Data regarding their social economic status was not collected during this study. It would have been interesting to collect data on their social economic status to see if there was any influence when taking on the role of the caregiver. If participants were financially stable, would they have accepted to role with less resistance? For Martha, she wants to adopt her grandchildren as she states,

“In my heart I want to adopt them, but if I adopt them, then the state will stop giving me \$600.00 a month for both of them” ((Personal Communication, February, 2016).

For Martha as well as other participants their limited income restrains them from moving forward towards adoption. It appears that the kinship support group has played an important role for the participants as they provide legal support and education.

Social Life

When analyzing the data, it was interesting to note how the guiding theory, The Loss and Grief Theory first introduced in the literature review for this study reflected on the participant's responses when talking about the impact on their social life. The Loss and Grief Theory can be best described as a response to any loss, whether physical or psychological that can lead to consequences that can affect the overall well-being of the person; for this study, grandparents caring for their grandchildren. Four of the seven participants reported not having a social life since becoming caregivers. When asked the question, "Have you noticed any changes in your social life since caring for your grandchildren?", most participants response to the question reflected a sense of hopelessness and frustration when answering this question. For some participants, they preferred not to socialize to avoid having to explain their situation or making excuses for their grandchild(ren) behavior. Melissa summarized this by stating the following,

“... Like when I talk to my girlfriend that her two children did well, she does not understand what I am going through. I don't want to talk to her about it. I feel like a bad parent. It's hard to talk to other people about it

because you feel guilty about it and other people make you feel that way (Personal Communication, February, 2016).

The participant's responses, can be interpreted as having experienced changes in their lifestyle that included, loss of freedom and control, and disruption in friendships due to lack of time to socialize as well as friction with their children. As noted in Edwards and Benson (2010) friends of custodial grandparents may have difficulty understanding the circumstances and may not visit or interact with custodial grandparents. It can be interpreted that being part of a kinship support group can reduce feelings of isolation because they can communicate their feelings with others under the same circumstances.

Support Group

The majority of participants stated that they feel at times that they are alone in their situation and find themselves not knowing who to turn to because of fear of being judge for their children's mistakes as it can be interpreted as part of it being their fault for not parenting "right". However, being part of a support group for participants in this study has been beneficial to them as they feel that they are not the only ones. Melissa summarizes it best how most participants feel about being in a support group,

"... But when I go to the support group I don't have to feel that way. They understand. They know that we did not do anything wrong. They did. So that helps to know that you are not alone in this ... and even though I am having a really bad week, I know that I can go there and spill my guts and

just get a hug from every single one of them” (Personal Communication, February, 2016).

In identifying the importance that a kinship support can be, it can be interpreted that for all seven participants, being part of a support group has helped them in coping with their current living situation. Though the kinship support group will not eliminate their challenges or solve their financial problems, it has helped participants learn to forgive themselves for their past mistakes and stop blaming themselves for their children’s poor choices.

Views on their Children

The final theme that emerged from this study is how they view their own children. When presented with a child who took the wrong path, participants questioned their parenting skills and felt responsible to some extent for their children failing as a parent. Melissa states how most participants feel in the following,

“What did I do? Where did I go wrong? What did I do? What didn’t I do? But I know in my heart that I did what a parent was supposed to do. I taught her right from wrong” (Personal Communication, February, 2016).

However, with the help of the kinship support group participants have come to the understanding that it was their children’s poor decisions that resulted in them engaging in drugs. Gloria also reflects this by stating;

“My son has made poor choices that have affected him in being a father to his children. But I still love him. We are here for him when he is ready to change” (Personal Communication, February, 2016).

There is a sense that the kinship support group has helped participants address their feelings of failure as a parent by seeing how the participants have taken away some responsibility for their children’s mistakes as noted earlier by Melissa. It was also noted through participant’s response that with time, their views towards their children have changed as stated by Gloria.

Limitations and Strengths

A limitation to this study was the sample size of the study. In the beginning of the study, a list of grandparents interested in participating consisted of 15 grandparents with contact information. When it was time to contact the grandparents for interviews only seven participants responded to the calls. Several phone numbers were no longer in service and some grandparents did not return calls even after several left messages.

A strength to this study is that though it was a small sample size of only seven participants, it was a diverse group of participants coming from different backgrounds. The study consisted of two Hispanic participants, one participant from India, one participant from the Philippines, and three White participants. This provided an insight into how culture values played a role on how they perceived caregiver challenges.

