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The barriers in custodial grandparenting

Sheila Grant

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THE BARRIERS IN CUSTODIAL GRANDPARENTING

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
Sheila Grant
September 2001
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September 2001
Approved by:

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ABSTRACT

The quantitative study attempted to examine the barriers and challenges of grandparents raising grandchildren. The primary focus is to explore the problems and concerns to determine what are the specific needs of these redefined families. The researcher employed a questionnaire with some closed and open-ended questions, pertaining to the problems and concerns of custodial grandparents. Twenty-five grandparents in San Bernardino County were interviewed to obtain data regarding this issue. The findings of the study revealed that grandparents and grandchildren both are in need of internal and external resources to enhance, empower and support their inner ability to adjust and cope with their new and often traumatic family transitions.
ACKNOWLEDGMENTS

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CHAPTER ONE
INTRODUCTION

Problem Statement

There has been a dramatic increase in the number of neglected, abused, and abandoned children placed formally and informally in kinship care. Informal kinship is a relative (i.e. grandparent, aunt, uncle) providing care for a child who has been abused or abandoned by a parent, but is not a court dependent. Formal kinship care is a relative who is providing care for a child that has been removed and placed in the relative’s home by a social worker, under the jurisdiction of the Juvenile Court system. Between 1980 and 1990, there was an increase of 44% in the number of children living with relatives in parent-absent households. In 1994, 2.1 million children were living with relative caregivers in the absence of either biological parent (Kelley, Sipe, Whitley, & Yorker, 1999). The majority of these caregivers were grandparents.

Five percent of all school-aged children do not visit in the homes of their grandmother and grandfather. Instead, they wake up, leave for school from there, and it is there they return to live from day to day (Fuller-Thompson, Minkler, & Driver, 1997). There are 10%
of American grandparents raising their grandchildren in
the absence of the parents. A recent study found that more
than 1 in 10 grandparents have the primary responsibility
for the care of the child at some point, most often
lasting for 2 years or more (Fuller-Thompson et al.,
1997).

Grandparents raising their grandchildren have been
identified in many terms. Erhle and Day (1994) describe
the family constellation as "puervitic" Other descriptors
include "grandparent caregivers," "off time grandparents,"
"custodial grandparents, " and "skipped-generation"
parenting (Fuller-Thompson et al., 1997). During this
study on the barriers of grandparents raising
grandchildren, these individuals will be called custodial
grandparents, which means the study will be conducted
primarily on grandparents with legal custody of their
grandchildren.

Researchers question the reasons for the rapid growth
in custodial grand parenting. Some speculate that the
legal mandates and related changes in child welfare
reimbursement policies beginning in the 1980’s could be
contributing factors. But federal and state laws and
policies encouraging and promoting formal kinship care or
custodial grandparents, do not explain the tremendous
growth in the number of children who have been “going to live with grandma” (Roe & Minkler, 1998-99).

In order to gain a broad understanding of the trends towards custodial grandparents, one has to consider a wide range of social factors, beginning in the 1980’s with the massive epidemic of crack cocaine, made available to the lower socioeconomic status populations and people of color. Although grandparent caregivers include all racial and ethnic minority groups, they are particularly prevalent in African American families. By the mid 1990’s, 13.5 percent of African American children were living with grandparents or other relatives (Lugaila, 1998).

Recent estimates are that 15 percent of women aged 15-44 are substance abusers, and that almost 40 percent of these women have children living with them (Roe & Minkler 1998-99). Nida (1997) suggest that drug and alcohol abuse are likely to remain important contributing factors.

Teen pregnancy, increased divorce rates, and the rapid growth in single parent households could be major factors in the rapid growth in intergenerational households headed by grandparents. Research shows that children living in two parent households have decreased from over 86 percent in 1950 to about 70 percent in the mid 1990’s (Roe & Minkler, 1998-99).
The AIDS epidemic is another major contributing factor to grandparents raising their grandchildren. The Center for Disease Control suggest that between 125,000 and 150,000 children and teenagers will have lost their mothers to AIDS by the year 2000 (Roe & Minkler, 1998).

Last, grandparents are also the primary caregivers to well over half of the children with imprisoned mothers in the United States (Pinson, Nancy & Fabian, 1996). Dramatic increases in the number of incarcerated women, which grew six-fold over the last decade and a half (U.S. Department of Justice, 1997), will also contribute to the rapid growth of grandparent headed households. In most of these situations grandparents are inadvertently pressured to assume the parental role, without considering the stresses of raising the child. Child management problems, their own aging problems, social isolation, financial and housing difficulties, and increased health problems are primary concerns (Pinson, Nancy, & Fabian, 1996).

This research investigated the barriers and challenges that custodial grandparents are faced with raising their grandchildren. The primary purpose of first exploring the problems in custodial grandparents will provide a broad understanding to determine what specific support groups and community resources will most benefit
these redefined families. The study will be conducted under the Kinship Support Services Program (KSSP), a recent state funded program implemented by the San Bernardino County Department of Children Services.

Problem Focus

The Kinship Support Services Program (KSSP) is a state grant program implemented under the Department of Children’s Services in San Bernardino County. The primary scope of the program is comprised in three main objectives. The first objective is to assess the needs of local relative caregivers and kin-family populations. The second objective is to determine the existence of and assess the viability of resources in the San Bernardino City area that provide support services to the target population. A final goal is to increase network and collaborative support with community based and faith-based private, and non-profit organizations. The intent of this objective is to develop public and private partnerships to improve outcomes for children and teens that are living in the homes of grandparents and other relatives (KSSP Planning Proposal, Dept. of Children Services, 2000).

