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Grandparents Raising Grandchildren: A Comprehensive Understanding, Needs Assessment, and Development of Intervention

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GRANDPARENTS RAISING GRANDCHILDREN: A COMPREHENSIVE UNDERSTANDING, NEEDS ASSESSMENT, AND DEVELOPMENT OF INTERVENTION

by
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ABSTRACT

JACQUELYN J. LEE: Grandparents Raising Grandchildren: A Comprehensive Understanding, Needs Assessment, and Development of Intervention
(Under the direction of Dr. Jo Ann O'Quin)

The portrait of the traditional American family is changing. The emergence of single parent households and families built on two careers instead of one mark the more typical reminders of the developing family sphere. However, another broad trend has taken shape over the past twenty years as the result of a wide realm of societal shifts. The role of the grandparent in many modern families has been transformed from distant relative to primary caregiver, from grandparent to parent. Intergenerational households serve more than the once thought temporary needs, but rather, more often speak of long-term commitments. The following thesis investigates the trend of grandparent caregivers, exploring the demographics of the growing population, as well as the wide range of implications attached to parenting for the second time as an older adult. Additionally, a needs assessment for the local area, Lafayette and surrounding counties, gives insight into both the existing pillars of support and needed services, as stated by grandparents raising grandchildren themselves. Lastly, documentation of the development of the "Grand" Parents as Caregivers Network in Oxford, MS displays the impact of serving a community in need of support services.

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Introduction

The following thesis will dissect the trend of kinship caregiving by exploring the demographic information available, including statistics regarding race, gender, age, marital status, presence of parents, education, income, length of commitment, and geographic distribution. An explanation of the increase will provide insight into the changing definition of family. Identifying burdens and challenges, including an overview of financial, legal, health, and social support issues, aids in developing a more complete understanding of the issue of grandparent raising grandchildren. The positive aspects and resulting needs culminate to provide a more holistic portrait of the caregiving experience. In addition, national, state, and local existing resources are included. A needs assessment created for Lafayette and surrounding counties (northwest Mississippi) will shed light onto the direct needs of a small community, offering comparisons to national and state statistics. Research indicates demographic information comparable to national and state statistics as well as the existing needs of the rural community of Lafayette and other counties. The development of intervention in the form of a networking and support group in Lafayette County (Oxford, MS) was the direct work of many dedicated individuals and serves as one example of how to meet the needs identified in a community.

Chapter One:

Demographics and Statistics

National Demographics and Statistics

The growing trend of grandparents raising grandchildren in undeniable. In the United States, over six million children under the age of 18 are being raised in households where grandparents also reside. Such a statistic accounts for 1 in every 12 children. However, households headed by grandparents specifically fulfill the vast majority of the six million, as over 4.5 million children under the age of 18 reside in grandparent-headed households. Such an amount accounts for 6.3% of the nation's children, and the rates are growing rapidly (U.S. Census Bureau, 2000). While the number of children under eighteen has increased by 14.3% from 1990 to 2000, the number of children in grandparent-headed households increased by 29.7%. Such an overwhelming increase in only ten years suggests the evolution of the traditional family structure, as grandparents and other relatives are stepping up to serve as primary caregivers for children in every city, across every state in the nation.

A step in developing awareness came in 2000, as the Census 2000 report marked the first time questions on grandparent caregiving had been included in the decennial census in a report entitled "Grandparents Raising Grandchildren: 2000." Such a change came about as the result of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996, initiated by Congress in effort to explore whether the trend of grandparents raising grandchildren was as temporary assistance or a permanent circumstance (U.S. Census Bureau, 2000).

The "Grandparents Raising Grandchildren: 2000" report provides national data, highlighting such demographic issues as race, gender, age, length of commitment, and the geographical distribution of grandparents raising grandchildren (U.S. Census, 2000). The census reports data on those age 30 and above and currently living with their grandchildren. "Children's Living Arrangements and Characteristics: March 2002,"also produced by the U.S. Census Bureau, provides information regarding the marital status of caregiving grandparents and the presence of biological parents in the home (U.S. Census, 2002). Both documents provoke national awareness and recognize the changing definition of family.

The statistics of grandparents in relation to their caregiving responsibilities reflect a complexity of situation and circumstance. Census research segmented grandparent raising grandchildren to allow for a better understanding of the trend. Figure 1 displays the three identifying questions posed to those polled for the census After the Census 2000 report enumerated 158.9 million people age 30 and over living in households in the United States, the results reported 5.8 million (36 %) were coresident grandparents (U.S. Census, 2000). These grandparents were defined on basis of living with grandchildren younger than 18 years of age. Among coresident grandparents, 2.4 million (42%) were grandparent caregivers, defined as those who are primarily responsible for meeting the basic needs of their coresident grandchildren less than 18 years of age. Lastly, the census charted the duration of care, reporting 38.5% of grandparents responsible for their grandchildren have taken on the parental role for five years of more. Such data suggests the trend is in fact not temporary assistance, but rather a more permanent situation.

The various categories in which the relationship of grandparent and grandchild coresidency has been explored reflect a strong message: millions of grandparents are influencing the lives of their grandchildren as prominent figures. As a growing trend, investigation of not only numbers, but also race, gender, age, marital status, income, education and other descriptive data will contribute to a complete understanding of the complex nature of the increasing trend of grandparents raising grandchildren.

Figure 1.
Reproduction of the Questions on Grandparents Living With Grandchildren from Census 2000

19 **a. Does this person have any of his/her own grandchildren under the age of 18 living in this house or apartment?**

- ☐ Yes
- ☐ No → *Skip to 20a*

b. Is this grandparent currently responsible for most of the basic needs of any grandchild(ren) under the age of 18 who live(s) in this house or apartment?

- ☐ Yes
- ☐ No → *Skip to 20a*

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

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

Source: U.S. Census Bureau, Census 2000 questionnaire.

Race

The issue of grandparents raising grandchildren is not specific to any one race, but rather an increasing trend crossing all racial boundaries. Grandparents raising grandchildren are present in all ethnic groups. Census 2000 separated race into seven

categories: White alone, Black or African American, American Indian or Alaska Native, Asian, Native Hawaiian and other Pacific Islander, some other race alone, and two-or-more-races. Furthermore, the Census charted rates of those of Hispanic origin, breaking the population into those who are Hispanic or Latino and those who are not Hispanic or Latino.

Table 1.
Grandparents Living With Grandchildren, Responsible for Coresident Grandchildren, and Duration of Responsibility by Race and Hispanic Origin: 2000

(Data based on sample. For information on confidentiality protection, sampling error, nonsampling error, and definitions, see *www.census.gov/prod/cen2000/doc/sf3.pdf*)

Characteristic	Total	Race							Hispanic origin		
		White alone	Black or African American alone	American Indian and Alaska Native alone	Asian alone	Native Hawaiian and Other Pacific Islander alone	Some other race alone	Two or more races	Hispanic or Latino (of any race)	Not Hispanic or Latino	
										Total	White alone, not Hispanic or Latino
Population 30 years old and over	**158,881,037**	**126,715,472**	**16,484,644**	**1,127,455**	**5,631,301**	**169,331**	**5,890,748**	**2,862,086**	**14,618,891**	**144,262,146**	**119,063,492**
Grandparents living with grandchildren	5,771,671	3,219,409	1,358,699	90,524	359,709	17,014	567,486	158,830	1,221,661	4,550,010	2,654,788
Percent of population 30 and over	3.6	2.5	8.2	8.0	6.4	10.0	9.6	5.5	8.4	3.2	2.2
Responsible for grandchildren	2,426,730	1,340,809	702,595	50,765	71,791	6,587	191,107	63,076	424,304	2,002,426	1,142,006
Percent of coresident grandparents	42.0	41.6	51.7	56.1	20.0	38.7	33.7	39.7	34.7	44.0	43.0
By duration of care (percent)[1]											
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Less than 6 months	12.1	12.6	9.8	13.0	13.6	12.7	15.6	13.5	14.6	11.5	12.4
6 to 11 months	10.8	11.6	9.3	10.5	11.0	8.4	11.4	11.2	11.2	10.7	11.6
1 to 2 years	23.2	23.8	21.2	22.5	25.2	23.8	26.1	23.4	25.1	22.8	23.6
3 to 4 years	15.4	15.8	14.6	13.9	17.6	11.7	15.7	16.0	15.8	15.3	15.7
5 years or more	38.5	36.3	45.2	40.0	32.7	43.3	31.1	35.9	33.3	39.6	36.6

[1]Percent duration based on grandparents responsible for grandchildren. Percent distribution may not sum to 100 percent because of rounding.

Source: U.S. Census Bureau, Census 2000, Summary File 4

Racial differences were evident to some degree, as higher rates of coresident and caregiving grandparents existed in certain races. Of the White population, 2.4% of individuals age 30 and over were coresident grandparents. Relatively higher proportions exist within other races. Of the Asian population, 6.4% individuals age 30 or above were grandparent caregivers, as 8.0 % of the American Indian and Alaska Native population were coresident grandparents. Of the Black or African American population age 30 or

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% were coresident grandparents, while 8.4% of the Hispanic or Latino age 30 and above were coresident grandparents. Of Pacific Islander coresident account for 10% of the population age 30 or above (see Table 1). terms of responsibility for one's grandchildren, significant differences es exist. Only 35% of those of the Hispanic origin were responsible for their en, while 52% of Black or African American coresident grandparents and erican Indian and Alaska Native coresident grandparents were responsible for Those of the Asian race were by far the least likely to be responsible for their n, as only 20% of that population were responsible for caregiving (see Table

gh cultural patterns suggest a comparative rate of coresidency among those ispanic origin with those of other races living with grandchildren, the data r rates of responsibility on the part of the grandparent within these two ndparent is considered responsible for a grandchild if the child is less than , residing in the same household as the grandparent, and if the grandparent for meeting the basic needs of the child (U.S. Census Bureau, 2000). The collected on self-report basis. Additionally, data suggests many of ndparents living with grandchildren in the Asian or Hispanic culture are grandparent's dependency upon the child (U.S. Census Bureau, 2000). generational households do not conform to a set prototype.

g the gender of grandparent caregivers contributes to understanding the it raising grandchildren. Census 2000 reports 64% of the total 5.8

million coresident grandparents are female. Similarly, 63% of grandparents responsible for meeting the needs of their grandchildren are female as well. Furthermore, females account for 64% of those caring for their grandchildren five years or more (see Table 2). Data stongly suggests women are taking on the responsibility of raising their grandchildren, as most caregivers are women.

Table 2.

Grandparents Living With Grandchildren, Responsible for Coresident Grandchildren, and Duration of Responsibility by Sex and Age: 2000

(Data based on sample. For information on confidentiality protection, sampling error, nonsampling error, and definitions, see *www.census.gov/prod/cen2000/doc/sf3.pdf*)

Characteristic	Total	Sex		Age					
		Male	Female	30 to 39	40 to 49	50 to 59	60 to 69	70 to 79	80 and over
Grandparents living with grandchildren	**5,771,671**	**2,054,842**	**3,716,829**	**269,694**	**1,360,278**	**1,824,500**	**1,378,378**	**733,440**	**205,381**
Not responsible for grandchildren	3,344,941	1,149,167	2,195,774	108,042	652,229	973,623	869,621	560,969	180,457
Responsible for grandchildren	2,426,730	905,675	1,521,055	161,652	708,049	850,877	508,757	172,471	24,924
Percent Distribution[1]									
Grandparents living with grandchildren	100.0	35.6	64.4	4.7	23.6	31.6	23.9	12.7	3.6
Not responsible for grandchildren	100.0	34.4	65.6	3.2	19.5	29.1	26.0	16.8	5.4
Responsible for grandchildren	100.0	37.3	62.7	6.7	29.2	35.1	21.0	7.1	1.0
Percent Distribution[1] by Duration of Time Responsible									
Less than 6 months	100.0	38.4	61.6	14.8	39.4	27.9	12.9	4.3	0.7
6 to 11 months	100.0	38.7	61.3	11.9	37.3	30.7	14.8	4.6	0.6
1 to 2 years	100.0	38.3	61.7	10.5	37.8	31.6	15.0	4.5	0.6
3 to 4 years	100.0	38.0	62.0	5.0	32.8	36.0	19.4	6.0	0.9
5 years or more	100.0	35.7	64.3	1.0	17.1	40.3	29.5	10.7	1.5

[1] Percentages are based on the totals in the first column. Percent distribution may not sum to 100 percent because of rounding.

Source: U.S. Census Bureau, Census 2000, Summary File 3, special tabulations.

Age

Furthermore, age is to be considered. The Census 2000 report estimated 3.5 million coresident grandparents as being younger than 60 years of age, while 2.3 million were age 60 or older. The Census reports younger grandparents are 50 percent more likely to be responsible for their grandchildren, as opposed to those age 60 and

above (see Figure 2). However, those age 60 and over care for their grandchildren five or more years at the rate of 55% more often than their younger counterparts.

Figure 2.

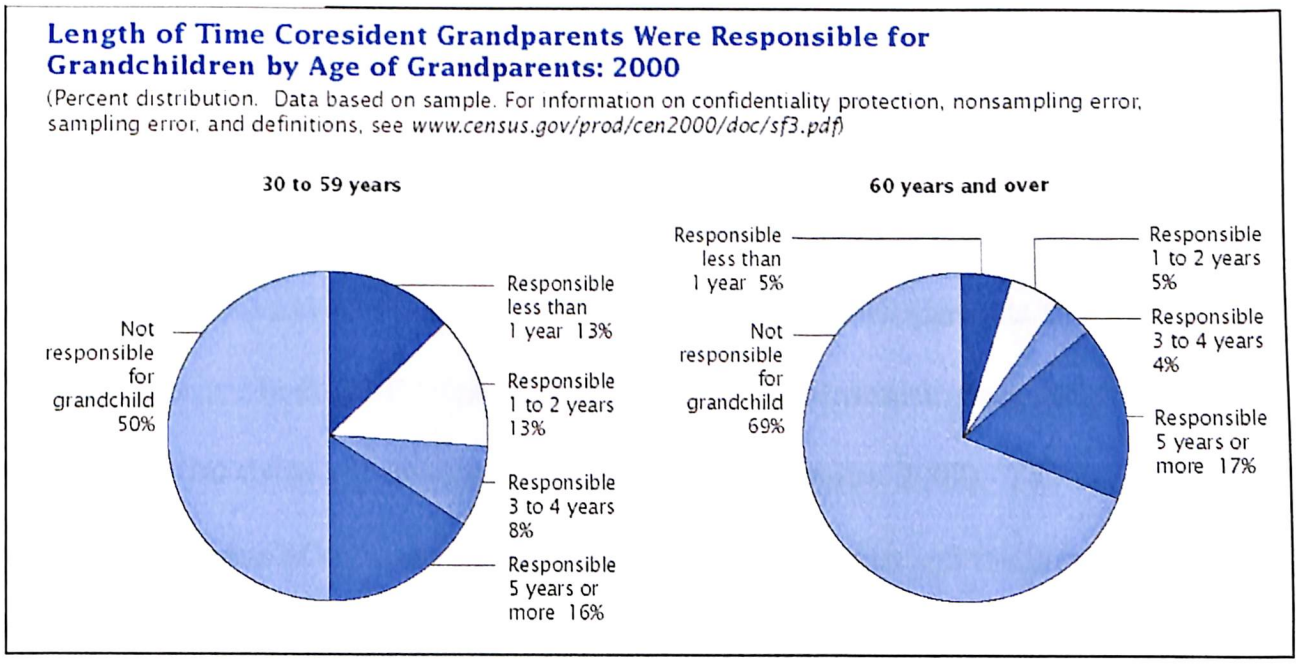

Figure 2 indicates younger grandparents (those between ages 30-59) are more often responsible for their grandchildren. However, Figure 2 also indicates those age 60 and above provide care for five or more years more often than younger counterparts. A mere 4.7% of grandparents ages 30-39 were coresident grandparents, and 6.7% of those age 30-39 were responsible for meeting the needs of their grandchildren. For those ages 50-59 the probability of caregiving increased dramatically over younger ages. Those ages 50-59 accounted for 31.6% of those living with their grandchildren and 35.1% were responsible for their grandchildren. Of those ages 60-69, 23.9% were coresident grandparents, as 21% of this group was responsible for their grandchildren. Closely following were those age 40-49, who ranked at 23.6% of coresident grandparents and 29.2% of those responsible for their grandchildren. Surprisingly, 12.7% of those aged

70-79 reported being coresident grandparents, and 7.1% of the age group reporting being responsible for their grandchildren. Baby Boomers (those ages 50-69) make up 56% of those directly responsible for meeting the basic needs of their grandchildren, when age groups are combined (see Table 2). In short, data suggests older grandparents age 50 and older are taking on more responsibility than younger grandparents.

Marital Status / Presence of Parents

Census 2000 did not directly calculate the marital status of coresident or caregiving grandparents. However, the "Children's Living Arrangements and Characteristics: March 2002" report released by the Census Bureau gives insight into the issue of marital status of caregiving grandparents (U.S. Census, 2002). Table 3 indicates both marital status of the coresident and caregiving grandparents and the presence of biological parents in the household.

In 2002, "5.6 million children were living in households with a grandparent present (8% of all children)" (U.S. Census Bureau, 2002, p. 6). The majority of children living with grandparents were living in households headed by grandparents (3.7 million), meaning the grandparent was responsible for the rent or owned the home (U.S. Census, 2002). Of the children living in homes with grandparents, 65% (2.4 million) had at least one parent in the household (U.S. Census, 2002). Furthermore, 1.8 million children lived in their parent's household with a grandparent present. "In these households, the grandparent is probably not primarily responsible for the children, but he or she may still be providing assistance of some kind, such as childcare services" (U.S. Census Bureau, 2002, p. 6). Lastly, 118,000 children lived in households where neither the parent nor grandparent was the householder. Hispanic children represented 43% of this group and

36 percent of those 258,000 children living in households that were maintained by their parents and both a grandmother and a grandfather (U. S. Census Bureau, 2002). Such statistics may reflect children living in extended households (U.S. Census Bureau, 2002).

The Census 2000 report defines a householder as the person, or one of the people, in whose name the home is owned or rented (U.S. Census Bureau 2000). The 2002 report indicates 3.7 million children were living in grandparent-headed households "Regardless of presence of parents, two-thirds of Black children living in their grandparent's household were living with only one grandparent, their grandmother" (U.S. Census Bureau, 2002, p. 6). In instances where children were living in a parent's household with a grandparent present, most often it was with only their grandmother, roughly two-thirds of each racial group, excluding Black children (see Table 3). Instead, three-quarters of Black children lived with their grandmother when living in a parent's household with a grandparent present (U.S. Census Bureau, 2002). The report found when a child lived in a grandparent-headed household with one parent, the vast majority of cases reflected the mother's presence. Additionally, when a grandparent lived in the parent's home, the majority of cases reflected the presence of both parents (U.S. Census Bureau, 2002). Table 3 also indicated the general trend for grandparents caregivers to be single. Also, the information provided supports the conjecture many grandparent-headed households with a parent present are housing single parents as well. Thus, not only are the majority of caregiivng grandparents single, those with the support of a parent in the home only have the support of that one parent. Such details are important to note in developing an understanding of financial, psychological, and social stress that often exists in these families.

Though the newer 2002 report offers more updated information in terms of children and their living arrangements, the 2000 report is still quite useful, as it's focus was a bit different. The "Grandparents Living with Grandchildren: 2000" report indicates the vast majority of grandparent caregivers were either the householder or spouse of the householder with a figure of 94% (see Table 5) (U.S. Census, 2000). "Skipped generation households," meaning households without the presence of parents, make up 34% of grandparent caregivers who were householder or spouses of householder. Skipped generation households were more prevalent in the South (37%) than in the Midwest (35%), Northeast (31%), and West (29%) (U.S. Census Bureau, 2000). In terms of state comparisons, Hawaii has the lowest percentage of skipped-generation households (22%).

Regionally, those cargivers in the South and Midwest region were slightly more likely to be the householder or spouse of a householder (95%) than those caregivers in the Northeast and West (92% and 91%, respectively. "Skipped generation households" were more prevalent in the South (37%), than in the Midwest (35%), Northeast (31%), or the West (29%) (U.S. Census Bureau, 2000). In comparing the states, Hawaii had the lowest percentage (22%) of skipped generation households and fewer grandparent caregivers (29%) than most states (U.S. Census, 2000). However, the number of children in grandparent-headed households (12.9%) in Hawaii is second is the nation. Such trends indicate possible dependence on the part of the grandparent.

Table 3.

