SKIPPED GENERATION HOUSEHOLDS: AN EXPLORATORY STUDY OF GRANDPARENTS WHO RAISE THEIR GRANDCHILDREN

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Abstract

of

SKIPPED GENERATION HOUSEHOLDS: AN EXPLORATORY STUDY OF GRANDPARENTS WHO RAISE THEIR GRANDCHILDREN

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This exploratory study illustrates the challenges grandparents face as they take on the role of parenting for the second time. The study examines grandparents of "skipped generation households" in terms of their overall personal health and perceptions as well as the psychological and behavior issues they face with their grandchildren. Themes from the study's ten respondents indicated that they struggle with these elements: custodial matters, financial obligations, facing their adult child's inability to parent, academic and behavioral challenges for their grandchildren, maintaining social support and planning for a continuum of care for grandchildren should they not be able to continue to parent them. Noteworthy was the deep conviction that the interviewees expressed that they had done the right thing in stepping in for their own adult children to provide love and support for their grandchildren.

Andrew Bein, Ph.D., LCSW, Committee Chair

5/4/09
Date
DEDICATION

I dedicate this work to the grandparents and relative caregivers who selflessly give their all for the children who are left behind.

and

To my daughter for her patience with me and her unyielding determination to give my grandchildren the most enduring gift of all, the unconditional love of a mother.

- Hope -

... those who hope in the Lord, will renew their strength. They will soar on wings like eagles; they will run and not grow weary, they will walk and not be faint.

Isaiah 40:31
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Chapter 1

INTRODUCTION

Introduction

Skipped Generation Household is a relatively new term that defines an ongoing and growing phenomenon that involves parents who are unable to provide their children with a stable and safe home, parental nurturing or responsible supervision. Sometimes these tasks become the responsibility of other family members and agencies such as Child Protective Services (CPS) to advocate for those affected children. Grandparents are often candidates for filling in as the parent/caregiver. According to the U.S. Census Bureau, in 2005; 2,459,000 grandparents were in charge of these skipped generation households (U.S. Census Bureau, 2008).

My study will concentrate on the dynamics of grandparents raising their grandchildren; I will also examine literature concerning this phenomenon and the impact on the child. The reasons for my study are to determine what kinds of impacts these situations have for older adults when they are thrust into the role of parent.

Statement of the Problem

Approximately 4.5 million children in the United States are now raised by 2.4 million grandparents or 1.5% of the caregiving population. Added to these figures, are approximately 1 million more children who live in a household where a grandparent is present. These numbers include grandparents as co-parents and primary parents (Edwards & Daire, 2006 & U.S. Census Bureau, 2008). Grandmothers are usually the primary caregivers in these households even when a grandfather resides in the same
household although both grandparents may play an essential role in the upbringing of their grandchildren. According to the U.S. Census Bureau's 2008 Statistical Abstract, 37.2 million grandfathers and 62.8 million grandmothers comprise the makeup of these blended families (U.S. Census Bureau, 2008).

As this number increases with each year, it is apparent that this phenomenon has repercussions on society as a whole. Not only does the absence of adult children have a profound and far-reaching affect on their children's lives, but the grandparents are left to sacrifice their future plans so they can raise their children's children. In essence, the adult child has deferred their role as parent to their parents. The reasons for this breakdown in family roles are multi-faceted including the death of a parent, incarceration, drug and/or alcohol abuse, financial stress, CPS removal of their children due to neglect and/or abuse, or the inability to parent due to a disability or mental illness (Bullock, 2005; Lumpkin, J. R., 2008).

I chose this topic because of my personal experience and insight of raising grandchildren. Having been a single mother for fourteen years, I assumed that my parenting days were over. But life has some unpredictable twists and turns and when it became necessary for my daughter to leave her husband, I became the 'back-up parent'. I have been co-parenting my three grandchildren, ages seven, ten and eleven with my daughter since November of 2006. I had planned to move to Arizona after receiving my Bachelor's Degree in May of 2007 in order to live near my grandchildren. I did not realize how close I would be living to my grandchildren. As in many other families, I got the phone call that changed my life and that of my
daughter and her three children; she had to flee from her abusive husband. As I packed their belongings into a U Haul truck with my car in tow, I began the rapid realization that my life was about to enter a completely new dimension. Ironically, I had chosen this topic of grandparenting a year prior to becoming a co-parent. My ten-year-old grandson, Austin is now my roommate, which comes with some rather unusual and sometimes annoying situations. Life has been challenging since this transformation in terms of family dynamics, but it has also brought me an immense sense of responsibility and satisfaction as I watch my grandchildren flourish in their new and nurturing environment. As I adjust to the new demands on my time, my health and my finances, I have come to appreciate the sacrifices my cohorts are experiencing as the primary parent of their grandchildren. My struggles are only a glimpse into the world of the 2.4 million grandparents across this nation. As I explore this topic, I hope you will appreciate the silent heroes in our nation; the grandparents and grandchildren that comprise the skipped generation households.

Purpose of the Study

The purpose of this study is to understand the dynamics of parenting for grandparents who are raising their grandchildren. The project will explore why adult children are not parenting their children. Additionally I will explore the impact parenting has on the psychological, physical, emotional, financial, social and relational aspects of the grandparent. The literature will address some of the issues that grandchildren face after being subjected to various challenging environments and how the absence of either or both parents affects them psychologically, academically,
physically and relationally. Lastly, I will explore what role the social worker has in terms of assisting these skipped generation households. What services are more important and what kinds of assistance would benefit them? As a future social worker, I would exhibit empathy and understanding in order to help build a foundation of trust with these families. I would research private and government assistance programs and services that are already in place and look at what programs should be implemented to provide the help these families deserve. Donna Butts, the executive director of Generations United, a national organization based in Washington D.C. estimates that skipped generation households save the child welfare agencies in our country approximately 6.5 billion dollars a year. Grandparent and relative caregivers take care of 12 times as many children as the country’s foster care system, the government’s safety net for children without parents (Dervarics, 2004).

Theoretical Framework

The systems theory entails accessing the strengths and benefits of various systems available to grandparents and their grandchildren to improve their situation (Dewees, 2005). Some of the more common systems that a skipped generation household would encounter would be the services of government agencies such as CPS, foster care, or the judicial system including Family Court. School Districts would also play an important role in the development and stabilization of the children by encouraging regular school attendance, counseling, tutoring and outreach to the grandparents regarding the progress of their grandchildren.
Another theory used to address the issues of grandparents would be the Strengths Prospective which as it indicates would emphasize the strengths of the grandparent and grandchildren (Dewees, 2005). The grandparent’s strengths would include their past experiences with parenting, their psychological stability and their strong commitment to keeping the family as intact as possible. Agencies involved with the family could also be utilized by offering services to the grandparents in terms of counseling, respite services, food stamps, financial aid, affordable housing or educational support. Professionals such as social workers, therapists and educators are all vital to the recovery and maintenance of the newly formed household.

**Definition of Terms**

Adoption and Safe Families Act (P.L. 105-89): A.S.F.A., federal law specifically designed to address some of the deficiencies in the guidelines for the termination of parental rights.

Child abuse and neglect: The physical or mental injury, sexual abuse, negligent treatment, or maltreatment of a child under the age of 18 by a person responsible for the child’s welfare.


Family: A group of people comprised of two or more people who define themselves as a family. They assume obligations to one another that are considered the fundamental structure of a family system.

Family Structure: How a family is organized – its rules, boundaries,
hierarchies, and membership. Two or more individuals living together who are related by birth, marriage and/or adoption.

**Household:** All persons who occupy a housing unit, including both related family members and all unrelated persons.

**Resilience:** The capacity to recover from stress, or the ability to withstand the effects of stressors that are typically associated with negative outcomes.

**Role:** A set of behaviors that have some socially agreed-upon functions and for which there exists an accepted code of norms, such as the role of teacher, child or husband.

**Role Overload:** The state of tension that occurs when there are too many role demands and expectations to handle in the time allowed.

**Separation Anxiety:** Feelings of fear or sadness associated with the departure of the object of attachment, primarily significant people in one’s life.

**Skipped Generation Households:** Households where grandparents and grandchildren reside with no parent present.

**Spirituality:** A search for purpose, meaning, and connection between oneself, other people, the universe, and the ultimate reality, which can be experienced within either a religious or nonreligious framework.

**Assumptions**

The impact of taking in one’s grandchildren can be at the least unsettling and in most cases, traumatic and life changing for both parties. The author will explore through
statistics, research findings and grandparent interviews that the responsibility of raising a second family has both negative and positive aspects.

*Justification*

The author hopes to show the needs of this large population of grandparents. Grandparents raising grandchildren is an invisible population whose members struggle with their new role. With all of the best intentions, these households are stressed as they struggle to pay additional expenses and, in some cases, are affected by lost employment or delayed retirement. This new role comes at a time when older adults are planning their retirement or have already retired and living on a fixed income, an income that will not support additional people.

*Limitations*

The author will attempt to bring the stories of the interviewees to life and to "give a name" to these grandparents without revealing their identity. The stories of this study's 10 interviewees represent 2.4 million grandparents across the states who have sacrificed their independence, their plans and even their health in order to raise their grandchildren. Because of the small sample size and the nature of sampling, I cannot assume that the results are generalizable.
Chapter 2

REVIEW OF THE LITERATURE

Giving an Identity to the Skipped Generation Household

These newly formed families have been identified with some innovative labels that describe the new family unit. Here are some of the more recent terms: Skipped-Generation Households, Grand-Families, Blended Families, Skip Generation Families, Multigenerational Families, Co-Resident Grandparents and Grandparent and Grandchildren Headed Families (Kanders, 2002 & Goodman, 2007). These newly formed families have steadily increased over the decades with a current estimate at more than 4.5 million children being raised by 2.4 million grandparents. In the field of social work, this phenomenon has far reaching repercussions in terms of the numerous agencies and professionals that are enlisted to assist these families. They include the child welfare system (foster care), social services, Child Protective Services, homeless shelters, schools, therapists, parole, probation, juvenile justice system, criminal justice system, prison system, Adult Protective Services, school social worker, law enforcement, district attorneys and judges.