This study examined specific causes, needs and concerns of custodial grandparents and determined what
specific support services are needed to service the kinship grandparents in San Bernardino. The needs of a custodial grandparent will be different from those of a younger relative, due to variances in chronological ages and life cycles. Therefore the research emphasized the importance of and need to study this population independently.

Research findings infer that primary concerns and needs of grandparents raising their children are as follows: recreational and social activities, physical and emotional needs, health needs of the children, childcare needs, physical and emotional health needs of the grandparents, services and financial support, and the need to exercise legal parental authority (Landry, 1999). This research will examined those concerns and needs as they relate to custodial grandparents.

Furthermore, the research will hopefully increase a collaboration of Department of Children Services, Family Services Association, Grandparents Alliance Associations and support groups, Department of Aging, Senior centers, Department of Behavioral Health, medical facilities, local school districts, Housing Authorities, and other community agencies that may provide wrap around services to help stabilize and support these specialized families.
This study differed from other general studies on kinship care as a whole. It had a two-fold primary focus. The study identified specific challenges and needs of grandparents in foster care. Secondly, went a step further by establishing what services will benefit these families the most.

Research Question
What are the specific barriers/needs to custodial grand-parenting and what supportive services will most benefit custodial grandparent headed households effectively?
CHAPTER TWO

REVIEW OF THE LITERATURE

Grandparents raising grandchildren can generate strengths for both the child and grandparent. Most of the grandparents assume parental responsibility willingly and feel glad they can be there for their grandchildren. A renewed sense of purpose, and the sheer fun that children can bring into a household, are among the benefits cited by grandparent caregivers (Minkler & Roe, 1993). A national study by Solomon and Max (1995), for example, revealed that both in terms of health and school adjustment, children raise solely by grandparents fared better than those in families with one biological parent present. However, grandparent headed families are also saturated with numerous problems and challenges.

Grandparenting is experienced by 75% of all older Americans and has been relatively neglected until recently as a topic of research. Research about grandparenting seems to have focused on grand parenting in the traditional sense and uses grandparents who maintain separate households as the subjects of study (Fuller-Thomson et al., 1997). The issue of custodial grand parenting has been neglected. Grandparent headed
households are not a recent or new trend of family styles, but most of the cases are informal and are underreported. Custodial grandparents are a minority in comparison to traditional or informal grandparenting as a whole. On the contrary, custodial grandparent headed households are increasing and create a critical need to examine the challenges and needs of this population.

U.S. Census report from 1980-1990, revealed that households with grandparents raising grandparents have increased 44 percent (Fuller-Thomson et al., 1997; Minkler & Roe, 1993; Pinson et al., 1996), and U.S. Census data from 1994 reveal a 27% increase from 1993 data (Woodworth, 1996).

U.S. census data report two types of grandparent-headed households: those in which three generations are represented at least one parent present in the home; and those in which only two generations are represented, the grandparents and grandchildren (Heywood, 1999).

It is estimated that 2.4 million children in the United States are being raised in the home in which the grandparents and the parents are present. Another 1.35 million children, in 841,000 households are being raised in grandparent-headed families in which the parent is not
present (Woodworth, 1996). Woodworth (1996) assumes that the actual numbers are higher. In some cases, the biological parents are transient, chemically dependent and occasionally visit at the home, may cause a disruption or make threats; this could cause the grandparent to underreport out of fear of the parental retaliation.

Demographic/Characteristics

Demographics of the populations show representation in gender, socioeconomic levels and ethnic groups. However, single women and African Americans, and people of low incomes are disproportionately represented (Heywood, 1999). The 1990 Census Bureau information indicates that more than 12% of African American children are being raised by their grandparents, compared to an estimated 6% of Hispanic children and 4% of White children (as cited in Pinson-Millburn et. al, 1996; Roe & Minkler, 1998-99). In inner-city African American communities, it is estimated that up to 50% of the children may be in the care of their grandparents (Roe & Minkler, 1998-99)

Woodworth (1996) whose data come from self-reports to the American Association of Retired Persons describes the average age of the custodial grandparents as 55 years old, ranging from 30 to 70 years old and two-thirds of the
group is married. Fuller-Thomson and colleagues (1997) however show that the mean age of custodial grandparents in 1993 was 59.4 years and 54% were married. Both studies reported that women are more likely to become custodial grandparents (Heywood, 1999).

Also Woodworth (1996) reports that there is a 50-50 split between custodial grandparents who are working and those who are not. Many are on fixed incomes or working low wage jobs to make ends meet. Forty percent of custodial grandparents have income less than $20,000; 41% have incomes ranging from $20,000 to $40,000; and 20% have incomes in excess of $40,000 (Woodworth, 1996). Fuller-Thomson reports that $22,176 was the median income for custodial grandparents in 1997.

What has triggered the increased need for custodial grandparent households? Today we are finding that more and more parents are disappearing from their households because they are less able to function in the face of increased social, emotional, and economic pressures, the same pressures that their own parents were able to overcome (Pinson, Nancy M. Fabien).

Pinson, Nancy, and Fabian (1996) report the key factors that may contribute to the increased need for custodial grandparents households are the following:
a. An increase in drug abuse, particularly, crack cocaine) by young mothers and a parallel decrease in funding of treatment programs have created a catch-22: infants with serious developmental problems are now being raised by their grandparents and young mothers remain vulnerable to their addiction.

b. Children born to young parents, who are unable to care for them and children born out of wedlock to parents of any age are more likely to become part of these new households.

c. Reasons given by grandparents for formation of these new families are substance abuse by parents (44%), child abuse or neglect (28%), teenage pregnancy or parent failure to handle children (11%), death of parent (4%), unemployment of parent (4%), divorce (4%) and other reasons (4%), including incarceration and HIV/AIDS.