Characteristics of Children Who Coreside With Grandparents by Presence of Parents: March 2002[1]

(In thousands)

Characteristic	Total	With grandparents present														
			Grandparent is householder									Grandparent is not householder				
				Parent present				No parents present				Parent is householder				
		Total with grandparents	Total in grandparent's household	Total	Grandmother and grandfather	Grandmother only	Grandfather only	Total	Grandmother and grandfather	Grandmother only	Grandfather only	Total	Grandmother and grandfather	Grandmother only	Grandfather only	Parent is not householder
Total	72,321	5,601	3,683	2,409	1,204	1,021	184	1,274	614	591	69	1,901	258	1,231	312	118
Age of child																
Under 6 years old	23,363	2,339	1,644	1,309	721	506	82	335	171	138	26	635	109	393	133	61
6 to 11 years old	24,623	1,770	1,118	656	307	293	56	462	240	201	21	619	90	428	101	33
12 to 17 years old	24,335	1,493	920	444	175	223	46	476	202	252	22	547	59	410	78	25
Race and ethnicity of child[2]																
White	56,276	3,674	2,418	1,701	947	601	153	717	429	245	43	1,177	180	784	213	81
Non-Hispanic	44,295	2,408	1,671	1,130	624	405	101	541	332	169	40	707	88	481	138	30
Black	11,646	1,446	1,077	576	178	381	17	501	153	327	21	339	27	253	59	29
Asian and Pacific Islander	3,223	361	89	67	44	16	7	22	19	3	-	262	48	176	38	9
Hispanic (of any race)	12,817	1,341	787	591	328	210	53	196	101	87	8	504	93	324	87	51
Presence of parents																
Two parents	49,686	1,706	477	477	255	155	67	(X)	(X)	(X)	(X)	1,217	164	840	213	12
Mother only	16,473	2,249	1,658	1,658	807	753	98	(X)	(X)	(X)	(X)	503	74	337	92	89
Father only	3,297	373	275	275	142	114	19	(X)	(X)	(X)	(X)	81	21	53	7	17
Neither parent	2,885	1,273	1,274	(X)	(X)	(X)	(X)	1,274	614	591	69	(X)	(X)	(X)	(X)	-
Family income																
Under $15,000	9,516	611	508	178	33	132	13	330	59	256	15	88	-	78	10	14
$15,000 to $29,999	12,094	995	704	389	111	254	24	315	138	154	23	270	28	190	52	21
$30,000 to $49,999	15,140	1,279	911	626	249	307	70	285	161	113	11	330	66	217	47	37
$50,000 to $74,999	14,414	1,190	718	556	298	216	40	162	119	38	54	56	61	305	90	16
$75,000 and over	21,157	1,527	840	659	513	110	36	181	137	30	14	857	103	441	113	30
Poverty status																
Below 100 percent of poverty	12,239	968	743	362	106	217	39	381	98	270	13	217	24	158	35	28
100 to 199 percent of poverty	15,686	1,512	1,088	696	287	357	52	392	174	192	26	382	59	256	67	42
200 percent of poverty and above	44,396	3,101	1,851	1,350	810	447	93	501	342	129	30	1,203	176	817	210	48
Health insurance coverage																
Covered by health insurance	63,907	4,293	2,673	1,856	914	802	140	817	378	394	45	1,539	213	1,053	273	81
Not covered by health insurance	8,414	1,309	1,009	551	289	219	43	457	236	197	24	362	46	177	39	38
Household receives public assistance																
Receives assistance	3,372	506	417	202	94	98	10	215	59	146	10	90	2	46	12	28
Does not receive assistance	68,949	5,096	3,265	2,206	1,110	923	173	1,059	555	445	59	1,741	256	1,185	300	92
Household receives food stamps																
Receives food stamps	7,873	908	702	467	174	252	41	235	48	178	9	159	9	128	22	45
Does not receive food stamps	64,448	4,694	2,980	1,942	1,029	770	143	1,038	565	413	60	1,642	249	1,103	290	73
Household tenure																
Owns/buying	48,542	4,091	2,723	1,818	1,019	647	152	905	528	329	48	1,304	202	870	232	64
Rents	22,512	1,448	925	564	165	368	31	361	84	257	20	474	51	349	74	49
No cash rent	1,268	62	34	27	20	6	1	7	2	5	-	22	5	11	6	5
Type of residence[3]																
Central city, in MSA	20,971	2,042	1,376	853	346	487	60	483	189	279	15	602	104	409	89	63
Outside central city, in MSA	39,194	2,641	1,577	1,088	647	367	84	479	260	186	33	1,022	137	708	177	42
Outside MSA	13,155	919	727	417	211	167	39	310	165	125	20	178	17	114	47	15

- Represents zero or rounds to zero. (X) Not applicable.

[1] All people under age 18, excluding group quarters, householders, subfamily reference people, and their spouses.

[2] Data are not shown separately for the American Indian and Alaska Native population because of the small sample size in the Current Population Survey in March 2002.

[3] "MSA" refers to Metropolitan Statistical Area.

Note: Data based on the Annual Demographic Supplement to the March 2002 Current Population Survey. For information on confidentiality protection, sampling error, nonsampling error, and definitions, see http://www.census.gov/prod/2003pubs/p23-206.pdf

Source: U.S. Census Bureau, Annual Demographic Supplement to the March 2002 Current Population Survey.

Income / Education

In 1997, it was reported that one in five children (19%) living in households maintained by parents lived in poverty. However, one in four children (27%) living in grandparent-headed households were impoverished (Generations United, 2002). On a similar note, a 1997 report identifies one in eight children (13%) in homes headed by parents had no health insurance unlike the rate of those living in grandparent-headed households which is one in three (33%). As the primary source of insurance for children is through a parental employer, grandchildren in the homes of grandparents are more at risk for not receiving these valuable benefits (Generations United, 2002). "Children living in a grandparent's household without a parent present were twice as likely to be in families that were below the poverty level (30%) than was the case for children living with both grandparents and a parent -- (15% of children living with a grandparent and parent in the grandparent's household, and 12% of children who lived with a grandparent in their parent's household were in poverty)" (U.S. Census Bureau, 2002, p.8). Additionally, children who resided in their grandparent's households without a parent present (36%) were at a greater risk of not being covered by health insurance (U.S. Census Bureau, 2002). Those children living in their parent's household with a grandparent ranked the lowest (15%) in terms of lacking health insurance coverage (U.S. Census Bureau, 2002).

Additionally, children residing in a grandparent's home, regardless of parent presence, were three times more like to be receiving public assistance than those children in a parent's home with a grandparent present (U.S. Census Bureau, 2002). "Children living in their grandparent's household without a parent present were twice as likely to

receive public assistance as children who were in their grandparent's household but had parents present, 17% and 8%, respectively" (U.S. Census Bureau, 2002, p. 9). In general, children are the poorest segment of the population, closely followed by the elderly, Circumstances combining these two groups, intergenerational households, means those likely to be poor are at a high risk to become even poorer (Downey, 1995; National Council on Aging, 1995). In fact, the median income for grandparent caregiving households was $19,750 in 1998 with almost half (46%) living on fixed income. (National Committee to Preserve Social Security and Medicare as cited in Egyptian Area Agency on Aging, 2004). Furthermore, 64% of these households do so without public assistance, and more than half (57%) of grandmothers raising their grandchildren alone have incomes below the poverty level (National Committee to Preserve Social Security and Medicare as cited in Egyptian Area Agency on Aging, 2004).

While formal research as to the education level of those raising their grandchildren has not been introduced, strong evidence through population studies can give a relatively accurate description. In 1960, less than 20% of those over age 65 had finished high school. Numbers drastically changed by the nineties, as 67% of those 65 and older had completed high school in 1998 (Hooyman & Kiyak 2002). A mere 15% even had completed a degree at the bachelor level, with few gender differences. Although little differences between genders existed, racial differences were more apparent. In 1998, 69% of Caucasian adults 65 years of age or older had completed high school, whereas only 43% of their African American counterparts had completed high school, and only 30% of Hispanics fell into this category (US Administration on Aging, 2000).

Discrimination patterns in history have caused disproportional rates of educational opportunities in the older adults of today, as far more African American elderly have less education than their counterparts (Hooyman & Kiyak 2002). Given the tight relationship between education and economic well-being, historical circumstances have influenced the poverty level of African Americans. As African American grandparents are often taking responsibility for the basic needs of their grandchildren, such educational trends should be noted.

Few statistical reports available vary, but do point to the same assertion: grandparents raising grandchildren are likely to have a low level of education, even as compared to their counterparts. "More than one-third of all caregiving grandparents did not graduate from high school, making a youngster's daily homework assignments or special school projects a source of frustration" (National Committee to Preserve Social Security and Medicare as cited in Egyptian Area Agency on Aging, 2004, p. 2). Research indicated grandparents with higher levels of education tend to participate in more activities with their grandchildren as shown in a number of behaviors such as discussing problems and the future, teaching skills, and giving advice (King & Elder, 1998).

Length of Commitment

The length of time a grandparent cares for a grandchild or grandchildren often varies. A range of caregiving levels exist, and Census 2000 accounts for such differences by segmenting the length of care into five categories: caregiving for fewer than six months, 6-11 months, 1-2 years, 3-4 years, and caregiving for five or more years. Data suggests an overall trend of grandparents taking on the long-term commitment of

caregiving, with 39% caregiving for five years or more. Those responsible for their grandchildren for 1-2 years rank second with 23% of grandparents raising grandchildren, with 15% for 3-4 years, 12% for less than 6 months, and 11%t for 6-11 months following.

Length of care varies by race. African Americans had the highest rate of grandparents caregiving for five years or more with a rate of roughly 45% while Native Hawaiian and Other Pacific Islanders, American Indian and Alaska Native, white, and those of two-or-more races follow closely behind with 43%, 40%, 38%, and 36%, respectively (U.S. Census Bureau, 2000). Of the Asian grandparents raising grandchildren, 33% were caregiving for five years or more while 31% of those within the some other races category were caregiving for five years or more (U.S. Census Bureau, 2000). So it seems that for all races, the caregiving commitment was not short-term, as the majority of each race reported long-term commitments. .

Geographic Distribution

Regional and state differences in rates of grandparent-grandchild coresidence cannot be predicted by one, single factor. Regional or state statistics are impacted by responsibility level, duration of caregiving, migrational patterns, and racial compositions. In comparing regions, the West has the highest percentage (4.2%) of people ages 30 and over as coresident grandparents. Closely following is the South with 4.1% of the population 30 and over as coresident grandparents and the Northeast with 3.2% of the population 30 and over as coresident grandparents. Lastly, the Midwest accounts for 2.7% of those ages 30 and over who are coresident grandparents (U.S. Census Bureau, 2000).

The distribution of those responsible for their grandchildren differs by region. Figure 3 shows the percent of those ages 30 and over living with their grandchildren by state and by county. While the West has the most coresidential grandparents, the South leads of the four regions with 48.3% of coresidential grandparents responsible for their grandchildren, while 44.4% of Midwest caregivers are responsible for their grandchildren. Furthermore, 36% of grandparent caregivers in the West are responsible for their grandchildren, as the Northwest follows close behind with 34.3% (U.S. Census Bureau, 2000). While the number of coresidential grandparents may not differ much by region, the level of responsibility does. Nearly half of the caregivers in the South are taking on full responsibility for raising their grandchildren.

Possible reasoning behind low percentages of coresidential grandparents in the Midwest could be due to the higher percentage of non-Hispanic Whites residing in the area, as this population only accounted for two percent of co-residential grandparents. Census 2000 specifically points out there are relatively high proportion of coresidential grandparents in the Mississippi Delta area. As immigration populations from Asia and Latin America are largest in the Southwest and coastal areas of the West, the increase in co-resident grandparents reflect such a trend. Often Asian and Latin American cultures have extended family situations, thereby increasing the likelihood of co-residential grandparents. Furthermore, Indian reservations located in North Dakota, South Dakota, Montana, Arizona, and New Mexico contribute to the increase in grandparents living with grandchildren (U. S. Census Bureau, 2000).

Other significant trends Census 2000 noted were in relation to the ten largest cities in the nation (see Table 4). Of the coresident grandparents responsible for their

grandchildren, Philadelphia, PA had the highest percentage (43.2%) of grandparents responsible for five years or more, followed by Chicago, IL (42.8%), New York, NY (42.4%) and Houston, TX (41.2%). Detroit, MI had 40% of grandparents responsible for grandchildren caregiving for five years or more, and Dallas, TX was close behind with 38.6%. Table 5 shows a variety of characteristics of grandparents raising grandchildren for the United States, regions, states, and Puerto Rico.

Table 4.

Selected Characteristics of Grandparents Living With Grandchildren for the Ten Largest Cities: 2000

(Data based on sample. For information on confidentiality protection, sampling error, nonsampling error, and definitions, see *www.census.gov/prod/cen2000/doc/sf3.pdf*)

City	Population		Grandparents living with grandchildren		Coresident grandparents responsible for grandchildren			
							Responsible 5 or more years	
	Total	30 years and over	Number	Percent of population 30 years and over	Number	Percent of coresident grand-parents	Number	Percent of grandparent caregivers
New York, NY	8,008,278	4,498,961	229,133	5.1	83,946	36.6	35,626	42.4
Los Angeles, CA	3,694,834	1,926,225	107,586	5.6	30,511	28.4	11,184	36.7
Chicago, IL	2,895,964	1,502,733	101,234	6.7	41,328	40.8	17,670	42.8
Houston, TX	1,954,848	995,311	57,190	5.7	25,347	44.3	10,449	41.2
Philadelphia, PA	1,517,550	826,209	51,159	6.2	21,123	41.3	9,133	43.2
Phoenix, AZ	1,320,994	666,219	32,129	4.8	13,262	41.3	4,323	32.6
San Diego, CA	1,223,341	656,178	28,945	4.4	8,840	30.5	3,072	34.8
Dallas, TX	1,188,204	592,605	32,640	5.5	15,019	46.0	5,791	38.6
San Antonio, TX	1,144,554	592,379	37,267	6.3	15,075	40.5	5,515	36.6
Detroit, MI	951,270	475,496	38,775	8.2	17,086	44.1	6,827	40.0

Source: U.S. Census Bureau, Census 2000, Summary File 3.

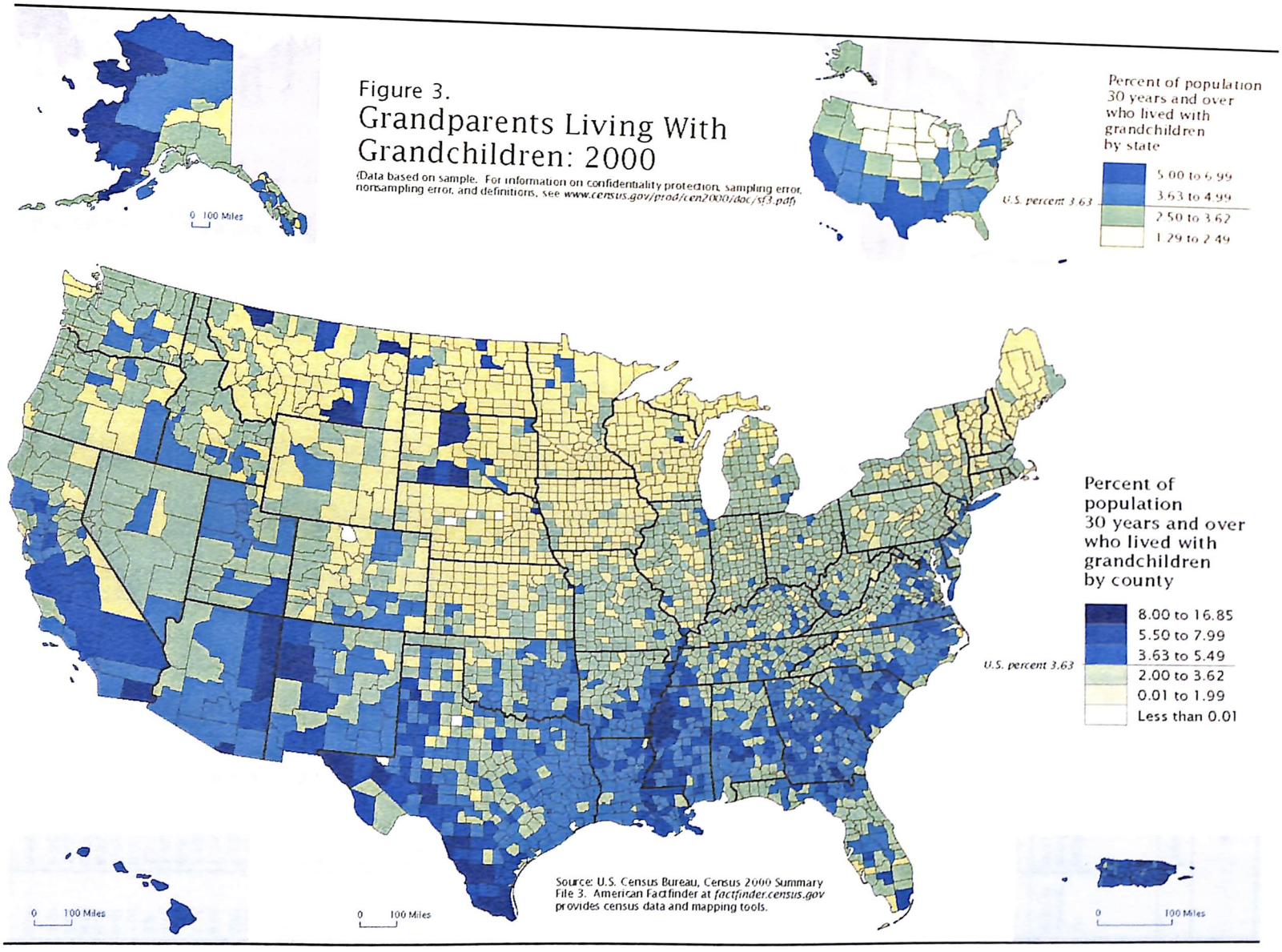
Figure 3.
Grandparents Living With Grandchildren: 2000
(Data based on sample. For information on confidentiality protection, sampling error, nonsampling error, and definitions, see www.census.gov/prod/cen2000/doc/sf3.pdf)
Percent of population 30 years and over who lived with grandchildren by state
5.00 to 6.99
3.63 to 4.99
2.50 to 3.62
1.29 to 2.49
U.S. percent 3.63
Percent of population 30 years and over who lived with grandchildren by county
8.00 to 16.85
5.50 to 7.99
3.63 to 5.49
2.00 to 3.62
0.01 to 1.99
Less than 0.01
U.S. percent 3.63
0 100 Miles
Source: U.S. Census Bureau, Census 2000 Summary File 3. American Factfinder at factfinder.census.gov provides census data and mapping tools.

Table 5.

Selected Characteristics of Grandparents Living With Grandchildren for the United States, Regions, States, and Puerto Rico: 2000

(Data based on sample. For information on confidentiality protection, sampling error, nonsampling error, and definitions, see *www.census.gov/prod/cen2000/doc/sf3.pdf*)

Area	Grandparents living with grandchildren			Grandparents responsible for coresident grandchildren								Households with grandparents living with grandchildren	
				Percent distribution of time responsible[2]				Percent who were:[2]					
								Householder or spouse					
	Number	Percent of population 30 years and over	Percent responsible[1]	Less than 1 year	1 to 2 years	3 to 4 years	5 or more years	Total	And with no parent present[3]	Aged 60 and over	In poverty in 1999	Number	Percent of all households
United States	**5,771,671**	**3.6**	**42.0**	**22.9**	**23.2**	**15.4**	**38.5**	**93.8**	**34.0**	**29.1**	**18.8**	**4,104,201**	**3.9**
Region													
Northeast	1,006,496	3.2	34.3	21.4	23.0	15.6	40.1	91.7	30.8	32.8	19.4	747,254	3.7
Midwest	991,295	2.7	44.4	24.4	24.0	15.6	36.0	95.2	35.4	27.0	15.0	702,239	2.8
South	2,302,754	4.1	48.3	21.9	22.6	15.1	40.5	95.1	36.8	28.0	21.4	1,632,248	4.3
West	1,471,126	4.3	36.0	24.8	24.1	15.8	35.3	91.1	28.7	30.9	15.9	1,022,460	4.6
State													
Alabama	100,765	4.0	55.9	19.6	21.7	15.4	43.4	96.7	39.6	29.5	25.9	71,438	4.1
Alaska	10,423	3.2	52.0	25.4	23.8	12.3	38.5	95.9	33.7	32.6	11.5	7,224	3.3
Arizona	114,990	4.1	45.4	24.4	26.4	17.0	32.2	93.8	27.4	25.9	19.6	79,651	4.2
Arkansas	57,895	3.8	58.1	24.0	21.2	15.1	39.7	96.6	45.0	28.3	22.9	39,662	3.8
California	928,290	5.1	31.8	23.9	23.5	16.0	36.6	89.0	25.4	32.9	16.2	650,257	5.6
Colorado	66,903	2.8	42.6	25.9	24.0	15.0	35.1	94.3	34.5	25.3	13.1	45,963	2.8
Connecticut	55,489	2.7	34.1	24.8	21.7	14.9	38.7	92.5	34.3	31.1	16.5	41,210	3.2
Delaware	16,689	3.7	43.2	19.3	22.0	13.3	45.3	96.2	38.4	27.0	13.8	11,924	4.0
District of Columbia	16,842	5.3	48.6	15.9	19.0	11.7	53.4	93.6	37.2	40.5	23.8	13,499	5.4
Florida	345,949	3.5	42.7	22.4	22.8	15.1	39.7	93.3	35.2	31.4	18.9	251,851	4.0
Georgia	193,825	4.4	47.6	22.2	22.5	14.7	40.6	94.9	36.1	25.9	20.5	139,832	4.6
Hawaii	49,237	7.0	28.5	19.7	19.7	16.2	44.4	89.5	21.5	39.9	10.9	32,182	8.0
Idaho	17,447	2.5	46.5	30.2	22.0	18.3	29.5	96.8	42.6	27.3	14.3	11,454	2.4
Illinois	258,038	3.7	40.2	21.7	23.7	16.3	38.3	92.2	28.4	29.8	17.1	187,805	4.1
Indiana	96,169	2.8	50.1	23.7	23.5	16.1	36.8	96.5	39.0	23.7	12.7	66,113	2.8
Iowa	28,201	1.7	46.4	27.2	26.2	15.7	30.9	96.3	42.2	26.4	11.8	18,875	1.6
Kansas	35,274	2.4	50.7	26.1	27.1	15.1	31.7	95.5	37.8	24.4	13.2	23,983	2.3
Kentucky	69,504	3.0	51.5	22.9	22.3	15.2	39.6	97.3	45.4	25.9	22.4	47,807	3.0
Louisiana	122,240	5.1	54.9	21.2	23.0	14.6	41.1	96.1	33.5	27.4	30.3	88,135	5.3
Maine	13,053	1.7	38.9	27.4	23.4	14.6	34.5	96.2	50.6	28.1	15.4	8,950	1.7
Maryland	125,697	4.1	40.6	18.7	19.9	16.0	45.4	93.4	33.9	30.7	13.9	92,764	4.7
Massachusetts	98,325	2.6	28.4	21.4	24.4	16.9	37.3	92.5	31.7	29.3	15.7	71,744	2.9
Michigan	166,705	3.0	42.0	25.3	24.3	15.5	34.9	95.7	32.8	26.9	14.6	120,147	3.2
Minnesota	45,217	1.6	39.1	28.7	26.5	14.9	29.9	95.1	33.9	23.8	10.4	31,569	1.7
Mississippi	84,157	5.5	57.1	20.0	22.0	16.9	41.2	96.2	32.9	25.5	30.0	60,914	5.8
Missouri	90,200	2.8	48.7	25.6	22.7	14.7	36.9	96.5	40.4	29.2	15.3	63,428	2.9
Montana	11,098	2.1	54.5	28.5	25.0	13.4	33.0	97.0	40.0	31.1	20.4	7,483	2.1
Nebraska	17,401	1.8	48.6	28.0	25.8	15.2	31.1	95.0	41.4	27.9	11.5	12,001	1.8
Nevada	45,286	4.0	41.3	25.1	25.5	14.9	34.4	91.9	33.2	29.2	11.1	32,295	4.3
New Hampshire	14,660	2.0	30.9	25.6	27.3	12.3	34.8	96.3	39.8	24.2	8.2	10,283	2.2
New Jersey	185,771	3.7	31.6	19.8	21.3	16.2	42.7	89.6	27.3	35.5	15.8	138,638	4.5
New Mexico	46,014	4.6	52.2	26.7	23.4	13.2	36.7	95.6	30.4	26.8	26.5	31,703	4.7
New York	412,000	3.8	34.7	20.7	23.0	15.5	40.8	89.8	27.8	34.4	23.2	311,524	4.4
North Carolina	160,576	3.5	49.7	20.0	21.7	15.4	42.9	95.7	42.6	28.2	19.4	113,952	3.6
North Dakota	4,645	1.3	54.8	29.3	24.9	16.4	29.4	98.2	40.6	26.3	19.4	3,168	1.2
Ohio	185,443	2.8	46.4	23.3	22.8	15.7	38.2	96.6	39.5	26.5	15.1	129,822	2.9
Oklahoma	67,194	3.5	58.5	24.1	23.1	15.4	37.5	97.1	45.9	28.8	19.9	45,666	3.4
Oregon	51,169	2.6	43.2	28.9	23.6	15.4	32.1	93.2	42.5	30.6	13.1	35,540	2.7
Pennsylvania	204,909	2.8	39.2	21.9	23.5	15.3	39.3	95.4	35.0	30.4	18.5	148,794	3.1
Rhode Island	16,957	2.8	29.8	25.7	25.0	15.0	34.3	93.9	36.3	29.7	16.7	12,281	3.0
South Carolina	99,558	4.4	52.0	20.1	21.6	13.7	44.6	96.5	39.7	27.7	23.5	71,229	4.6
South Dakota	8,019	1.9	57.8	27.3	21.2	13.2	38.3	96.7	38.2	28.1	28.8	5,683	2.0
Tennessee	119,968	3.7	51.1	20.9	21.6	16.1	41.4	96.1	41.6	26.0	19.8	84,264	3.8
Texas	551,047	5.1	46.7	24.0	24.1	15.1	36.8	94.2	31.6	26.4	21.9	379,217	5.1
Utah	39,564	3.9	40.4	28.4	27.8	14.0	29.8	95.8	27.7	27.2	8.8	25,511	3.6
Vermont	5,332	1.5	36.3	26.9	25.6	12.6	35.0	96.2	48.6	30.0	10.1	3,830	1.6
Virginia	140,015	3.4	42.5	20.4	22.3	15.0	42.3	94.9	39.3	29.0	15.0	99,528	3.7
Washington	84,592	2.5	41.8	26.7	25.9	16.7	30.7	93.3	38.3	28.3	13.9	59,147	2.6
West Virginia	30,833	2.8	52.4	22.3	23.4	13.9	40.4	97.6	42.3	27.3	22.6	20,566	2.8
Wisconsin	55,983	1.8	42.3	27.8	27.1	14.8	30.3	94.9	34.8	23.1	15.4	39,645	1.9
Wyoming	6,113	2.2	58.6	30.5	20.9	15.5	33.1	95.8	38.3	26.0	12.9	4,050	2.1
Puerto Rico	**133,881**	**6.7**	**52.5**	**19.1**	**21.0**	**15.1**	**44.8**	**96.4**	**26.9**	**33.6**	**58.3**	**92,568**	**7.3**

