Twenty-First Century Grandparents

An Honors Thesis (HONRS 499)

by

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“Over the river and through the woods to grandmother’s house we go.” This familiar line makes people think of weekend trips or holiday celebrations at a grandparent’s house. For 3.7 million children this is not the case. This is the number of children who live in a household headed by a grandparent. One third of these children, 1.4 million, have no parent present and the grandparent is the primary caregiver (Household 1994). When a grandparent is left to raise a grandchild, he/she is often considered a “skip generation” parent (Chideya 1990).

The role of the grandparent is drastically changing. The “traditional” role of a grandparent is having the children for a day or weekend, taking them to the park, and giving them milk and cookies, and sending them home to their parents. To almost 1.2 million grandparents this situation is fictional. These grandparents are taking care of their grandchildren on a daily basis (Household 1994).

There are several areas to be looked at when dealing with grandparents raising grandchildren. There are the reasons why they are raising the children, socioeconomic backgrounds and ethnic group, emotional, financial, and legal issues, and support groups. These are very important when looking at this complex family structure.

**SOCIOECONOMIC AND ETHNIC BACKGROUNDS**

People have formed their own stereotypes of who they believe are most likely to be raising grandchildren and why. In reality, this group of 3.7 million grandchildren and 1.2 million grandparents is as diverse as the population of the United States. Grandparent-headed households are seen in every ethnic group and at every socioeconomic level. No matter what group a person is a part of he is taking on an incredible task (Chalfie 1994).
The following is the breakdown of ethnic and socioeconomic groups of the grandparents raising their grandchildren:

<table>
<thead>
<tr>
<th>Family Income</th>
<th>Employment Status</th>
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<tbody>
<tr>
<td>39% - $20,000 or less,</td>
<td>42% - Are working,</td>
</tr>
<tr>
<td>41% - Between $20,000</td>
<td>46% - Are living on a fixed income,</td>
</tr>
<tr>
<td>and $40,000,</td>
<td>12% - Have a fixed income but also work</td>
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<td>10% - Between $40,000</td>
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<tr>
<td>and $50,000,</td>
<td>(Household 1994).</td>
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<tr>
<td>10% - Over $50,000</td>
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<tr>
<td>(Household 1994).</td>
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<table>
<thead>
<tr>
<th>Ethnic Origin</th>
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<tbody>
<tr>
<td>68% - Caucasian</td>
</tr>
<tr>
<td>29% - Black or African American</td>
</tr>
<tr>
<td>10% - Hispanic</td>
</tr>
<tr>
<td>2% - Asian/Pacific Islanders</td>
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<tr>
<td>1% - American Indian</td>
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</tbody>
</table>

These statistics show that Caucasians are the majority of caregivers. However, midlife and older blacks are twice as likely as whites of the same age to be raising grandchildren, 9 percent versus 5 percent (Chalfie 1994).

Money is often a concern with grandparent caregivers. The median household income of all grandparent caregivers is $18,000 while traditional households with children is $36,204 (Chalfie 1994). This is a problem because sixty-one percent of African-American and forty-one percent of Caucasian grandparents are raising their grandchildren on a fixed income (Woodworth 1996). Then only six percent of midlife and older caregivers receive child support payments (Chalfie 1994). Luckily there are programs that help grandparents financially such as Aid to Families with Dependent Children (AFDC), Medicaid, food stamps, Supplemental Security Income (SSI), Special Needs Adoption Subsidies and The Earned Income Tax Credit (EIC) (Takas 1995, 25).
Financial Support

Aid to Families with Dependent Children (AFDC) or welfare was established by Title IV-A of the Social Security Act. It provides monthly financial assistance to help families care for dependent children under the age of eighteen who need help because the parents are unable to support them due to the parent not being present, unable to work, unemployed or deceased. The child must be living with a “caretaker relative” which includes “any relation by blood, marriage, or adoption” (Untangling the Web 1994). A grandparent does not need to have a low income to qualify for AFDC. The only income that will be considered is the grandchild’s because the check will cover only the grandchild. Once a child gets AFDC he will automatically get Medicaid which will provide health care coverage (Takas 1995, 26).

Medicaid is a government sponsored program that helps provide medical care for children who are eligible. A child could receive Medicaid if:

1. He receives AFDC, SSI, or a Special Needs Adoption Subsidy;
2. He is eligible to receive AFDC, but the grandparent only applies for Medicaid for the child; or
3. He has a little too much income to qualify for AFDC, but they have lots of medical bills, and the state has a special rule that allows them to qualify as “medically needy” (Takas 1995, 27).

Unfortunately, some health care providers do not accept Medicaid. It is important that the grandparents find a provider that takes the Medicaid card and what Medicaid covers in their state. For example, some states do not cover dental care.