Recommendations for Social Work Practice, Policy and Research

Social Work Practice

Data collected during this study suggest the need for awareness into how services are rendered to grandparent caregivers. One recommendation is for more awareness of kinship support groups and programs. Though there is an increase in support for grandparents, primarily in the form of kinship support groups and resources, there is still a need for better advertisement of the existence of kinship support groups in the community. Four participants in the study stated that they were first introduced to the kinship group by their social worker. However, the remaining three participants identified the community as their source for finding a kinship support group and still after having had their grandchild(ren) for a while. This was the case for Martha, who became aware of the kinship support group last year when overhearing a conversation in a library after having her two grandchildren for seven years. This study suggests a need for more training and education for social workers who have contact with grandparent caregivers.

In addition, it is important for social workers to become familiar with the challenges and barriers grandparents face when taking on the role of parenting for the second time. This could be achieved by social workers being mindful and practicing cultural humility when engaging with this population. One way to achieve this is by providing trainings into the culture of grandparent caregivers.

Having awareness of services linked to grandparent caregivers can provide the tools necessary to rendering better services.

Policy

When looking into how policies affect this population it is interesting to see how it can be a double-edge sword for grandparents, primarily for those who live on a limited income and find themselves having to stretch every dollar. When addressing the financial hardships faced by most participants in the study, it is evident that there needs to be a change in policy to address a growing population that primarily identifies as poor, un-employed, and with limited resources.

Current policy does not favor grandparent caregivers as first addressed in the literature review. Current legislation at the state and federal level should move towards a more positive attitude when looking at kinship arrangements as there still remains differences as to how kin should be reimbursed, if any. Many grandparents in this study want to adopt their grandchild(ren), but find themselves stopping the legal process after they finding out they will lose the monthly financial assistance. A policy should be developed to offset the cost of raising their grandchildren even when they have gone through adoption, specifically when the grandchild is still under age as most grandparents are not working and rely on a limited income.

Another area that needs amending is the legal system and how it is currently functioning. Many participants are overwhelmed with the legal system as it can present challenging when trying to navigate legal matters, their rights as

grandparents, and the cost of legal fees. Grandparent caregivers should be provided with legal counsel to be better prepared and have a successful experience in the courts.

Research

As the population of grandparent caregivers continues to rise, a longitudinal study can address the impact a kinship support group can have long term for grandparents and how being part of a kinship support group can shape their interpretation as to what they perceive as a challenge and how they address it. The sample should consist of a diverse group of participants to see how culture can play a role into what they define as challenges.

Conclusion

The purpose of this study was to grasp a better understanding of the life challenges faced among grandparent caregivers and how a kinship support group can help in alleviating the challenges. It is evident through this study that grandparents who find themselves parenting for a second time come across many challenges that can be due to health, age, and financial status. Participants in this study found themselves at crossroads not knowing what to do or questioning whether they made the right choice as they are limited into what they can offer their grandchild(ren) from a materialistic view. The study implies the importance a kinship support group has been for the participants by providing support, linkage to community services, and a place where they can identify with

other grandparents living similar circumstances. However, current literature and this research study suggest that they can provide unconditional love, something that is priceless.

APPENDIX A
INTERVIEW SCRIPT

Interview Script

Time of the interview: _____

Date: _____

Place: _____

Interviewer: _____

Interviewee: _____

Hi, my name is Danya Cervantes. I am a graduate student at California State University, San Bernardino. Thank you for being part of this research study about life challenges among grandparent caregivers.

I will be asking you 10 questions during the interview. If you do not understand a question, feel free to ask me to explain it to you. If you do not want to answer any questions we can return to it later.

Do you have any questions?

Note: Interview script were developed by researcher.

APPENDIX B
AGENCY LETTER



Fostering Success for Kids from Troubled Homes

To Whom It May Concern,

The California Family Life Center's Kin Care Program provided a platform through our Kinship Support Group, for the research project of Danya Cervantes, graduate student at CSUSB, in order for her to gather data from our program participants for her thesis. For any questions or concerns, please feel free to contact Rachel Babcock, contact information listed below.

Sincerely,

Rachel Babcock

Rachel Babcock
Lead Community Resource Counselor / Services
CFLC Kin Care – www.cflckids.org
951-791-3557 (office)
951-791-3554 (Fax)
rbabcock@cflckids.org
rmoreno@rivcoeda.org



930 N. State Street • Hemet, CA 92543
Phone: (951) 765-6955 • www.cflckids.org



APPENDIX C
DEMOGRAPHICS SURVEY

Demographics Survey

Directions: Please check one answer for each of the following questions.