In general, most studies label poverty as the cause for the transformation of the new households. Regardless of the specific reasons provided, custodial grandparents assume their roles as a result of under-functioning of one or both parents, abandonment by one or both parents, or
the combination of two (Jones & Kennedy, 1996). The majority (71%) of custodial grandparents believe their roles are permanent, 11% of grandparents believe their role is temporary and 17% are unsure of the status or duration of their role (Woodworth, 1996).

Custodial grandparents are burdened with a multiplicity of social, physical, financial and legal problems. Their problems are as complex and interchangeable as the triggers or reasons for increase in custodial grandparent households.

Social Problems includes isolation and alienation from people their own age and from "traditional" parents who are a generation younger. The younger traditional parent's life cycle issues and parental experience differ from that of a custodial grandparent, which makes it difficult to formalize mutual relationships and support. The perception of a grandparent being a parent upsets a grandparent's personal support network with same age peers. For grandparents who were active or socialized within a community of friends, opportunities to do so as a custodial grandparent are now limited, due to early bedtime hours and lack of child care (Landry, 1999).

Financial Support includes financial burdens of increased educational, medical, dental, housing, food and
clothing expenses. Those grandparents who are able to work now have the additional expense of childcare or babysitters. As mentioned earlier many grandparents are on fixed incomes, and 26% have incomes below the poverty level (Fuller-Thomson et al., 1997). There has been a lack of equity in financial assistance between kinship care and non-kinship care. On the average, grandparents raising grandchildren receive $220 less per month than non-kinship caregivers (Landry, 1999).

Legal Problems includes those encountered by grandparents who have physical custody of their grandchildren, but do not have legal custody. Enrolling a child in school, daycare, sports activities, routine medical and dental care in the absence of legal custody can be difficult and frustrating. Many of the custodial grandparents do not have the financial resources to incur the legal fees to obtain legal custody or they don’t want to prove in court that the parent is unfit (Ehrle & Day, 1994).

Physical and Emotional Health Needs of Grandparents—The emotional well being of the grandparents may be in jeopardy due to stress incurred in the raising of the grandchildren (Ehrle & Day, 1994, p. 68). Pinson-Millburn (1996) reports that custodial grandparents expressed
feelings of personal loss, which includes loss of their freedom, loss of their child, and loss of their peer group. They feel anger or hostility toward the parent of the grandchild they are raising. They may also experience ambivalent feelings, with their own guilt and questions about their ability to parent. They may also feel anxious about the emotional scars and drug exposure the grandchild incurred and how it will affect the child in the future. Finally, grandparents are faced with the reality of their own aging process and declining health, but have a tendency to down play their health problems so they can appear to be have the ability to parent the grandchild (Pinson-Millburn et al., 1996).

In summary, custodial grandparents are faced with multifaceted problems including financial problems, social interactions, childcare or respite care, increased emotional and physical problems, and parental legal custody problems. The background history of triggers and causes of custodial grand parenting discussed in the literature review demonstrates that this issue is on the rise. Research does not indicate that the needs and problems of these families are being addressed or decreasing in size.
Perhaps implementing a case management model intervention process will provide a base that will help to develop and implement specific services that coincides with the grandparent's life cycle and chronological age. In addition, it will bridge the gap of community resources that are needed to support these specialized families.

Case Management Model

Coordination of services as mentioned above is a very important concept when thinking about service delivery. Wells, Karls, and Associates state, "Service coordination and delivery is a direct component of the case management model utilized by many social service organizations" (1985). For an example, Inland AIDS Project is well established and one of the largest nonprofit organizations, which coordinate services to people with the Human Immune Virus or Acquired Immune Deficiency Syndrome. This agency has been very successful in using the Case Management Model to provide services to this population.

Wells, Karls and Associates also state;

"Currently called case management, the concept has been used for over a century in the United States under a variety of terms, such as service integration, coordination, service coordination and social service exchange. Case management is a model that involves systems of relationships"
between direct care service providers, agency administrators, and clients. Additionally, case management is an orderly, planned provision of services intended to facilitate a client’s functioning at as normal a level as possible and as economically as possible. (1985)

Case management is a method of accountability in human services. It is a series of actions and a process to assure that clients of human services systems receive services, treatment, care, and opportunities to which they are entitled. A simple definition of case management states that it is a set of logical steps and a process of interaction within a service network, which assures that a client receives services in a supportive, effective, efficient, and cost effective manner. For any target population, case management begins with an analysis of the client’s concerns and needs (Weil, Karls, & Associates, 1985)

Furthermore case management is guided by networking, linkage and support. The case management model typically is concerned about assessing comprehensively the needs of the client and linking them to specific services that meet their needs, entitlement or opportunities. The primary focus of case management model also recognizes the importance of social supports for the client, which is most often acquired through working with families and
significant others. The case management model of service delivery could be the most effective tool utilized to assure that custodial grandparents are receiving appropriate and specific resources and support to meet their individual needs (Weil, Karls & Associates, 1985).
CHAPTER THREE
METHODOLOGY

Purpose and Design of Study

The purpose of the study was to investigate the barriers and challenges that custodial grandparents are faced with raising their grandchildren. Exploring the problems of custodial grandparents provides a broad understanding of what specific support groups and community resources will most benefit these redefined families. The study was commissioned by San Bernardino County, Department of Children Services, and conducted under the Kinship Support Services Program (KSSP).