Food stamps assist the grandparents by providing food to low income households. Unlike AFDC the whole household income is included. For the most part, the gross
family income must be 130% below the poverty line and the net income 100% below the poverty line (Untangling the Web 1994). The amount of food stamps a household gets depends on how many people live in the household, the total income, and other expenses. Food stamps can only be used in grocery stores and only for food (Takas 1995, 28).

Supplemental Security Income (SSI) provides assistance to children and others with disabilities. In order for a child to receive SSI, the grandparent must prove that the child is eligible. The SSI standards are:

1. Blind children must have 20/200 vision or less with the use of a corrective lens, or have tunnel vision of 20 degrees or less.
2. Disabled grandchildren must be unable to engage in any “substantial gainful activity” because of a physical or mental impairment that is likely to result in death, has lasted 12 months, or is expected to last at least 12 months (Household 1994).

The child’s income and assets must also be limited. They cannot be more than the maximum benefit of $446 per month. If the child has any countable income (one-third of parental support) it will reduce the SSI benefit (Untangling the Web 1994). If the child is eligible for SSI, he is also eligible for Medicaid (Takas 1995, 31).

The Earned Income Tax Credit (EIC) is for employed people who have low earnings and have children in the family. The EIC is different from most tax credits because the grandparents will be eligible even if they do not owe any taxes (Untangling the Web 1994). For grandparents to receive this tax credit they need proof of two things:

1. The grandchild is a “qualifying child” based on three Criteria: age, residency, and relationship.
   A) Age – the grandchild is under the age of 19; or under the age of 24 and a full-time student; or permanently and totally disabled.
B) Residency – the grandchild and grandparent have lived in the same home for more than six months of the year and the home is in the United States.
C) Relationship – The child needs to be a biological or adopted child, a descendant, a stepchild, or an eligible foster child. The grandparent does not have to have legal custody or the grandchild does not have to be a dependent to earn the tax credit.

2. The earned income during the year for which they apply. One of the grandparents must have worked during the tax year they are applying to qualify for the tax credit. The earned income must fall below the levels set ($23,755 for one child and $25,296 for two children). These levels do not include income from interest, SSI benefits, pensions, alimony, and others. (Untangling the Web 1994).

A problem may arise if the parent and the grandparent both try to claim the child for the EIC tax credit. Only one person can claim the child, and this should be discussed before anyone claims him. If the grandparents are reluctant to fill out the tax form, they should get assistance from the IRS or the AARP Tax Aide program (Untangling the Web 1994).

Special Needs Adoption Subsidy is a program that was designed to encourage the adoption of children so they do not have to spend years in foster care. After adoption by the grandparent, the grandchild keeps the level of support that he would have received if he was in the foster care system. Adoption subsidies are usually much higher than AFDC and the state welfare agency will not stay involved with the family. There are requirements that the grandparents must meet to be eligible for the adoption subsidy:

1. The grandchild must either have been in foster care before living with the grandparents, be eligible for SSI, or have been eligible for AFDC before living with the grandparents.
2. The child must have been removed from his or her parent by court order.
3. The child must meet the state’s definition of “special need” (Takas 1995, 33).
If the grandparents are unsure whether they qualify, they should ask a lawyer for help.

These programs were designed to help people who are in need of financial assistance. Grandparents should not be embarrassed to reach out and ask for help. There is nothing wrong in looking out for the well-being of a child. If the grandparents are unsure about a state or federal program, they need to find out about “…eligibility, benefits provided, where to apply, and restrictions on the assistance and services provided.” If they are still unsure, they can always ask help from a lawyer, the local agency, or AARP’s Grandparent Information Center (Woodworth 1996).

**PRIMARY REASONS FOR RAISING GRANDCHILDREN**

Grandparents assume the role of caregivers for many reasons. The following list is a breakdown of the primary reasons as to why the grandparent has assumed the role of parent:

44% - Substance abuse by the parent(s),
28% - Child abuse, neglect or abandonment,
11% Teenage pregnancy or the parent being unable to handle the children,
5% - Death of the parent,
4% - Parental unemployment,
4% - Parental divorce,
4% - Other reasons, including HIV-AIDS. (Household 1994, Woodworth 1996).

The list above contains only the primary reasons why the grandchild is left to be raised by grandmother and/or grandfather. It is possible that a combination of two or more problems is affecting the parent’s ability to care for her child.

**Substance Abuse**

Substance abuse is a problem facing many Americans, and does not affect only adults. Approximately 11% of children born in the United States have had prenatal
exposure to drugs (Minkler & Roe 1993, 158). Children in these situations need to get out. When a child is removed from an environment where drugs have been used on a daily basis there is a long road to recovery. These children are feeling many different emotions and will need to be helped. Problems become more complicated when a child was born addicted because of the mother’s drug problem. A lot of work needs to be done with these children, such as counseling and weaning child from drug addiction.