Children who are removed from their parent’s home are more prone to experiencing behavioral issues in their new environment and school plus they are more likely to have academic issues. This interruption to a child’s environment is traumatic but the negative impact can be minimized when a child is placed in the home of a relative. This is usually the best alternative and less disruptive than placing a child in a foster home.
In addition, teachers, counselors and administrators are called upon to address behavioral and academic issues at school. By providing a positive and nurturing environment for the child, they are able to have a sense of belonging and hopefully have less difficulty adjusting to their new surroundings. This may be even more challenging if the child has to change schools along with his living arrangement. With the support of grandparents and school personnel, children have a better change for success (Wright & Seymour, 2000).

*Reasons for the Shift in Parental Roles*

I will explore some of the more common reasons why adult children are unable or unwilling to parent their children thus transferring their role to their parents. The reasons include incarceration, CPS removal of the children due to abuse and/or neglect, teen pregnancy, death of the parent, serious illness or disability, abandonment, substance abuse and criminal activity. Approximately half of the parents have two or more reasons for their lapse in parenting with substance abuse and incarceration and/or mental illness being the most common situations. Having two or more intrusive issues is called 'dual or co-occurrence' issues (Letiecq, Bailey & Porterfield, 2008).

*Substance Abuse and Alcoholism: An Intergenerational Dilemma.*

Substance abuse is one of the main reasons that parents either lose custody of their children or they recognize that they are unfit to care for their children.

“Children whose parents are chemically addicted may have difficulty bonding as the care they receive may be inconsistent. Their basic needs
may not be met in infancy as their parents pursue their habit. As they grow older, they may become the caretakers of younger siblings and take on the role of *parentified child* (the child who meets adults' needs)” (Crossen-Tower, 1998, p.95).

There are several main drugs that have dominated the drug epidemic in America. Cocaine was introduced to American in the 1970’s and used primarily by the upper middle class because it was rather expensive. Within ten years, a cheaper form of cocaine began infiltrating the lower income neighborhoods called crack cocaine. The drug proved to be very addictive and even harder to quit and is particularly damaging for the pregnant addict. Crack cocaine addicted babies were born to addicted mothers, in epidemic numbers. Low birth weight, poor muscle tone, frequent tremors, poor eating and sleeping patterns and premature deliveries were the most common side effects for the crack cocaine addicted infants. Physiological and behavioral problems were also common; thus, these babies were labeled “crack babies” and the “lose generation”. Crack babies were disadvantaged from the time they were born because their futures were often plagued with poor health, learning difficulties and behavioral problems. As the epidemic grew, so did the need for more and more grandparents to rescue their grandchildren from the parent’s neglect (Minkler & Roe, 1993).

Alcohol is the drug of choice for parents who are unable to care for their children. As their alcohol addiction takes over their lives, their children are often the victims of neglect and abuse. Criminal activity, physical violence and drugs are often interrelated and are responsible for high numbers of child neglect, physical, sexual
abuse and abandonment cases. For the woman who is pregnant, drinking alcohol during her pregnancy has been proven to lead to a high incidence of babies born with fetal alcohol effects or FAE. FAE causes abnormal facial features, most commonly, the eyes are set further apart, and babies have short noses, a small midface and a thin upper lip. They also suffer from developmental and behavioral problems. Behavioral problems include difficulties knowing the difference between cause and effect. In an attempt to reduce the number of babies born with FAE, the federal government passed a law in 1989 mandating manufacturers of alcoholic beverages to put a label on their product warning the public about the dangers of drinking while pregnant, (Newman & Newman, 2006).

Methamphetamine or Meth use is another substance that is highly addictive and renders the user unable to care for themselves or others. Children are often the victims when their addicted parents are either too high to care for them or involved in criminal activity in order to buy their next fix. Neglect, sexual and physical abuse, burns caused from coming in contact with the chemicals used in the manufacturing of Meth plus contamination from chemicals found in it are all serious issues that affect children exposed to Meth. Prenatal exposure to the drug can cause low birth rates, congenital abnormalities and a small cranium size, (Haight, 2005).

“Interwoven in the mosaic of violence are the statistics about the increase of substance use and abuse among not only adults but children and adolescents as well. The dimension of substance use and abuse as
it affects children can be seen on two levels: the effects of addicted parents and addicted children” (Crossen-Tower, 1998, p 92).

Parents addicted to Meth or any other substances often have other serious issues that complicate their substance abuse. They include self medicating in an attempt to “quiet the voices” of schizophrenia or level out the moods swings from Bipolar or just trying to “feel good” and dull the effects of low self esteem, lack of adequate job skills to remain employed, struggling to pay rent and daily expenses. In order to alleviate some of these stressors some turn to drugs to dull the pain.

Drugs are often involved in the lives of parents who cannot or will not care for their children. Researchers conducted a study of 257 fathers and 67 mothers to research the causes of incarceration of parents. The cycle of substance abuse, self medicating, and failing to care for themselves and their children devestates all involved including the grandparents who are left to pick up the pieces of their adult children’s ill-thought out choices. Children who are exposed to drug activity are more likely to abuse drugs themselves. They also have higher rates of incarceration like their parents in part due to the close association of substance abuse and being arrested plus their parent’s behavior is perceived as being ‘normal’ and an acceptable pattern to follow. For those parents who do succeed in becoming free from drugs, other remnants of their former addiction become part of their future struggles. They include health issues caused from drugs and/or alcohol, criminal records that may hinder their ability to obtain employment or rent an apartment, dealing with the requirements set by CPS to reunite their family and attempting to mend the broken relationships between family
and friends. Along with the connection between drug use and incarceration are the more personal issues that go beyond the jail cell, and that is the fractured lives of their children and the impact on grandparents. "We know that parental and family stability are essential for successful life-outcomes for children" (Brown & Ramirez, 2008, p 52).

_Incarceration of Parents_

According to Hanlon, Carswell & Rose, the number of parents who are inmates has increased by 1 million from 1991 to 2000 to 1.5 million. The reasons are due primarily to implementing tougher sentencing policies, increased illegal drug use, trafficking, and having less regard for the gender of the inmate. Evidence of this shift in the sentencing of more females can be seen by the increase of 84% of female prisoners from 1990-1999 (Hanlon, Carswell, & Rose, 2006). A disproportionate number of African American women are incarcerated and the number has increased by 55% between 1999 and 2006 with approximately two-thirds of the women in state and federal prisons are African Americans (Engstrom, 2008). Approximately 75% of the incarcerated women are mothers and almost two thirds of these women have children under the age of 18. Approximately 60% of these mothers lived with their children at least one month prior to their arrest. While only 13% of these children end up in foster care or other out of home care, the remaining 87% live with relatives or friends, with the majority of these children taken in by their grandparents, primarily maternal grandmothers (Seymour & Hairston, 2000).
Approximately 6% of these women entering the prison system are pregnant at the time of their sentencing which adds additional stressors to the new mother. It is the family, primarily the grandmothers who take over the care of the newborn while the new mother serves her time behind bars (Wright & Seymour, 2000).

The reasons for women being incarcerated are varied, but drug abuse and drug related crimes are responsible for approximately 30% of the convictions that send them to prison. More than 65% of female prisoners have used drugs on a regular basis and 30% were sentenced for committing a crime in order to get money to buy their drugs. Complicating this situation is the high occurrence of mental illness and substance abuse amongst female inmates. Although an overwhelming majority of incarcerated mothers want to raise their children; their addiction to drugs continues to plague their lives and the lives of their children. The disruption to their children’s lives is responsible for an increased number of children who suffer from traumatic conditions and has far-reaching consequences in terms of academic difficulties, Post Traumatic Stress Disorder (PTSD), behavior problems and future drug and/or criminal activity. Many of these children have been subjected to domestic violence in the home, poverty, homelessness, abuse and neglect while their parent or parents are abusing drugs and/or engaging in criminal activity. This sustained instability in the home is referred to as ‘enduring trauma’, meaning that a child is subjected to multiple and ongoing traumatization for part or all of their childhood, (Johnston and Carlin, 1996). This destructive environment puts these children at a higher risk of repeating their parent’s behavior because they are conditioned to interpret their parent’s
behavior as acceptable and normal. When a child is exposed to ongoing
traumatization, he/she is not able to recover from the violence and/or abuse they have
endured and in most cases there are no support services to help them heal from their
trauma (Johnston and Carlin, 1996).

Parents who are incarcerated have an array of fears regarding their children’s well
fair, their children’s safety, their future and their relationship with the child. Although
most parents in prison have some degree of parental involvement in their children’s
lives, one can not ignore the reasons for their incarceration. The reality is that the
majority of inmates who are parents will continue to struggle with their issues after
they are released from prison. Drug addiction is one of the most common and most
difficult dilemmas to address. The majority of female inmates have used drugs just
prior to their incarceration and some will use as soon as they are released. Even with
the strong parental instinct to love and care for their children, their drug addiction may
undermine the best intentions of the parent (Wright & Seymour, 2000).

Other factors to consider are the conditions that the parent will return to when
they are released from prison. Many female inmates have a history of having been
sexually and/or physically abused during their childhood with the abuse continuing
into adulthood. Once they return home, the chances that they will be able to stay off
drugs are not promising and some re-enter the prison system (Wright & Seymour,
2000).