The study employed a quantitative research design with some open-ended questions. Data was collected from 25 custodial grandparents residing in San Bernardino County, utilizing a face-to-face interview method of research. The participants for the study were selected from a group of survey responses using a systematic probability random sampling method. A face-to-face research method was selected because it has the highest response rate, and the participants are more likely to produce thoughtful and honest responses.
Strength of this method of research was that the participants had the opportunity to ask questions and gain a better understanding of the questions' content and the purpose of the study. However this method of research had a limitation, due to the possibility that the participant may have based their responses by the interviewers' personality or nonverbal communications, rather than the content of the question.

Sampling

The research sample consisted of 25 custodial grandparents in San Bernardino County. The participants were drawn from a group of survey responses of 1100 relative caregivers that were commissioned from the Department of Children Services in San Bernardino County and conducted under the Kinship Support Services Program (KSSP). A systematic random sampling method was utilized to select the participants. The grandparent’s response surveys were first separated from the other caregivers’ response surveys. Second, each grandparent survey was coded with an ordinal number sequence beginning with the number one. Next, a random number of five were assigned to identify the first case to be selected. Then, every 3rd survey was selected, until the 25th survey is selected. A
small sample size of 25 was employed, due to the limited time available to complete this research. However, a sample size of 25 was large enough to show comparisons of variables within the study and generate a consensus of what custodial grandparents in San Bernardino County identify as their primary concerns/problems and needs.

Data Collection and Instruments

This study does not specify independent or dependent variables, but it will generate an accumulative record of problems, concerns and needs. The primary purpose of this study was to explore and identify the barriers faced by custodial grandparents in San Bernardino County. Research findings in San Bernardino County, were examined to determine if the grandparents share similar problems/concerns with those expressed in other studies conducted on this issue.

The researcher conducted face-to-face interviews with each grandparent in their home which taking approximately 1-2 hours to complete. The interviews consisted of 22 closed ended and five opened ended questions. The 27 questions were designed to determine the barriers and challenges of custodial grandparents in San Bernardino County. The questions were divided into five
sub-categories and developed to assess areas of needs identified in previous research. The questions had to do with the grandparents concerns, problems and needs of parenting their grandchildren in the following areas: recreational and social activities, physical and emotional health needs of the grandparent, physical and emotional health needs of the grandchildren, legal services and additional concerns/comments (See Appendix A)

A pre-test was conducted with five custodial grandparents drawn from the original sample and five custodial Grandparents selected from Grandparents R Us support group, for the purpose of content validity and clarification. A strength in the instrument was that the questions were developed solely from past research findings and referenced for clarification of the purpose and intent of the question. The research questions were written in clear and simplified terms to enable the participants to respond to questions without any doubt or confusion. The primary researcher conducted data collection, coding and data analysis.

Procedure

A cover letter and general survey was mailed to 1100 relative caregivers under the jurisdiction of San
Bernardino County, implemented by the Kinship Support Services Program (KSSP). The cover letter explained the purpose of KSSP and to provide community resources for relative caregivers. The survey reflects the combined interest and efforts of this researcher and the Kinship Support Services Program to identify barriers in custodial grand parenting and services needed. Second, the researcher collected a systematic random sample of 25 custodial grandparents from the survey responses. Third, the researcher contacted each participant to explain the purpose of study, asking him/her to participate in the study and arrange an interview date, time and place (See Appendix B).

Protection of Human Subjects

A written consent form was devised and given to each participant to read and sign at the beginning of the interview. A numeric coding system was utilized that was known only by the researcher and agency supervisor. Names or any personal information were not placed on the interview surveys. Their completed surveys were kept in a locked desk in the researcher’s home office. The researcher and agency supervisor were the only ones who
had access to the collected data. The surveys were destroyed after the study was completed (See Appendix C).

At the end of each interview the researcher gave the participant the opportunity to briefly express their feelings or ask questions regarding the survey interview. In addition, a debriefing statement was given to each participant including an office phone number of the agency and faculty advisors, in case of future questions. The debriefing statement also explained the procedure to obtain a copy of the group results of the study. In addition, a listing of community resources for counseling and supportive services was included in the debriefing statement (See Appendix D).

Data Analysis

The model utilized in this analysis of the data was a descriptive. A quantitative descriptive analysis includes a univariate statistics such as frequency of distribution. Cross tabulations and chi-square analysis was also utilized to examine and show comparisons and relationships of sub-groups within the study and determine relational influences.

Categories were set up to identify themes and patterns that were developed from the qualitative data.
The researcher collected, tallied, and analyzed the data obtained from the interviews and reported the findings.
CHAPTER FOUR
RESULTS AND DISCUSSION

Findings

There were 25 grandparents from San Bernardino County interviewed for the study. The 25 participants were comprised of two males and 23 females. Fourteen were single and 11 were married. Ages ranged from 37-78 years. Nine were employed, six were retired, six were receiving social security benefits, two were receiving TANIF/AFDC, one was receiving disability benefits and one was receiving kinship support. Seventy-six percent reported receiving two sources of personal and public assistance income. Income level included: eleven were under 15,000, six $15,001-$21,000, six from $21,001-$35,000, one from $35,001-$50,000 and one from $50,000 and up.