Nancy Pinson-Millburn, Emily Fabian, Nancy Schlossberg, and Marjorie Pyle (1996) list a few potential problems that grandparents may expect from their grandchildren due to the drug and alcohol abuse of the parents.

1. The child may be born with birth defects such as learning disabilities, mental retardation, cerebral palsy, and fetal alcohol syndrome.
2. Attention deficit disorder (ADD), especially attention deficit hyperactivity disorder (ADHD) is common in children with addict parents.
3. Poor academic performance and high dropout rates are trends among these children.
4. Due to emotional and psychiatric problems the grandchild may be enrolled in special education programs.
5. The child himself may also abuse drugs and alcohol.
6. Female grandchildren have a higher rate of occurrence of teenage pregnancy

Luckily there are counseling and support groups to help both the grandchildren and the grandparents deal with these problems.

One drug that has affected the youth of America as well as their elderly caregivers is crack-cocaine. In a study performed by Meredith Minkler, DrPH, Kathleen M. Roe, DrPH, and Marilyn Price, MSW (1992), they observed the physical and emotional health of great-grandmothers, grandmothers, and great-aunts raising grandchildren in the crack-
cocaine era. Grandparents undergo extreme stress. They wonder why they are in charge of raising their grandchildren. They want to know where they went wrong with their own children and what they did to make them turn to drugs. This makes them question their ability to raise another generation of their family, but luckily many grandparents are willing to assume the role (Minkler, et. al. 1992).

Incarceration

In 1991 the U.S. Department of Justice released a statement saying that “...more than three-quarters of women prisoners are mothers, and two-thirds of these have children under 18” (Minkler & Roe 1993, 55). Once the mother is incarcerated the question is asked, “Where do the children go?” Over half of the children are placed with their grandparents, and typically this is most likely to be the child’s maternal grandmother. It is estimated that 75,000 grandmothers will be raising their grandchildren by the end of the decade due to the mother being incarcerated. Thousands more may also be affected because the mother is on probation or parole. One-fourth of the remaining children are placed with their fathers and five to ten percent are placed in foster care (Gable & Johnston 1995, 107).

When a father is incarcerated, it does not affect the grandparent very often and has not been researched much. Ninety percent of affected children live with their natural mother, one to two percent are placed in foster care, and only eight to ten live with their grandparents (Gabel & Johnston 1995, 107). These children have also been statistically shown to be five times more likely to come into contact with the juvenile courts or the criminal justice system (Barnhill 1996).
Grandparents need to realize that it will be tough dealing with their grandchildren. They need to be able to explain the parent's absence to the child, provide for the child's material and emotional needs, develop or maintain a good relationship with the child, and work towards parent-child reunification (Gabel & Johnston 1995, 113-118). There are also potential problems that the children may experience. Nancy Pinson-Millburn, et. al. (1996) listed a few of these:

1. They may exhibit emotional and behavioral problems as a result of intermittent or long-term parental incarceration.
2. They may experience shame and isolation among other family members and peers.
3. They may be victims of social stereotyping on the part of school or other agency or social service personnel.
4. They may experience posttraumatic stress disorder in terms of managing the stress associated with what caused the parental imprisonment.

These children will need to get help to cope with these problems, as will the grandparents. Luckily there are support groups that are aimed towards this problem. These will be discussed later in the support group section.

**Child Abuse, Neglect or Abandonment**

Children will encounter serious problems when they have suffer any form of abuse: sexual, physical, or emotional. Nancy Pinson-Millburn, et. al. (1996) listed a few of these:

1. They may have psychiatric symptoms such as depression or agitation.
2. They may have behavioral disorders and inadequate coping skills.
3. They may be extremely depressed and/or suicidal.
4. They may have never developed skills of independent living.
5. They may have poor or inadequate social supports.
6. They may experience psychiatric disorders such as developmental delays, anxiety disorders, and posttraumatic stress disorder. These children need to get help to deal with their problems. There are support groups as well as individualized or group counseling available. What these children need most is a safe, loving environment away from danger.

If a grandparent thinks that her grandchild is being abused or neglected, she needs to get the child help immediately. She should contact the child welfare agency to report that she thinks her grandchild is in danger. The agency will send a worker to the child’s house the same day and investigate the problem. The worker will then make a decision and do one of three things:

1. Decide the child has not been abused or neglected and a case will not be opened. This could serve as a “wake up call” for the parent.
2. Decide the child has been abused or neglected but is not in serious danger and a case will be opened for “protective supervision.” The parent will be offered services such as drug and parenting classes. A worker will visit often to make sure the child is safe.
3. Decide the child has been abused or neglected and is in immediate danger and the agency will probably remove the child. Then the agency will ask for legal custody and will find a place for the child. The child is usually placed with relatives, so the grandparent should tell the agency she is available when she calls (Takas 1995, 16-17).

When the grandparent is chosen to care for the child it will be called “kinship foster care.” It is the same as foster care, but is called kinship because the grandparent is family.