For male inmates who are parents, the strain of caregiving is usually taken on by
the mother of the child with approximately 90% of the fathers reporting that the
mother of their children is responsible for the children’s care. For female inmates only 30% of the fathers care for their children while the mother is incarcerated which is why a disproportionate number of maternal grandmothers take in their daughter’s children. For the mother who is incarcerated, there are numerous other stressors that plague them “...(P)arents who are incarcerated are likely to experience conflicted feelings about their children’s caregiver, including a combination of both gratitude and jealousy and concern for the caregiver’s well-being” (Engstrom, 2008, p.360).

*Adjudicated Parents and the Fallout for Families*

Law enforcement is not necessarily trained to be sensitive to the needs of children while they are in the process of arresting the parent. Some children witness the arrest of their parent, which is traumatizing and confusing to the child. Unfortunately, law enforcement officers carry out their role in an authoritative, demeaning and abusive manner towards the arrestee, (Wright & Seymour, 2000). The manner in which a child of an arrestee is treated depends on the individual officer’s training, level of compassion and circumstances in which the officer finds themselves just prior, during and after the arrest. Once the situation is deemed under control and safe, it would be advantageous for the child if the officer allowed him/her to say goodbye to the parent, however this may not be possible if the child and/or parent displays violent or overly emotional behavior that is disruptive to the situation. “...(G)iven the uncertainty of the process, it may be impossible to adequately reassure the child” (Wright & Seymour, 2000, p.47).
The child, depending on their age and level of understanding should be informed about their parent’s arrest, who will care for them, when will their parent be released and why the parent was arrested? When a child is not informed about their parent’s arrest their experience can cause unnecessary trauma including feelings of abandonment, confusion and anger at the parent and law enforcement. In most situations it is best to inform the child of their parent’s current status along with an explanation that is age appropriate surrounding the parent’s arrest. If the child does not receive this information, they tend to fill in the gaps themselves with unrealistic information and eventually this can result in greater difficulty adjusting to their new environment and eventual reunification with their parent. The child will most likely experience denial, fear, embarrassment and anger towards the officers, apprehension about their parent’s safety, questions about why and where the police are taking their parent and have anxiety about who will care for them and will they be able to stay with their siblings? For the parent in charge of caregiving, being arrested is compounded with their fear for the safety of their children, plus they have not had any advance notice to arrange for the care of their children. Often relatives were ill prepared to take in minor relatives on such short notice. Sometimes siblings cannot be accommodated by one relative and usually this is the grandparent. Unfortunately, siblings then have to be divided amongst several relatives or placed in foster care, which results in further trauma to the children (Wright & Seymour, 2000).

Other problems the released parent will face are the break in their relationship with their children and the reluctance of the caregiver/grandparent to relinquish their
role as caregiver. This reluctance is not out of malice, in most cases, but because the grandparent is fearful that the parent, who in many cases is their adult child, will return to their previous substance abuse and/or criminal activity. …(W)idely held conviction is that they (grandparents) do not want their grandchildren placed in foster care, which is frequently perceived as being impersonal, culturally insensitive, and/or irreversible” (Hanlon, Carswell, & Rose, 2006, p.352).

The Child’s Reactions to their Parent’s Incarceration

When grandparents take in their grandchildren, the stigma of having an incarcerated adult child is traumatic and shameful. Children are also traumatized due to their parent’s incarceration and having to relocate to their grandparent’s home. Children are also dealing with the uncertainty of their future and their anger at being deserted by their parent. While grandparents have to adjust their lives in order to accommodate the needs of their grandchildren, children are also dealing with an array of adjustments, primarily emotional as they ride an ‘emotional’ rollercoaster of feelings. They may be relieved to be in a safe and nurturing environment but they are also plagued with feelings of guilt that they can’t see their parents and at the same time they are enjoying the love and attention of their grandparents. Many children in skipped generation households have endured abusive treatment by their parents or others in the household and possibly domestic violence, poverty and homelessness. These traumatic events should be addressed in order to bring about healing and positive changes in their behavior, stress related symptoms, low academic performance, PTSD symptoms and the ability to trust and bond with others. A loving
home environment and nurturing grandparents are essential to this recovery. Stability in the home is vital in order to give children a sense of continuity and belonging to the family.

Stigma surrounding the incarceration of a parent is viewed differently depending on the environment that the child grew up in. In some families, incarceration is seen as part of the family dynamics, with one or more members having a history of incarcerations either in jail for short-term sentencing or long term sentences in prison. Other families view a family member in prison as shameful. This dynamic puts additional burdens on the extended family and the children in terms of possibly being rejected or scorned by family members, friends, schoolmates and their neighborhood. Children may have difficulty being accepted at school or in their neighborhood if the news of their parents’ incarceration is known. Feelings of low self esteem can cause additional guilt and isolation to those affected. Additional reactions include depression, anger, sadness, guilt, emotional withdrawal, acting out, eating and sleeping disorders, physical aggression, resentment, feelings of abandonment, separation anxiety and flashbacks to traumatic events that are related to their parent’s arrest (Wright & Seymour, 2000).

In terms of human development, children have basic needs in order to develop through childhood and into adulthood. In Erickson’s Model of Psychosocial Stages of Development, Erickson maps out the stages of development from infancy to very old age. He also describes the difference in each stage’s particular characteristics that show whether a person has developed normally in order to achieve the expected level

Infants and children through 2 years of age develop their sense of attachment to those around them, primarily their caregiver(s) which is usually their parents by being held, spoken to and having their physical and emotional needs met. Attachment is a process that develops emotionally positive bonds with other people. In the dysfunctional family, the process of building relationships with other people is often less developed due to ineffective nurturing and/or being subjected to little or no physical and emotional bonding. The infant learns to mistrust people rather than trust them. Mistrust can be founded on three premises, wariness on the part of the infant fed by a lack of parental nurturing and responding to an infant’s signals of need, a lack of confidence regarding their parent(s) and a sense on the part of the child that they are lacking lovability (Newman & Newman, 2006). As the child becomes 2 and 3 years of age, he/she begins to develop a sense of autonomy as they begin expressing their independence. If a child does not receive positive and consistent nurturing, they will be fearful of venturing out of their environment. For parents who struggle with drug addiction and/or criminal tendencies, their children are more likely to struggle with their own issues in terms of feeling confident. Any disruption of the relationship between the child and the parent/caregiver will threaten the normal development of the child. As the child matures throughout childhood, subsequent stages of development build upon on earlier stages of development. As the child continues to grow
physically, their emotional and psychological well being and development will benefit from a nurturing environment (Newman & Newman, 2006).

*Legal Challenges for the Grandparent Caregiver*

There is a potential for strife between the parent and the grandparent, especially if the parent is free to take the children because there is no legal provision that enforces that allows the children to stay with the grandparent. The majority of grandparents do not have any legal documentation that allows the grandparent to keep their grandchildren in their custody in the event the parent wants their children back. This group is often referred to as the ‘informal grandparent caregiver’ or IGC (Letiecq, Bailey & Porterfield, 2008).

Parents who have not addressed the reasons for their lapse in parenting will most likely face future problems in caring for their children and may have been more prudent to leave their children with the grandparent. Often grandparents without legal documentation to retain their grandchildren have little or no legal representation or guidance from the legal and/or child welfare system. Some grandparents do not know their legal rights or how to access the legal community. Another common and understandable issue for grandparents is the mistrust and/or misunderstanding of the child welfare system, in particular Child Protective Services. This mistrust limits the grandparent’s ability to get much needed assistance and services. For the grandparent who has little or no notice of their impending ‘role’, there is also no time to research where to look for services and financial assistance. Some grandparents pay for their grandchildren’s expenses including food, clothing, medical, dental and counseling
services out of pocket for extended periods of time before they happen to learn about Medicaid and TANF. "Because grandparents became caregivers in times of crisis, they often learn about the complex legal system and kin caregiver policies haphazardly" (Letiecq, Bailey & Porterfield, 2008, p.1002). For social workers, educating grandparent caregivers about the services available to them is crucial considering that the majority of grandparents are not equipped to afford additional costs and demands on their energy and time. For some skipped generation households, the grandparent caregiver is unsure what to do in terms of obtaining legal documentation to keep their grandchildren. This may be in part due to the family's indecision on what is best of all involved. Some situations are temporary and the parent steps back into their role, but often the parent is unable or unwilling to make the sacrifices to address their issues that puts the skipped generation household in what is called a "holding pattern". Other times the decision to take legal can have a negative impact on an already tense relationship between grandparents and their adult child. "...(G)randmothers are reluctant to assume legal custody or guardianship of the children, because this would entail proving that the child's parents are unfit, an action that has the potential for permanently disrupting the family" (Hanlon, Carswell & Rose, 2006, p.352). When this is the situation, the grandparent would be prudent to research options for financial assistance, medical care for their grandchildren and legal representation, if applicable. It is advisable for the grandparent to obtain a "caregiver's affidavit", allowing the grandparent to have the right to obtain medical and dental services for their grandchildren. The caregiver's affidavit can be signed by the
relative caregiver with or without the permission of the parent, (Senior Legal Hotline Guide, 2001).

For the grandparent who is looking at long-term care for their grandchildren, there are several possibilities in terms of legal documentation that allows the grandparent to retain their role as caregiver. For the child who is removed from their parent’s home by CPS, it is prudent for the grandparent to let CPS know that they want to be considered as a relative caregiver. Being a foster grandparent for their grandchildren is an option that ensures that the child cannot be removed by the parent. However, CPS will oversee their case which includes the grandparents participating in a background check. Having guardianship is considered a secure option in which the parent must have the permission of the caregiver relative before they can visit or remove their children from the home. Another option for the caregiver grandparent is to have the family court issue a custody order, which allows the grandparent to keep their grandchildren in their home; and a parent who wants to reclaim their children must petition the family court prior to doing so (Senior Legal Hotline Guide, 2001).