[1]Percent based on all grandparents living with grandchildren.

[2]Percent based on all grandparents responsible for coresident grandchildren.

[3]No parent present is defined as a household where the grandparent is the householder or spouse, a person under 18 is the grandchild of the householder, and no adult child of the householder is present in the household.

Source: U.S. Census Bureau, Census 2000, Summary File 3, special tabulations.

State Demographics and Statistics

Specifically, Mississippi has a large number of grandparent caregivers (see Table 5). With 10.8% of the state's children under 18 years of age living in a grandparent-headed household, Mississippi has the third highest percentage when compared with other states (U. S. Census Bureau, 2000 as cited in AARP, 2000). Both D. C. (14.5%) and Hawaii (12.9%) ranked higher than Mississippi (U. S. Census Bureau, 2000 as cited in AARP, 2000). According to the 2000 Census data, 101,556 children reside in a home where the grandparent or other relative is the head of the household, equating to one in eight children (U. S. Census Bureau, 2000 as cited in Casey Family Programs, 2002). Nationally, the ratio is 1 in12 children is living in a household headed by a grandparent or other relative (U. S. Census Bureau 2000 as cited in Casey Family Programs, 2002). Furthermore, 84,157 Mississippi grandparents are living in a home with one or more grandchild under 18 years of age, equaling 5.5% of the population age 30 and above. Additionally, 57.1% of caregivers (48,061) in Mississippi reported being responsible for their grandchildren (U. S. Census Bureau, 2000). Of the grandparents raising grandchildren in Mississippi, 3,700 reside in Jackson and 1,159 reside in Gulfport (AARP, 2003). Furthermore, 64% of these grandparents are African American, 1% is Hispanic/Latino, and 34% percent are White/Caucasian (AARP, 2003).

In terms of length of commitment, 20% of caregivers were responsible for less than one year, 22% were responsible for one to two years, and 6.9% were responsible for three to four years. The Census reported 41.2% cited a commitment of five years or more, making it clear that Mississippi's caregiving grandparents are not temporary support, but rather a more permanent support system. An overwhelming majority of

grandparents responsible for their grandchildren were householders (96.2%), as 32.9% of those caregivers without a parent present in the home (U. S. Census Bureau, 2000). Of the grandparents responsible for their grandchildren, 25.5% were over the age of 60, and 30% were in poverty in 1999. Nearly 61,000 households house both grandparents and grandchildren in the state of Mississippi, equaling 5.8% of the total number of households (U. S. Census Bureau, 2000).

In short, many grandparent caregivers live in the state of Mississippi. Most are responsible for meeting the basic needs of their grandchildren. Most caregiving circumstances are not temporary, but rather permanent or long-lasting commitments. Given the large population of grandparent caregivers in Mississippi, investigation of the possible need for more support is necessary. Mississippi is a leading state in kinship care families and has few programs for caregivers, comparatively. Thus, examining the demographics of the more rural areas can help develop specific, appropriate, and effective support.

Explanation of Increase

Data suggest a wide-range of causes relating to the trend of grandparents raising grandchildren. As the number of coresident grandparents has increased dramatically within recent years, research suggests societal changes have largely been responsible for the increase in caregiving grandparents. The start of the influx began in the early 1980s as result of legal mandates and changes in child welfare reimbursement policies and practices that encouraged placement with relatives over non-relative foster care (Berrick & Needell, 1999). As half of the children in out-of-home placements are in the care of relatives, kinship care is the fastest growing out-of-home placement funded by child welfare agencies (Minkler, 1994). Informal estimates suggest for every one grandchild in the formal foster care system, another six are informally being raised by relatives (Harden, Clark, & Maguire, 1997). However, changes in policies are in no way holistically responsible for the number of children being raised by their grandparents. Research suggests the following factors as contributors to the growing trend:

- child abuse, neglect, or abandonment on the part of the parent
- crime
- death of biological parent
- divorce or separation
- employment abandonment of parent
- family violence
- finances
- HIV/AIDS infection
- homelessness on the part of the biological parents
- incarceration
- increases in alcohol and drug abuse of the biological parents
- physical or mental illness or disability
- poverty
- pursuit of education on part of parent
- teenage pregnancy rate increases
- welfare reform

According to research completed from 1992-1997, the greatest growth in grandparent caregivers occurred among grandchildren with no parent present in the household (Egyptian Area Agency on Aging, 2004). Children who have been abused, neglected or abandoned are being left with grandparents (Egyptian Area Agency on Aging, 2004). Serious drug and alcohol abuse is by far the largest contributor to grandparents raising grandchildren (Pinson-Milburn, Fabian, Schlossberg, & Pyle, 1996). Increase in substance abuse, particularly indicated by the cocaine epidemic, has been named as a key causes (Burnette, 1997; Feig, 1990) as up to 15% of women aged 15-44 are estimated substance abusers. Researchers suggest 44% of intergenerational households are caused by substance abuse, 28% caused by child abuse or neglect, and 11% are due to teenage pregnancy and/or parent failure to handle children. In addition, five percent are reported due to the death of a parent, four percent caused by unemployment, another four percent the product of divorce, and the final four percent due to other reasons such as HIV and AIDS infection (Woodworth, 1994).

Drug and alcohol abuse on the part of the parent has a number of effects on grandchildren including birth defects, fetal alcohol syndrome, learning disabilities, mental retardation, and disabilities such as cerebral palsy, a higher incidence rate of attention deficit disorders, emotional and psychiatric disorders, teenage pregnancy, alcohol and drug use, and poor academic achievement (Pinson-Milburn & Fabian, 1996). Drug and alcohol abuse accounts for nearly half, 44%, of grandchildren cared for by their grandparents (Egyptian Area Agency on Aging, 1998).

Teen pregnancy, divorce, and the rapid growth in single parent households influence the number of intergenerational households headed by grandparents (Minkler &

Roe, 1996). The decrease in the number of two parent households appears to increase the likelihood of children entering relative care (Harden, et al., 1997). Additionally, the HIV/AIDS epidemic is the leading cause of death of African Americans aged 25-44 (Joslin & Harrision, 1998). Limited research does suggest grandmothers often fulfill caregiving responsibilities as result of an HIV or AIDS diagnosis or death (Joslin & Harrision, 1998). HIV infection, social and peer stigmas, loss and bereavement issues, and feelings of shame and guilt could all be implications effecting the child, and thereby the grandparent raising the child (Pinson-Milburn, et al., 1996).

Incarceration rates among biological parents often lead to grandparents fulfilling the parental responsibility as well. Over half of the children whose mothers are imprisoned are cared for by their grandparents. Given the growth of incarcerated women at a rate of six fold just in the last 15 years, intergenerational households are projected to increase alongside the growing trend of incarceration (Department of Justice, 1997). Taking on a parenting role in such situations could encompass dealing with a number of resulting effects for the child such as emotional and behavioral problems, feelings of shame and isolation, victimizations of social stereotyping on the part of school, agency, or social services personnel, and posttraumatic stress disorder (Pinson-Milburn, et al., 1996). Additionally, parental abuse and neglect can have profound impacts on grandchildren being raised by their grandchildren. Psychiatric symptoms, behavioral disorder, high rates of depression or suicidal tendencies, lack of development of social support and skills of independent living may all exist (Pinson-Milburn, et al., 1996).

In summary, clear distinctions as to which circumstances remain most responsible for the trend of grandparents raising grandchildren are difficult to obtain, as a number of

circumstances often work hand in hand. Many caregiving situations are the result of more than one contributing factor. Furthermore, most all the factors identified by research as key causes can be tied to the continued poverty in the United States, which in and of itself remains a factor for grandparent caregiving (Burnette, 1997; Minkler & Roe, 1999). While researchers struggle to gain more precise understanding regarding the increase in grandparent caregiving, enough evidence persists to give a somewhat accurate perspective as to the trend's causes.

Chapter Two:

Major Issues and Concerns

Burdens / Challenges

Intergenerational households headed by grandparents provide rewarding experiences as well as challenges. Financial burdens, legal barriers, health and healthcare concerns, and insufficient social support broadly encompass the range of challenges faced by grandparents raising their grandchildren. Mental, physical, and emotional implications arise within the challenges presented when a grandparent takes on the caregiving role for a second time.

Financial Issues

An array of financial issues often challenges grandparents raising grandchildren. The combined expense of healthcare, education, clothing, food, and others frequently strain kinship caregivers, leaving a stressful burden to bear. In 2002, 30% of children living in grandparent-headed households with no parents present and 15% of those with a parent present were living in poverty (U. S. Census Bureau, 2002). As previously mentioned, of the children living in a grandparent-headed household without parents present, 36% are not covered by health insurance and 17%receive public assistance (U. S. Census Bureau, 2002). Additionally, another study found grandchildren who live in grandmother-headed households were the most likely to be poor as opposed to children living with both grandparents or just a grandfather (Casper & Bryson, 1998).

Sacrifices are often made in an effort to make room for the caregiving responsibility, especially within families headed by younger grandparents. Such caregivers may be forced to cease employment or cut back on hours. Decrease in wages

places the caregiver's economic future in jeopardy, as many of these caregivers are preparing for retirement. Caregivers who have already retired or are unable to work suffer as well, often being forced to sell a car, delve into life savings, or cash in life insurance to afford the new role (Minkler & Roe, 1996). Living on a fixed income can be difficult to manage for only one person, and additional dependents make the burden that much heavier.

However, a number of assistance programs may be available to kinship caregivers. Temporary Assistance to Needy Families (TANF), Medicaid, Supplemental Security Income (SSI), Food Stamps, and Earned Income Tax Credit (EIC) all provide support for such families that meet income qualifications. TANF provides monthly cash payments to assist in the care of needy children through federal funding to the states, providing monetary and medical benefits to those under the age of 18. Grandparents can seek TANF by either considering all members, determining income and assets as a whole or by considering the grandchild's assets alone. Grandchildren may be eligible for Medicaid if they are members of a low-income family, blind, or disabled. However, grandchildren may automatically qualify for Medicaid if they prove eligibly for SSI or TANF (Grandparent's Guide, 2004).

Food stamps provide monthly allowances based on the number of people residing in the household and the total income of the household. Proof of assets, expenses, and total number of people residing the household is required. Legal guardianship is not required, however, a grandparent cannot file solely on behalf of the child. Supplemental Security Income, SSI, is somewhat similar to TANF, providing assistance for low income families. Also, the elderly, blind, or disabled may qualify. If a grandchild is blind,

disabled, or has mental retardation or a physical handicap, possible support may be available (Grandparent's Guide, 2004).

Finally, Earned Tax Income Credit (EIC) provides benefits for low and moderate income working people. The Internal Revenue Service administers the program, based on a percentage of the grandparent's earned income. Age, residency, and relationship determine the qualifications, and custody is not required to receive EIC (Grandparent's Guide, 2004).

Though policy changes in the early 1990's have given more financial support to grandparents raising grandchildren, many grandparent-headed households fail to receive the support they are eligible for due to extensive delays, red tape, and other challenges in gaining access to financial assistance (Burnette, 1997; Chalfie, 1994; Minker & Roe, 1996; Woodworth, 1997). Unfortunately, relative caregivers are typically transferred to a secondary status, receiving inadequate financial and social service supports (Crumbley & Little, 1997). Needing to have detailed records of their financial status, as well as that of their grandchildren, often presents a barrier in receiving governmental services. While many grandparents are in poor health themselves, compiling the required information cannot only be challenging, but almost impossible. Grandparents may face the health concerns typically associated with aging, in combination with any health problems associated with caregiving.

Legal Issues

Closely linked to financial concerns, difficulties within the legal system can result in a lack of services. Three major areas of concern within the legal system are of particular importance when discussing grandparents raising grandchildren: custody, end

of life issues, and choosing an attorney. Lacking time, money, and/or patience to hire a lawyer are basic barriers toward appropriate legal advising. Additionally, caregivers might not be aware of the options available to their unique situation, and thereby not receive the help their family needs. Also, a number of emotions could prevent a caregiver from exploring legal issues.

Custody remains one of the biggest barriers for grandparents raising their grandchildren. Four types of custody exist for grandparent caregivers. Informal custody, for grandparents merely residing with grandchildren, insures legal custody remains with the parents. Financial or medical assistance through a governmental program may be available depending on the amount of time the child has resided with the grandparent. However, many limitations exist with the informal custody title. Informal custody does not allow for enrollment in school, obtaining medical or financial assistance, or having any legal control or rights (Grandparent's Guide, 2004).

Court placement or Foster Care, the second tier of custody, is similar to informal custody, in that no legal rights persist except physical custody. Given the high volume of children in the foster care system, relatives are now allowed to assume the role of foster parents. More lenient than informal custody, court placement or foster care allows a caregiver to not only have physical custody, but also the ability to enroll a child in school and seek medical attention. Though legal rights are restricting, often the foster care option is one utilized by lower-income families because foster care parents receive financial benefits for each foster care child (Grandparent's Guide, 2004).

Guardianship, the third tier of custody, allows a caregiver both physical and legal rights, while not terminating the rights of the parents. Instead, such custody is viewed as

a suspension of parental rights. All rights exist except the ability to move the child out of state without permission of the court and the entitlement to the child's property or earnings. Similarly, caregivers bear no financial responsibility to the child, only the responsibility for care and safety of the child. However, a caregiver must prove the parent unfit or harmful to the child, thus possibly creating many emotional issues for both the grandparent and the parent. Guardianship can be costly, although with proven financial hardship, such fees may be waived. Furthermore, a caregiver must prove his or her ability to provide a stable environment. Visitation rights of the parents are allowed unless the court finds a risk physically, mentally, or emotionally (Grandparent's Guide, 2004).

The most permanent caregiving agreement, adoption, gives the caregiver the sole legal custody of the child. Obtaining such custody could result in a number of emotional hurtles, for all parties involved. Grandparents may experience a wide-range of emotions such as shame, guilt, or embarrassment regarding the parenting ability of their own child. Thus, feelings of obligation and responsibility can ensue (Grandparent's Guide, 2004).

Aside from custody, other issues foster burdens for caregiving grandparents. Concern regarding one's own health and mortality cultivates fear and worry among many grandparents raising their grandchildren, especially sine most are in the 50 and over age range. Consequently, the aforementioned challenges of not knowing where to go for help or lacking the time or financial means to receive help may prevent grandparents from having a sense of security. Legal options do exist for these grandparents, but unfortunately, grandparents may be unaware these resources exist (Grandparent's Guide, 2004).

Grandparents raising grandchildren often endure the emotional burden of not knowing what will occur to their grandchildren or their assets if they themselves are to suddenly become ill or unable to care for their grandchildren. The legal options available are certainly positive steps to obtaining security (Grandparent's Guide, 2004). There are three procedures to consider when dealing with end of life issues: creating a Will, establishing Durable Power of Attorney, and establishing Power of Health Care Attorney (Advance Directives). A Will is an important document; such a deed ensures distribution of properties and assets as the deceased and custody of minor children. Choosing an executor, someone who will be in charge of carrying out the wishes made in a Will, is another important step. Furthermore, a living will allows an individual to state legally the measures he or she preferred be used or withheld in the case of illness. Secondly, durable power of attorney can be awarded to someone for the purpose of making legal and financial decisions on someone's behalf if he or she becomes incapacitated. In the event one becomes incapacitated to make medical decisions, another person can be named as a responsible agent for making decisions regarding medical care. Such an agreement takes form as an advance directive, granting an individual Power of Health Care Attorney. Grandparents raising their grandchildren could particularly benefit from having such a legal document as such would provide "peace of mind" before illness or other medical problems ensue.

Part of the challenge with legal matters is choosing an attorney. Often grandparents might not know where to start or what qualifications to seek out when choosing legal representation. Local courts or those in similar circumstances can often provide references or referrals. Local Area Agencies on Aging provide free legal advice

to those over 60 years of age, but few are aware of such a service. Government-sponsored law offices help those who cannot afford representation (Grandparent's Guide, 2004).

Health Issues

Caregiving has been associated with potentially serious physical and mental health problems (Fuller-Thomson, & Minkler, 2000). Caregivers are not only getting older and dealing with normal age-related changes, but face a wide range of new stressors when taking on the responsibility as a caregiver. Combining the natural effects of aging and caregiving stressors has been shown to have a significant effect on the health of grandparents raising grandchildren (Kelley, Yorker, Whitley, & Sipe, 2001). Mental, physical, and emotional health implications exist. Childrearing encompasses a variety of needs from transportation to helping with homework. The visual and functional problems associated with older adults, and more specifically, older adults raising grandchildren, may make completion of such tasks much more difficult. Unfortunately, neurological, physical, emotional, or behavioral problems exhibited by grandparents who have the highest levels of distress are not surprising (Shore & Hayslop, 1994).

Psychological Health. Psychological stress may be an issue for many. Dowdell (1995) identified a significant relationship between perceived caregiver burden and high levels of psychological distress. In another study, 44% of grandparents scored higher than the 90th percentile as measured by the Symptom Checklsit-90-Revised (SCL-90-R) Inventory (Derogaatis, 1983) or what is considered to be the clinical range, a percentage warranting mental health intervention (Abidin, 1990). Minkler & Roe (1993) surveyed grandparents regarding psychological health and found 37% of grandparents surveyed

reported that their psychological health had "worsened" since assuming full-time caregiving of their grandchildren (Minkler & Roe, 1993 as cited in Kelly, et al., 2001). An overwhelming 72% reported "feeling depressed" in the week prior to data collection (Minkler & Roe, 1993 as cited in Kelly, S. et al., 2001). Strawbridge, Walhagen, Shema, and Kaplan (1997) present a number of interesting findings. "A comparison among grandparent, spouse, and adult child caregivers in relation to non-caregivers found that the grandparents fared more poorly than non-caregivers in depressive symptoms, happiness, health, and activity limitations, and worse than spouse and adult-child caregivers with respect to prior stressful life events" (Strawbridge, Walhagen, Shema, & Kaplan, 1997 as cited in Sands & Goldberg-Glen, 2000, p. 99). Furthermore, controlling grandchildren's behavior, coping with generational differences in values, and assuming a firm parental role are all stressors linked with surrogate parenting (Strokes & Greenstone, 1981).