Being a “kinship foster care” grandparent has pros and cons. The grandparent will receive monthly checks to help with financial expenses and is eligible for some of the programs mentioned earlier. She will also get free daycare for the child if she is employed.
The agency will assist in getting the child’s parent get help. If the parents get angry in the turn of events, they have to go to the agency because it is in charge of the child, not the grandparent. Kinship foster care also has its problems. The family will lose some privacy because a caseworker will come out to visit the house about once a month to check on the child. The caregiver will have less say in the child’s future because the agency must make reasonable efforts to reunite the child with a parent. Another problem is that the grandparent may be unhappy with the services they get from the agency. To avoid this problem it is possible for the grandparent to avoid foster care by asking the court for legal custody of the child as discussed earlier (Takas 1995, 18-19).

HEALTH AND SOCIAL EFFECTS ON CAREGIVERS
Physical and Emotional Health

When grandparents take the responsibility of raising their grandchildren their lives undergo several changes. According to Nancy M. Pinson-Millburn, et. al. (1996), “…everything about the grandparents’ lives change: leisure, friendships, work, health, and finances.” Their routines change and their relationships with friends and family are altered. They will spend a lot more time with their grandchild, causing them to lose a large part of their freedom.

Grandparent caregivers will face psychological consequences dealing with their new responsibility. Many people think that the grandparents are just gaining a grandchild, but they are wrong. The grandparents are losing or have lost their own child. The main feeling many of the grandparents have because of this is that they have failed as parents. This makes them question whether they are capable of raising another child (Pinson-Millburn 1996).
Emotional health is an area that affects the majority of caregivers. Grief is often present. Grandparent caregivers are in the process of grieving “...for the loss of their children through death, addiction, unemployment, child neglect or abuse…” They are also grieving because they realize their own freedom and dreams are gone (Pinson-Millburn, et al. 1996). One grandmother told Nancy Pinson-Millburn, et. al. (1996) that, “I feel I’ve been cheated. I’m not ready for the rocking chair, but if I want to go out with friends, I can’t. I feel like something has been stolen from me.” This is a feeling that is felt by many caregivers.

Meredith Minkler, DrPH, Kathleen M. Roe, DrPH, and Marilyn Price, MSW performed a study published in 1992 called “The Physical and Emotional Health of Grandparents Raising Grandchildren in the Crack Cocaine Epidemic.” They asked 71 grandparent caregivers to rate their current emotional and physical health with their health before they became caregivers and compared to a year ago. The results are as follows: (n=71, %=percentage of surveyed grandparents)

<table>
<thead>
<tr>
<th></th>
<th>Physical health</th>
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<th>Emotional health</th>
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<tbody>
<tr>
<td></td>
<td>n</td>
<td>%</td>
<td>n</td>
<td>%</td>
</tr>
<tr>
<td>Now compared with before caregiving began</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Much Better</td>
<td>7</td>
<td>9.9</td>
<td>12</td>
<td>16.9</td>
</tr>
<tr>
<td>Somewhat better</td>
<td>7</td>
<td>9.9</td>
<td>9</td>
<td>12.7</td>
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<tr>
<td>About the same</td>
<td>33</td>
<td>46.4</td>
<td>24</td>
<td>33.8</td>
</tr>
<tr>
<td>Somewhat worse</td>
<td>15</td>
<td>21.1</td>
<td>17</td>
<td>23.9</td>
</tr>
<tr>
<td>Much worse</td>
<td>9</td>
<td>12.7</td>
<td>9</td>
<td>12.7</td>
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<tr>
<td>Now compared with a year ago</td>
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</tr>
<tr>
<td>Much Better</td>
<td>6</td>
<td>8.5</td>
<td>11</td>
<td>15.5</td>
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<tr>
<td>Somewhat better</td>
<td>12</td>
<td>16.9</td>
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<tr>
<td>About the same</td>
<td>33</td>
<td>46.4</td>
<td>30</td>
<td>42.3</td>
</tr>
<tr>
<td>Somewhat worse</td>
<td>13</td>
<td>18.3</td>
<td>14</td>
<td>19.7</td>
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<tr>
<td>Much worse</td>
<td>7</td>
<td>9.9</td>
<td>7</td>
<td>9.9</td>
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The same group was asked to rate their overall physical health. The results are as follow:

<table>
<thead>
<tr>
<th>Physical Health</th>
<th>Emotional Health</th>
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<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Excellent</td>
<td>7 9.9</td>
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<tr>
<td></td>
<td>20 28.2</td>
</tr>
<tr>
<td>Good</td>
<td>31 43.6</td>
</tr>
<tr>
<td></td>
<td>20 28.2</td>
</tr>
<tr>
<td>Fair</td>
<td>28 39.5</td>
</tr>
<tr>
<td></td>
<td>25 35.2</td>
</tr>
<tr>
<td>Poor</td>
<td>5 7.0</td>
</tr>
<tr>
<td></td>
<td>6 8.4</td>
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</table>

These caregivers showed little difference between the changes in their physical and emotional health. 93% and 61.6% rated their physical and emotional health, respectively, as fair or above.