*The Impact of Raising Grandchildren on Grandparents*

The increase in the number of grandparents raising their grandchildren has many causes that are part of a larger societal problem. The break down of the family has far-reaching implications including social, economical, demographic and political ramifications with most of the fallout affecting the grandparents and their grandchildren (Hapslip & Goldberg-Glen, 2000).
As grandparents take on their dual role of grandparent and parent, there are usually issues associated with the grandchildren that complicate the transition and maintenance of the new family unit. These issues include separation anxiety due to losing contact with one or both parents, abuse and neglect, a learning disability or neurological issues, depression and/or anxiety disorders, conduct disorder or self-mutilation, poor nutrition, poor cognitive stimulation in early childhood or attachment disorder. These issues are usually pre-existing issues that most grandparents are not equipped to deal with. As the new family unit struggles to cope with the new surroundings, perhaps a new school and different expectations from each other, there is undoubtedly a fair amount of stress. All of the emotional baggage and other problematic issues associated with the family unit have to be addressed. Some of these issues can best addressed by the grandparent in terms of reassuring the grandchildren that they do have a home that is safe, loving and dependable. Some issues are more complicated and are best addressed by a therapist to help the child deal with the psychological trauma experienced while living with the parent. In some cases a medical doctor is more appropriate for issues such as poor nutrition or a medical condition that was not previously addressed.

While the grandparent is adjusting to their new role as parent, they are also dealing with their emotions and questioning their parenting skills in terms of how they raised their children. Were they to blame for the destructive choices their child made, did they cause their adult child’s substance abuse or did their own poor decisions during the upbringing of their child cause the dysfunctional behavior in their adult
child? Other factors that grandparents wrestle with are the prospect that their adult child may be incarcerated or addicted to drugs and/or alcohol for a long time. In other cases grandparents are grieving over the death of their adult child along with the grieving of their grandchildren’s loss of a parent. All of these factors are painful and life changing for grandparents and grandchildren alike (Dolbin-MacNab, 2006; Gerard, Landry-Meyer, & Roe, 2006).

For those households where both grandparents are sharing the task of parenting their grandchildren, the stressors are usually less in comparison to households where only the grandmother or grandfathers are present. Approximately 51% of the skipped generation households are comprised of both grandparents. Some benefits of having both grandparents in the home include increased income; sharing of household duties such as cleaning, cooking and laundry and helping out with childrearing. The stress level was lower than their cohorts who were parenting as a single grandparent with fewer incidents of health related problems. Although two grandparents were usually advantageous, some aspects of raising grandchildren were difficult for all grandparents. Even when two grandparents are in the home, it is primarily the grandmother who cares for the children and the household. The traditional role of women as the primary caregiver is still very common, while the grandfathers are more likely to be employed or responsible for the repairs and outside duties.

The Urban Institute conducted a survey in 2003 and determined that 66% of the households headed by one grandparent were low-income, meaning that they earned less than twice the poverty level, 33% had no high school diploma and 62% had no
college degree. The survey also found that there were other issues amongst those surveyed, for example; 70% of the grandparents were over the age of fifty and 70% of the children were under the age of eleven. Adding to these complicated set of circumstances was the fact that some of these grandparents had not been able to raise their own children with much success. These findings give a somber picture of the number of grandparents who must raise their grandchildren under difficult conditions and with little chance of improving their lives or their grandchildren’s lives. In an effort to address these problems, a new program under the Older Americans Act would give individual states financial assistance, allowing grandparents to receive grants to help them raise their grandchildren.

Another program that was initiated in the western part of Kentucky is a respite program that allows the grandparent some time off from their parenting role in order to recoup and take time for themselves. The respite program is designed to care for these children for a few weeks during the summer, which is the most difficult time for grandparents to keep the children occupied with activities when they are not in school (Hayslip, Kaminski, 2005). Although these individual programs give some hope to those residing in those particular locations, the majority of grandparents do not have access to respite programs and thus are left to deal with the demands of parenting on their own. Spirituality is one refuge and source of hope that many grandparents utilize in their efforts to find solidarity, comfort and reassurance in their new role. Faith in a higher power or God allows the grandparent to share their burdens and experience the fellowship and support of other believers.
Another aspect of grandparenting is in the form of acting as co-parents with one of their adult children. If the adult child has difficulty functioning independently, the presence of the grandparent may stabilize the child care within the household. The study indicated that children were able to flourish in an otherwise dysfunctional home if a caring and loving grandparent was available for them to bond with and give them the stability to thrive amongst disassociated parents. The resiliency that children possess assists in this arrangement (Goodman & Silverstein, 2005). Not all co-parent arrangements include the presence of a dysfunctional parent; many co-parent households have a single parent who is struggling with the demands of their new role. As a co-parent myself, I am able to identify with the author’s findings. Children are more resilient when they have a grandparent in the household who can add stability, provide financial support, offer childcare and give love and nurturing to their grandchildren, thus providing children with a sense of stability, a loving and safe environment and reassurance to the parent that they can rely on the grandparent. I have found that providing my daughter much needed respite time is essential to her well-being and her ability to deal with the demands of handling her legal and personal affairs. My grandchildren have adjusted to their new family structure, and they have experienced success in their school and home life in part because of my co-parenting and because of my daughter’s ability to concentrate on her children’s needs. Although co-parenting does benefit the family unit, it can also cause stressors as both adult parents deal with differences in child rearing, discipline and finances. Prioritizing the needs of each other and respecting the role each adult has in the new family unit.
Coming to understand the role of each parent, namely the adult child and the grandparent gives the family more stability and harmony.

Along with the stresses of raising their grandchildren, grandparents expressed that they also enjoyed numerous benefits from raising them. In a study done in 2001 involving thirty-seven grandmothers and seventeen grandfathers, the authors found that grandparents listed several positive experiences from raising their grandchildren. Grandparents reported that 43% of them enjoyed sharing their lives with their grandchildren. The exchange of love and interactions was mutual and gave both generations a sense of belonging and feeling worthily. Some reported (13%) that they enjoyed doing activities with their grandchildren and meeting new people at these activities. Because grandparents had fewer options for socialization, their grandchildren’s activities provided some outlet for them to interact with other people. They stated that they had a sense of accomplishment through providing a stable and loving environment in which their grandchildren could be raised. They also reported that they enjoyed sharing their grandchildren’s successes in learning new skills and succeeding in school and sports. Their grandchildren’s accomplishments gave the grandparents a sense of pride and demonstrated that their efforts were making a positive change in their grandchildren’s lives. Considering that most of these children came from homes where they were neglected and/or abused, these accomplishments are truly life altering (Waldrop & Weber, 2001).
Giving Grandparents Tools for Success

As grandparents adjust to their role as parent, it is very important for the schools to provide additional mentoring for the child and the grandparent. Poor academic performance is one of the main issues for displaced children. This issue alone can be extremely stressful as the grandparent assumes the role of parent. By utilizing a strengths based approach when addressing the needs of the skipped generation households, it makes sense to build on the grandparent’s life experience, parenting skills and their sense of responsibility to better address the needs of their grandchildren. In order to promote better understanding and cooperation it is important for educators to not blame grandparents for their grandchild’s academic and/or behavioral issues because it will only hinder the communication between educators and grandparents (Dewees, 2005). In order to promote positive cooperation between the school and the grandparent, both parties must work with the resources available in order to help the student attain better academic performance and positive attitude towards their education. If there is cooperation among school professionals including teachers, school social workers, psychologists, school counselors, the student and their grandparent, the chance of improving academically and behaviorally is higher. By validating the differences in generational views in regards to child rearing, methods of discipline, expectations of academic competency, current methods of teaching, academic expectations and acceptable behavior at school grandparents, educators and students alike will see the fruits of their combined efforts. When all parties involved in the upbringing and education of children put aside their
annoyances and work together, the children come out ahead. Giving displaced children the best educational environment and access to the necessary tools for learning, they are then more likely to succeed in school and at home. Given the sacrifices, grandparents have experienced due to taking on their new role as parent/caregiver; it would be advisable for school professionals to appreciate the grandparent's contributions to the children and to work with the family to achieve their goals (Edwards & Daire, 2006).

It is important to remember that many of the children living with their grandparents have experienced, to some degree, a variety of negative situations while living with their parent(s), which have caused the child much turmoil, confusion and pain. These negative experiences cannot be undone however, through the perseverance of the grandparent, through their determination to promote a loving and supportive home to their grandchildren; they can provide their grandchildren a chance to heal and to move on. "Living with someone who loves and is willing to raise them (grandchildren) and the opportunity to maintain the family connection and history are distinct advantages for children in these alternate families" (Edwards & Daire, 2006, p.114).
Chapter 3

METHODOLOGY

Exploratory Method

This study will research the implications for grandparents who take on the role of parent in order to care for their grandchildren. An exploratory approach to my research will help illustrate what kinds of issues and dynamics there are for these grandparents. Using an exploratory approach allows the researcher to ask open-ended questions so the subjects will be able to answer the survey questions in a narrative response. After compiling all of the responses, the researcher hopes to understand that parenting at an older age has implications for one’s health, financial stressors, social isolation, marital and/or relational difficulties, and sense of satisfaction. The researcher will study the responses in terms of the positive and negative consequences.

A qualitative style of interviewing will allow the subjects to tell the researcher their stories which will give her more opportunity to utilize the vast information and portray their feelings in a respectful manner. Allowing the subjects to tell their stories will also help to validate their struggles and accomplishments.

Sample and Data Collection

The researcher recruited interviewees by asking permission from the facilitator of the North Sacramento Grandparent Support Group to speak at their bi-monthly meeting. I inquired if anyone at the meeting would be interested in participating in the study. The researcher was able to obtain the names and numbers of ten members of the support group. The participants were female and were primary caregivers for their
grandchildren. The researcher received eleven volunteers and chose ten from the list who were able to meet with her in order to conduct the interview. The eleventh volunteer was thanked for her willingness to participate.