A variety of factors may contribute to increased rates of psychological stress. Social isolation, the demands of parenting, and emotional and behavioral problems of grandchildren often caused by abandonment, abuse, or neglect of the birthparent all have been shown to increase psychological distress (Bryant & Range, 1997). The emotions attached to raising grandchildren, particularly anger and resentment often incite psychological distress (Burton, 1992; Kelly, 1993; Kelly & Damato, 1995; Minkler & Roe, 1993). As issues such as drug addiction, incarceration, death, and other issues may be the cause of kinship care, psychological effects may exist, given the emotional impact on caregivers due to those circumstances.

Grandparent caregivers often experience high rates of depression and often rate their own health as poor. The frequent presence of multiple chronic health problems has been presented in both national and smaller studies (Minkler & Roe, 1993; Burnette, 1999; Dowdell, 1995; Minkler, Fuller-Thomson, Miller, & Driver, 1997). Research also suggests a tendency of caregivers to delay seeking care for themselves, especially in cases of mental or emotional health problems (Burnette, 1999, Minkler & Roe, 1993; Shore & Hayslip, 1994). Caregiving has in fact been linked statistically with potentially serious physical and mental health problems. The burden of balancing new responsibilities, new financial concerns, work, social and other family responsibilities are often precursors to the onset of depression. Caregiver's personal lives often suffer, as rates of freedom, leisure, and social time are at much lower rates than those of noncaregiving grandparents (Fuller-Thomson & Minkler, 2000).

Physical Health. Regarding physical health, functional limitations have been tied to taking on the caregiving responsibility. "Dowdell (1995) found that 45% of grandmothers identified themselves as having a physical problem or illness that seriously affected their health, with single grandmothers reporting more health problems than married grandmothers" (Kelly, S. et al, 2001, p. 27). Also, single grandmothers reported more health problems than married grandmothers (Kelly, S. et al, 2001). Additionally, one study reported 37% of those grandmothers participating in the study reported their health had deteriorated since their caregiving responsibilities began (Minkler & Roe, 1993). Yet another study reported one-third of grandparents reporting heightened health problems since taking on the responsibilities (Burton, 1992), just as Kelly (1993) identified 22% of grandparent caregivers reported serious health conditions (Kelly et al,

2001). Exacerbation of pre-existing chronic conditions, comorbidity, decline in self-assessment of health, and limitation in one or more activities of daily living are all associated with the primary caregiving role (Burnette, 1999; Miller, 1991; Minkler & Fuller-Thomson, 1999; Minkler & Roe, 1993; Strawbridge, et al., 1997). Since the average caregiver is within their 50's, an increased likelihood of age-related health problems exist. However, many in their 60's, 70's, and 80's are taking on the caregiving responsibility as well (Burton, 1992; Dowdell, 1995; Kelly, 1993; Kelly et al., 1997, Minkler et al., 1994).

A national study of 173 custodial grandparents and 3304 non-custodial grandparents also supports the assertion caregiving has definite health implications (Minkler & Fuller-Thomson, 1999). The study reported custodial grandparents were significantly more likely than non-caregiving grandparents to report limitations in each of these six areas: mobility inside the house, completing daily household tasks, climbing stairs, walking six blocks, doing heavy tasks, and working for pay. They found that 17 percent of the caregiving grandparents were limited in their ability to move about inside their home, while three of ten caregivers had trouble doing daily tasks. Four in ten caregivers experienced problems climbing a flight of stairs, and a close number had trouble walking six blocks. Over half of the grandparents reported some degree of limitation doing heavy work, such as shoveling snow or heavy housecleaning. Furthermore, more than four of ten caregivers expressed their physical or mental condition limited their ability to do work for pay. Also, more than half surveyed had some limitation in one of the five activities of daily living citing grandparents had more trouble attending to personal needs such as bathing or dressing (Minkler & Fuller-

Thomson, 1999). Limitations in activities of daily living were significantly associated with poorer self-reported health. Those in poor health had more than seven times higher odds of having at least one activity of daily living limitation than those in good or excellent health. In comparing those grandparents younger than 55, those ages 55-64 had a 45% increased likelihood of limitations, and almost three times higher risk existed for those 65 years and older. Being unmarried served as a factor associated with limitation of activities of daily living, as 36% higher odds existed than with married grandparents. Lastly, being female was deemed an associated factor of limitation, as 85 percent higher odds existed.

More specifically, studies among African American caregivers suggest the onset of depression usually is a result of the distressing circumstances surrounding the onset of care (Burton, 1992; Minkler & Roe, 1993; Poe, 1992). African American caregivers have been shown to be significantly more likely their non-caregiving counterparts to have limitations in four of the five activities of daily living (Fuller-Thomson & Minkler, 2002). As substance abuse, incarceration, or death of the adult child often is the reason for change in caregiver, the emotional burden often results in depression. Elevated rates of psychological distress reported among African American grandparent caregivers are significant. African American women suffer from a greater morbidity and mortality rates than all other groups of women (Fuller-Thomson & Minkler, 2000). These factors combine to result in more serious health problems for the population.

Emotional Health. A range of emotions can result from raising one's grandchildren, both positive and negative. First of all, many face the lack of a positive, on-going relationship with their own child, which can be due to a number of factors

including drug use or incarceration on the part of the parent. Grief regarding such situations may cause caregivers to disown their children (Poe, 2004). Secondly, caregivers may feel deprived of a "normal" relationship with their grandchildren (Poe, 2004). Furthermore, the length of commitment often changes from temporary to permanent, which can foster a range of emotions. Feelings of anger, embarrassment, guilt, and frustration often occur (Poe, 2004).

Caregiving grandparents in such situations may feel as if they can no longer trust their son or daughter and may harbor feelings of failure, attributing the circumstances their own fault in some way. A caregiver may then question his or her own ability to raise their grandchildren and fear repeating the same "mistakes" a second time (Poe, 2004). Furthermore, grandparent caregivers may feel judged, criticized, and abandoned by their family, and as a result, suffer in silence. Admitting their true feelings of ambivalence toward their children and grandchildren may evoke embarrassment, causing them to not seek the physical, mental, and psychological they may desperately need (Poe, 2004).

Furthermore, research supports the linkage of all facets of health: psychological, physical, and emotional. Buchanan and Lapin (1997) identified 19 issues facing African American grandparents as primary caregivers, representing the gamut of health concerns. The 19 issues facing African American grandparents as primary caregivers identify the prevalence of health concern. They include the following experiences (Buchanan & Lapin, 1997 as cited in Coleman & Bobbye, 2003):

1. feeling overwhelmed or tired
2. worrying regarding health issues
3. receiving a lack of support, particularly from family members
4. caregivers finding themselves depressed about financial assistance

use such a powerful asset. Grandparents may feel uncomfortable at parent-teacher meetings, as often they may be the oldest participants. With increased health problems and mobility issues, grandparents have an increased likelihood of having a very difficult time to travel to meetings or conferences that could potentially be helpful to their situations. Furthermore, the emotional and psychological implications of raising one's grandchildren may place additional barriers for attempting to obtain resources.

In summary, the demographics of grandparents raising grandchildren are clear. Generally older, female, single individuals who are more likely to be poor and less educated than their counterparts, caregivers face a number of challenges. Financial and legal burdens may add complications. The average grandparent raising a grandchild may experience poor physical, psychological, and emotion health problems as well. Additionally, a caregiver may suffer from isolation and lack of social support. The combination of these factors gives a clear picture of the caregiving responsibility as experienced by so many grandparents.

Positive Changes / Outcomes

Though kinship care can foster burdens and strain on the lives of both the caregiver and the grandchild, positive changes must not be ignored. Caregiving can promote feelings of rescue or "keeping the family together" Burton, 1992; Jendrek, 1994; Minkler & Roe, 1993; Poe, 1992). As changes in the legal system now allow kinship care in foster care circumstances accounting for some increase, more children are kept close with family members. While burdens may exist as a result, parenting by a relative such as a grandparent is an easier transition for a child than parenting by a stranger.

Caregiving provides opportunity for the development of a number of positive roles: family historian, mentor, playmate, nurturer, role model, confidante, advocate, and advisor to name a few (Bengston, 1985; Olsen, Taylor, & Taylor, 2000; Tomlin, 1998). Being a family historian may be particularly comforting to a child who has lost a parent to death, and having a relative provide surrogate parenting can serve as a positive cushion for such a loss.

Grandparents can influence the development of their grandchildren in other ways including imparting a sense of identity, providing unconditional love, representing hope for the future, being a source of stability and security, exemplifying positive values, and ideals, and beliefs (Forever Families, 2004). Such roles do correlate with the more traditional role of grandparents. In this sense, grandparents can combat feeling they have lost the traditional grandparent experience. Grandparenting can also foster self-esteem by showing constant love and acceptance though words and deeds (Carson, 1996). Research shows the bond between grandparent and grandchild is second only to the bond between parent and child (Rutherford et al., 1999). Thus, while a grandparent acting as parent can

provide atypical burdens, combining both grandparent and the role of parenting does have positive effects.

Studies indicate other positive outcomes as well. Research shows in families where teenage mothers received assistance from the grandparents, grandfathers were seen to have a positive influence on their grandchildren. Such a role provides a male role model for cooperation and nurturance (Oyserman, Rodin, & Benn, 1993). Additionally, grandparents get to know their grandchildren in a different way than if they had not been faced with the caregiving circumstance (Forever Families, 2004). One study indicates 96% of those in the study (full-time caregivers) reported if they had a chance to start over, they would take on the responsibility again (Bowers & Meyer, 1999).

In summary, many positive aspects of raising one's grandchildren do exist. Research indicates caregivers are pleased they can share in the lives of their grandchildren in such a special way, as many rewards are evident. While challenges may persist, grandparents who raise their grandchildren do sight positive and encouraging results as well.

Resulting Needs

Given the wealth of burdens associated with grandparent caregiving, there is a growing abundance of needs for this population. The past ten years have fostered a range of supportive interventions for grandparents raising grandchildren (Minkler & Roe, 1999). Resources on the Internet and through various organizations on the national and state levels are easily available if a grandparent knows where to retrieve information. Needs of grandparent caregivers are being recognized, as networking and support groups have begun to reach more caregivers. However, research shows since the number of grandparents raising grandchildren is rapidly growing, the resulting needs of caregiving are still very much alive and in need of continued attention.

In the 1980s, there were few support groups for grandparents raising grandchildren. Also, most often grandparents themselves led the group, in the homes of others in similar situations. These informal beginnings took shape with communities taking notice as schools, hospitals, and senior centers began to get involved. By 1993, over 300 support groups had developed across the country (Aging Alert News, 1998). The mid-90s represented a time of new intervention, as the first nationwide assessment of community-based programs to assist grandparent caregivers, the Brookdale Grandparent Caregiver Information Project (Berkley, CA), gave a new perspective (Minkler & Roe, 1996). Coalitions grew, support emerged, and the 1991 "Washington summit" on grandparent caregiving marked the first cohesive attempt to stabilize and gain the attention of national policy-makers (Aging Alert News, 1998).

Though tremendous strides have been taken and efforts have grown in vision, complexity, and outreach, the need persists. In assessing current and proposed future

policies, the needs of intergenerational households must be considered. For example, the time limits and work requirements on the receipt of aid under the new Temporary Assistance to Needy Families program in combination with family caps on the amount of aid received by parents who have additional children may very well increase the likelihood of pressure for grandparents to raise their grandchildren (Minkler & Roe, 1999). Also, the welfare reform bill impacts the number of grandparents raising grandchildren. Recently revised, the bill requires teenage mothers to live at home and either be enrolled in school or employed, thereby leaving many grandparents as the part of full-time non-custodial grandparent caregivers. Unfortunately, the new role often forces grandparents to give up their own jobs or retirement plans (Minkler & Roe, 1999). Thus, policy-makers must take notice of the changing effects policies and procedures have on such special families.

Another resulting need is for the awareness within practice. Counselors should be aware of the bereavement and loss issues often associated with the inability of the biological parent to raise the child. As a wide range of circumstances causes the change in caregiver, therapeutic assistance is often necessary and helpful. Counselors need to be educated regarding the stress of the transition, which sometimes is a result of an unforeseen event, and its emotional, physical, and psychological implications. Cultural awareness is imperative also, as Lee and Richardson (1991) asserted by stating the range of problem solutions increase when they seek knowledge from many cultures and races. Designing intervention sensitive to culture is imperative for success.

With professionals aware of the implications of the caregiving experience, direct intervention is the next step in successful support. Such intervention takes shape through

assessment and outreach, teaching new coping strategies, and teaching new skills (Pinson-Millbum, et al., 1996).

Assessment and outreach are two vital aspects of supporting caregivers since many grandparents raising grandchildren may not be in a position to seek support themselves. Furthermore, caregivers might not be aware of services or where to obtain such assistance. Identifying those in the community who would benefit from services and devising a need assessment for that particular population is an issue to be addressed. Before intervention and support can occur, an assessment is needed. However, such assessments are often hard to complete, as the circumstances surrounding grandparent caregiving are usually complex. Who is responsible for direct caregiving is not always easily determinable by observation (Pinson-Millbum, et al., 1996).

In a first-step in identifying the local needs of grandparent caregivers in the Lafayette and surrounding counties area, a one day event, "Grand" Parents and Other Relatives Raising Grandchildren Community Celebration Brunch, including a forum, was planned February 21, 2004. From the one-day event, a need assessment would later be distributed to grandparent caregivers who attended. The one day event was a great way to determine if interest in a support / networking group existed and gave an opportunity to further investigate the needs of caregivers through the need assessment survey.

Chapter Three:

Existing Resources

As the issue of grandparents raising grandchildren has become more prevalent, awareness regarding the number of caregivers and the effects of caregivers has greatly increased. Action has been taken at the national, state, and local levels to aid in supporting these special families with the resources needed to provide a healthy environment for not only the grandchild, but the grandparent as well. Programs around the nation seek to address psychological, social, emotional, physical, financial, legal, and biological aspects of raising a grandchild. Evaluation of such existing programs and services positively affecting these families provides great insight for implementation of future support structures. Investigating pre-existing programs serves as education as to what issues are being addressed and what issues are perhaps being overlooked or not given adequate attention.

National Resources

Resources for grandparent caregivers, both formal and informal, exist nationally. Information is facilitated through agencies developed to specifically support grandparents raising their grandchildren and through already existing organizations. Information is typically available in a number of formats. Individuals can call to receive information, request published materials by mail, or utilize the Internet for a variety of resources. The existence of national resources represents the awareness and recognition of the need, and therefore is incredibly positive. National attention has the power to gain momentum toward development of even more support.

A number of organizations have websites specific to grandparents raising grandchildren. Online chatooms, message boards, and databases of support groups all exist. Many national organizations and agencies place helpful materials online, such as guides to grandparenting covering a wealth of topics. Such education is usually available both via the internet and by mail. National organizations strive to meet needs in a variety of fashions so information is easily accessible (see Appendix A).

While many national resources do exist, many in need of services are not knowledgeable regarding where to get the information or sources they may need. In recognition of such a problem, organizations attempt to provide user-friendly services, convenient and accessible. The message boards and on-line help guides are designed to make access easy so communication between caregivers can be established.

In general, resources at the national level work to serve the many issues facing the entire population of grandparents raising grandchildren. Publications and links to the state and local resources are usually the primary focus of operations. National resources

often coordinate activity with support at the state and local areas to stay current with developing needs. AARP's Grandparent Information Center, Generations United, and the Administration on Aging: Grandparents Raising Grandchildren Administration on Aging are three major sources of many which exist at the national level (see Appendix A). Furthermore, national resources somewhat depend on the more grass-roots levels of support to address the everyday needs and challenges.

State Resources

Aside from national agencies and organizations, state resources provide grandparent caregivers a vast amount of information and services. Mississippi works to support grandparent caregivers with joint efforts of public agencies, private agencies, and grassroots coalitions (Grandsplace, 2002). Mississippi's Foster Care System recognizes the importance of kinship care. In 2002, the Department of Human Services reports 49% of the children in out-of-home placements under the Department's supervision were placed with kin (Grandsplace, 2002). If a child is under Department care, state policy requires that kin be first considered when an out0of-home placement is sought (Grandsplace, 2002). Being a kinship foster parent is no different than being a non-kinship foster parent in terms of licensing, licensing standards, requirements, and payments received (Grandsplace, 2002).

Mississippi offers cash assistance in the form of Temporary Assistance for Needy Families (TANF). Children and their grandparents or other relative caregivers may be eligible for TANF. Qualifications for TANF include the following:

> Deprivation: The child or children must be deprived of one or both parents by reason of absence, incapacity or unemployment.
>
> Income: The TANF family's total income must be considered in determining whether the basic needs of the child can be met. Certain income can be disregarded but all must be reported.
>
> Resources: In order to be eligible, the TANF assistance unit must not own property (other than the home) or have cash or other resources that have a combined value of over $2,000. The value of one vehicle will be totally excluded and the fair market value of a second vehicle is tested at $4650 with any surplus value combined with other cash resources up to the $2000 limit.
>
> Child Support Requirements: A parent or relative who applies for and accepts a TANF money payment for children due to the continued absence of a parent must assign to the state support rights for the children. The parent or relative must also

> assist the state in obtaining support from the absent parent, including establishing paternity for children born out-of-wedlock (Mississippi Department of Human Services, 2004).

TANF includes a "child-only grant" program, which allows support for the child and based only on the child's income (AARP, 2003). "An adult caregiver may also be included in the TANF grant -- based on their income and subject to work requirements and time limits" (AARP, 2003, p.2). Additionally, food stamps provide assistance regarding nutritional needs. Mississippi's Children's Health Insurance Program offers free or low-cost health insurance on behalf of the children in kinship care, and caregivers themselves may qualify for Medicaid (Grandsplace, 2002). Special education services, disability benefits, and child care subsidies may be available through state and federal funds (AARP, 2003). Also, Mississippi has enacted a law that is may be helpful for grandparents regarding medical consent. The law reads as follows:

> **Medical consent (Miss Code Ann § 41-41-3):** This law allows any person standing in loco parentis or any guardian, conservator or custodian to consent to medical treatment on behalf of a child. Authorized medical care includes any surgical or medical treatment or procedures not prohibited by law that may be directed by the child's physician (Grandsplace, 2002).

Lastly, six support groups, which could be helpful to grandparent caregivers, are offered throughout Mississippi (see Appendix A). Each differs slightly in focus, but all offer support. For example, Second Shift Parents (Biloxi, MS) is a support group for grandparents and other relatives 60 and older raising grandchildren, which includes guest speakers, workshops, activities, and seminars (AARP, 2004). In contrast, the Retired and Senior Volunteer Program (Tupelo, MS) provides consumer education programs, workshops, and seminars on a variety of topics affecting the elderly. Additionally, Petal Association for Families (Petal, MS) sponsors a Relatives as Parents Program (RAPP)

which offers monthly support meetings structured for both informational and support / problem-solving purposes (AARP, 2003). While Mississippi does have support / educational groups available to caregivers, the groups are spread across the state; grandparent caregivers may not be able to travel to those that are in place.

As services differ in each state, investigating other methods of serving grandparent caregivers is useful in planning intervention and understanding the complexity of grandparent caregiving. For instance, some states offer subsidized guardianship programs offering ongoing subsides to children who have left foster care to live permanently under the legal custody or guardianship of relatives (Grandsplace, 2002). Unfortunately, Mississippi does not have these programs in place (Grandsplace, 2002). Furthermore, governmental resources at the state level are facilitated through the Administration on Aging before being developed locally though the Area Agencies on Aging. Each state has addressed the issue of grandparent caregiving in a different way, providing information and resources in a variety of different ways. Some states have developed tremendous programs, and others lag behind. Examining the variety of services offered gives onlookers a better idea of how each state is meeting the needs of the state's grandparent caregivers. The following are a selection of program or intervention models recognized for their success in supporting grandparents raising grandchildren and represent effort at the state level.

Illinois: Family Caregiver Support Program and Senior Help Line

The State of Illinois has taken initiative regarding grandparent caregiving by creating the Illinois Task Force on Grandparents Raising Grandchildren to help identify the needs in the state. In combination with the Illinois Department of Aging, the task

force works to locate, assist, and promote awareness of older caregivers who are currently raising their grandchildren. As a result of these efforts, the Illinois Family Caregiver Support Program was formed, making the following services available to those raising grandchildren or the children of a relative: information to family caregivers about available services, assistance to family caregivers in gaining access to services, leads to individual counseling, support groups or caregiver training, access to respite care to enable them to be temporarily relieved from their caregiving responsibilities, and supplemental services on a limited basis to complement the care provided by family caregivers (Illinois Department on Aging, 2003). Also available in Illinois is the Senior Help Line, a toll free number for Illinois residents that provides information about state services and support groups in the state (AARP, 2003).

California: Grandparents Parenting Again

Grandparents Parenting Again, a multi-service program for grandparents raising grandchildren, provides an innovative legal clinic. In combination with the Superior Court Probate Division, the organization uses supplemental services funds to support the clinic. The Clinic offers grandparents free training regarding paperwork, which proves helpful to many grandparents who as a result do not have to hire representation (Generations United, 2002).

South Dakota: Combining Financial Resources

The South Dakota Office of Adult Services and Aging partners with the Office of Child Protection to offer special assistance to grandparents. Social workers in the school system are contracted through the Office of Adult Services and Aging partners to identify caregivers to offer cash assistance for a variety of purposes. Children's clothing and

school uniforms are examples of the items bought with the supplemental service funds (Generations United, 2002).

Ohio: Grandparents Raising Grandchildren Task Force

Recognizing the special circumstances accompanying such a unique parental relationship, the Ohio General Assembly allocated $81,000 toward formation of a statewide task force on grandparents raising grandchildren. The purpose of the body of professionals, formed in 1997, was to access the major needs and concerns of grandparents raising grandchildren, develop a strategic action plan to address those needs and concerns, and submit that plan to the 123nd Ohio General Assembly in 1999. Professionals from numerous agencies including the Ohio Department of Aging, the Ohio Department of Human Services, a local branch of the Department of Human Services, the District XI Area Agency on Aging, a local Public Children Service Agency as well as support group leaders all combined their skills in assessing to complete the report. The action plan provided gives specific recommendations for areas of concern voiced by grandparents raising grandchildren in Ohio (AARP, 2003).