Caregivers had different reasons why they rated their emotional health the way they did. Two caregivers said, "It has to be excellent or I'd be in a nut house" and "I guess it's excellent or how could I deal with all of this?" The grandparents also feel a sense of relief after becoming caregivers because their grandchildren are now in a safe environment and are being cared for. Some are better emotionally because they have accepted their child's drug problem. One grandparent felt that if she did not accept it that she would go down with her daughter. Her main goal is to look after her grandchildren and raise them the best she can (Minkler, et. al. 1992).

The caregivers who reported worse emotional health felt that it was mainly because they had to watch their adult children deteriorate because of their crack addiction. Caregiving to these grandparents stood for what has become of their children's lives. Working grandparents whose jobs mimic work at home were most likely to express emotional stress. One grandparent who worked at an elementary school commented that, "There's kids at work and kids at home. Everywhere I go it's kids." Another group that reported high emotional stress were "dual caregivers," or those who were dealing with a
frail or elderly relative and a grandchild. Many of these grandparents just feel stretched to their limits (Minkler, et. al. 1992).

Physical health is very important to these caregivers. Half of the grandparents reported that they were concerned about their health and 15.5% reported they were very concerned. 45% of these caregivers said that health has never got in their way. A few caregivers commented that, “I just take my medication and keep on” and “I don’t have the luxury to get sick” (Minkler, et. al. 1992).

Many of the caregivers improved their health behaviors due to their new responsibilities. One grandmother gave up smoking because her grandchild had respiratory problems. Another grandmother starting taking care of her two grandchildren, she has gone from smoking two packs a day to almost no cigarettes and has lost 30 pounds. Health is very important so they can keep up with their grandchildren (Minkler, et. al. 1992).

Some grandparents do suffer from health problems. Many of the grandparents whose health has deteriorated over the past year frequently classified it as a consequence of caregiving. Many grandparents put their needs aside and concentrate on their grandchildren. One woman missed four medical appointments in a year because of caregiving and the confusion in her household. Another grandmother said that she and her husband smoke and drink more than they used to because of their additional responsibilities. Several grandmothers even stopped taking their medications because they need to stay alert all of the time (Minkler, et. al. 1992). The study also found that 51% of the grandparents complained of joint swelling and stiffness, 41% suffer from severe
back problems, and 25% had heart troubles. (Pinson-Millburn 1996). A study conducted by Linda M. Burton, PhD (1992) found similar results as Meredith Minkler, et. al.

In order for these grandparent caregivers to provide their grandchildren the best possible care, they need to be in good health, both physically and emotionally. Grandparents need to take time out of the day to relax and concentrate on nothing but themselves. They also need to keep up on their physical health. They should visit their doctor regularly to make sure that their health is okay. Grandparent caregivers should also take their medicine to help prevent illness. They will be no help to their grandchildren if they are in the hospital due to exhaustion or a physical ailment.

Social Effects

An area that most people do not realize affects grandparent caregivers is their social lives. Margaret Platt Jendrek from Miami University, Ohio conducted a study on 114 grandparents (97% female, 3% male) who provide daily care to their grandchildren. She looked at how caregiving changed their lifestyles, relationships with friends, family and spouses. She also broke the grandparents into three categories; custodial (legal custody), Living-With (no legal custody) and Day-Care (provide regular daycare). The following is a summary of her findings (Jendrek 1993).

The "[g]randparents were asked a series of closed-ended questions about events and feelings that may have changed because they were providing care to a grandchild." She found that when looked at as a whole, 9 of the 20 lifestyle items reported a change. The top three lifestyle changes that were increasing most were, "an increased need to alter routines and plans (79.5%), having more of a purpose for living (55.4%), and feeling more physically tired (55.0%)." The three items that were decreasing most were, "having less
privacy (58.6%), having less time for one’s self (58.0%), and having less time to get things done (53.6%).” As one would expect, when the groups are broken down the Day-Care grandparents’ lifestyles are least affected and the Custodial and Living-With grandparents are affected more, both positively and negatively (Jendrek 1993).

Relationships with friends changed when the grandparents became caregivers. Margaret Jendrek found that 55.6% of custodial grandparents, 44% of living-with, and 21.2% of day-care grandparents said that they had less contact with friends. An interesting finding is that none of the grandparents said that their contact with friends increased. Relationships with close friends stayed the same in 82.6% of the cases. Custodial and living-with grandparents had the most change with close friends and day-care had the least. This is mainly because with day-care the children go home at the end of the day and with the other two categories the children are there all the time. Margaret Jendrek sums it up best when she says that the changes occur because the “…grandparents are out of phase with their friends.” Most of their friends do not have children around and the caregivers need to meet the needs of the children first. This study proves that a person’s real friends will stick by him through anything (Jendrek 1993).