1. What is your gender?
 Female Male
2. What ethnicity you most identify with? (check any that apply)
 White/Caucasian Hispanic/Latino Biracial
 African American Asian/Pacific Islander Other
3. Are you currently employed?
 Yes No If yes, part-time full-time
 Self employed
4. What is your educational level?
 some high school high school graduate some college
 college graduate graduate degree
5. What is your marital status?
 single/never married Married widow divorced/separated
6. Please provide your age _____
7. What are the reasons you are providing care for your grandchild (ren)?
 Incarceration death substance abuse
 physical/sexual/mentally abuse other, please specify: _____
8. Is there a history of CPS involvement?
 Yes No If yes, please explain _____
9. Are the parents of the children living with you?
 Yes No
10. How long have you had your grandchild(ren) under your care?

Note: Demographic Survey were developed by researcher.

APPENDIX D
INTERVIEW QUESTIONS

Interview Questions

1. Can you explain how you became the primary caregiver of your grandchild(ren)?
2. Have you had to make adjustments to your retirement plans or put them on hold because of caring for your grandchild(ren)?
3. What are some challenges you have faced, or currently facing since caring for your grandchildren?
4. Have you noticed any changes in your health since caring for your grandchildren?
5. Have you noticed any changes in your social life since caring for your grandchildren?
6. How did you become aware of this support group?
7. Do you do anything different since attending this support group?
8. Have you been able to find or use other resources since attending this support group?
9. How has this support group had an impact on how you view your own children?
10. In what ways has this support group been beneficial to you?

Note: Interview questions were developed by researcher.

APPENDIX E

FLYER



**GRANDPARENTS RAISING
THEIR GRANDCHILDREN**
A STUDY ADDRESSING THE CHALLENGES GRANDPARENTS
FACE



Hello Grandparent,

My name is Danya Cervantes. I am a graduate student at California State University, San Bernardino (CSUSB) working towards my MSW (Master in Social Work). I am doing a research project on “Life challenges among grandparent caregivers” and I would like to interview grandparents for my research.

I hope you will consider being interviewed for my study.

Thank you.

If interested, or for more information, feel free to give me a call at (951) 570-8109 or email me at cervd305@coyote.csusb.edu

APPENDIX F
CONSENT FORM

Parental/Guardian Informed Consent

The study in which you are being asked to participate is designed to investigate the life challenges face by grandparent caregivers. This study is being conducted by Danya Cervantes under the supervision of Dr. Ray Liles, faculty of Social Work, California State University, San Bernardino. This study has been approved by the Social Work sub-committee of the Institutional Review Board, California State University, San Bernardino.

Purpose

The purpose of the study is to explore the life challenges among grandparent caregivers and how attending a kinship support group can help alleviate the challenges they face.

Description

For this research, participants had to be grandparents with primacy care of their grandchildren. This research is a qualitative study in which interviews will take place. Participants will be asked about their experiences, challenges and some demographics.

Participation

Your participation is completely voluntary and you do not have to answer any questions you do not wish to answer. You may skip or not answer any questions and can freely withdraw from participation at any time.

Confidential

This research study is confidential. In order to maintain complete confidentiality from all participants in the study, real names will not be used. All data collected including personal information and audio being recorded will be destroyed after the project has ended.

Duration

The interviews will approximately last about 30 – 45 minutes.

Risk

There are no harm anticipated to any participants as a consequence of participating in the study.

Benefits

Although you are not expected to benefit directly from this study, it is hoped that the research study will provide results that may help social workers provide better resources to meet the needs of grandparents and their grandchildren.

909.537.5501 • fax: 909.537.7029 • <http://socialwork.csusb.edu/>
5500 UNIVERSITY PARKWAY, SAN BERNARDINO, CA 92407-2393

APPENDIX G
AUDIO CONSENT FORM

Audio Consent Form

As part of this research project, we will be using an audiotape recorder to record the interview. We will only use the audiotape in ways that you agree to. In any use of this audiotape, your name would not be identified.

I consent to the interview being recorded.

Signature

Date

APPENDIX H
DEBRIEFING STATEMENT

DEBRIEFING STATEMENT

The study you have just completed was designed to address the challenges face by grandparent caregivers. All information collected will be kept confidential and privacy of all participants in the study will be ensured.

Thank you for your participation in the study. If you have any questions, feel free to contact Danya Cervantes or Dr. Shon Likes at (909) 537-5532. If you would like a copy of the study, please contact Professor Hebert Shon at (909) 537- 5532 in June of 2016.