Five categories pertaining to the problems and needs of grandparents raising grandchildren were identified through other studies on this issue and the comments and responses of the participants in the focus groups. The five categories include recreational and social activities for the grandparent and grandchild, physical and emotional health needs of the grandparent, physical and emotional health needs of the grandchild, legal services and
additional comments and concerns. In the following paragraphs findings will be reported via categories.

Recreational and Social Activities

When the participants were asked how important social activities are for the grandchild, grandparent and joint, 23 (92%) of the participants indicated very important, two (8.0%) responded important and none indicated not important. Sixteen (64%) indicated activities for the grandparents were very important, six (24%) important and three (12%) not important.

When asked if the grandparents had problems in fulfilling parental responsibility in areas of public school relations and after-school programs, recreational activities, carpool or babysitting exchange and social interactions with other parents, it was surprising to find that the majority of the responses were no in this category. However recreational activities, after-school programs and social interactions with other parents were the most problems in this category. Eight (32%) grandparents indicated having problems in providing recreational activities. Nine (36%) indicated having problems in providing after school problems, and eight (32%) of the grandparents indicated having problems in
social interactions with other parents. The remaining responses in this category were very low ranging from 8% to 25%.

Physical and Emotional Health Needs of the Grandparent

When asked to rate their overall health on a scale beginning with excellent, good, fair and poor, eleven (44%) responded good health, eight (32%) responded fair and three (12%) responded excellent and three (12%) poor health. Furthermore, when asked how has your health been since you began parenting your grandchild fifteen (60%) responded same as usual, and five (20%) responded better then usual and worse than usual.

The participants were asked to circle a variety of feelings they had experienced since the beginning of caring for their grandchild. This subject area was divided into seven different categories with approximately seven different options to respond. Nine (36%) indicated experiencing feelings of happiness. Seven (28%) indicated experiencing feelings of depression, anxiety and a decrease in energy and only two (8%) experienced feelings of hopeless and helpless.

When asked if the grandparents experienced feelings of anger, guilt, or loss towards self, parent, grandchild
or someone else, eleven (44%) indicated they had experienced feelings of anger towards the parent. Seven (28%) indicated feelings of anger towards self, and only two (8%) indicated feelings of anger towards the grandchild.

The majority of the grandparents indicated that they have not experienced feelings of guilt. Eight (32%) indicated experiencing feelings of guilt towards self, five (20%) expressed guilt feelings towards the parent, and one (4%) reported feelings of guilt towards the grandchild.

When asked if they had experienced feelings of loss of self, grandchild, or a child, five (20%) expressed feelings of loss of personal life goals and the relationship with their son or daughter and four (16%) indicated that they lost a grandchild, because they are now the grandchild’s parent. Nine (36%) indicated loss of their social status and five (20%) indicated loss of peer relationships.

When the participants were asked to identify what counseling services was needed for grandparents twelve (48%) indicated that role conflict counseling was a significant need in this category. Eight (32%) indicated that counseling to help the grandparent with the
transition, spiritual guidance and emotional counseling were also needed. Only five (20%) indicated anger management and drug/alcohol counseling were needed. When the participants were asked how important support groups were for grandparents, fifteen (60%) indicated very important, eight (32%) indicated important, and only two (8%) indicated not important.

When asked what educational services were needed for grandparents, the responses reveal that this category is a major problem area. Teenage related issues, parenting classes and vocational/job assistance for youth were identified as the most significant needs in this category. Twelve (48%) indicated teenage related issues, ten (40%) indicated parenting classes and job/vocational assistance information, and five (20%) indicated drugs and alcohol education were needed.

Physical and Emotional Health of the Grandchild

Questions were asked to gain an understanding of the needs of the grandchild. Participants were asked what counseling services were needed for the grandchildren. Anger management was indicated as the most significant in this category, totaling seventeen (68%) responses. Behavior management fifteen (60%), fourteen (56%)
indicated transition counseling, thirteen (52%) emotional counseling and nine (36%) indicated spiritual guidance and depression counseling. The majority of the participants also indicated that support groups for the grandchildren are needed. Nineteen (76%) indicated this was very important, six (24%) important and none indicated not important.

When asked if the participants had problems with obtaining the particular services for the grandchildren, adequate financial support and clothing were identified as the most significant problems in this category. The problems indicated were as follows: twelve (48%) financial resources, eleven (44%) clothing, nine (36%) child care, eight (32%) social activities, six (24%) food, seven (28%) respite care, two (8%) medical and dental and three (12%) optometry.

When asked if the participants had problems providing educational and transitional needs for the grandchild the problems indicated were as follows: For educational needs, ten (40%) tutorial services, and two (8%) special education services. For transitional services seven (28%) independent living skills, five (20%) mentoring, and four (16%) reported vocational and career services.
Legal Services

The participants were asked questions about their experience with the legal system. When asked if they had problems accessing legal services only two (8%) indicated a problem. The grandparents indicated the following type of parental authority as follows: eleven (44%) legal custody family courts five (20%) reported voluntarily physical support and legal custody juvenile courts, and three (12%) adopted the grandchild.

Additional Comments/Concerns

When asked if this study was important 24 (96%) of the participants reported yes the study was necessary. A grandparent stated that she was thankful that the study addresses the concerns and needs of grandparents raising grandchildren, because she can really use some help. When asked if there were any additional problems and concerns that were not addressed in this study, the majority of the participants 25 (100%) reported no.

Bivariate Analysis

The data were analyzed utilizing a cross-tab and chi-square on variables that were reported as significant problems. Anger management, emotional counseling, social activities and support for the grandparents were reported
as major problems or concerns. The cross tabs and chi-square were used to determine if the significant problems identified were relational to marital status, or income level.