Analysis

After completing the interviews, the researcher met with Dr. Bein, Ph.D. to debrief. The researcher was able to identify numerous themes that all of the grandparents shared. Individual quotes were written down verbatim and incorporated into chapter 4 in order to emphasize the challenges and triumphs of grandparenting. The researcher used fictitious names that corresponded with the subjects real first names while the chapter was being written. The researcher brought the grandparents stories alive by using their words to describe what they experienced on a daily basis. It is the intent of the researcher to celebrate the accomplishments of grandparents while shedding light on their contributions and struggles while raising their grandchildren.

Protection of Human Subjects

The present researcher and the Sacramento State Division of Social Work Protection of Human Subjects Committee identified this research as being of minimal risk for the (08-09-093). The risk in participating in the study would be no greater than the risk that would occur when discussing one’s life experiences with others or at a grandparent support group. Prior to the interview and signing the consent form, each interviewee was informed about the conditions of the interviews including maintaining their anonymity, holding their identity and information confidential, an explanation of
the researcher's topic and the purpose for the study and the risks and benefits of participating in the study. Interviewees were also informed that they could choose not to answer any question that they did not want to and that all information gathered during the interview and during the writing of this study would be destroyed after its completion. The researcher also supplied the interviewees with a list of religious and mental health resources in the Sacramento area (see Appendix C).

The interviews were conducted in person in the Sacramento area, and in a location chosen by the participant. The interviews were done in homes and coffee shops. The researcher taped the interviews. The questionnaire was presented to the interviewee so she was able to follow the questions with the researcher. The questions were read by the researcher and then she took notes while the interviewee was speaking.
Chapter 4

FINDINGS

Findings

The researcher utilized active listening skills and paraphrasing in order to optimize her ability to elicit a narrative description. The researcher's study consisted of nine grandparents and one great aunt who were raising their grandchildren or grandnephews. All of the interviewees are female and there were 3 Hispanics, 4 African Americans, 1 American Indian/Hispanic and 2 Caucasians in the study. There were 6 divorced grandmothers and 4 widows including one widow whose husband was a 2nd caregiver until his death. The 10 grandparents were caring for 20 children between the ages of 1 ½ years to 18 years of age. There were 10 children between the ages of 1 and 5 years old; 3 children between the ages of 6 and 12 years old and 7 children between the ages of 13 and 18 years old. This section focuses on 9 common themes that emerged from the data. Parenting the second time around can be a daunting undertaking with numerous responsibilities and challenging circumstances. Specific stressors and strengths that confront grandparents in their new role as parent will be given attention.

Themes illuminate the information gathered from the interviewees and show how the role of parenting affects grandparents in both positive and negatives ways.

Issues of Stress and Health

Older adults are by nature more susceptible to ailments associated with aging. The more common conditions include but are not limited to hypertension, diabetes,
arthritis, heart disease, cancer, lung disorders (COPD) and asthma, mobility limitations, depression, anxiety, and insomnia (Solomon & Marx, 2000).

Among the 10 interviewees, all female, the researcher found a variety of ailments with depression being the most prevalent health concern. Half of the interviewees have depression, two have anxiety, one has sleep deprivation, three have hypertension, one has COPD, one has asthma, one had a heart attack, one has a thyroid issue, one has Lupus, two have arthritis and one has diabetes. None of the interviewees complained about mobility problems. Their ages ranged between the 52 and 67 years of age. Mobility and conducting daily activities issues are commonly associated with older adults 70 years of age and older.

One study showed that depression in older adult is primarily caused by a situation or a reaction to a stressful event. Certainly taking over the care of grandchildren would qualify as a situation and a reaction to a stressful event (Hayslip, Goldberg-Glen, 2000).

For one grandparent in particular, the looming issues of a chronic and progressive condition forced her to reevaluate her ability to parent her 10-year-old grandson and her 4-year-old son (she adopted her 4-year-old grandson). As we spoke it was obvious that her decision to relinquish the care of these two boys was carefully and painfully thought out. The decision to have her younger daughter take over as caregiver was both a relief and a dreaded event.

The 10-year-old boy is her biological son who had recently become acquainted with his mother. The grandmother explained how her 10-year-old grandson wanted to
know more about his mother but he was also angry about their separation, so the grandmother told him to tell his mother what he was actually going through. The grandson knew that his mother had left him with his grandmother as an infant. The realization of her decision along with her growth during that time helped her to reach out to her son and begin rebuilding their mother/son bond. As the grandmother spoke about her daughter’s transformation from a young and immature teenage mother to a responsible and nurturing 26-year-old mother of four, she seemed to be at peace with her decision to turn over the boys to her daughter and son-in-law. In order to make the transition easier for the boys, the daughter and her husband moved from out of state to Sacramento with their 4 children last year to give the family time to readjust to the addition of two new siblings in the family. The grandmother and her two boys would have time to gradually shift their family affiliation from grandma to her daughter’s family. When we spoke about her future plans once the boys were no longer living with her, she became sad and thoughtful as she contemplated aloud what it would be like to have her bed to herself, to have a place with no laughter of children and no one to take to.

I sensed angst and some anticipation about what it would be like to be a regular grandma with only herself to take care of. She was tired of parenting but it was also who she was, as she explained “I’ve been parenting for 35 years, non-stop, I’ve never been along”. Her COPD will progressively worsen and eventually she will have to be on oxygen, a sobering thought as we sat at her kitchen table. She had met a gentleman and they have been making plans to travel the country on his Harley, which seemed to
put a sparkle in her eye. She spoke about going to Hog meetings where motorcyclists get together and she will be seeing the country for the first time.

**Financial Stressors**

Financial stressors were common among the interviewees, especially those who had been single prior to taking care of their grandchildren. Single wage earners are often more likely to have lower incomes and consequently lower retirements benefits. Annual incomes ranged from $10,000 to $36,000 for the 10 interviewees with a medium of $17,500 dollars. In my study, two of the grandparents earned $36,000 a year, three earned $19,000 to $23,000 a year and three earned between $10,000 and $14,000 a year with two grandparents choosing not to disclose their incomes. The range of income is reflective of the incomes of grandparents who run households across the country. Those with higher incomes experience less anxiety about their housing, car repairs and other significant expenditures. The research illustrated that low income families experience more stress about their financial obligations. Seven interviewees struggle to pay for housing and other bills. A major factor related to the level of income was that grandparents caring for young children could not afford to continue working and pay for childcare as one grandparent told me, “I had to stop (working)”. She was not able to pay the $600.00 a month required to provide childcare for her 16-month-old granddaughter. Her decision to quit her job was a difficult and costly one, as she could have retired on schedule and received a larger pension from the state.
A caregiving great aunt explained how she can not afford to rent a larger apartment because of the high rents, so she and her 3 teenage grandnephews live in a 2 bedroom apartment with all three boys in one bedroom. This type of living arrangement is rather common and makes family harmony more difficult as everyone tries to find their own 'space'. Living in close proximity to others can cause tension and resentment between family members as they are forced to live in cramped quarters.

Another grandmother spoke of having to quit her caregiving job so she could care for her 2 month old grandson, who is now 2 ½. She still struggles financially and worries about how she will make it. Financial stressors can cause depression and/or anxiety due to the constant worrying about money. For this grandmother the reality of living so close to the edge financially has caused her significant stress. Her family is emotionally supportive which gives her some solace. With housing waiting lists as long as several years, it is easy to understand why families are resigned to the fact that they may not ever get a break from the high rents.

Two of the grandmothers told me that they had been on Section 8 housing lists for over a year with no guarantee that they will be selected. Another grandmother had resigned herself to the fact that she was too discouraged to place her name on the list because of the long waiting list.

Challenges of the Dysfunctional Adult Child

The most common issue with adult children who could not or would not parent was the use of drugs including alcohol. There were 6 cases out of 10 or 60% whose
adult child and/or the other parent abused drugs and/or alcohol. Allegations of abuse and neglect were also common with CPS removing the children from the home to that of a relative, primarily the grandmother in five out of 10 cases or 50%. One mother suffered from a mental illness and drug addiction. Incarceration was also a factor in part due to the drug and alcohol abuse with 4 out of 10 or 40% of adult children having spent some time in jail and/or prison.

Coming to terms about an adult child’s drug addiction is painful and often resented because of the lost potential of that person and the extra burdens that are placed on the rest of the family when they take in the children. One grandmother explained how she took in her son and his girlfriend who was pregnant at the time with her first grandson. After the baby was born, the mother would leave for days at a time, apparently to use drugs leaving the grandparents to care for the infant. Not only was the daughter-in-law unreliable but their own son had been involved in drugs and spent time in jail, making the grandparents, parents by default. They had taken in the young couple, hoping they would become financially independent and care for their child, but unfortunately both parents became addicted to drugs. After their second son was born, both parents continued to abuse drugs, leaving the grandparents with two babies to care for. The grandmother explained how she would go to work and then come home to two babies, which, over time became so exhausting that she had to quit her job and stay home full time to care her grandchildren. The grandparents raised their grandsons until the grandfather died unexpectedly 5 years ago, leaving the 12 and 14 year old grandsons devastated over their grandfather’s death. As the grandmother
explained, her husband was actively involved with his grandsons and his absence is still painful to talk about. Although her son and the mother of the boys are now clean and sober, neither one wishes to become involved with their children. Not having the acceptance of their parents most likely has had significant effects on the two boys. As the grandmother explained when describing her disillusion she said, “They don’t spend time with them (boys)”. “They don’t know them (boys)”.