Michigan: Area Agency on Aging

"Family Fun" events as put on by volunteers and the Region IV AAA in Southwest Michigan. Four to five times a year, caregivers and children from all three AAA counties come together to participate (Generations United, 2002). The statewide level of support has also facilitated programs at local nature centers, a children's museum, and an Annual Statewide Kinship Care Resource Center Picnic in Lansing. The most recent picnic had an attendance of over 2,000 people.

In summary, state resources provide a combination of local insight with national funding and ability. Intervention at this level is imperative to support local resources. Support at the national level makes such innovative, creative, and pioneering efforts at the state level possible, and trickles down to provide a foundation for local intervention as well.

Local Resources

Tied to the state resources, local resources provided by the government are facilitated most often through the Area Agency on Aging offices in the state. Local resources in this manner are more specific to the needs of grandparents who may have trouble being connected with the larger state and national resources. Beyond federal resources, individuals or groups citing a need have started support groups. Organizations welcoming the chance to support these families have become involved in other ways as well. Additionally, education programs exist at the local level. The following are community models that serve as examples of such resources that can be found at the local level, highlighting the difference communities are making all around the country.

California: Kinship Support Network

In San Francisco, a variety of services are available for caregiving relatives. The model has served as a prime example and model for other support systems in California. The Edgewood Center's Kinship Support Network program has received national attention as a finalist for the Ford Foundation's Innovation in American Government Award, one of the most prestigious public service awards in the country. "The program was chosen as an example of an outstanding public-private partnership tackling a tough situation - and succeeding - by using an innovative and creative approach" (Edgewood Center for Children and Families, 2001, p.1). "Begun in 1986, the program is sponsored by the Ford Foundation and administered by Harvard University's John F. Kennedy School of Government in partnership with the Council for Excellence in Government. Its purpose is to bring public recognition to the quality and responsiveness of American government and to help foster the replication of programs that work" (Edgewood Center

for Children and Families, 2001, p.1). The network's main goal is to help these families achieve self-sufficiency with private-sector support services to relative caregiver families. Services are provided for both the children and caregivers. Children can receive tutoring, health prevention, career guidance, mental health care, and creative arts activities to aid in their development. For caregivers, education, support groups, health assessments, and respite activates are all available resources. The program is a successful example of helping meet the needs of the community.

Connecticut: The Cool Line Project

New Haven, Connecticut provides a new service for grandparents raising grandchildren. "The Cool Line" is a phone number grandparents can call for assistance with everyday problems regarding parenting available Monday thru Friday from 9 A.M. until 3 P.M (AARP, 2003).

Georgia: Project Healthy Grandparents

Project Healthy Grandparents is located in Atlanta, Georgia and is funded through the National Center on Child Abuse and Neglect as well as the Department of Human Resources. Health care, social work case management, grandparent support group meetings, parenting classes, legal assistance, and tutoring and mentoring programs for children are services provided. The program lasts one year, though grandparents are highly encouraged to continue group events (AARP, 2003).

Massachusetts: GrandFamilies Housing Project

In 1998, the nation saw it's first housing development for grandparents raising grandchildren. Located in Boston, the GrandFamilies House is a 26-unit apartment residence, offering two, three, and four bedroom units where grandparents and

grandchildren reside. Special features include child-safe electrical outlets, a playground visible from inside the apartments, on-site preschool and afterschool programs for children, and exercise programs older adults (AARP, 2003).

Ohio: The Alliance for Grandparents

Located in Cleveland, Ohio, the Alliance for Grandparents serves a number of purposes. The organization strives to provide free respite and childcare to grandparents raising grandchildren, to provide supportive services (inducing guardianship, counseling and transportation to benefits offices), and to reduce the barriers grandparents may face in receiving services (AARP, 2003).

Oregon: Supplemental Services

The Clackamas County Aging and Disability Services offers a variety of assistance to caregivers with unique requests. The efforts to meet specific needs in the local area have proven successful in ways such as paying the costs for a grandchild's tutoring, the membership fee at a community pool, and horseback lesson fees are all examples of the needs that have been met. As Oregon's Department of Human Services sponsors the program, funding comes from the state. The local agency serves as a prime example in demonstrating how to serve the needs in the local community (Generations United, 2002).

Pennsylvania: Community Behavioral Health Program and Grandma's Kids

Philadelphia, Pennsylvania is home to two innovative programs supporting grandparent caregivers. The Community Behavioral Health Program provides a comprehensive and coordinated approach to mental health services for those receiving Medicaid, including children. Federal Medicaid dollars are pooled with behavioral health

dollars to aid in funding resources. The Community Behavioral Health Program separates mental health services from the city's managed care initiatives to make service more effective and efficient (AARP, 2003). The second program, Grandma's Kids, provides an after-school and summer camp for children focusing on tutoring assistance, life skills training, and counseling. Training is available to educate teachers regarding the unique challenges faced by children and their grandparents as well (AARP, 2003).

Tennessee: The Efforts of the Area Agency on Aging

"The Upper Cumberland Development District Area Agency on Aging in Tennessee is coordinating the provision of services through a variety of agencies" (Generations United, 2002, p. 2). Funds made available though Title III of the Older Americans Act pay an attorney to provide education on custody, adoption, public benefits, other legal issues, and even representation in some cases. In addition, the Area Agency on Aging and Disability (AAAD) facilitates community events such as picnics and holiday gatherings for these special families (Generations United, 2002).

In summary, these are not the only programs making a difference at the local level. Support groups and education programs are developing across the country to meet the growing need. However, those in more rural areas lack services and aid in these areas is very necessary. Funding, personnel, and momentum are easier to obtain in larger areas where larger volumes of grandparents raising grandchildren live. Thus, continuing the process of providing education, resources, and support is imperative to ensure a healthy well-being for both grandparents and the children they are actively raising.

Chapter Four:

Research: A Needs Assessment

Grandparents Raising Grandchildren:

A Needs Assessment Representing

Lafayette and Surrounding Mississippi Counties

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Abstract

The present investigation explores the demographics, existing supporting sources, and current needs of grandparents raising grandchildren in Lafayette and surrounding counties. In the study, participants were given a survey to specifically determine the needs of the area encompassing Lafayette and surrounding counties. SPSS analysis compared the data of 21 grandparent caregivers. Participants were located through a one-day community celebration event held, February 21, 2004. Contact information from those in attendance was obtained, and the individuals were then contacted by mail. A self-addressed stamped envelope was enclosed and used to mail the survey to the Department of Social Work, where the surveys were collected. Surveys were also distributed throughout the Department of Social Work to those individuals claiming to know a grandparent raising a grandchild who would be willing to participate. These few surveys were hand delivered and returned. Lastly, surveys were distributed to the Foster Grandparents program at the North Mississippi Regional Center. Trends were evident in a variety of areas including: age, race, gender, marital status, duration of care, services received, satisfaction of support level, emotional impact of raising one's grandchild, and interest in a future support / networking group. Local demographics were similar to national and state statistics. The results of the needs assessment identify intervention is needed, as 13 of 21 individuals surveys were interested in a networking / support group.

Grandparents Raising Grandchildren:

A Needs Assessment Representing

Lafayette and Surrounding Mississippi Counties

People often recognize the societal factors, which contribute to large numbers of grandchildren being raised by their grandparents. Society pays clear attention to high crime, teen pregnancy, incarceration, and drug-use rates as they continue to rise. Unfortunately, while those contributing factors regarding grandparents raising grandchildren take precedence, larger and more important repercussions are deemed secondary or are given much less attention. In the United States, over six million children live in households headed by their grandparents or other relatives, a statistic that would shock the average American (U.S. Census, 2000). Parenting for a second time, grandparents raising grandchildren face a unique experience that combines challenges, as well as rewards. Given the complex nature of kinship care, a vast array of resulting issues may exist, differing from one individual to the next. Consequently, research as to the needs of grandparent caregivers is imperative on the local level to enhance and ensure the quality of support facilitated, the appropriateness of intervention, and the promotion of awareness in communities that do not recognize the numbers of those providing kinship care in their area. Though much research exists nationally regarding the effects of grandparents raising grandchildren, less research exists for small communities such as that of Lafayette and surrounding counties.

Grandparent caregivers have special needs deserving of support. Both national and smaller studies report a variety of health problems of grandparent caregivers: high rates of depression, ratings of their own health as poor, and the frequent presence of

multiple chronic health problems (Minkler & Roe, 1993; Burnette, 1999; Dowdell, 1995; Minkler, et al., 1997). Financial need also typifies grandparent caregivers. In 1992-1994, children in kinship-care families were more than twice as likely as other children to be living in a family receiving public assistance or welfare benefits and almost five times more likely to be living in a family in which at least one member received Supplemental Security Income, or SSI (Harden, Clark, & Maguire, 1997).

Grandparent caregiving is also associated with increased psychological stress, as full-time parenting responsibilities can be taxing (Burton, 1992; Dowdell, 1995; Kelley, 1993; Kelly & Damato, 1995; Minkler & Roe, 1993). Research also suggests a lack in social support and increased isolation from peers as a result of the demands of caregiving (Dowdell, 1995; Kelley, 1993; Mnkler & Roe, 1993). Such isolation is particularly detrimental as social support is often found to be a mediator of stress in parents (Cmic & Greenberg, 1990; Crockenberg, 1987; Tellen Herzog, & Kilbane, 1989).

Additionally, the survey investigates possible interest in a support / networking group in the local area. "Support groups offer crucial short-term emotional, information, and material support to older people facing the challenges of raising children. These groups also serve to document many of the priority concerns of intergenerational households and grandparent caregivers in local community" (Minkler & Roe, 1999, p.4). However, support groups of this nature can face challenges, as the needs of those grandparents raising children are complex. Uneven attendance, competing demands on caregivers' attention and resources, secure funding, skilled facilitation, and location can all be troublesome areas for those seeking to provide a stable group (Minkler & Roe, 1999). Without external support and evaluative research that could help secure such

support, most groups come and go as interest and resources fluctuate (Minkler & Roe, 1999).

Noticeable need for support for grandparent caregivers is apparent in the United States as there are 5.8 million coresident grandparents. The need in Mississippi is evident as well. Mississippi's high rate of children in grandparent headed households, caregivers responsible for their grandchildren's direct needs, and long-term circumstances warrant intervention. However, the direct needs of caregivers relative to their specific communities are unclear. Surveying the Lafayette and surrounding communities to define the needs present can sharpen such an unclear picture and prompt appropriate support and resources, as well as serve as an example for other communities. Additionally, such an investigation can raise general awareness in the community, heightening attentiveness toward the needs, burdens, and uniqueness of kinship care.

Given the gap in literature regarding the needs of this population in such rural areas of Mississippi, this study gives new and helpful information, which will increase the likelihood of effective intervention and support. Additionally, the study will serve as a foundation to spreading awareness of the prevalence of these special families both nationally and more specifically in the local community. Increased awareness can ripple into a stronger community support in addition to formal intervention. We expect to see trends somewhat similar to national statistics in terms of demographics including those relating to race, age, marital status, duration of care, terms of care (part or full time), employment, and services currently being received. We expect the survey to identify areas in which grandparents would like more information. We expect the areas of financial assistance, health care services, educational issues, and stress reduction to be

specifically important. We expect grandparents to report receiving help from their church and family, given the cultural attributes associated with the South. Additionally, we expect parenting issues such as discipline, homework assistance and tutoring to be prominent concerns. We expect to find the majority of individuals surveyed to cite both feeling overwhelmed, worried over financial needs, concern for their own health, and the need to talk to someone who understand the circumstances faced as a grandparent caregiver. We expect to identify a multitude of emotions associated with caregiving, specifically highlighting anger, fatigue, frustration, impatience, joy, and resentment as commonplace. We expect emotional support to be provided mainly by other relatives, and for the majority of individuals surveyed to be interested in a support group. We base these expectations on the national research available. Though such statistics are generalities, we expect some of those same trends to be evident.

By assessing the needs of grandparents raising grandchildren in the local area of Lafayette and surrounding counties, the necessity of intervention can be assessed. The information obtained could aid in creating a more stable, effective, and appropriate support / networking group, which would be more closely tied to the direct, stated needs of caregivers. Thus, the group would be representative of grandparent caregiving community. Furthermore, a needs assessment would help develop a more holistic picture demographically of those caregivers in the local area. Such research could assist in developing other intervention strategies if a support / networking group is not found to be requested by the caregivers surveyed. Additionally, the research could springboard other rural Mississippi communities to assess the needs of their area to provide appropriate intervention in those respective areas.

Method

Participants

Grandparents raising grandchildren on full or part time basis (21 women) completed a 24-question survey approved for use by the University of Mississippi IRB (Protocol No. 04-108) (see Appendix B). The age of the participants ranged from 37-78 years of age. Of the 21 participants, 14 reported their race as African American, and the remaining seven identified with the White/Caucasian race. Participants were identified as grandparent caregivers through the "Grand" Parents as Caregivers Networking and Celebration Brunch, including a forum, held February 21, 2004 at the Lafayette County Public Library. Two participants were recruited through students of the social work department. The principal investigator distributed these two surveys and retrieved them as well. Lastly, participants were recruited through the North Mississippi Regional Center through the Foster Grandparents program. The director of the program identified caregiving grandparents participating in the program and administered the survey to these individuals. The principal investigator then retrieved the completed surveys. Participants were not assigned specifically to any groups.

Procedure

February 21, 2004, the "Grand" Parents as Caregivers Celebration Bunch which included a forum was held at the Lafayette County Public Library (see Appendix B). Of the many community members who attended in support, 25 of the individuals were grandparent caregivers and were asked to sign a sign-in sheet and fill out a brief information form (see Appendix B). The contact information received was then used to mail the individuals a 24-question survey (see Appendix B). Individuals were asked to

mail the anonymous survey back in a self-addressed stamp envelope, which was provided. The surveys were mailed to the faculty member of the Department of Social Work affiliated with the project.

Data was collected in two other ways. Announcements were made in two undergraduate social work courses, SW 437: Social Work Practice III and SW 348: Social Work Practice IV. Students were asked if they knew of any grandparent caregivers living in Lafayette and surrounding counties willing to participate and fill out a survey. The principal investigator distributed four surveys, and retrieved two of the four completed. Lastly, the director of the Foster Grandparent program at the North Mississippi Regional Center identified seven grandparent caregivers, and the principal investigator distributed the survey to the director. The director administered the surveys to those grandparents and the principal investigator retrieved seven surveys when notified they were complete. Of the seven surveys, three were complete and used in the present investigation.

Results

To explore the demographic information, existing level of support, additional needed support, parenting concerns, issues of interest of grandparents, and local needs, 21 grandparent caregivers completed a 24-question survey. Using SPSS to analyze the data, descriptive statistics were determined.

When asked to identify race, 14 of 21 (66.67%) participants, two-thirds, identified with "African American," while the remaining seven (33.33%) participants, one third, identified with "White/Caucasian" (see Table 6). Figure 4 displays a breakdown of caregiver age, including the total number of participants in the age category and the

percentage of the total the age category represents. In terms of age, two participants (9.52%) reported being between the ages of 30-40, while five participants (23.81%) reported between ages 41-50. Furthermore, four participants (19.05%) reported being between the ages 51-60, and two participants (9.52%) reported being between the ages of 61-65. Lastly, five participants (23.81%) reported being between the ages 66-70, and the one participant (4.76%) reporting being between the ages 76-80. No participants identified within the ages 71-75. Furthermore, two participants (9.52%) did not indicate their age. The Baby Boom generation (those ages 50-69) accounts for 10 participants, nearly half of the total number of participants.

In terms of marital status, one participant (4.76%) reported being single, and four participants (19.05%) reported being single and divorced (see Table 7). Two participants (9.52%) reported being single and widowed, and 14 participants (66.67%) reported being married. Figure 5 indicates the number of grandchildren cared for by the race of the participant. A total of 12 of caregivers (57.14%) report caring for one grandchild. Five caregivers (23.81%) report raising two-three children. Furthermore, three participants (14.29%) reported raising 4-5 grandchildren, and lastly, one participant (4.76%) reported raising six or more grandchildren. Figure 5 indicates the trend for African caregivers are caring for more grandchildren at a higher rate than White/Causation caregivers.

In terms of length of commitment, caregivers reported overwhelmingly that their caregiving experience was long-term, as 9 of the 21 participants (42.86%) reported caring for one or more of their grandchildren since birth (see Table 8). Furthermore, five participants (23.81%) reported caregiving for their grandchild or grandchildren a length of 1-2 years, one participant (4.76%) reported cargiving for 3-4 years, and two

participants (9.52%) reported caregiving for 5 years or more, but not the duration of the child's life. Lastly, four participants (19.05%) reported caregiving for less than 1 year. Of the 21 participants, eight grandparents (38.10%) are part-time caregivers while 13 participants (60.90%) report full-time caregiving.

In response to the question, "Do you have transportation to meet your needs?" 18 participants reported "yes," one participant reported "no," and two participants reported, "sometimes." However, in response to the question, "Do you experience difficulty transporting your grandchild/children to activities?" eight participants (42.86%) reported "never," nine participants (42.86%) reported "sometimes." Four participants (19.05%) reported "often," and no participants reported always having difficulty transporting their child to activities (see Figure 6). Figure 6 displays the number of grandparents as a function of frequency of difficulty transporting grandchildren, reported by caregivers, indicated by age. Figure 6 displays a trend that older grandparents have more difficulty.

In terms of services received, Medicaid and federal reduced meals for school were the most common assistance programs utilized; 12 caregivers (51.14%) reported receiving Medicaid and seven caregivers (33.33%) reported receiving federal reduced meals for schools (see Table 9). Additionally, four participants (19.05%) reported receiving SSI (Supplemental Security Income) and two participants (9.52%) reported receiving CHIP (Children's Health Insurance Program). One participant (4.76%) reported receiving food stamps, one participant (4.76%) reported receiving TANF, and one participant (4.76%) reported receiving subsidized daycare. Of the 21 participants, six participants (28.57%) reported not receiving any services, and two participants (9.52%) reported receiving other services. Additionally, 12 of the 21 participants

(51.14%) reported being employed, seven participants (33.33%) reporting working 36-45 hours a week (Figure 7). Figure 7 displays a trend that of the 12 participants working, half are working 36-45 hours a week, and two caregivers are working 46 or more hours a week.

Grandparents indicated several areas in which they would like more information such as childcare, legal issues, financial issues, and healthcare (Table 10). Five participants (23.81%) were interested in childcare information, five participants (23.81%) were interested in financial assistance, and five participants (23.81%) were interested in health care services information. Furthermore, five participants (23.81%) were interested in legal information. Four participants (19.05%) reported interest in stress reduction, and four participants (19.05%) were interested in counseling, as were four participants interested in educational issues. Three participants (14.29%) were interested in health information, three participants (14.29%) cited interest in custody issues, and three participants (14.29%) cited interest in parenting techniques. No significant trend existed in terms of difficulty interacting with teachers, counselors, and or staff of the school the grandchild attends.

In reference to "receiving help, resources, and or information concerning grandparents and relative raising children," eight participants (38.10%) cited receiving no help while eight caregivers (38.10%) cited family as a resource (see Table 11). Additionally, seven participants (33.33%) reported church and seven participants (33.33%) reported friends as resources. Four participants (19.05%) cited community agencies as a source of help, and three participants (14.29%) cited schools as a source as a resource. Lastly, two participants (9.52%) cited the Internet as a source of information.

In terms of satisfaction with "the level of social support" currently had by caregivers, seven participants (33.33%) indicated being "somewhat satisfied" while five participants (23.81%) reported being "satisfied," and four participants (19.05%) reported being "very satisfied." Two participants (9.52%) indicated, "not at all satisfied," and three participants (14.29%) did not respond.

In terms of interest in parenting issues, nine grandparents (42.86%) cited discipline as a major issue they would like to learn more about, and four participants (19.05%) cited emotional needs of children as an interest area they would like to learn more about (see Table 12). Additionally, three grandparents (14.29%) cited safety as an issue of interest. Issues such as alcohol and drug use education, bullying, homework issues, and nutrition education were all areas in which two grandparents (9.52% per area of interest) wanted to learn more about.

In response to the question "I often feel overwhelmed and would like more help," three participants (14.29%) indicated "never," while 13 participants (61.90%) indicated "sometimes." Additionally, three participants (14.29%) indicated "often," and two indicated (9.52%) "always." Worry over financial needs was prominent, as nine participants (42.86%) indicated "sometimes" feeling worried. Also, one participant (4.76%) indicated "often" feeling worried over finances, while five participants (23.81%) indicated "always."

Indicating their interest in talking to someone who understands the circumstances "I am facing" as a grandparent caregiver, 12 participants (57.14%) answered "sometimes," two participants (9.52%) answered "often" and three participants (14.29%) answered, "always." In reference to concern regarding their own health problems, nine

participants (42.86%) cited concern "sometimes," while six participants (28.57%) cited "often." Furthermore, 3 of the 21 participants (14.29%) cited concern over their own health "always."

Nearly half of the participants (47.62%) cite having difficulty relating to their grandchildren. However, caregivers indicated many sources of social support, as seven participants (33.33%) indicated their spouse, four participants (19.05%) indicated their siblings, and eight participants (38.10%) indicated other relatives. Furthermore, seven participants (33.33%) indicated friends as support, two participants (9.52%) indicated community agencies or organizations, and eight participants (38.10%) cited religious organizations or churches as support. One participant (4.76%) cited "other."