There were no significant differences determined between the variables. It appears that the grandparent’s income level or marital status did not have an effect on the grandparent’s increased needs of emotional, anger management counseling, social activities and or support groups. However, it was very difficult to run a chi-square, due to the small sample size, and it would be unreasonable to deem the results as factual and proven information.

Discussion

The goal of study was to discuss with custodial and non-custodial grandparents what are the barriers and challenges that they are faced with, while raising their grand or great grandchildren. This study was very interesting and personally gratifying. The researcher had the opportunity to meet with the coordinator of Kinship Support Services in San Bernardino County. She asked if the researcher would like to lead the focus groups conducted under the Kinship Support Service as a mean to
determine what are the problems, needs and concerns of relative caregivers in San Bernardino County.

The researcher accepted the assignment, with the hope to gain a broader understanding and knowledge of relative caregivers in general.

It was very surprisingly to find that the majority of the participants in the relative focus groups were grandparents. Research states that approximately 75% of grandparents are parenting a second or third time around.

The majority of the grandparents' that attended the focus group had voluntary parental responsibility or voluntary guardianship over the grandchild. They were receiving very minimum financial support from public assistance and no support from Child Protective Services (CPS), due to non-juvenile court involvement. Instead, the grandparent agreed to take on the parental responsibility of the child and elected to attain legal guardianship through the family court system.

The non-custodial grandparents expressed anger and frustration towards the government and the Department of Children Services (DCS). They stated, they felt they have been treated unfairly, because (DCS) has failed to provide adequate financial and social support for relative caregivers. During a face-to-face interview a grandparent
stated that she was forced to make a decision within 30-60 seconds, to either accept the parental responsibility of her grandchild or her grandchild would become part of the system. Another grandparent stated, “I did not have time to think about, if I had adequate financial resources, energy or the abilities to provide the basic needs and proper parental guidance for my grandchild”.

The researcher expressed a genuine interest and understanding of the grandparents concerns and complaints. They were also given information about the goals, objectives and the benefits of the Kinship Support Service Program.

The face-to-face interviews and focus groups helped to gain a personal experience and broader understanding of the needs and concerns of custodial and non-custodial grandparents in San Bernardino County. Custodial and non-custodial parents share similar problems and concerns. However, custodial grandparents qualify for additional financial resources (KinGap), clothing allowances, reduced food allowances, gas strips, bus passes, household furnishings, subsidized housing, and have the support from an assigned social worker. They qualify for these resources because their grandchild was placed in their home under the jurisdiction of Child Protective Services.
On the contrary, non-custodial grandparents do not qualify for any services offered through Child Protective Services, because they attained parental responsibility voluntarily or through family court.

The researcher interviewed 25 grandparents in their home and approximately 25-30 grandparents during the focus groups. The grandparents believed the study to be a worthy cause and they were eager to share their concerns and experiences of raising their grandchild.

This study results were congruent with other research findings that examined the barriers of grandparents raising grandchildren. The grandparents indicated that they need more social activities for themselves, adequate childcare or respite care. They would like to have a safe place to leave their grandchild, so they can have quiet time for themselves. The majority also emphasized the need of providing social activities for the grandchild, but they do not have adequate financial resources or transportation to meet the added expense.

They also indicated that support groups, anger management, emotional counseling, and behavior counseling are also needed to assist the grandchild and grandparent with adjustment to the new living arrangements and life transition, changes in parental and child role, and learn
how to manage conflicts as they arise. For an example, grandparents expressed difficulties in setting boundaries and guidelines with the biological parents. They often fear or try to avoid Parental role conflicts with the biological parents, to prevent a family disruption from occurring.

Furthermore, they expressed difficulties in managing sibling conflicts, and conflicts between the custodial grandchildren and the grandchildren living with their parents. Another grandmother stated during an interview, "I feel guilty and often frustrated, because I do not have the time, energy, or finances to treat my non-custodial grandchildren the same as my grandchildren I am raising. So, I have a very hard time managing my role as a mother the second time around and grandmother to my other grandchildren".

The grandparents also expressed the need for educational groups on teenage related issues, specialized parenting classes, how to care for medically fragile children or children with psychiatric diagnosis, children with severe behavior problems, school related or special education issues, and youth vocational and career training information.
CHAPTER FIVE
CONCLUSIONS AND RECOMMENDATIONS

Conclusions

In summary, the responses indicates that social activities, specialized counseling services, support groups, specialized educational groups, adequate financial resources, childcare, respite care and clothing appear to be significant concerns and needs of the custodial and non-custodial grandparents in San Bernardino County.

The problems that were identified from the face-to-face interviews and focus groups were in accordance to what other previous studies identified as the most significant problems and concerns of custodial grandparents.

The next step is for the Department of Children Services to discuss the findings of the focus groups and study, prioritize the most significant needs and develop an actual plan to provide community based resources that support the needs of the custodial grandparent headed families.

Implications

Grandparents raising grandchildren are unique and fragile families. It was determined that internal and
external resources should be designed to meet the specific needs and concerns of the families, to educate, empower, and support the family unit. The power of internal and external resources will promote positive attitudes, less risky behaviors, maintain good health, less violence, less illicit drug/alcohol use, and safe and stable home environments.

The community resource providers should also have background knowledge on this family constellation and have a basic understanding of the dynamics that take place in families headed by custodial grandparents. It is also important to be aware and sensitive to the developmental stages and life transition stages of the grandparent as well as the grandchild.