For grandparents of newborns the job of caregiver is easier in that the child has not been as extensively exposed to any dysfunctional or abusive factors but they are by their nature, very dependent and require a lot more attention than an older child. One grandparent who took in her granddaughter at one week old is struggling with sleep deprivation because of the child’s dermatitis that causes the child to wake up during the night. Her granddaughter is now 16 months old, but is still recovering from her skin condition. Along with sleep deprivation she suffers from depression and anxiety, all of which are physically and psychologically draining. The child had tested positive for drugs when she was born, resulting in a low birth weight, making her more susceptible to infection.

Another grandmother told her story of receiving a phone call from the maternal great-grandmother who was caring for her 1-week-old great-grandson. The mother who was the girlfriend of the interviewee’s son had not returned after a week and the interviewee was asked whether she would want her grandson. She was more than happy to take her grandson and she expressed her satisfaction about her role. She reported that she was doing fine and her family was supportive and available. The
grandson is now 2½ and thriving under his grandmother's care. Fortunately her son, who was incarcerated during the time that his son was born, is now clean and sober and has bonded with his son. He is one of the success stories, which are unfortunately too infrequent. His determination to remain sober has made a positive impact on his son and the grandmother as she carefully monitors her son's ability to parent. They have been able to work out a schedule allowing the son to visit his son and take care of the child's needs. As in too many of these cases, one or both of the parents are unable or unwilling to make the necessary changes so they can take over the role of parent. In this particular case, the mother is incarcerated and has shown minimal interest in her child.

Another grandparent took in her newborn granddaughter due to the mother's instability and because she had 4 other children to care for. The grandmother spoke about her determination to raise her granddaughter as well as how her son is beginning to take his role as father seriously. This is the second case where the grandmother is slowly giving the adult son more latitude on parenting duties, which will hopefully give the parent a sense of bonding with his child and over time, allow the grandmother to give over the reins to the parent. Unfortunately the rest of the grandparents were still raising their grandchildren alone with little hope that their adult child would recover enough to be a functioning parent.

The reality that one's adult child will probably never regain their sobriety is somber to contemplate. For one mother whose son had been in and out of jail for drug possession the reality was painful. When she confronted her son about his drug
activity and his inability to parent his son, his response was, “I love my lifestyle, I’m not quitting”.

**Grandchildren’s Behavioral and Health Challenges**

The age of the child at the time of removal was in part a factor in the severity of the child’s health issues. Abuse and neglect were factors that affected older children, meaning those who were at least a year old. Out of 10 households, 7 or 70% of the grandparents were dealing with their grandchildren’s physical and psychological issue relating to their environment and/or exposure to drugs and/or alcohol.

One participant reflected on the last 18 years raising her grandsons, now 16 and 18, she spoke with confidence and a sense of satisfaction about her parenting skills. “Sometimes I think I sure did a crappy job when they do something I don’t like. Once you raise your children and your grandchildren, what they do with their lives is up to them”. She spoke about taking parenting classes when they were younger to help her cope with the older grandson’s bipolar issues and developmental diagnosis. “I took some parenting classes and I learned not to hit the children or yell at them but to use time outs and taking privileges away as punishments. It usually works”. Dealing with a child with a disability has additional challenges in terms of disciplining and motivating them to excel. For this grandmother of an autistic grandson she learned to refrain from yelling and threatening and allow both parties to calm down and then decide what the punishment will be. “You’ve got to step back, let them cool off”. “At school he goes into the behavior room”. The parenting classes helped this grandmother to reinvent her parenting skills which decreased the tension in the home.
One child was born with fetal alcohol syndrome and considered to be severely delayed and at age 10 still requires remedial assistance in his studies, he also has apnea and takes medication for ADHD. As a toddler he suffered from sensory dysfunction disorder which required his grandmother to take him to therapy while reinforcing sensory techniques at home with buckets of rice and beans to help him learn to recognize things around him. "They (doctors) said that (my grandson) wouldn’t make it to a year old and he’s ten, for all the work and all the hours I put in…..that is why he is ten years old today”. "He still has some problems but nothing like he had as a young child". The grandmother told how she has tried to get her grandson more remedial instruction so he can understand his schoolwork. “Right now he’s a year behind, but they (school) won’t keep him in the same grade or give him special education because he has to be two grades behind to get special education”. Her frustration at the educational guidelines were obvious, she explained that she would let her daughter, who was slowing taking over his care, could deal with the school officials, “I don have the fight in me anymore”.

Depending on the absence or presence of drugs and/or alcohol in the mother’s system while the baby is utero will determine in great part the heath of the infant when he/she is born. Some interviewees (40%) stated that the mother had drugs and/or alcohol in her system when the child was born. In all cases, the substance did affect the infant’s health to some degree.
Adult Child's Level of Parental Involvement and Level of Stability

Only two out of ten or 20% of the grandparent caregiver's adult child has recovered sufficiently to be able to parent at least at an acceptable level. The other 8 cases were not as hopeful, with the parents still involved in drugs and/or alcohol and periods of incarceration.

With varying degrees of involvement, adult children can be reunited with their children; only one of the grandparents had given the grandchildren back to the parent. The rest of the parents have little or no contact with their children. For those parents who visit their children sporadically, the appearance of a parent can be welcoming but at the same time confusing with different kinds of reactions to their presence. For one 4-year-old boy, after his father came on one of his infrequent visits, the boy would have bouts of anger and self harm after his father's visit. Sometimes he would bang his head on the floor until he got a bloody nose. For some children their confusion at why there parents are not with them all the time is so painful that they act out because they are not able to express their emotions any other way. Reassuring the child that they are safe in their new home with grandma can quiet an upset child, but other times it is prudent to address these behaviors with professional counseling.

Grandparent's Sense of Satisfaction and Accomplishment

All of the grandparents as well as the great aunt expressed a sense of pride and accomplishment in their role as parent. Although most of the caregivers acknowledged that caring for smaller children in particular was exhausting work, they all agreed that the sacrifice was worth the price. For those caregivers who are have
almost completed their role as parent, their response was very similar; they are relieved that their grandchildren are almost adults and they would not change their decision to take in their grandchildren. The grandmother of two teenage boys stated that she is proud of her two boys and wishes her husband was still with them. He died suddenly five years ago when the boys were 12 and 14 which was very difficult for the boys. The grandmother expressed her sadness over losing her husband of 43 years because he helped care for the boys and they were really attached to him. He would take them on day trips to Bodega Bay and other sites along the coast.

Another grandmother expressed her relief because now she knows that her 2-year-old great-granddaughter is safe. She felt that her life was enhanced because she eats meals with her great-granddaughter, goes to bed at the same time, and has established a schedule, which she did not have before and her new role has brought her a new meaning to her life. She stated that her sense of purpose gives her the energy she needs to keep up with her great-granddaughter.

For a grandmother of a 2½-year-old granddaughter, her new role suits her well and she felt confident that she could raise her granddaughter without outside (CPS) help. For some grandparents the mention of CPS appeared to stir up feelings of angst and mistrust. The researcher observed one grandmother, in particular who had to be reassured several times prior to her interview, that the researcher had no affiliation with CPS or any other agency before she would agree to do the interview. Another grandmother explained how CPS had asked her to take in her 3 grandchildren, but she knew that the task was more then she could handle, especially with all three children
suffering from neglect and abuse. Unfortunately, because of her health and her obligations to her two grandsons she was not able to keep them. One of her granddaughters had serious issues with violent behavior towards others. The grandmother attributed this behavior to the neglect the child has experienced during her very young childhood. By the time CPS had stepped in, the three grandchildren were all exhibiting serious behavioral patterns. She described how her granddaughter would threaten her siblings and tell her grandmother that she would shoot her (grandmother) between the eyes. The disruptive behavior was more than the grandmother could handle and she feared for the safety of her other grandchildren. “I had to give her back to CPS”. The other two siblings were also returned to the foster care system. She has her 10-year-old grandson and her 4 year old son as it originally was and she is now able to maintain a more cohesive and harmonious environment at home.

Another grandparent expressed her sense of accomplishment by advocating for her grandson in school. She was able to have him assessed through an ‘Individual Education Plan or IEP, and he is now receiving assistance with his reading in the classroom. Her sense of pride in being able to make a positive difference in her grandson’s life has helped her to reconcile with the fact that she is parenting again at 68. “I didn’t think I’d be doing this at my age”. She spoke about making sure that her grandson was involved in sports and all the things that 7 year olds do. “I take him places, make sure he is involved”. In addition to experiencing a sense of accomplishments, some grandparents have opposing ideals about their role as
grandparent. "...(G)randparents may experience role conflict and struggle to reconcile their desire to be indulgent grandparents with their perception that their grandchildren need firm parenting (Dolbine-MacNab, 2006, p. 566).

Services Most Requested by Interviewees

The most requested service was respite care, with 5 out of 10 or 50% of the grandparents wishing to have some free time. The pressures, lack of finances for childcare and a lack of personal time were the main factors for wanting respite. For some grandparents, their family would step in to baby-sit for a few hours or overnight, but for others the job of rearing a grandchild was 24 hours a day, leaving them prone for burn out and an assortment of stressors including anger, frustration, depression and feelings of isolation.

A close second for desired services was financial assistance beyond the TANF or other welfare benefits partially because of the high cost of living, 8 out of 10 or 80% of the grandparents were struggling financially. Affordable housing was also a concern for most grandmothers with 3 out of 10 or 30% struggling with the high cost of housing. Requests for legal consultation were requested by one grandparent who had not yet obtained custody of her grandchild. Most of the grandparents already had legal documentation in place, but having the necessary legal papers was a stressor because the grandparent in this situation may be uninformed and thus more vulnerable to an unreasonable adult child who wants his/her child to be returned. For other legal matters the Senior Legal Hotline, a Sacramento based agency is able to assist grandparents with their legal questions regarding custody, guardianship, adoption,
tenant rights, MediCal, and SSI to name a few. Their services are free and are limited to phone consultations and assistance filling out legal paperwork. Their

*Back Up Plans for Raising Grandchildren*

The researcher was surprised that the majority of the grandparents had already researched their options in case they could no longer care for the grandchildren. One grandparent had reservations about leaving her grandchildren with one of her adult children. Another grandparent did not have a support system within the family, and she stated that she would have to place them in foster care. The researcher expected the number of grandparents without a placement plan to be higher, but the ratio was 3 out of 10 or 30% not having a specific plan. This is not to say that the other grandparents do not have some reluctance, even apprehension about the possibility of having to transfer the care of their grandchildren to another relative.