Regarding emotions associated with caregiving, grandparents indicated a range of emotions (see Table 13). Of the 21 participants, 17 caregivers (reported feeling joy (80.95%), 13 caregivers (61.90%) reported feeling frustrated, and ten (47.62%) reported feeling faith. Additionally, 11 caregivers (52.38%) reported feeling fatigue, 10 caregivers (47.62%) reported feeling impatience, and nine caregivers reported feeling overwhelmed. Additionally, nine caregivers (42.86%) reported feeling pride, eight caregivers (38.10%) reported feeling anger, and eight caregivers (38.10%) reported feeling patience. The feelings indicated by six caregivers (28.57% per feeling indicated) were hopelessness and resentment, and the feelings indicated by five caregivers (23.81% per feeling indicated) were comfort, depression, despair, and fear. Furthermore, the feelings indicated by four caregivers (19.04% per feeling indicated) were courage, grief, inspiration, and peaceful. Feelings indicated by three caregivers (14.29% per feeling indicated), were confusion, denial, disappointment, fulfillment, and loss. Lastly, two

caregivers (9.52%) reported feeling guilt, as two caregivers (9.52%) reported feeling gainfulness. Caregivers were asked to check all emotions that applied and were not limited to a specific number.

Lastly, participants were asked if they were interested in a networking group with other grandparents / relatives raising children. Of the 21 participants surveyed, 13 participants (61.90%) indicated "yes," and of those 13, three participants (23.08% of interested caregivers) noted they need help finding childcare during a meeting.

Discussion

When exploring the issue of grandparents raising grandchildren, a multitude of issues are present. The caregiving experience can foster both challenges and rewards. When surveyed, grandparent caregivers in the Lafayette and surrounding counties indicated occasional difficulty with transportation, displayed a trend in use of the free lunch and Medicaid programs, and remained consistent with national and state trends in relation to employment, age, race, and issues of concern. The research results reflect a widespread interest base in both general issues and parenting issues. Significantly higher rates of interest regarding learning about discipline, social issues facing youth, and emotional needs of children were present. Caregivers expressed a multitude of emotions regarding caregiving, including most sometimes feeling overwhelmed. High percentages suggest caregivers feel faith, fatigue, frustration, impatience, overwhelmed, and pride regarding the experience, as well. A majority of the caregivers display an interest in a support group. The survey provided much supplementary information that could be useful in development of such a group.

The absence of research in the local Lafayette and surrounding community gave researchers an area of interest to investigate. Examination of local demographics, existing utilized services, services needed, and the emotional affects of those in the local community can be beneficial in a number of ways on the micro, mezzo, and macro levels. However, limitations such as false reporting could be present in the results. Some could argue participants may not want to divulge personal information such as financial / medical assistance they may receive or express the emotions they may experience. A multitude of emotions or reasoning could be behind either of these assertions. Another limitation of the study is the limited number of participants. The research may not be completely representative of the grandparent caregiving population in the area. Having more participation would have strengthened findings. Thus, critics could argue a lack of generalizabilty due to small participation numbers and a lack of reliability due to the self-report method.

The present investigation cannot fully explain the degree to which caregiving is responsible for the responses given in the survey. The present investigation can only reflect correlation, as opposed to causation. However, the study does ask participants to report information in relation to the caregiving experience. Furthermore, these results suggest new demographic information not yet gathered empirically, existing resources and support, and needed resources, and support. A trend suggests many grandparent caregivers seek to participate in a grandparent caregiving support / networking group.

The age range of the caregivers in the study is comparable to the national and state averages. Both the present investigation and national research emphasize the number of caregivers within the Baby Boom generation. In terms of marital status,

researchers were surprised at the number of married participants, given national and state data suggests most grandparent caregivers are single. The length of commitment taken on by grandparents in the study was surprising as nine caregivers were cargiving for one or more than one grandchild since birth. National and state statistics do not typically differentiate to include a caregiving category labeled "caregiving since birth" as the present investigation reports. The remaining caregivers in the study were taking on long-term commitments as well as nine other caregivers had been caregiving from one to five or more years. Such longevity in caregiving is not only congruent with the national and state trends of long-term caregiving, but the present investigation suggests even more of a commitment.

Transportation did not appear to be a problem, but for transporting the child to activities, a higher difficulty level existed. Such information can lead to other issues such as decreased child involvement in extracurricular actives. Furthermore, many of the grandparents reported receiving governmental aid, which is again congruent with national and state statistics. Most of the grandparents worked, and of those who worked, most were employed 36 or more hours a week. Such information indicates the possibility of added stress to individuals who might not otherwise be working if they were not caregiving. Such variables may be the causes of the expressed concern over one's health or the high rates of fatigue reported by caregivers. Of the caregivers not working, many may have had to give up jobs due to their caregiving responsibilities, possibly accounting for the use of governmental assistance. Employed caregivers may have had to give up thoughts of retirement or security later in life due to the financial burdens of caregiving, which could account for the high rates of anger, frustration, and overwhelming feelings.

Reverse of this theory, grandparents may have had to give up jobs to stay home with young grandchildren, thereby possibly limiting financial security for future retirement as well. The same emotional toll could exist, as well.

Findings suggest grandparents have a variety of areas of interest including health care services, financial assistance, and childcare/respite services. As those issues were ranked at the top of the list, a relationship between financial burden, stress of caregiving, and impact on one's health may exist. Additionally, common feelings identified in the study (fatigue, frustration, and impatience) would support this assertion. However, such a multiple interests could pose a problem in developing a support group, as some individuals may be turned off by discussion of areas that are inapplicable to their situations. Grandparents did, however, show great interest in parenting issues, which could be helpful in planning intervention, as well.

Given most caregivers received help, resources, and / or other information from informal sources, this suggests room for improvement on the part of the community agencies, organizations, and government. Given that many felt concern with health issues, financial issues, feeling overwhelmed, and not having adequate support, these factors combine to potentially cause stress and worsen health problems, as previous literature predicts. Caregivers are clearly interested in learning more about parenting a grandchild. Such information cannot always be given by informal support, the main source of support indicated by caregivers. Caregivers cite feeling frustration, fatigue, depression, faith, fear, impatience, joy, overwhelmed, patience, and others. Thus, such factors support the need for intervention and are imperative to recognize in planning support for grandparent caregivers.

Further research is needed to explore the effects of grandparent caregiving on larger populations in Mississippi's rural areas. Investigation could lead to an understanding of the effects of caregiving on the child, as well as a more in-depth determination of effects upon the grandparent. Further research is needed to explore the effects of grandparent caregiving on larger populations in Mississippi's rural areas. Further investigation could lead to more formal intervention than a support / networking group, if the need is identified. In summary, these results provide interesting findings indicating more research is needed to learn about the complexities of grandparents raising grandchildren and the affect of caregiving upon these families at the micro, mezzo, and macro levels.

Table 6

Number of Participants and Percentage of Total as a Function of Race Category as Reported by Caregivers.

Race

	African American	Asian	Hispanic	Indian	White / Caucasian	Other	Total
Number of Participants	14	0	0	0	7	0	21
Percentage of Total	66.67%	0%	0%	0%	33.33%	0%	100%

Table 7

Number of Participants and Percentage of Total as a Function of Marital Status Categories, as Reported by Caregivers.

Marital Status

	Single	Single and divorced	Single and Widowed	Married	Total
Number of Participants	1	4	2	14	**21**
Percentage of Total	4.76%	19.05%	9.52%	66.67%	**100%**

Table 8

Length of Commitment as Reported by Caregivers as a Function of Race, Total Participants, and Total Percentages.

Length of Commitment

	African American	White / Caucasian	Total Participants	Total Percentage
Since child's birth	7	2	9	42.86%
Less than one year	2	2	4	19.05%
1-2 years	3	2	5	23.81%
3-4 years	1	0	1	4.76%
5 or more years	1	1	2	9.52%

Table 9

Services Received as Reported by Caregivers as a Function of Race, Total, Total Participants, and Total Percentage.

	African American	White / Caucasian	Total	Total Participants	Total Percentage
I receive no services	3	3	**6**	21	**28.57%**
CHIP	2	0	**2**	21	**9.52%**
Federal Reduced Meals	7	0	**7**	21	**33.33%**
Food Stamps	1	0	**1**	21	**4.76%**
Medicaid	8	4	**12**	21	**51.14%**
TANF	1	0	**1**	21	**4.76%**
Subsidized Daycare	1	0	**1**	21	**4.76%**
SSI	4	0	**4**	21	**19.05%**
Other	1	1	**2**	21	**9.52%**

Table 10

Areas of Interest as Reported by Caregivers as a Function of Race, Total, Total Participants, and Total Percentages.

	African American	White / Caucasian	Total	Total Participants	Total Percentage
Childcare / respite care	2	3	**5**	21	**23.81%**
Counseling	1	2	**4**	21	**19.05%**
Legal information	1	2	**5**	21	**23.81%**
Custody / Gaudian Information	2	1	**3**	21	**14.29%**
Educational issues for your child	3	1	**4**	21	**19.05%**
Parenting Techniques	2	1	**3**	21	**14.29%**
Financial Assistance	5	0	**5**	21	**23.81%**
Health care services (immunizations, dental, medical services, insurance, etc)	3	2	**5**	21	**23.81%**
Health information for you and/or your child (nutrition, exercise, etc)	2	1	**3**	21	**14.29%**
Housing assistance	1	0	**1**	21	**4.76%**
Information and referral services	1	0	**1**	21	**4.76%**
Stress reduction	2	2	**4**	21	**19.05%**
Caregiving Needs	1	0	**1**	21	**4.76%**
Other	0	0	**0**	21	**0.00%**

Table 11

Sources of Help as Reported by Caregivers as a Function of Race, Total, Total Participants, and Total Percentage.

	African American	White / Caucasian	Total	Total Participants	Total Percentage
I do not receive help	5	3	**8**	21	**38.10%**
Church	5	2	**7**	21	**33.33%**
Community agencies	2	2	**4**	21	**19.05%**
Family	5	3	**8**	21	**38.10%**
Friends	3	4	**7**	21	**33.33%**
Internet	1	1	**2**	21	**9.52%**
Schools	2	1	**3**	21	**14.29%**
Other	0	0	**0**	21	**0.00%**

Table 12

Parenting Issues of Interest as Reported by Caregivers as a Function of Race, Total, Total Participants, and Total Percentages.

	African American	White / Caucasian	Total	Total Participants	Total Percentage
Alcohol and drug abuse education	2	0	**2**	21	**9.52%**
Bullying	2	0	**2**	21	**9.52%**
Discipline	7	2	**9**	21	**42.86%**
Emotional needs of child/children	2	2	**4**	21	**19.05%**
Homework assistance	3	0	**3**	21	**14.29%**
Nutrition education	2	0	**2**	21	**9.52%**
Tutoring for your child/ children	3	0	**3**	21	**14.29%**
Safety	2	0	**2**	21	**9.52%**
Social issues facing youth	3	1	**4**	21	**19.05%**
Health / sex education	1	0	**1**	21	**14.29%**
Other	0	0	**0**	21	**0.00%**

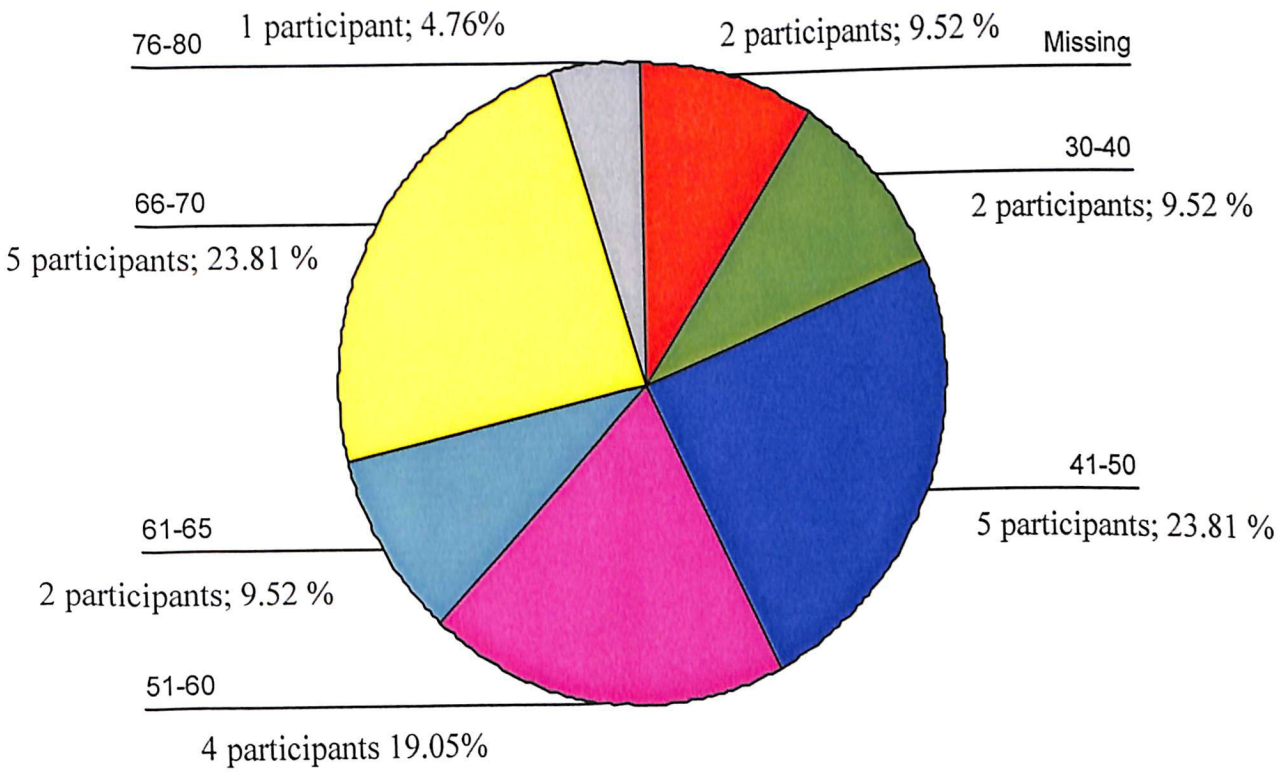
Table 13

Feelings Reported by Caregivers as a Function of Race, Total, Total Participants, and Total Percentages.

	African American	White / Caucasian	Total	Total Participants	Total Percentage
Anger	4	4	8	21	38.10%
Comfort	1	4	5	21	23.81%
Confusion	1	2	3	21	14.29%
Courage	2	2	4	21	19.05%
Denial	2	1	3	21	14.29%
Depression	1	4	5	21	23.81%
Despair	2	3	5	21	23.81%
Disappointment	3	2	5	21	23.81%
Faith	6	4	10	21	47.82%
Fatigue	7	4	11	21	52.38%
Fear	2	3	5	21	23.81%
Frustration	8	5	13	21	61.90%
Fulfillment	0	3	3	21	14.29%
Gainfulness	0	2	2	21	9.52%
Grief	2	2	4	21	19.05%
Guilt	1	1	2	21	9.52%
Hopelessness	4	2	6	21	28.57%
Impatience	5	5	10	21	47.62%
Inspiration	2	2	4	21	19.05%
Joy	10	7	17	21	80.95%
Loss	1	2	3	21	14.29%
Overwhelmed	5	4	9	21	42.86%
Patience	5	3	8	21	38.10%
Peaceful	3	1	4	21	19.05%
Pride	6	3	9	21	42.86%
Resentment	2	4	6	21	28.57%
Other Reactions	1	0	1	21	14.29%

Figure Caption

Figure 4. Breakdown of caregiver age as indicated by caregivers, indicated by actual participant number and percent of total.



Note: Percentages, when added, do not equal 100% due to rounding to the hundredth place.

Figure Caption

Figure 5. The number of grandparents as a function of how many grandchildren the grandparents are responsible for raising, reported by caregivers, indicated by race.

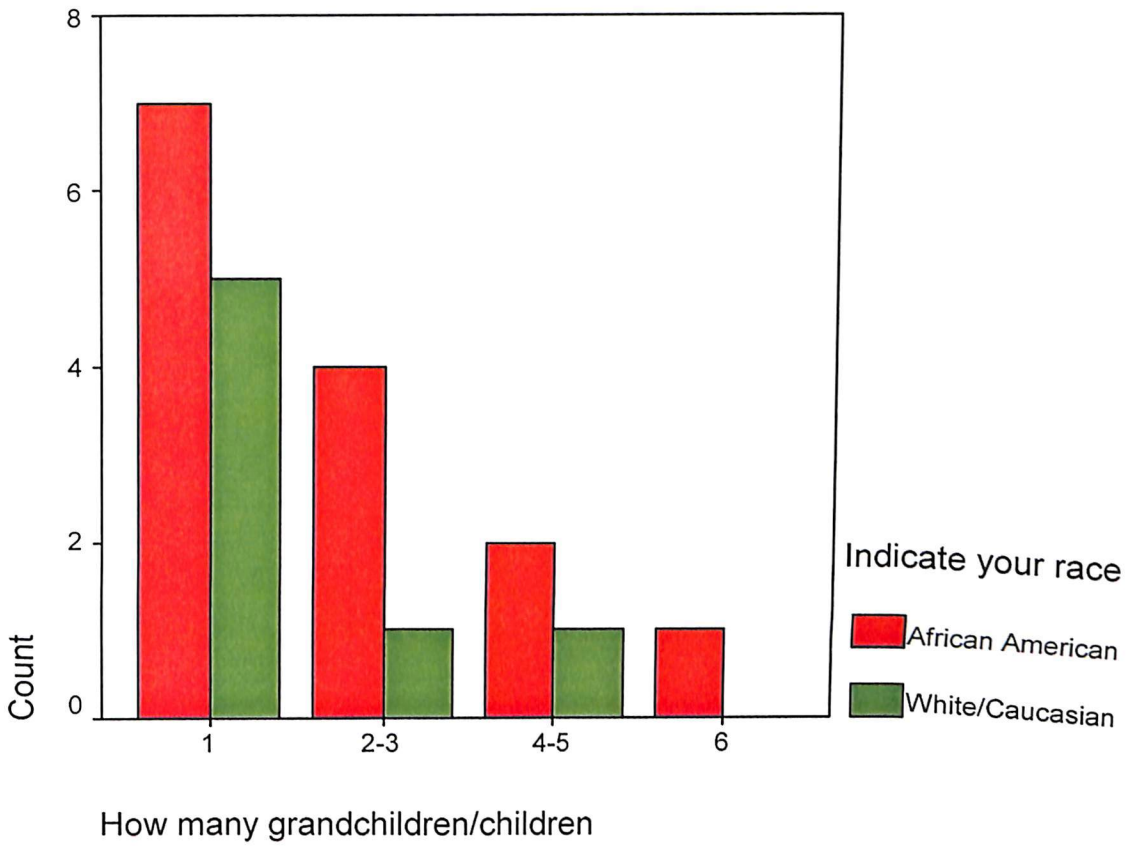

8
6
4
2
0
Count
1
2-3
4-5
6
How many grandchildren/children
Indicate your race
African American
White/Caucasian

Figure Caption

Figure 6. The number of grandparents as a function of frequency of difficulty transporting grandchildren, reported by caregivers, indicated by age.

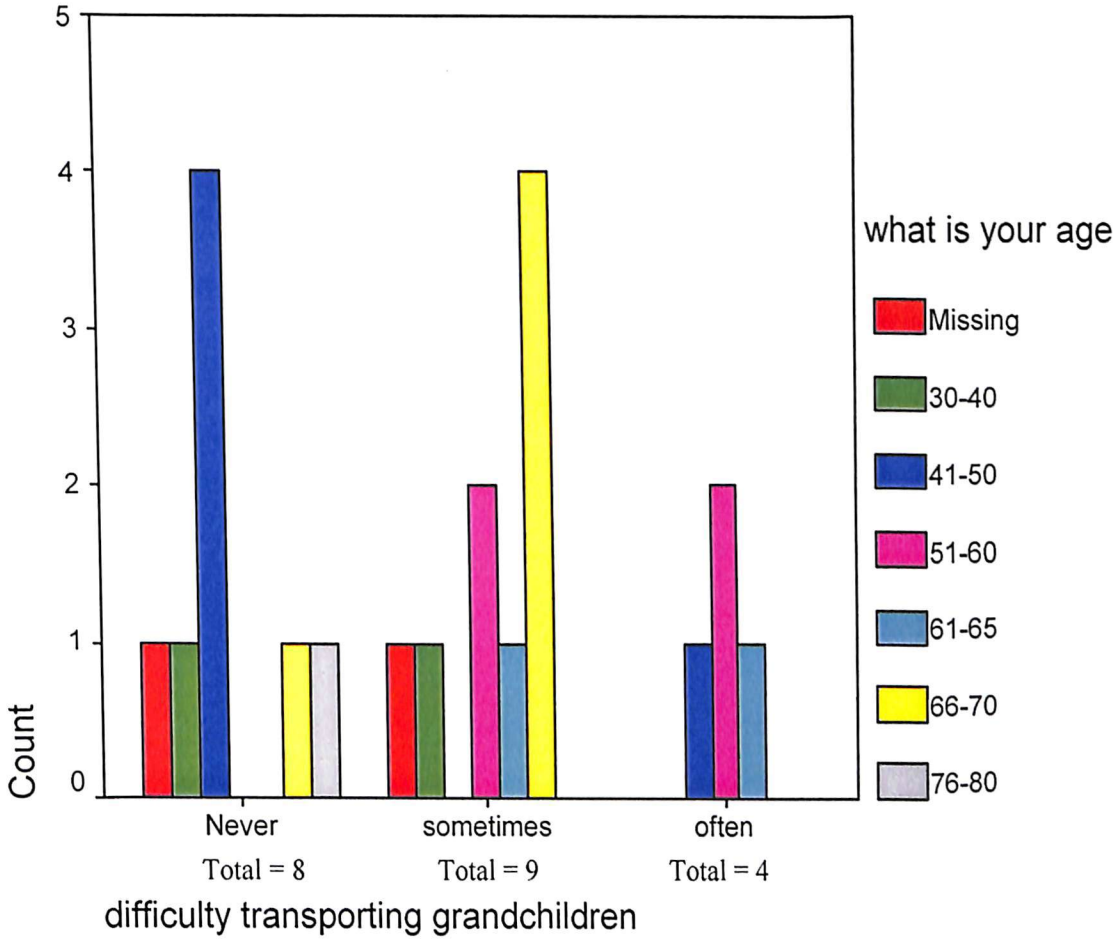
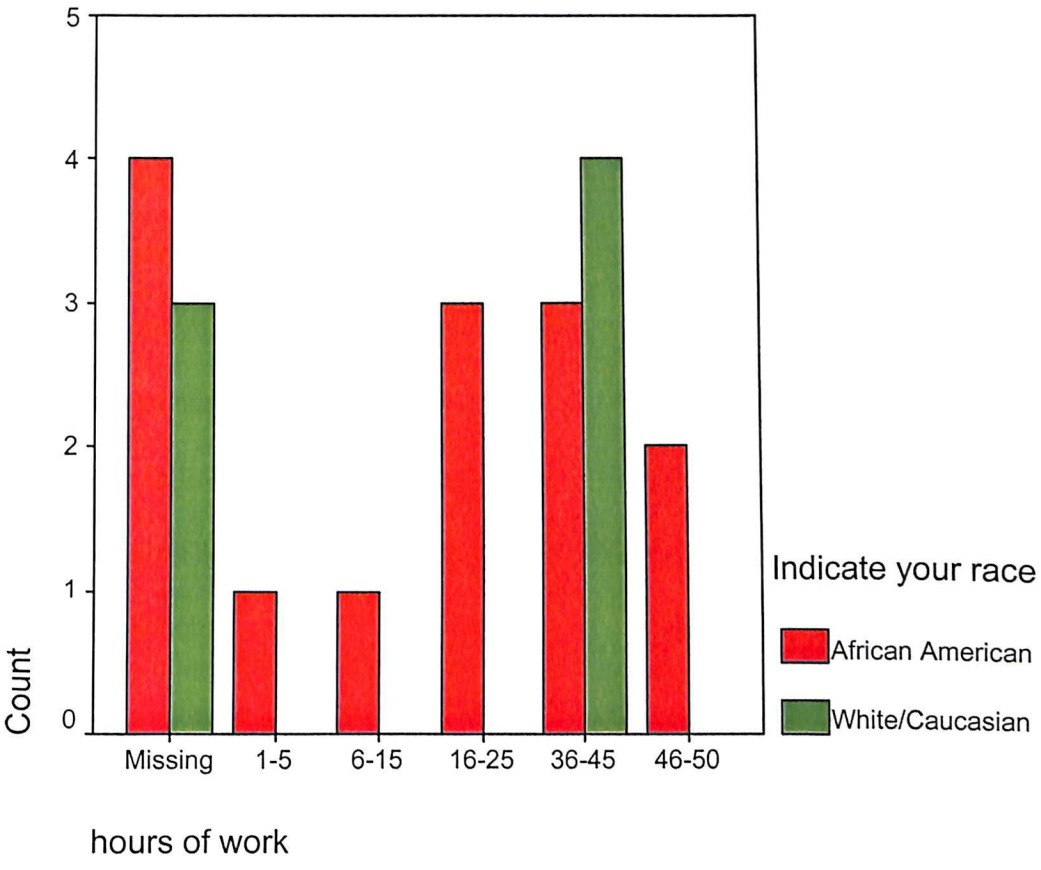

5
4
3
2
1
0
Count
what is your age
Missing
30-40
41-50
51-60
61-65
66-70
76-80
Never
Total = 8
sometimes
Total = 9
often
Total = 4
difficulty transporting grandchildren

Figure Caption.