The effects on family relations vary between groups. Overall, 72.6% of the grandparent caregivers reported that they did not have problems with other family members because of their new role. When looking a the groups separately, 47.2% of custodial caregivers reported some or a lot of problems with family members, while 28% of living-with and 13.5% of day-care caregivers had the same problems. The main types of problems were difficulties with the child’s parents because of jealousy. The parents were jealous because they were unable to care for the child and in turn are not supportive.
The caregivers' other children might also become jealous because they think that their children will not receive the same attention as the child that is always with the grandparents. When a parent is living with the grandparent and child, conflicts often arise when the child tries to play one against the other. One grandmother said that her grandson was so bad at this that they finally had tell him to do what the other said, and that helped a lot. Day-care caregivers also experienced problems because the child had two different sets of rules to follow, one at home and one at the grandparent’s house. This will cause conflict between the two sets of caregivers because the child will say things such as, “Well, Mother doesn’t do it this way,” or ‘You should do it the way my Mother does it.” This will usually make the caregivers frustrated because they do not think the child respects them. Luckily, 72.6% of the grandparents overall, still have a good relationship with their family members (Jendrek 1993).

Married couples experience several changes in their relationships. Becoming a parent for a second time is one of them. Margaret Jendrek concentrates on the satisfaction with the relationship and attention given to the other spouse as a result of raising the grandchildren. Custodial grandparents reported that their marital satisfaction declined more than the other two groups (28% to 6.3% living-with and 6.7% day-care). Then 23.8% of custodial grandparents reported that their marital satisfaction increased because they were taking care of the children, as compared to 12.5% of living-with and 13.3% day-care grandparents. Marital satisfaction can increase because the couple is doing things together and both are raising the children this time around. Marital satisfaction can decrease because the couple is not giving each other enough attention. 34.1% of the grandparents reported that giving attention to their spouse changed. 50%
of custodial grandparents said they saw a decline and 33.3% of living-with and 17.8% of day-care grandparents saw the same change. Luckily 83.1% of the grandparents overall reported that caring for the grandchild did not create the problems with their spouse. Showing each other attention and enjoying the marriage can help these grandparents enjoy their new role as second time parent (Jendrek 1993).

**SUPPORT GROUPS**

Grandparents may experience loneliness, depression, anxiety, and a sense of hopelessness when raising their grandchildren. There may be a time when they need someone to talk with about their situation. There is individual counseling where the grandparent talks one-on-one with a psychologist. Most caregivers feel that this is not enough. They find that they need to talk with people who are experiencing the same problems they are, as well as the same joys. A support group is one avenue they may go down.

Support groups for grandparent caregivers are rapidly increasing. There are support groups called Grandparents Raising Grandchildren, Raising Our Children’s Kids (ROCKing), Grandparents as Parents (GAP), Second Time Around Parents, Grandparents Are Indeed Needed (GAIN), and Grandparents Offering Love and Direction (GOLD) (Kornhaber 1996, 141, Gabel & Johnston 1995, 267, Minkler & Roe 1993, 178-179). In 1996 the American Association of Retired Persons’ (AARP) Grandparent Information Center (GIC) reported that their list of support groups had risen to over 400. This list includes groups in every state except for Hawaii, Maine, Nevada, New Mexico, and West Virginia. “The grandparent support groups provide grandparent-headed families with the
emotional support and the tools they need to find community resources that will make their lives less troubling" (Woodworth 1996).

Several things happen at support group meetings. A support group in the Detroit area called Grandparents United: Intergenerational Developmental Education (GUIDE) helps its member several ways. A few of these areas are as followed:

- Assess their needs,
- Provide individual and family counseling,
- Reduce social isolation,
- Enhance life skills of both grandparents and grandchildren,
- Help them to meet basic human needs such as food, clothing and housing referrals,
- Assist grandparents in seeking custody of their grandchildren,
- Educate family members about substance abuse, and
- Stimulate positive communication between grandparents and grandchildren (Jones & Kennedy 1996).

This is just an example of one support group, but this is a format many follow.

Support groups also help educate their members in the form of guest lectures and public awareness. Some groups have invited judges and lawyers to discus legal issues, such as custody and guardianship, facing grandparents. Social service agencies may also come to discuss financial issues such as SSI, Medicaid, EIC, and Food Stamps. These groups also help the grandparents get involved in the community. For example, they can sponsor a Grandparent’s Day at the local school and allow all grandparents (those raising their grandchildren and those who are not) to talk to the students and have panel discussions (Pinson-Millburn 1996).