The Kinship Support Service Program is the beginning of addressing the needs of relative caregivers as a whole. The government, state department, and Department of Children Services, recognizes that they have failed to provide adequate financial resources and social support to relative caregivers, which are the Department of Children Services, largest population of care givers. Grandparents, aunts, uncles, siblings, etc. should not be penalized and not receive adequate financial and social support, because they are the child’s biological relative.
Grandparents have expressed that they have experienced an increase in energy, joy, happiness, youthfulness feeling and a strong will to live since they began parenting for the second or third time. However, they did not plan to live their retired or glory years in poverty. One grandmother stated during a focus group that the only answer to this problem is to give us more financial resources and social support.

The Kinship Support Services Program understands the urgency and needs of grandparents and relative caregivers. KSSP plans to develop partnerships or contracts with community-based resources that provides specific services to meet the needs of grandparents raising grandchildren.

A community based resource center would build collaboration and increase networks between the Department of Children Services, Child Protective Services, Adult Protective Services, Department of Aging, Grandparents Alliances, Senior centers, community-based services and other local support group and organizations. Utilizing a multidisciplinary approach to alleviate the barriers or concerns of custodial grandparent families reverts back to an old 'African Proverb' "It Takes a Village to Raise a Child."
APPENDIX A

STUDY QUESTIONNAIRE
STUDY QUESTIONNAIRE

Please read carefully and circle the correct response

Category A. Recreational and Social Activities

1. How important do you feel activities for the child are?
   a. Very important
   b. Important
   c. Not Important

2. How important do you feel activities for yourself are?
   a. Very important
   b. Important
   c. Not Important

3. Do you feel joint activities for yourself and grandchild are?
   a. Very important
   b. Important
   c. Not Important

4. Do you have difficulty fulfilling your responsibilities in the following areas?
   (Circle all that apply)
   a. Public school relation's
   b. Recreational activities
   c. Community activity
   d. After school programs
   e. babysitting exchange
   f. carpooling
   g. carpooling/transporting exchange
   h. social interactions with other parents

Category B. Physical and Emotional Health Needs of the grandparent

1. How is your overall health?
   a. Excellent health
   b. Good health
   c. Fair health problems
   d. Poor Health

2. How has your health been since you began parenting your grandchild?
   a. Better than usual
   b. Same as usual
   c. Worse than usual
3. Have you experienced feelings of _______ since you took on the responsibility of the child? Circle responses that describe you the best.
   a. Sadness
   b. Hopelessness
   c. Helplessness
   d. Depression
   e. Anxiety
   f. Decrease in energy
   g. Other/specify:

4. Have you experienced feelings of Anger?
   a. Towards self
   b. Towards your son/daughter
   c. Towards the grandchild
   d. Towards someone else

5. Have you experienced feelings of Guilt?
   a. Towards self
   b. Towards your son/daughter
   c. Towards the grandchild
   d. Towards someone else

6. Have you experienced feelings of loss of?
   a. Self
   b. Son/daughter
   c. Grandchild
   d. Peer groups/relationships
   e. Social status

7. Are counseling services for the grandparents are needed for the following
   a. Help the grandparent with transition
   b. Anger management
   c. Emotional counseling
   d. Spiritual guidance
   e. Role conflict
   f. Depression
   g. Drug/alcohol
   h. Other/specify:

8. Do you feel support group services for the grandparent are?
   a. Very Important
   b. Important
   c. Not Important
9. Do you feel educational services for the grandparent are needed for following:
   a. Parenting classes
   b. Drug/alcohol abuse
   c. Teenage related issues
   d. Vocational/Job training assistance
   e. Other/specify:

Category C: Physical and Emotional Health of the grandchild

1. Do you feel counseling services for the grandchild needed for the following?
   a. Help the child with the transition
   b. Behavior Management
   c. Anger Management
   d. Spiritual guidance
   e. Depression
   f. Emotional counseling
   g. Other/specify:

2. Do you feel support group services for the child are?
   a. Very Important
   b. Important
   c. Not important

3. Have you had any problems with obtaining the following services for the child?
   a. Medical
   b. Dental
   c. Optometry
   d. Housing
   e. Food
   f. Clothing
   g. Childcare
   h. Extracurricular activities
   i. Childcare
   j. Respite care
   k. Adequate financial support
   l. Other/specify:

4. Have you had any problems with providing for educational needs?
   a. Tutorial services
   b. Special education services
   c. Other/specify:
5. Have you had any problems with obtaining transitional services for the child?
   a. Independent Living Skills training
   b. Vocational/career training
   c. Mentoring services
   d. Other/specify

Category D. Legal services

1. Have you had any problems with accessing legal advice/information?

2. Have you had any problems with paying for legal assistance?

3. Have you had any problems with exercising parental authority and decisions for the child?
   a. Guardianship
   b. Adoption
   c. Enrolling a child in school
   d. Legal custody through family support court system
   e. Other/specify

4. What type of Parental Authority do you have over the child?
   a. Voluntary physical custody
   b. Legal guardianship attained through family courts
   c. Legal guardianship through juvenile courts
   d. Adoption

Please fill in the most appropriate response: Additional Information/Comments

   a. Are there any other problems are concerns that were not included in this survey? Yes or No, If yes, what are they?

   b. Are there any services needed for custodial grandparents and grandchildren that were not included in this survey? Yes or No, If yes what are they?

   c. Do you believe this study on the barriers of grandparents raising Grandchildren are necessary? Why?

   d. Do you have any suggestions/comments pertaining to this study/topic?

   e. Would you like to participate in a Focus group concerning kinship care/custodial grand parenting?
Tell us about yourself, circle the response that describes you:

1. Gender: Male or Female

2. Marital status: single married widowed separated divorced

3. What is your current age? __________

4. Source of Income
   a. Employment
   b. Retirement/Pension
   c. Social Security benefits
   d. Unemployment benefits
   e. TANIF/AFDC
   f. Disability
   g. Kinship care
   h. foster care benefits
   i. Adoption

5. Income Level:
   a. Under 15,000 _________
   b. 15,001-21,000
   c. 21,001-35,000
   d. 35,001 – 50,000
   e. 50,001 + __________
APPENDIX B

PHONE SCRIPT
Hello my name is Sheila Grant. I am a Master of Social Work student at California State University of San Bernardino. I am conducting a study on the challenges and concerns of grandparents raising grandchildren. The study has been commissioned by the Department of Children Services and conducted under the Kinship Support Services Program of San Bernardino County. Also, the Institutional Review Board and California State University of San Bernardino have approved the study.

In the month of December the Department of Children Services and KSSP mailed out approximately 1100 surveys to kinship caregivers in San Bernardino County. The surveys asked questions pertaining to challenges and concerns of relative caregivers and services that are needed. Do you remember receiving and returning the completed survey to the Department of Children Services? If so, you were selected to be a part of a study on custodial grandparents, because you are a grandparent raising a grandchild. Furthermore, you showed an interest in this issue by completing and returning an initial survey. The KSSP program and this research would like to explore the problems and concerns of the grandparents raising their grandchildren in San Bernardino County. This study will help us to determine what are the specific services that are needed for you and your grandchildren.
APPENDIX C

INFORMED CONSENT
INFORMED CONSENT

You are being asked to participate in a study conducted by Sheila Grant who is a student in the Master of Social Work Program at California State University, San Bernardino, (CSUSB). The research has been commissioned by the San Bernardino County Department of Children’s Services, and conducted under Kinship Support Services Program (KSSP). Dr. Rosemary McCaslin, Professor of Social Work at CSUSB, is supervising the study.

The study will attempt to determine the barriers and needs of the custodial grandparents in San Bernardino County. The interview will consist of the researcher asking the participant 27 questions at the prearranged place, date and time.

A potential benefit you may receive from participating in this study is the opportunity to have a personal voice in informing the Department of Children Services what problems or concerns you are faced with on daily basis. Also, you could assist in deciding which resources or community services will benefit you and your grandchildren the most.

Please be assured that all information that you provide will be held in strict confidence by the researcher. Confidentiality will be maintained by keeping the survey in a locked desk drawer in the researcher’s home office. Your name or personal information will not be included on the survey. At the completion of the study your survey will be destroyed and you may receive a report of the results of the study.

Your participation in this research is 100% voluntary and you are free to stop participating in the interview at any time. The Department of Children’s Services will not know whether you participate and your decision to participate or not will have no effect on the services you receive. Please be aware that the Department of Social Work Sub-committee of the Institutional Review Board of California State University of San Bernardino has approved this research.

If you have any questions or concerns about the research, please feel free to contact Dr. Rosemary McCaslin at 909 880-5507.

By my mark below, I acknowledge that I have been informed of, and understand the nature of the study. I acknowledge that I am 18 years of age or older.

Participant’s Mark _______________________________ Date: ____________________________
APPENDIX D

DEBRIEFING STATEMENT
DEBRIEFING STATEMENT

You have just participated in a study to examine and identify the barriers and needs of custodial grandparents in San Bernardino County. Sheila Grant, who is a student in the Master of Social Work Program at Cal State San Bernardino (CSUSB), conducted the study. The research has been commissioned under San Bernardino County, Department of Children's Services, and conducted under the Kinship Support Services Program (KSSP). Dr. McCaslin, Professor and Research Advisor at CSUSB supervised the study.

The researcher firmly believes that the information supplied by you, will provide an awareness and insight into issues that affect you as a custodial grandparent. The researcher also hopes that the examination and identification of barriers and needs for custodial grandparents in San Bernardino County, will enable the KSSP program to develop community resources and services that specifically meet the needs of you and your grand children.

Your participation has been voluntary. There is no deception in this study and the questions asked on the survey are anticipated to have minimal affects or influences on you.

Thank you for your participation in the study and for answering the questions honestly. If you have any questions about the study please feel free to contact Dr. Rosemary McCaslin at 909 880-5507. The results will be available in the Pfau Library at Cal State San Bernardino University at 909 880-5000, after the summer of 2001. In addition, attached is a list of referrals, for further counseling services or support groups services, if needed.
APPENDIX E

LETTER OF PERMISSION TO

CONDUCT STUDY
January 4, 2001

CALIFORNIA STATE UNIVERSITY SAN BERNARDINO INSTITUTIONAL REVIEW BOARD 5500 UNIVERSITY PARKWAY SAN BERNARDINO CA 92407

RE: RESEARCH PROPOSAL BY SHEILA GRANT

Please be advised the San Bernardino County Department of Children's Services has agreed to staff participation in the MSW Program research proposal submitted by Sheila Grant, MSW student.

Ms. Grant's proposal concerns a study to examine and identify barriers and needs of custodial grandparents in San Bernardino County. Ms. Grant is authorized to interview a sample of custodial grandparents residing in San Bernardino County. Please understand that participation is entirely voluntary and the confidentiality of those grandparents who agree to complete the questionnaire used by this research project shall be strictly maintained.

Please contact me if you have any questions concerning this approval.

CATHY CIMBALO, LCSW Director
REFERENCES


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