One caregiver who is the great-grandmother to her 3-year-old great-grandchild has already made plans in case she is unable to care for the child. She states that her family has a close relationship, and she states that there are a lot of “strong women in the family”. One of her daughters is a social worker and helped her mother connect with the grandparent support group and various services. The family is united in their plans for the 3 year old, with 2 aunts willing to step in as caregiver. Her optimism regarding her great-granddaughter’s future is one of hope as she explained, “all (family members) are willing to coordinate, work together”. She is confident that she will be able to see her great-granddaughter through her teenage years. As for her granddaughter, the child’s mother, her sense of hope seemed to fade, as she spoke
about the poor decisions her granddaughter had made and in the grandmother’s opinion, is still making. She described how CPS has given the mother options to help her re-unify with her daughter, but her attempts to complete the requirements have been compromised by her partying lifestyle. She is now with another man with whom she is having her second child. She expressed how she loved her granddaughter, whom she had raised for some time, but she was appeared discouraged as she spoke about her granddaughter’s shortcomings as a parent. The researcher sensed that the grandparent did not want to talk about what the fate of her granddaughter’s second child would be. The grandmother sat quietly for a moment, holding her great-granddaughter as we sat in her patio.

Support Systems that Give Encouragement, Support and Validation

With the exception of two interviewees, the researcher learned how each individual coped with their additional responsibilities and how they sort out their feelings about their adult child’s life choices, the child welfare system, their parenting skills and what their grandchildren’s future. Several mentioned that their faith was important to them and it allowed them, to find peace from their higher power or God. Some practice their faith at home and some attend church. With the exception of two grandparents, the rest relied on their faith to carry them through their ‘rough’ times.

All of the interviewees mentioned that their involvement in the grandparent support group gave them a chance to have some time with other grandparents and become informed about issues that concern them. An example of some of the speakers that address the grandparent group include the Senior Legal Hotline, CPS,
Lilliput Support Services, The Effort and Birth and Beyond. Some of the topics discussed are parenting/parenting classes, parenting teens, landlord-tenant issues, CPS mandated programs and voluntary services, credit and debtor issues, medical services, respite and childcare options. Along with the educational benefits, grandparents can network with one another as well as with professionals in order to access services within the community. Four grandparents, 40% stated that they had other forms of support to rely on such as church, bible studies and meditation which allowed them to function more optimally and thus parent better.

All of the grandparents expressed some level of need to have a support system for assistance, moral support or just someone to talk to. The grandparent support group's fellowship and opportunities for reaching out to one another was listed as their main outside resource. Childcare that was provided for small children allowed the grandparent to have a few hours of adult conversation and a break from their child rearing responsibilities.

Others expressed some level of affiliation with a church, bible study or meditation to help them regain their inner strength and to have a sense of hope and inspiration. Strong family ties were also frequently mentioned as a source of support and socialization. Grandparents gained from their families a sense of being appreciated; families exchanged concrete help with one another. One household had recently rented a 4 bedroom home so they could share the cost of housing and utilities, making it possible to live more comfortably and with more room for everyone. They were also able to benefit from the amenities that come with a new home such as a garage,
backyard and privacy from their neighbors. Although they had to share living quarters, the benefits outweighed the negative aspects. By working together, the 3 generations were able to improve their lifestyle, and for the grandmother, her job as caregiver was made easier with two other adults sharing the responsibilities of parenting.

The courage and determination of these grandmothers was astounding as I listened to their stories, one by one. Each one had their own circumstances, but all had a common thread, their sense of duty to keep their grandchildren within the family, thereby keeping the family name, the culture, their heritage and family identity intact. By investing in their grandchildren the grandparents were keeping the family name and their sense of where they came from intact to pass on to future generations. This researcher heard first hand, the stories of their adult children’s plight with substance abuse, mental illness, incarceration and their inability to parent their children. For the grandparents the reality of their adult children’ poor decisions have hit very close to home as they have taken in their sometimes broken and battered grandchildren. Some of the children have faired decently, but all are left without their parents for at least some time. All, however are
most fortunate that their grandparents have stepped in with unconditional love and support to undertake the job that the adult children were not able to handle.
Chapter 5
CONCLUSIONS, IMPLICATIONS AND SUMMARY

Conclusions

As a grandparent and co-parent, I had my own opinions on the kinds of impacts that grandparenting has on the individual and on the family unit. My assumptions about health, financial and societal implications were validated by the data. Having cared for 3 children ranging in age from 7 to 11 years old for almost 3 years has given me a new sense of how exhausted one can become. Despite the challenges, I still orchestra the smooth transition from mealtime to bedtime. As I listened to the grandparents tell their stories about their new role I felt a camaraderie with them that can only occur when one has experienced similar circumstances. I admire the determination of these ‘silent heroes’. I commend each grandparent in their journey as they raise a generation of nurturing and functioning children.

Implications

The data shows that grandparents do have physical and psychological challenges when they take on the role of caregiver for their grandchildren.

Financial stressors were documented through the comments made by the interviewees. The level of income appeared to be in close relation to the amount of stress each grandparent experienced. Those with the higher incomes expressed little or no stress concerning their ability to meet their financial obligations whereas those with the lowest income expressed angst about making it from month to month.

Dealing with the reality of an adult child who is involved in substance abuse, criminal
activity and/or incarceration is a difficult situation for any parent. Grandparents who are dealing with their feelings of guilt, anger and disbelief about their child’s turmoil are also burdened with the responsibilities of raising grandchildren. Not that most grandparents feel burdened in the sense of resenting their new role but the fact that parenting at a later stage in life presents multiple challenges to the aging parent.

Along with the challenges come many treasured moments that make all of the struggles worth it. Seeing a grandchild smile again or flourish in their new home is enough payment for a grandparent. Several grandparents expressed a sense of relief once their grandchildren were residing in their home because they knew that they were capable of caring for them and keeping them safe. One grandparent expressed her optimism by stating that she was capable of “doing it on (her) own”. The responsibility of parenting also comes with plenty of situations to worry about specifically for those grandparents who have health issues and/or are elderly. Who will care for my grandchildren if I am not able to? This question can sometimes be answered if the grandparent has solid family support but for those who have few or no options, the prospects are not reassuring. Foster care is sometimes the only and best option, a choice few grandparents would choose. Finally my research provided support for the notion that grandparents who interact with other grandparents, with educators, people of faith, neighbors, friends and family are better equipped to ask for help when necessary, are more socially adaptable and less likely to experience symptoms of depression, anxiety or other ailments associated with stress and isolation.
Summary

Parenting is by far the most difficult and life fulfilling job one can do. Whatever name one gives to these families, be it skipped generation households or multigenerational families, the purpose of each family unit is to bring to children stability, security, comfort, love, nurturing, discipline and a sense of culture and tradition. Additionally these grandparents have provided their grandchildren with a sense of belonging and caring in instances where their own adult children struggled to do so. Families are the backbone of any society and grandparents who are engaged in this endeavor should be supported, encouraged and congratulated for their perseverance. Coming to terms with the conflicting emotions take a lot of energy, insight, and forgiveness. A grandparent raising children needs to be at peace with the shortcomings of one’s own child and look with hope towards the future. As one grandparent expressed to me about her emotions right after she took in her two grandsons, “I was so angry that they (parents) destroyed their lives and wasn’t there for their children; I was angry with them, and I was angry at myself because I didn’t have the heart to let them go into the system. I had to do what I knew to do and that was to forgive”.

As I conclude this project, I can reflect on the many stories that I have heard over the last several months and the one theme that runs through all of them, the story of hope for their grandchildren and themselves to carry on one day at a time.
APPENDIX A

Human Subjects Questionnaire

1. Are you the primary caregiver for your grandchildren?

2. How long have your grandchildren lived with you?

3. What are their ages and gender?

4. What is your age and gender?

5. What is your ethnicity and income bracket? I would use a basic income bracket such as under $10,000, $10,001 to $15,000, etc.

6. Under what circumstances were you put into your role as primary caregiver of your grandchildren?

7. Is your adult child incarcerated, deceased, hospitalized or otherwise incapacitated in their role as parent?

8. Do you foresee your adult child taking over the role as parent and if not, why not?

9. How has the role as primary caregiver for your grandchildren affected your relationship with your partner/spouse? If not applicable, move onto number 11.

10. Does your partner/spouse assist with the daily duties of caregiver, and if so, how much does he/she help?

11. Please tell me about any significant difference in your physical health? e.g., insomnia, weight gain or loss, blood pressure issues, etc.

12. Please tell me about how you are feeling since you took in your grandchildren? Do you suffer from depression, restlessness, poor concentration, memory or anxiety?

13. To what degree have you experienced financial stress? Do you have enough money to cover all of your expenses or have you had to use savings or other sources of income to supplement your income? Have you applied for any
public assistance and if so, is it sufficient to cover all of your basic needs for the family?

14. How would you describe your grandchildren's adjustment to living with you?

15. What level of satisfaction do you derive from raising your grandchildren and what are some of the more important aspects of raising your grandchildren that you have seen improvement in, e.g., psychological health, less behavioral problems, better performance in school, etc. Tell me how you feel about your accomplishments and those of your grandchildren?