Figure 7. The number of grandparents as a function of hours worked per week, as reported by caregivers, indicated by race.


5
4
3
2
1
0
Count
Missing
1-5
6-15
16-25
36-45
46-50
hours of work
Indicate your race
African American
White/Caucasian

Chapter Five:

Program Development and Implementation

Given the number of individuals interested in developing a support group for grandparents raising grandchildren, the process of developing an intervention was possible. Development, implementation, and maintenance of such a project truly requires an active team of committed individuals, capable of problem-solving and thinking critically. The following details the stages of development, implementation, and maintenance using the six stages of the generalist model commonly found throughout social work practice.

Stage 1: Planning

The planning process can be broken into two spheres: planning the formation of the group and the planning that takes place throughout the life of the group in terms of ongoing adjustments and forward looking arrangements (Toseland & Rivas, 2001). In planning the formation of a support group, three aspects must be considered: the individual group members, the group as a whole, and the environment. Regarding the individual members, the worker must consider motivations, expectations, and goals for entering the group. Considering the purpose of the group and exploring dynamics that may develop as a result of member interaction are tasks, which focus on the group as a whole. In terms of the environment, those planning must consider the influences of the sponsoring organization, the community, and larger society on the group (Toseland & Rivas, 2001). Secondly, the planning component facilitated through the life of the group begins in the beginning stage, starting with defining the purpose as a group, and so on.

By investigating these three levels (micro, mezzo, and macro) with forethought, those planning a support group guarantee a much more organized and effective intervention.

First, a general purpose for the group must be established. Based on informal research, those interested in creating such a group saw a need in the Lafayette and surrounding counties as no intervention or support system was currently in place for these grandparents. In researching national and state statistics, I personally learned a tremendous amount regarding the number of individuals raising their grandchildren, the causes of kinship care, and the effects of such a unique situation on the child, the grandchild, the family, the community, and society at large. Upon investigating the subject, the ripple effects were clear. Thus, the purpose of the group became two-fold: to provide support for these individuals in a number of ways and to increase awareness of the prevalence of grandparents raising grandchildren throughout our community. By doing so, a much broader support system would be developed as well. A more defined purpose would evolve once the group began and the facilitators could weave in specific interests of those attending.

Next we needed to assess the potential sponsorship and membership in the group. We realized we would not be able to connect with an agency to sponsor the group (and hopefully take on the project) until we were closer to actually beginning the group. Thus, we made preliminary plans on where we could meet. We considered St. Peters Episcopal Church as a possible meeting place in the future. More importantly, we recognized our role could not necessarily be ongoing, as many students were participants. However, other students could take on our role in the future, but eventually an entity other than ourselves would have to be connected to the project.

Recruiting members would be a challenge given some of the barriers facing grandparents raising grandchildren. Many do not have regular babysitters and work regularly. Keeping these details in mind, a "Grand" Parents and Other Relatives Raising Children Celebration Brunch was planned (see Appendix B). On February 21, 2004, the brunch was held at the Lafayette County Public Library Auditorium for over 25 grandparents or other caregiving relatives and their families. The event was on a Saturday from 10:00 a.m.-12:00 p.m. and provided child care. We hoped these factors would make attendance easier for grandparents and other caregivers. We would use the one-day event to recruit and assess whether a support group would be helpful in our community. Participants were asked to sign in and fill out a brief form giving us basic information, which we would use to follow-up with individuals if the interest we hoped to see was present (see Appendix B).

The event hosted education in a number of areas deemed important in national studies regarding grandparents raising grandchildren. Through organizations such as Family Crisis, Exchange Club Family Center, Boys and Girls Club, Leap Frog, UM Law School, Department of Human Services, Oxford and Lafayette School Districts and others, information was available in a forum setting regarding financial, legal, and educational aspects of caregiving. Resources, tax tips, and fact sheets were given to grandparents in combination with a question and answer period, as well as one-on-one time with the speakers and other caregivers.

Through the brief information sheet given to all caregivers, we found most were in fact interested in a support / networking group. Also, a need for education within the group became evident, as issues such as parenting / discipline were cited as areas the

caregivers would like more help with. During the Celebration Bunch, we were privy to emotional testimonials regarding the challenges of grandparent caregivers. In addition, the joy of being a caregiver became evident as well, as such a role can be so rewarding in special ways. At this point, we knew there was interest in a support / networking group, so we continued the planning.

In composing the group, three main principles were kept in mind. Homogeneity of mermbers' purpose and certain personal characteristics was an important factor, as common ground did need to exist to make the group successful. However, heterogeneity of members' coping skills, life experience, and expertise was expected to be found once the group began. Such differences would be welcomed, as they would promote member interaction and support. Finally, an overall structure that included a range of members' qualities, skills, and expertise was another important factor. We determined this factor would be a given, as those who attended the Celebration Brunch appeared to have diverse backgrounds.

We could not deal with issues such as size until the group formed. As the group was open to all individuals and supporting family members, we were unsure of how many individuals would be in attendance. Thus, we discussed the possibility of needing more than one group as a result of a large turnout. Group members were orientated with a letter informally stating the general purpose of the group, the one-hour time frame of the first meeting, and a brief description of the speaker planned to attend. Identifying these factors would not only prepare the caregivers but also establish homogeneity and structure to the first session.

In the contracting step of planning, issues such as group procedures and individual goals had to be considered. Frequency and duration of group meetings, attendance requirements, time, and place were all considerations. As stated previously, we secured the Saint Peter's Episcopal Church for our first meeting before securing agency involvement. The group would meet biweekly for one hour, though more time would be allowed for individuals to talk if necessary. The first meeting time was scheduled at 5:30 p.m., so as those who worked could attend. We did not want to have the meeting too late in the evening as it might then interfere with other evening plans. Attendance was to be voluntary and no requirements were to be established. We wanted meetings to be a comfortable, safe environment. Preliminary goals were to support members, though not therapeutically. Education was to be a part of the group as well with speakers provided for expertise in areas of interest expressed by those in attendance. Such details would evolve as the group came together.

In preparing for the group's environment, issues such as physical setting and special arrangements were considered. The physical setting of the group was not established until the actual first meeting, but we planned for a unifying setup, chairs in a circle, so as not to close off any in attendance. Special arrangements for those in need of childcare were made. With all of these details thought-out, the group was ready to begin.

Stage 2: Beginning

The first support group meeting was scheduled for March 2, 2004 (Tuesday) at 5:30 p.m. at Saint Peter's Episcopal Church. Fred Johnson, director of the Exchange Club Family Center, was to be the speaker, providing a talk on parenting and other issues facing grandparents. Grandparents were sent reminders in the mail, along with the needs

assessment survey (see Appendix C). We hoped this first meeting would give the caregivers a positive, supportive environment in which they felt comfortable to share and learn from one another. We felt the best way to ensure such an environment was to not promote too strict of an environment that maybe would be attached to the classic support group.

Member and facilitator introduction took place in a round robin fashion. Each individual was asked to tell about themselves and their interest / investment in the group. The facilitators briefly stated the purpose of the group, and introduced the speaker. We felt Mr. Johnson would be a good opener to the group, as he would motivate and make individuals comfortable in a situation that could otherwise be uncomfortable. As facilitators, we had to realize many individuals were there because their own child had died, making them the custodial parent of their grandchild. Thus, the causes of kinship care were very sensitive subjects to be respected.

After Mr. Johnson's talk, the group seemed more at ease. By this time, it was almost time to close, so the facilitators clarified time and location for the following meeting to make sure the time and location chosen were appropriate. The location of the meeting was changed to the Exchange Club Family Center, as Mr. Johnson offered his agency as a possible location. Such a change in plans resulted in the establishment of a relationship between the group and The Exchange Club Family Center, as this agency would become a partner. The group decided 5:30 p.m. was appropriate in two weeks.

Stage 3: Assessment

The support group has met every two weeks since that time at 5:30 p.m. at The Exchange Club Family Center. In assessing the group, we have focused on three aspects:

the intrapersonal life of the member, the interpersonal interactions of the member, and the environment in which the member functions (Toseland & Rivas, 2001). Each of these levels of assessment can aid in improving and developing the group's goals and purpose further. Given the informative nature of the group, formal written assessment has not been completed, as the observation method is more appropriate.

By observing self-reports and collateral reports, we are able to assess the intrapersonal development, considering such factors as psychological and emotional well-being, cognition, beliefs, motivation, and expectations (Toseland & Rivas, 2001). One particular group member sticks out in my mind during this assessment process. Excited and motivated about the group, this member obviously suffers many hardships in raising her grandson. She cites struggling day to day and quite often becomes emotional at group meetings regarding his behavior and her struggle to create boundaries. In the beginning of the group, she seemed to have very little support from her husband or her community, thus she was so excited about the group. Since the group's start, I have seen her still struggle with similar issues, but seem less hopeless. The biweekly meetings seem to promote positive changes in her coping ability, as she now has a support system. The group member still faces challenges but now has individuals who can provide support, suggestions, a sense of normalcy for the individual, and understanding regarding her concerns and frustrations. I have seen her positively grow psychologically as she tried suggestions by group members to gain more control, and she seems to not feel as overwhelmed as when she first attended the meetings. The support group has been effective for this group member.

In assessing the group as a whole, four factors are to be considered: communication and interaction patterns, cohesion, social control mechanisms, and group culture (Toseland & Rivas, 2001). Developing early on, communication and interaction patterns in the support group have been healthy. Individuals appear to feel comfortable with interacting with one another. Some group members bring family members for support, and I have noticed began to speak up more often. Allowing family members to be present is an important aspect in promoting a safe and comfortable environment in which individuals feel at ease to speak and share personal experiences. If a speaker is not scheduled, facilitators usually start by asking in round robin fashion how each group member is doing. This activity leads to interpersonal communication immediately. However, problems can occur with communication patterns in terms of dominance the group. We have had this occurrence in our group. Facilitators had to work to incorporate other members so as not to allow one member to dominate. Recognizing dominance as a possibility is an important step in making all group members feel valued and respected.

Cohesion is one aspect of the group that could use improvement. Since every individual is a caregiver for a different reason, cohesion has been hard to establish. At the first meeting, a larger turnout was produced than in later meetings. I believe some individuals may have not felt a connection with others who were responsible for their grandchildren for different reasons. The facilitators try to combat this by focusing on similarities as well as differences to increase cohesion. Also, cohesion has been difficult to establish given the sporadic attendance of some members. For example, at the third meeting, the three individuals in attendance discovered they all lost their own daughters as a result of tragic, sudden deaths. They discovered many eerie similarities in those

experiences. However, in the following meeting, those in attendance wanted to discuss parenting. Though the topics discussed might depend on those in attendance, it should be noted that the absence of some individuals is not necessarily because of disinterest. In calling some members to remind them of the meeting one-week, I noticed several individuals told me they would be unable to come, but made sure to thank for me for still including them. Many wanted to make sure they would still receive the reminders. Perhaps knowing support is there, whether one can attend or not, provides a sense of support in and of itself. Some may not be ready emotionally to attend, but may be working up the strength to be apart of the group. Thus, continuing to include these members is imperative. In this sense, the group or its facilitators can always be a resource or a means of support.

Social control mechanisms such as norms, roles, and status hierarchies should be considered during assessment as well (Toseland & Rivas, 2001). Our support group is successful in these areas. Individuals seem to follow appropriate norms which make the group more effective. Given the sporadic attendance of some members, the development of roles in a negative sense has not really occurred. One member does tend to dominate, creating a strong role for herself, but the facilitators do an excellent job of keeping the involvement of others high at these times, combating her tendencies. Other formal roles formed to help the group decide on issues or carry out task which may be common in other groups are not necessary in our group. However, group building and maintenance roles helping the group function harmoniously do exist. When one member has a problem or burden, many group members often play this role by engaging themselves to aid in finding solutions or just by offering a sense of normalcy to the individual by

explaining a personal similar circumstance. Roles common to group building and maintenance are encourager, harmonizer, compromiser, gatekeeper, expeditor, standard setter, group observer, and follower. Roles typically seen in task groups also apply including instructor, opinion seeker, information giver, elaborator, energizer, and evaluator (Toseland & Rivas, 2001). I have witnessed individuals play each of these roles throughout the life of the group.

Ideas, beliefs, values, and feelings held in common by group members define the group's culture which is an enormous part of establishing a therapeutic feel to the support group (Toseland & Rivas, 2001). While no facilitator offers therapy, nor do members, offering support often feels cathartic to members. Promoting development of ideas, expression of beliefs, values and feelings which all members have in common works to increase the effectiveness of the group and promotes cohesion as well. Such group culture has been established in the group, as evidenced by the members' willingness to share common concerns or experiences and assist each other with experience, knowledge, and support with similar situations.

Lastly, the assessment process must include consideration concerning the group's environment. Three aspects are important in assessment of the environment: the organization that sponsors and sanctions the group, the interorganizational environment, the community environment (Toseland & Rivas, 2001). First, The Exchange Club Family Center is the agency connected with the project. The organization provides a location for the meetings and beverages / snacks on occasion. The relationship with the agency is positive and promotes this same positively within the group. Secondly, the interorganizational environment is also positive. The University Of Mississippi

Department of Social Work combines with the Exchange Club Family Center to make the support group happen. The facilitators are students who were recently enrolled in a graduate level course, PSY/SW 575: Psychological Aspects of Aging offered in the spring of 2004. The students became engaged and involved and have continued the group into the summer. A relationship has since been established with the Counseling Department at the university, and hopefully the project will be able to facilitate course credit for future students. This will allow the group to continue at no extra effort from the agency, while still involving students, promoting awareness of the issue of grandparents raising grandchildren and providing support and intervention throughout the community. Lastly, the community environment should be considered in the assessment stage. The community has been very supportive of the event since the very beginning. The Lafayette County Public Library offered a space to hold the event and many organizations and professionals volunteered their time to make the Celebration Brunch happen. Since, community members have spoken at the meetings to share their expertise, and a community agency volunteered their location as a meeting place. A local pastor even attended one meeting to see what his church could offer to help. All of these factors combine to indicate strong community support.

Holistically, assessment of the support group on a variety of levels indicates success. Members seem engaged and positively effected by the group experience on an individual level. The group as a whole communicates effectively and interacts appropriately and supportively. The larger community provides support for the group, indicating its important, thereby trickling down a message to individuals "you and the issues that concern your situation are important – and are important to us." Society

benefits from such experience, as support and helping others of any population begins to become a norm, not a handout or associated with a negative connotation.

Stage 4: Middle

The middle stage seeks to help members overcome obstacles to goal achievement in their own lives, facilitate group dynamics that support members' efforts, and help the organization and larger community to response to members' efforts (Toseland & Rivas, 2001). The grandparents networking group has completed all of those tasks. As the goals established have been less tangible than in other groups such as treatment or task groups, goal achievement was less outlined. As previously stated, the goals were to provide support for each individual and to tailor the group to their needs and interests and to raise awareness in the community. Education was a key interest for many, so several speakers attended. Having the opportunity to just talk and express the on-goings of the past two weeks was a goal for some, so time was allowed for group interaction to facilitate those discussions. Meeting others in a similar circumstance was a goal for some, and this goal was also achieved.

"The middle stage is characterized by an initial period of testing, conflict, and adjustments as members work out their relationship with one another and the larger group" (Toseland & Rivas, 2001). As our group was somewhat informal and attendance was regular on the part of some and not on the part of others, adjustments were made as the group continued. At one point, too many outside individuals were in attendance (non-caregivers or family members), and the facilitators were unaware as to who these individuals were. The sponsoring organization allowed several of its personnel to attend, not realizing the negative effects of too many bystanders, in essence. Those individuals

tended to be a distraction as some would come in and fold papers or work on other tasks. Thus, facilitators adjusted this by speaking with the agency and solved the conflict. The situation was an example of what can occur if boundaries are too loose and provided a great learning experience for those facilitating. Balancing all of these issues can be challenging.

There are a number of specific tasks associated with the middle stage in group work (Toseland & Rivas, 2001). The following are the six broad activities to be completed during this stage:

- Preparing for group meetings
- Structuring the group's work
- Involving and empowering group members
- Helping members achieve goals
- Working with reluctant and resistant group members
- Monitoring and evaluating the group's progress

The first activity, preparing for group meetings was an activity that did evolve in our group. At first, no preparation meetings were scheduled, and a facilitator then realized the importance of more structure and preparation. The preparation meetings, occurring the week before the next support group meeting, were developed to discuss, plan, and structure the following group meeting. This gave time for reflection and developing ideas for possible speakers based on the previous week's topics of interest. Facilitators realized the importance of motivating the group members, recognizing the importance of giving them encouraging support. Such support became very meaningful and could really affect a group member. This activity helped achieve the goal of being less overwhelmed for some individuals. Fortunately, no group member was reluctant, so the facilitators did not have to focus on that activity too much. The meetings scheduled to discuss preparing for next week's support group meetings were also a time to monitor

performance of group members and the group's progress as a whole. As time went on, these details began to come together to make a more effective group. Gathering the facilitators to discuss all of these issues was a great way to promote success and goal attainment.

Stage 5: Evaluation

In assessing the group's performance, evaluation has taken place. Ongoing evaluation and assessment are facilitated through the preparation meetings. Assessing the many factors involved with a successful intervention has indicated that the support needed has been given and will continue to be given. The group will continue to grow and attract new members as word of mouth advertising takes place. A formal, written evaluation is not necessary at this point, given the group has not officially ended. However, group members seem appreciative and supportive. Most telling is the fact they are attending. While the group may not have been for everyone, the experience has certainly been worthwhile to those who have continued to participate. Also, the future offers improvements as new individuals involved will hopefully combine their own ideas and develop the details as time progresses.

Stage 6: Ending

The group is not officially ending any time in the future. Plans for continuing the group this fall are in the works, as the project may now be available for counseling students to take on for course credit. As the roles of those involved presently begin to end, however, reflecting upon the experiences we have had is very meaningful.

Reflections

I personally have been involved with the project longer than those students in the graduate course offered in the spring. Choosing this project to be intertwined with my senior thesis gave me a chance to really investigate the complexities grandparent caregiving, including the demographics, recognized needs and affects, and current resources available. I believe I learned more at those meetings than I did in all of the hours of research and writing. Searching through articles and experiments, the history of immersion and evolution of these families into society, the facts and figures of lab reports, literary reviews, and geographical distribution charts taught me the tangible - numbers, statistics, and fact. However, when I attended a meeting a watched a woman sob in desperation because she just could find no solution to help her grandson get on the "right track" – when she spoke about being so tired from work and not being able to help him with his project because she did not know how to work a camcorder – when she spoke of dealing with his anger, resentment, and misbehavior as a possible product of not having a mother, and she herself having virtually no support from her husband and those around her, often no one to even talk to at times – I felt the intangible struggle fill the room. I had realized the "blending of research and practice," so commonly spoke of in just about every class. The research instrument I devised could not accurately measure what was in that room with T-tests or the Likert Scale. In those sixty minutes, I had realized the essence of social work.