REFERENCES

- Bachman, H., & Chase-Lansdale, P. (2005). Custodial grandmothers' physical, mental, and economic well-being: Comparisons of primary caregivers from low-income neighborhoods. *Family Relations, 54*(4), 475-487.
- Backhouse, J., & Graham, A. (2012). Grandparents raising grandchildren: Negotiating the complexities of role-identity conflict. *Child & Family Social Work, 17*(3), 306-315.
- Butler, F., & Zakari, N. (2005). Grandparents parenting grandchildren: Assessing health status, parental stress, and social supports. *Journal of Gerontological Nursing, 31*(3), 43.
- California Department of Social Services: Kinship Care. Retrieved November 13, 2015, from <http://www.childsworld.ca.gov/pg1351.htm>
- Cobb, S. (1976). Social support as moderator of life stress. *Psychosomatic Medicine, 38*(5), 300-314.
- Cooper, C. (2012). Kinship families: Grandparents and other relatives as primary caregivers for children. *International Journal of Childbirth Education, 27*(4), 27.
- del Bene, S. (2010). African-American grandmothers raising grandchildren. *Journal of Gerontological Nursing, 36*(8), 32-40.

- Edwards, O., & Benson, N. (2010). A four-factor social support model to mediate stressors experienced by children raised by grandparents. *Journal of Applied School Psychology, 26*(1), 54-69.
- Edwards, O. W., & Daire, A. P. (2006). School-age children raised by their grandparents: Problems and solutions. *Journal of Instructional Psychology, 33*(2), 113-119.
- Fruhauf, C., Pevney, B., & Bundy-Fazioli, K. (2015). The needs and use of programs by service providers working with grandparents raising grandchildren. *Journal of Applied Gerontology, 34*(2), 138-157.
- Fuller-Thomson, E., & Minkler, M. (2007). Central American grandparents raising grandchildren. *Hispanic Journal of Behavioral Sciences, 29*(1), 5-18.
- Gladstone, J., Brown, R., & Fitzgerald, K. (2009). Grandparents raising their grandchildren: Tensions, service needs and involvement with child welfare agencies. *International Journal of Aging & Human Development, 69*(1), 55-78.
- Goldsworthy, K. (2005). Grief and loss theory in social work practice: All changes involve loss, just as all losses require change. *Australian Social Work, 58*(2), 167-178.
- Grinnell, R. M., & Unrau, Y. A. (2011). Social work research and evaluation: *Foundations of evidence based practice* (9th ed.). New York, NY: Oxford University Press.

- Halgunseth, L. C. (2004). Continuing research on Latino families: El pasado y el futuro. In M. Coleman & L. H. Ganong (Eds.), *Handbook of contemporary families: Considering the past, contemplating the future* (pp. 333-351). Thousand Oaks, CA: Sage
- Hayslip, B., & Kaminski, P. (2005). Grandparents raising their grandchildren: A review of the literature and suggestions for practice. *Gerontologist, 45*(2), 262-269.
- Ivey, D. (2014). Stressors and social support among African-American grandparents raising grandchildren. n.p.: ProQuest, UMI Dissertations Publishing. UMI Number: 1560121.
- Kataoka-Yahiro, M. (2010). Filipino-American grandparent caregivers' roles, acculturation, and perceived health status. *Journal of Cultural Diversity, 17*(1), 24.
- Kelch-Oliver, K. (2011). The experiences of African American grandmothers in grandparent headed families. *The Family Journal, 19*(1), 73-82.
- Kelley, S., Whitley, D., & Campos, P. (2010). Grandmothers raising grandchildren: Results of an intervention to improve health outcomes. *Journal of Nursing Scholarship, 42*(4), 379-386.
- Kelley, S. J., Whitley, D., Sipe, T., & Yorker, B. C. (2000). Psychological distress in grandmother kinship care providers: The role of resources, social support, and physical health. *Child Abuse and Neglect, 24*(3), 311-321.