16. Can you tell me about a success story related to your new household?

17. Would you be willing and/or satisfied that either or both parent(s) was/were stable and functioning to where they could be trusted to parent again?

18. What type of assistance would benefit your situation in terms of helping you with your grandchildren? For example: financial assistance, housing options, tutoring for you and/or the grandchildren, counseling for you and/or the grandchildren, respite assistance, in-home support services for you, food stamps, repairs for your home or vehicle, clothing for you and/or your grandchildren and legal representation/advise for issues related to your grandchildren?

19. Do you foresee yourself raising your grandchildren to adulthood or do you foresee someone else taking your role over? Do you know who would be able to take your place and when?
APPENDIX B

Authorization for Interviews

I hereby agree to participate in a study entitled, “Skipped Generation Households, an Exploratory Study of Grandparents Who Raise Their Grandchildren” and I understand that the participation in the study involves the following:

Why is this study being conducted?
This study is conducted by Gabriele Toremann of California State University, Sacramento to find out how the task of raising grandchildren presents an array of issues and challenges for their grandparents. I have been requested to take part in this study because I can provide information on the impact of parenting as a grandparent.

What am I being asked to do?
I will be one of 10 respondents in the area who will be asked to answer a series of questions specifically tailored to the social, financial, medical, emotional and relational impact on the lives of grandparents.

I will be asked what some people consider to be sensitive questions about my personal, financial and medical impact on my life due to parenting for the second time. The interview will generally take about 45 minutes.

Is this voluntary?
Yes. I am under no obligation to participate. When I agree to participate, I can ask the interviewer to skip any questions that I’d rather not answer. I am also free to stop the interview at any time.

What are the advantages of participating?
Participating in this study will be instrumental in collecting information about the dynamics of raising grandchildren as it applies to the general well being of grandparents. I will also receive a $10.00 incentive for participating in this study as a token of appreciation for participating in this study.

Will participating in this study affect the services I am receiving?
No. Whether or not I agree to participate in the study will not affect the type or amount of services I am eligible to receive.

Is this confidential?
Yes. Nothing learned about me by the interviewer will be told to anyone else. The study will remove identifying information from my interview schedule completed by
the interviewer. All records will be identified only by a number, and the link between that number and my name will be kept in a locked file that is available only to the principal investigators. At the completion of the study all identifying information will be destroyed and only the complied content of the interviews will be kept. Everything I say will be strictly confidential and any reports or other published data based on this study will appear only in the form of summary statistics or condensed account without the names of or other identifying information about the participants.

What risks do I face if I participate?
There are no risks expected as the researcher is trained to ask the questions in a way that ensures my dignity and privacy and I have the right not to answer any question that I do not want to answer. If I experience any distress, there is a list of services that I may contact which is attached. Subject will make any and all arrangements, including financial arrangements when utilizing the counseling services.

Who do I contact if I have questions about this research?
If I have any questions about the study, I can ask the researcher or email her at Gabimann@netzero.com or (916) 383-3050. Professor Andrew Bein, PhD from Sacramento State is supervising the project. He can be reached at (916) 278-6170 or abein@csus.edu. My signature below indicates that I consent to be interviewed, that I have been given a copy of this consent form, and that I read and understand it.

Signature: ___________________________ Date: _______________

Name of the interviewer: Gabriele Toremann Date: _______________

List of counseling services contact information provided by the researcher:

Capital Christian Center Counseling Center at 9470 Micron Ave., Sacramento, CA.
Phone #: (916) 856-5955.
Elk Grove Counseling Center at 8788 Elk Grove Blvd., Elk Grove, CA.
Phone #: (916) 226-2502.
Arden Psychological Services at 1620 Executive Court, Sacramento, CA.
Phone #: (916) 922-8050.
APPENDIX C

Application Form (Revised 7/2008)

Request for Review by the Sacramento State Committee for the Protection of Human Subjects

Project Title: Skipped Generation Households: An Exploratory Study of Grandparents Who Raise Their Grandchildren.

Funding Agency: N/A

Name(s) and affiliation(s) of Researchers: Gabriele D. Toremann, Graduate Student at CSUS.

Mailing address (or Department and campus mail code): 3225 Julliard Drive, Apt. 10, Sacramento, California 95826.

(916) 383-3050 – Gabimann@netzero.com

Telephone and e-mail address for researcher

March 1, 2009

Anticipated starting date

Professor Andrew Bein

Name of faculty sponsor (for student research)

abein@csus.edu

E-mail address of sponsor

1. Who will participate in this research as subjects (e.g., how many people, from what source, using what criteria for inclusion or exclusion? How will their participation be recruited (e.g., what inducements, if any, will be offered)?

I will be interviewing 10 grandparents from the North Sacramento Grandparent Support Group. The support group is voluntary and not affiliated with any agency and is facilitated by Cory Keeton as a volunteer peer leader. I have had prior contact with Ms. Keeton while I interned at the Senior Legal Hotline agency for my undergraduate internship. I attended several grandparent support group meetings with my task supervisor, attorney Ann Fleenor. I met most of the participants at the support group during these meetings. I will be including grandparents who are the primary caregiver for their grandchildren. I will exclude grandparents who are not primary caregivers, but assist with a parent with childcare duties. The majority of the members are primary
caregivers for their grandchildren and most of those are grandmothers but my survey is open to grandfathers. I will offer a $10.00 gift certificate from Raley's for their participation. This offer is made in accord with the sentiment of “giving back” to research subjects for their contributions.

2. How will informed consent be obtained from the subjects? Attach a copy of the consent form you will use. If a signed written consent will not be obtained, explain what you will do instead and why.

I will use a typed consent form. See attached form entitled: “Informed consent to participate in a study of the impact on grandparents who raise their grandchildren.” Participants will be informed that their participation in the group is not contingent upon their agreeing to be part of the study.

3. How will the subjects’ rights to privacy and safety be protected?

I will utilize a tape recorder and take notes. I will also utilize a survey questionnaire to answer more concrete questions such as age, gender, ethnic identity, number of grandchildren and ages. I will be conducting face-to-face and one-on-one interviews. I will interview each grandparent individually in a secure setting. This could be in the interviewee’s home, secure area in a coffee shop or at the Community Center where the support group is held. I would utilize a separate room from the support group meeting room. I will not use any personal information to identify the interviewee except by first name and middle initial in the event of a name duplication which will only be used during the interview process. Once I have obtained all of the information from the interviews, I will write up my findings. Upon completion of my project I will destroy all tape recordings and notes from my interviews.

4. Summarize the study’s purpose, design, and procedures.

I want to find out the impact of parenting for grandparents who take care of their grandchildren in terms of their physical and mental health, financial stability, social implications, personal/intimate relationships, and level of satisfaction with their parenting skills and accomplishments. Potential benefits to the field of Social Work are: understanding the reasons that adult children do not or can not raise their children, appreciating the sacrifices made by grandparents in order to raise their grandchildren, how can Social Workers better assist grandparents in their role as parent/caregiver? What are the financial implications for grandparents who must adjust their lifestyle to benefit the well being of their grandchildren? What can schools do to safeguard the success of those students who have suffered some form of abuse and how can schools ensure that grandparents are encouraged to participate in
the academic advancement of their grandchildren. I will be conducting a qualitative exploratory study for my project. I will comply all of the information from the interviews and find all of the main themes that my interviewees spoke about. I will analysis their information and draw my conclusion from the findings of my study and present them in chapter 4. I will be utilizing a semi-structured questionnaire which will allow the interviewees to answer the questions in their own words.

5. Described the content on any tests, questionnaires, interviews, etc. in the research. Attach copies of the questions. What risk of discomfort or harm, if any, is involved in their use?

Some distress may be experienced by the subject when answering questions pertaining to the adult child’s inability to care for their children. Great care will be used to minimize any upsetting questions about their role as caregiver to their grandchildren, the reasons why they became primary caregivers for their grandchildren and the impact this role has on them and their grandchildren. Interviewees will have the option to not answer any question they do not feel comfortable answering. Interviewees will only answer questions of the researcher, no other parties will be involved in the interviews or the complying of the results of the interviews or the information obtained from the interviews. Researcher will explain the interviewing process and explain my responsibility to maintain confidentiality at all times. A list of counseling resources will be provided to the participants.

6. Describe any physical procedures in the research. What risk of discomfort or harm, if any is involved in their use? There are no physical procedures in this study

7. Describe any equipment or instruments and any drugs or pharmaceuticals that will be used in the research. What risk of discomfort or harm, if any, is involved in their use?

A cassette recorder will be used to tape the interviews and enhance the credibility of the study. Consent for involvement includes the consent to be taped. The tapes will be kept in a secure location and will be destroyed at the end of the study. There will be no other equipment, instruments, drugs, or pharmaceuticals used in my study.

8. Taking all aspects of this research into consideration, do you consider the study to be “exempt”, “no risk”, “minimal risk”, or “at risk”? Explain why.

My study would be labeled “minimum risk” because my subjects are adults; I will only interview the grandparents not the grandchildren. I will not be
exposing my human subjects to any public scrutiny nor will I use any personal information that would be identifiable to the public. All information will be confidential and all information including tape recordings and notes will be destroyed after my project is completed. During the course of the project, tapes will be stored in a locked setting. Highly intrusive questions are not asked pertaining, for example, to past trauma histories of either the interviewees or their grandchildren. Interviewees may choose not to answer certain questions and they may choose to end the interview at any time.

Signature of Researcher

Date

Signature of Faculty Sponsor
(for student research)

Date

Questions about the application procedures for human subjects approval may be directed to the Office of Research Administration, (916) 278-7565, or to any member of the committee. Questions about how to minimize risks should be directed to a committee member. Applicants are encouraged to contact a committee member whose professional field most closely corresponds to that of the researcher. See www.csus.edu/research/humansubjects/ for the current year's due dates when submitting an application.
REFERENCES


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