In the future, the group will evolve more and more. As others become involved, details may change to better suit attending members. The project has been in the planning stages for quite some time, but the man-power necessary has never been

available. Through taking a college course, a meaningful project evolved affecting the lives of several students, families, and the community at large. I am thankful to have been involved in such a successful project, and I look forward to watching the group grow, influence, and support in the future.

Conclusion

In an effort to understand the trend of grandparents raising grandchildren, identifying the demographical information including race, gender, age, marital status, presence of parents, income, education, length of commitment, and geographic distribution is imperative. Exploring the explanation of the increase in the number of grandparent caregivers provides insight and aids in identifying the resulting needs. Investigating resources on the national, state, and local levels promotes awareness of resources and provides examples of model programs. By identifying what is available and effective, the process of developing new intervention is made easier. In addition, grass-roots research pinpoints the real-life challenges and rewards of kinship care. Such research allows for comparisons of national and state demographics, serves as a pilot project, and aids identifying the specific needs of a particular community. Intervention in a small community, perhaps previously unaware of the number of grandparent caregivers in the area, is successfully giving a networking environment and support to better the lives of both caregivers and their grandchildren. Furthermore, grandparent caregivers benefit from not only this one support group, but also more importantly, profit from the understanding there are individuals beyond their own family who care for their well-being. The networking support group extends beyond the first two levels of social work practice, micro and mezzo systems, which focus on the individual and the small group, respectively. The networking support group extends into the macro system by branching into the community and possibly affecting the lives of many more than those in attendance of biweekly meetings. Not only does program implementation positively

affect the lives of caregivers and their grandchildren, but the collective support makes our community stronger.

Appendix A

National Resources

AARP Grandparent Information Center (GIC)

The center offers information regarding availability of services and information that can improve the lives of grandparents in a number of capacities. Facilitated by the AARP, GIC recognizes the needs of grandparent-headed households. GIC offers a wealth of information including:

-A Web site with lots of articles and message boards
-Booklets in English and Spanish
-"The GIC Voice," a free newsletter for grandparents who are raising their grandchildren.
-Information and referral to grandparent support groups and agencies
-Networking and assistance to local, state, and national organizations
-Research about grandparenting
-Support for AARP state offices that are working with grandparents at the local level
-Advocacy for grandparents in collaboration with AARP's State Affairs and Legal Advocacy groups.

Contact: www.aarp.org/grandparents/

ARCH National Respite Network and Resource Center

Founded by the U.S. Department of Health and Human Services, the center provides information and resources for families in need of respite care. A National Respite Locator Service, informative website with factsheets on respite care, conferences on respite and family support, and articles, publications, and other resources are all available.

Contact: http://www.archrespite.org

Administration on Aging: Grandparents Raising Grandchildren Administration on Aging

The Administration on Aging provides a wealth of information for grandparents raising grandchildren, including education and resources.

Contact: www.aoa.gov

The American Bar Association

The ABA provides both information regarding the judicial system and how to find legal assistance, even if you cannot afford a lawyer. The ABA offers the Center on Children and the Law and the Commission on Legal Problems of the Elderly

Contact: www.abanet.org/home.html

Brooksdale Foundation Group Relatives as Parents Program (RAPP)

Initiated in 1991, is designed to encourage and promote the creation or expansion of services for grandparents and other relatives who have taken on the responsibility of surrogate parenting.

Contact: http://www.brookdalefoundation.org

The Casey Family Programs National Center for Resource Family Support

The national center provides a number of services including: available research, publication via Web site, referrals, consultation, and technical assistance.

Contact: http://www.casey.org

The Children's Defense Fund

The CDF provides education regarding the needs of children with valuable information on issues such as health insurance, childcare, and school age care.

Contact: www.childrensdefensefund.org

Child Welfare League of America (CWLA)

CWLA is an association of almost 1,200 public and private nonprofit agencies that assist over 3.5 million abused and neglected children and their families each year with a wide range of services. The organization is committed to promoting the wellbeing of children by providing information and resources.

Contact: www.cwla.org

Cooperative Extension Service CYBERbet Youth and Families Education and Research Network

CYFERnet offers comprehensive children, youth, or family information for educators, researchers, parents, youth agency staff, community members, human services and health care providers, students, policy makers, youth, media.

Contact: www.nnfr.org/igen/GRG.html

Educational Resources Information Center (ERIC) System

ERIC is an outreach arm of the U.S. Department of Education's office of Educational Research and Improvement. It provides free materials on many topics regarding educations, as well as publishing a free educational journal.

Contact: www.askeric.org

The Foundation for Grandparenting

The Foundation For Grandparenting is dedicated to raising grandparent consciousness to better the lives of grandchildren, parents, and grandparents. Through education, research, programs, communication, and networking, the foundation promotes these benefits and their application as an agent of positive change, for self, families and society.

Contact: www.grandparenting.org

Generations United

A national organization, Generations United specifically focuses on promoting intergenerational strategies, programs, and policies. The organization provides valuable information fact sheets regarding grandparents raising grandchildren as well.

Contact: www.gu.org

Grandsplace

A website dedicated to kinship care, Grandsplace provides a forum for grandparent comments as well as a center for information.

Contact: www.grandsplace.com

Grandparents' Rights Organization

This is a nonprofit organization that provides grandparents with information necessary to work effectively for their own rights and the rights of their grandchildren.

Contact: http://www.grandparentsrights.org/

Grand Parent Again

Grand Parent Again is a website dedicated to providing information and education, legal support, support groups, and additional organizations for grandparents raising grandchildren.

Contact: www.grandparentagain.com

National Adoption Information Clearinghouse

The national center provides information regarding adoption, an option many grandparents choose to explore.

Contact: http://naic.acf.hhs.gov/

National Association of Child Care Resources and Referral Agencies

A national network of community-based childcare resources and referral agencies, NACCRRA serves as a forum for families, childcare providers, and communities to exchange information regarding quality childcare.

Contact: www.naccrra.net

National Clearinghouse for Alcohol and Drug Information

A Federal clearinghouse, this organization provides pamphlets, booklets, posters, factsheets, and directories on alcohol and drugs.

Contact: www.health.org

National Coalition of Grandparents (NCOG)

NCOG is a coalition of grandparent caregivers who work for legislation and other policy changes in support of relative caregivers.

Contact: 137 Larkin; Madison, WI 53705; (608) 238- 8751

National Council on Aging Benefits Check Up

A free and confidential service, the benefits check up is a service provided to families to help identify state and federal assistance programs.

Contact: www.benefitscheckup.com

National Family Caregiver Support Program (NFCSP)

Enacted in 2000, the program has been developed to provide information regarding available services, access to services, individual counseling, aid in organization of support groups, training for caregivers, respite care, and supplemental services.

Contact: http://www.aoa.gov/prof/aoaprog/caregiver/caregiver.asp

National Information Center for Children and Youth with Disabilities (NCHCY)

This organization gives free information on disabilities and disability-related issues involving children and youth. The organization provides publications with useful education regarding law and school services for children with disabilities, state resource sheets, and information on individual disabilities.

Contact: www.nichcy.org

National Institute on Drug Abuse

NDA provides information on drug abuse and a counseling hotline.

Contact: www.health.org

R.O.C.K.I.N.G. (Raising Our Children's Kids: An Intergenerational Network of Grandparenting, Inc.)

This Arrowhead Economic Opportunity Agency (AEOA) Senior Services program provides a number of services including links to support and advocacy groups of grandparents raising grandchildren, in-person and telephone counseling to caregivers, aid in access to services, help in development of support groups, educational services, and others.

Contact: dlind@ngwmail.des.state.mm.us

The Urban Institute

The Urban Institute measures effects, compares options, tests conventional wisdom, reveals trends, and makes costs, benefits, and risks explicit. The institute offers the research to the public.

Contact: www.urbaninstitute.org

Mississippi Support Groups
As Indicated By the AARP National Support Group Database

Bridging the GAP, Inc.

Contact: Mary Marion
Address: P. O. Box 747 Tupelo, MS 38802
Phone: 662-841-6841
Fax: 662-407-0669
E-mail: maymae89@msn.com
Web Address: maymae89@msn.com
Type: Support group for grandparents
Description: Support group for grandparents

GAP

Contact: Pat Little
Address: 6775 Siwells Road Byram, MS 39212
Phone: 601-373-6230
Fax:
E-mail: littl320@bellsouth.net
Web Address: littl320@bellsouth.net
Type: Support group for grandparents
Description: Meetings Thursday 7:00 p.m. Crossroads of Life Church, 6775 Siwell Road Byram MS 39212. Free Child Care. Support group offering an ear for listening, loving arms of support and a shoulder to cry on when needed. We also have names and numbers of local groups willing to help with school problems, legal issues or medical problems.

Petal Association for Families

Contact: Dr. Sylvia Forster
Address: P. O. Box 1247 Petal, MS 39465
Phone: 601-582-0909
Fax:
E-mail: brightpaff@aol.com
Web Address: brightpaff@aol.com
Type: Support group for grandparents
Description: Support group for grandparents

Grandparents Helping Hand Support Group

Contact: Mamie Ivy
Address: P. O. Box 566 Shannon, MS 38868
Phone: 662-767-9546
Fax:
E-mail: mamieivy@aol.com
Web Address: mamieivy@aol.com
Type: Other
Description: Advocates for grandparents and other relatives. We will have meetings every month.

Retired and Senior Volunteer Program

Contact: Mary Marion, RSVP Director
Address: Lift, Inc., PO Box 28 Tupelo, MS 38801
Phone: 601-842-9511
Fax:
E-mail:
Web Address:
Type: Other
Description: Provides consumer education programs for the elderly. Workshops, seminars, etc., to educate them of issues that affect the elderly.

Second Shift Parents

Contact: Annette Brealand
Address: 632 Esters Blvd. Biloxi, MS 39530
Phone: 228-435-3754
Fax: 228-374-6937
E-mail:
Web Address:
Type: Support group for grandparents, Support group for children
Description: A support group for grandparents and other relatives 60 and older raising children. guest speakers. workshops Activities for the grandchildren and seminars

Appendix B

The University of Mississippi
Oxford • Jackson • Tupelo • Southaven

Office of Research and Sponsored Programs
125 Old Chemistry
Post Office Box 907
University, MS 38677-0907
(662) 915-7482
Fax: (662) 915-7577

February 26, 2004

Ms. Jacquelyn Lee
P.O. Box 6524
University, MS 38677

Dr. Jo Ann O' Quin
Social Work
University, MS 38677

Dear Ms. Lee and Dr. O'Quin:

This is to inform you that your application to conduct research with human subjects, *Grandparents and other Relatives Raising Grandchildren: A Needs Assessment of the Lafayette County Area* (Protocol No. **04-108**), has been approved under the Exempt category.

If you have not already done so, please read the *Multiple Project Assurance of Compliance with DHHS Regulations for Protection of Human Research Subjects* that outlines the university's policies and procedures regarding human subject research and explains your responsibilities as a research investigator (http://www.olemiss.edu/depts/research/irb/assurance.htm). The following sections are especially relevant:

> *Research investigators acknowledge and accept their responsibility for protecting the rights and welfare of human research subjects and for complying with all applicable provisions of this Assurance.*
>
> *Research investigators will promptly report proposed changes in previously approved human subject research activities to the IRB. The proposed changes will not be initiated without IRB review and approval, except where necessary to eliminate apparent immediate hazards to the subjects.*
>
> *Research investigators will promptly report to the IRB any injuries or other unanticipated problems involving risks to subjects or others.*

If you have any questions, please feel free to call me at (662) 915-6534.

Sincerely,

Diane W. Lindley

Diane W. Lindley
Coordinator, Institutional Review Board
for Human Subjects Research

The University of Mississippi
Oxford • Jackson • Tupelo • Southaven

Sally McDonnell Barksdale Honors College
Post Office Box 1848
University, MS 38677-1848
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E-mail: honors@olemiss.edu

"Grand" Parents or Relatives Raising Children
Survey Information

In the United States, over six million children are being raised by their grandparents or other relatives. We are interested in learning more about the local statistics of these special families. We would appreciate your time in completing this short survey so we can learn more about the circumstances surrounding children being raised by grandparents and other relatives.

The purpose of our survey is as follows:

- **to determine local demographic information regarding grandparents and other relatives raising children that are not their own**
- **to determine the level of existing support**
- **to determine what additional support/ services are needed, which will serve as a needs assessment**
- **to determine what issues are most important to grandparents in regard to parenting issues**
- **to gain a better understanding of local needs**

This survey is being conducted by Jacquelyn Lee in partial completion of her Sally McDonnell Barksdale Honors College senior thesis at the University of Mississippi. Your name is not going to be used. The information will be used for future planning in this area.

Thank you for participating in our research. If you have any further questions or concerns or would like follow-up information on the survey's results, please contact
Dr. Jo Ann O'Quin, Associate Professor, Department of Social Work, University of Mississippi, at 662-915-7199 or joquin@olemiss.edu.

This study has been reviewed by The University of Mississippi's Institutional Review Board (IRB). The IRB has determined that this study meets the ethical obligations required by federal law and University policies. If you have any questions, concerns, or reports regarding your rights as a research subject, please contact the IRB at (662) 915-3929.

The University of Mississippi
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Sally McDonnell Barksdale Honors College
Post Office Box 1848
University, MS 38677-1848
(662) 915-7294
Fax: (662) 915-7739
E-mail: honors@olemiss.edu

Please mail the survey back to using the envelop provided marked:

University of Mississippi
Social Work Department
Dr. Jo Ann O'Quin
P. O. Box 1848
University of Mississippi, 38677

If you will be attending the follow-up meeting on March 2, 2004 at Saint Peters Episcopal Church (4:00 p.m.), feel free to bring the completed survey then instead, if you would like. Again, thank you for your time and participation!

Please check the box that most accurately completes the following:

1. Indicate your race.
   - ☐ African American
   - ☐ Asian
   - ☐ Hispanic
   - ☐ Indian
   - ☐ White/Caucasian
   - ☐ Other

2. What is your age or year of birth?

_____

3. Indicate your marital status:
   - ☐ single
   - ☐ single and divorced
   - ☐ single and widowed
   - ☐ married

4. How many grandchildren/ children are you responsible for raising as a grandparent or other relative?

_____

5. What is your relationship to the child if not a grandparent?

_____

6. What is the age(s) of the child or children you care for and the length of time you have cared for the child or children.

Age	**Length of Care**
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

7. Do you care for your child or children:
   - ☐ part-time
   - ☐ full-time

8. Do you currently have transportation to meet your needs?
   - ☐ Yes
   - ☐ No
   - ☐ Sometimes

9. Do you experience difficulty transporting your grandchild/ child to activities?
   - ☐ Never
   - ☐ Sometimes
   - ☐ Often
   - ☐ Always

10. Check all services you receive.
   - ☐ I receive no services.
   - ☐ CHIPS (Children Health Insurance Program)
   - ☐ Food Stamps
   - ☐ Medicaid
   - ☐ TANF
   - ☐ Assistance for Daycare (subsidized)
   - ☐ SSI
   - ☐ Federal reduced meals for school
   - ☐ Other - _____

_____

11. Do you currently work in addition to caring for your grandchild or child of a relative?
   - ☐ Yes
   - ☐ No

If so, how many hours do you work a week?
   - ☐ 1 to 5 a week
   - ☐ 6 to 15 a week
   - ☐ 16 to 25 hours a week
   - ☐ 26 to 35 hours a week
   - ☐ 36 to 45 hours a week
   - ☐ 46 –50 hours a week
   - ☐ Other:

12. I have had difficulty interaction with teachers, counselors, and or staff of the school my child attends.

- ❑ Yes
- ❑ No
- ❑ Be specific - _____

_____

13. Indicate all areas in which you would like more information. **Check all that apply.**

- ❑ Child care
  Respite care (Time off)
- ❑ Counseling
- ❑ Legal information
- ❑ Custody and guardianship information
- ❑ Educational issues for your child
- ❑ "Parenting" techniques
- ❑ Financial assistance / public services
- ❑ Health care services (immunizations, dental, medical services, insurance, etc)
- ❑ health information for you and/or your child (nutrition, exercise, etc)
- ❑ housing assistance
- ❑ information and referral resources
- ❑ stress reduction
- ❑ caregiving needs
- ❑ other-_____

_____

14. Where have you currently received help, resources, and or information concerning grandparents and relatives raising children?

- ❑ I do not receive help
- ❑ Church
- ❑ Community agencies
- ❑ Family
- ❑ Friends
- ❑ Internet
- ❑ Schools
- ❑ Other-_____

15. How satisfied are you with the level of social support you currently have?

- ❑ Not at all satisfied
- ❑ Somewhat satisfied
- ❑ Satisfied
- ❑ Very satisfied

16. Indicate any of the following **areas of "parenting"** you might be interested in learning more about.

- ❑ alcohol and drug abuse education
- ❑ "bullying"
- ❑ discipline
- ❑ emotional needs of children
- ❑ homework assistance
- ❑ nutrition education
- ❑ tutoring for your child
- ❑ safety
- ❑ social issues facing youth
- ❑ health / sex education
- ❑ other _____

_____

Please evaluate the following statements regarding raising your grandchild(ren).

17. I often feel overwhelmed and would like more help.

- ❑ Never
- ❑ Sometimes
- ❑ Often
- ❑ Always

18. I often worry over meeting all financial needs.

- ❑ Never
- ❑ Sometimes
- ❑ Often
- ❑ Always

19. I often would like to talk to someone who understands the circumstances I am facing as a grandparent or relative raising a child that is not my own.

- ☐ Never
- ☐ Sometimes
- ☐ Often
- ☐ Always

20. I am concerned with my own health.

- ☐ Never
- ☐ Sometimes
- ☐ Often
- ☐ Always

21. As a grandparent or relative raising a child, I have a hard time relating to my grandchild.

- ☐ Never
- ☐ Sometimes
- ☐ Often
- ☐ Always

23. As a grandparent or relative raising a child, I have felt the following: **Check all that apply**

- ☐ anger
- ☐ comfort
- ☐ confusion.
- ☐ courage
- ☐ denial
- ☐ depression
- ☐ despair
- ☐ disappointment
- ☐ fatigue
- ☐ faith
- ☐ fear
- ☐ frustration
- ☐ fulfillment
- ☐ hopelessness
- ☐ impatience
- ☐ gainfulness
- ☐ grief
- ☐ guilt
- ☐ inspiration
- ☐ joy
- ☐ loss
- ☐ overwhelmed
- ☐ patience
- ☐ peaceful
- ☐ pride
- ☐ resentment

- ☐ Other reactions:

_____

_____

_____

24. My main source of emotional support is from:

- ☐ spouse
- ☐ siblings
- ☐ other relatives
- ☐ friends
- ☐ community agencies or organizations
- ☐ religious organizations or churches
- ☐ other

Please give any comments or issues that were not addressed above. Thank you for your help.

_____

_____

_____

_____

_____

_____

25. I would be interested in a networking group with other grandparents / relatives raising grandchildren.

- ☐ Yes
- ☐ No

If so, do you need help finding childcare during a group meeting?

- ☐ Yes
- ☐ No

Thank you for your participation!

"Grand" Parents and Other Relatives Raising Children

Celebration Brunch

Parenting grandchildren is different from parenting one's own children. Caregiving grandparents and other relatives face a multitude of rewards and challenges unique to their situations. Please join our "Grand" parenting network to share and exchange information.

Date: February 21, 2004

Time: 10:00 – 12:00 Noon

Place: Lafayette County Public Library Auditorium

Ask the experts questions on:

- Legal points for grandparent caregivers
- Resources for grandparents raising grandchildren
- Financial assistance for grandparents raising children
- Tax tips for grandparent caregivers
- Educational concerns for grandparents raising children
- Facts about grandparents raising grandchildren

Visit our information booths and register for door prizes while joining us for coffee and refreshments!

Child care and activities provided for younger children.

For more information: contact Jennifer Buford at 238-7996, jbuford@lafayette.k12.ms.us or Dr. Jo Ann O' Quin at 915-7199, joquin@olemiss.edu.

Sponsored by the University of Mississippi Department of Social Work in conjunction with Family Crisis, Exchange Club Family Center, Boys and Girls Club, Leap Frog, UM Law School, DHS, Oxford and Lafayette School Districts, and other community partners.

"Grand"parents and Other Relatives

Contact Us!
Dr. Jo Ann O'Quin
662-915-7199
Fax:915-1288
joquin@olemiss.edu
Dept. of Social Work
P.O. Box 1848
University, MS 38677

Contact Us!

Jennifer Buford
662.238.7996
jbuford@lafayette.k12.ms.us

Raising Children

A Community Effort

1. **Name** _____
2. **Address** _____
   _____
   _____
3. **Phone** _____
4. **Email** _____
5. **Age(s) of grandchild(ren)**
   _____
   _____
   _____
6. **Would you like information on a "grand"parents as caregivers to grandchildren education / support / networking group?**
   _____
7. **Additional information, concerns, or questions.**
   _____
   _____
   _____

"Grand" Parents and Other Relatives Raising Children

Celebration Brunch

February 21, 2004

Welcome and please sign in!

Name	Phone	Address	Email

Appendix C

"GRAND"PARENTS AS CAREGIVERS NETWORK

A Community Effort.

Dear "Grand"Caregivers:

We are excited about the Grandparents as Caregivers Networking Group. We look forward to helping the group grow and meet the needs that you, the caregiver, have identified. Thank you again for participating in the February 21st Celebration Brunch and making the event a success.

Also, we wanted to remind you of the follow-up meeting to be held March 2, 2004 at 4:00pm located at St. Peters Episcopal Church, (9th St. & Van Buren). Fred Johnson, Family Exchange Club Director, will provide a short program and the meeting will last approximately an hour. We want to gain a better understanding of your expectations and the direction you would like to see the group take. We want to become a helpful resource in any way we can!

Please let us know if you will need childcare so we can have enough volunteers and refreshments available. Let other caregivers know they are welcome to join us. Hope to see you soon!

Jo Ann O'Quin
662 – 915 – 7199
joquin@olemiss.edu

Jennifer Buford
662 – 238 – 7996
jbuford@lafayette.k12.ms.us

***Enclosed is a survey. We would greatly appreciate your responses! An envelope is also enclosed to mail the survey back to us.**

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