- Kirst-Ashman, K., & Zastrow, C. (2013). Understanding human behavior and the social environment (9th Ed.). Brooks/Cole.
- Kolomer, S., & Kropf, N. (2004). Grandparents raising grandchildren: A diverse population. *Journal of Human Behavior in the Social Environment*, 9(4), 65-83.
- Leder, S., Grinstead, L., & Torres, E. (2007). Grandparents raising grandchildren: Stressors, social support, and health outcomes. *Journal of Family Nursing*, 13(3), 333-352.
- Leos-Urbel, J., Bess, R., & Geen, R. (2002). The evolution of federal and state policies for assessing and supporting kinship caregivers. *Children and Youth Services Review*, 24(1), 37-52.
- Letiecq, B., Bailey, S., & Porterfield, F. (2008). We have no rights, we get no help: The legal and policy dilemmas facing grandparent caregivers. *Journal of Family Issues*, 29(8), 995-1012.
- Littlewood, K. A. (2008). Examining the kinship care experience: The impact of social support and family resources on caregiver health, family involvement with the child welfare system, and permanence for children Retrieved from <http://search.proquest.com/docview/61392605?accountid=10359>. (Order No. AAI3304366).
- Mayer, M. (2002). Grandparents rearing grandchildren: Circumstances and interventions. *School Psychology International*, 23(4), 371-385.

- McCallion, P., Grant-Griffin, L., & Kolomer, S. (2004). Controlled evaluation of support groups for grandparent caregivers of children with developmental disabilities and delays. *American Journal of Mental Retardation*, 109(5), 352-361.
- Minkler, M. (1999). Intergenerational households headed by grandparents: Contexts, realities and implications for policy. *Journal of Aging Studies*, 13(2), 199-218.
- Minkler, M., Berrick, J. D., & Needell, B. (1999). The impacts of welfare reform of California grandparents raising grandchildren: Reflections from the field. *Journal of Aging and Social Policy*, 10(3), 45-63.
- Minkler, M., FullerThomson, E., Miller, D., & Driver, D. (1997). Depression in grandparents raising grandchildren - results of a national longitudinal study. *Archives of Family Medicine*, 6(5), 445-452.
- Movsisyan, T. (2013). Support groups for kinship caregivers caring for foster children with mental health problems: A grant proposal. n.p.: ProQuest Dissertations Publishing. Retrieved from <http://search.proquest.com.libproxy.lib.csusb.edu/docview/1428746066>
UMI Number: 1523670.
- O'Brien, P., Massat, C. R., & Gleeson, J. P. (2001). Upping the ante: Relative caregivers' perceptions of changes in child welfare policies. *Child Welfare*, LXXX, 719-748.

- Padilla-Frausto, D., & Wallace, S. P. (2014). Journal measuring economic security for grandparents raising grandchildren. *Communities & Banking*, 25(3), 46. Retrieved from <http://search.proquest.com/docview/1535122411?accountid=10359>
- Pigatti, L., Bratteli, M., & Bjelde, K. (2008). Grandparent and kinship foster care: Implications of licensing and payment policies. *Journal of Gerontological Social Work*, 51(3), 228-246.
- Pruchno, R., & McKenney, D. (2000). Living with grandchildren: The effects of custodial and coresident households on the mental health of grandmothers. *Journal of Mental Health and Aging*, 6(2), 269-289.
- Smith, C., Rudolph, C., & Swords, P. (2002). Kinship care: Issues in permanency planning. *Children and Youth Services Review*, 24(3), 175-188.
- Strutton, J. (2010). Grandparents raising their grandchildren: A comparative study of depression. ProQuest LLC. Retrieved from <http://search.proquest.com.libproxy.lib.csusb.edu/docview/250980085?accountid=10359>. UMI Number: 3405813.
- Terling-Watt, T. (2001). Permanency in kinship care: An exploration of disruption rates and factors associated with placement disruption. *Children and Youth Services Review*, 23(2), 111-126.
- Thomas, J., Sperry, L., & Yarbrough, M. (2000). Grandparents as parents: Research findings and policy recommendations. *Child Psychiatry and Human Development*, 31(1), 3-22.

- Thornton, J. L. (1991). Permanency planning for children in kinship foster homes. *Child Welfare*, LXX, 593-601.
- U.S. Census Bureau. (n.d.). 2010 census data. Retrieved September 30, 2015, from <http://www.census.gov/2010census/data/>
- Van Etten, D., & Gautam, R. (2012). Custodial grandparents raising grandchildren lack of legal relationship is a barrier for services. *Journal of Gerontological Nursing*, 38(6), 18-22.
- Waite, L., La Pierre, T., Luo, Y., & Hughes, M. (2012). Grandparents providing care to grandchildren: A population-based study of continuity and change. *Journal of Family Issues*, 33(9), 1143-1167.
- Yancura, L. (2013). Service use and unmet service needs in grandparents raising grandchildren. *Journal of Gerontological Social Work*, 56(6), 473-486.