Grandparent caregivers may ask, “Where can I find a support group by my hometown?” They can start off by contacting a local school or community agency that
works with seniors, children and families. The school or agency can refer them to a local
grandparent support group. If this is unsuccessful, they can contact AARP’s Grandparent
Information Center (GIC). This group will look at their list and refer them to a group. If
there are no groups, grandparents can always start their own group (Starting a Support
Group 1994).

AARP’S Grandparent Information Center (GIC) provides for grandparent
caregivers who want to start a group a pamphlet called: Tips for Grandparents: Starting a
Support Group. According to this pamphlet, the first step is to let social service
providers, schools officials, and local clergy know that they are interested in starting a
group. These people may be able to offer them group leadership, a place to meet, and
transportation. If they are not cooperative, all it takes is for a grandparent to find another
grandparent in the same situation and start their own group. They must realize that it will
be hard to start the group, but in the end they will benefit greatly, as will other
grandparents (Starting a Support Group 1994).

In order to get started, the grandparent should start writing other support groups
to find out what they are doing and ask if they will send him information. He might even
want to attend one of their meetings to see what they do. The second step is to find a
place to meet. This could be at a church, the YMCA/YWCA, a hospital, or a school. A
smart location would be a safe one and close to a train or bus route. He might even want
to provide babysitting so the grandchildren can be looked after during the meeting. The
final step is recruitment. Putting up advertisements in grocery stores, community centers,
libraries, churches and synagogues are good locations because many people visit these
places. To get more publicity the grandparents should put an announcement in the
newspaper and have local radio and television stations announce the meeting. The GIC even provides sample announcements. (Starting a Support Group 1994).

The first meeting should be used as an introductory session. The people present should introduce themselves to the others and tell their reasons for coming. As an icebreaker each person might even share a story about raising their grandchildren with the group. The leader should explain the rules and purpose of the group. Included should be:

- That all information shared will remain in the group
- People do not have to share information until they feel comfortable.
- The purpose of the group is to help each other and that as a group they can decide the kind of support they should provide.
- Everyone should have the opportunity to talk.

This will help everyone know the rules and start to feel comfortable (Starting a Support Group 1994).

There are three different types of support groups: Discussion Groups, Educational Groups, and Advocacy Groups. Discussion groups provide emotional support. In this group the members talk about good and bad times. Educational groups invite teachers, lawyers and social services workers to teach its members to discuss different issues. Advocacy groups work to find solutions to problems. This group’s goals are to change rules, laws or community attitudes about grandparents raising grandchildren. Groups may find that they want to be a combination of two or three of these groups, which is usually the case (Starting a Support Group 1994).

The one element that will make or break a support group is leadership. A local agency or program may offer a leader to the group. If they do not provide help, the group can build its own leadership structure. All of the members can share responsibilities
and this way everyone will feel like they share ownership of the group and will be able to be responsible for future group activities. The members can also rotate tasks each week or month. Leadership is a major role because without it the group may lose its focus (Starting a Support Group 1994).

**LEGAL ISSUES**

Most grandparents believe that being a grandparent is all they need to take of their grandchildren. What they do not understand is that they need to go to court to get legal custody of their grandchildren in order to take care of them. This may not seem important but there may be trouble in the long run if the grandparents have no proof that they are responsible for the children. They will need proof in order to receive cash benefits or medical coverage for the children and even to enroll them in school. There are three ways for grandparents to gain legal custody of the grandchild: custody orders, guardianships, and adoption. Legal custody is important because people with legal custody have the right to:

1. Apply for benefits (such as medical insurance payments) for the child.
2. Consent to (sign for) medical care for the child.
3. Enroll the child in school, and see school records.

When a child is born the mother automatically has legal custody, as does the father if they are married. The grandparents will have to go to court to get legal custody. The grandparents will need to find a lawyer to take their case to determine which type of legal custody best fits their needs. (Takas 1995, 41).
Custody orders are the simplest way to get legal custody in most states. Custody orders allow the grandparents to be responsible for the child’s every day care including all of the events listed above. Many grandparents favor this because they do not have to prove the parent unfit and it does not ask the parents to give up their basic rights as parents. This is the option many grandparents choose because they hope the parent will get better be able take the child back. This is not a good option if the grandparents think the parent may go to the court to ask for the custody order to be changed. If this is the case the grandparents should ask the lawyer how hard it would be for the parents to get back custody (Takas 1995, 43).

Guardianships are very similar to custody orders. The only difference is court rules. In some states legal guardians will have to return to court each year to report how their child is doing and reports their finances. Since custody orders and guardianships are similar and rules vary from state to state it is important for the grandparents to ask their lawyer some questions. For example:

- Whether one type would cost more, take longer, or require more trips to court.
- Whether (her) choice would affect cash benefits or health insurance coverage for (her) grandchild.
- Whether (her) choice would affect the parent’s ability to visit or to ask for custody back (Takas 1995, 44).

When the grandparents finds out these answers it may help them decide which one would be the best for their situation.

In the preceding custody situations parents still have the right to visit with the child and may be obligated to pay child support. The courts may limit the visits if the grandparents ask. The court may also order for supervised visitation if they feel that
these visits could be dangerous. The parents would have to visit the child in a safe setting with someone watching. The grandparents may also have the right to receive child support payments. This will help parents pay the bills as well as signify to the child that his parents still care. When parents pay support they tend to visit more and keep relations with their child (Takas 1995, 49).

Adoption is the only option that gives the grandparents all authority over the grandchild. The parents have no rights, responsibilities, or authority, their legal rights of a parent no longer exist (Chalfie 1994). This does not mean that the parent is not allowed to see the child, but that it is up to the grandparents not the court to decide. Adoption is the most difficult step. It can be especially hard if the parents do not agree. If this is the case the grandparents must prove that the parents are unfit to care for the child. Adoption should be done out of love for the child, not out of hatred toward the parents. Marianne Takas (46) believes that “(t)he only good reason to choose adoption is if (the grandparent) truly believes it will help (the) grandchild to be and to feel more safe and secure” (Takas 1995, 46).

The grandparents should find a lawyer to help them with the issues involved with custody. Custody may not appear to be difficult to some people, but without the help of a lawyer it could be a long, strenuous process. It is not difficult to find a lawyer. If the grandparents are members of a support group they may want to ask if any of the group members know any good lawyers. If there are no recommendations or the grandparents are not part of a group there are other places to look. The local bar association has a list of family law lawyers who deal in this area of law and the association can recommend
some lawyers. The local court that deals with child welfare cases may also have a list of lawyers. Once the grandparents have a list they should call the lawyers (Takas 1995, 38)

The grandparents may not be able to afford a lawyer. They may feel that there is no way they can obtain a lawyer, do not worry about it, and hope that everything will go okay. There are options for people in this situation to obtain free legal services. Legal Services or Legal Aid are government sponsored offices that help low income persons with their legal problems. These lawyers are young and overworked but usually know a lot about the type of cases that affect grandparents. If there is a law school in the area it may have a clinic where law students work with the client under the supervision of a lawyer. There may also be a local private lawyer who may work pro bono, or for free. Lawyers will do this if the case will help several families or if they want to change an unfair law or challenge an unfair state policy. An attorney may also work pro bono because he believes that a person needs help and is willing to help her out of an ethical duty (Takas 1995, 38-39).

When the grandparents find a lawyer they think they can work with they need to make an appointment. At their first meeting they need to bring a list of the main facts about what has happened. They should tell the attorney all of the facts, especially the ones that could hurt their case. The grandparents should hire the lawyer if they believe they can work together successfully.

The attorney may decide that going to court is not necessary. Alternate Dispute Resolution (ADR) may be another option and is cheaper. Negotiation allows the attorneys of the grandparents and the parents to sit down and work out a plan that is agreeable between the parties. (The parties may be a part of this if they want.) Mediation
is similar to negotiation. In mediation each side will talk to his lawyer and then the parties will sit down and discuss the problem without any lawyers present. There will be a trained neutral and impartial third party that will help the parties work out agreements. After the parties come to a decision they sign an agreement, under the supervision of lawyers, which states the terms. Each party will be bound to this agreement (Takas 1995, 48).

The legal process may seem very intimidating to grandparents. Grandparents who have gone through the legal process believe that it was easier than they imagined it to be. Several grandparents shared advice and opinions of their legal experience with Marianna Takas (53).

“It wasn’t as bad as I thought. My lawyer helped, and so did my friends.”

“Don’t be afraid to lots ask questions. Your lawyer works for you, not the other way.”

“I didn’t like having to air our private family business in front of a stranger, but the judge seemed nice. In the end it was worth it.”

Obtaining help from the legal system may not seem important at first glance, but in order to make sure that the grandchild’s needs are met, it is a necessity.

CONCLUSION

Raising a grandchild should not be looked at as an awful situation. Grandparents should be thrilled to have the opportunity to play a part in their grandchild’s life. They have a lot to offer to the child. Grandparents need to understand that they are capable of raising the child. It is not their fault that the child’s parent is unable to care for the child. There is legal, financial, and emotional help available to both the child and the grandparent. They should be happy and make the most out the situation. Together they can be successful.
Marianne Takas (73-74) asked both grandchildren and grandparents about life with each other. Here is a sample of their responses.

"I wouldn’t be all that I am today without my grandparents. They raised me and gave me love. Without them, I know I wouldn’t have gone to college, and I doubt I would have been as happy a person.” --Neil, age 24.

"I’ll never really get over the sadness that my daughter is addicted to drugs. After awhile, though, I had to let go. Now I focus on my granddaughter. Caring for her is like nursing a little bird that fell out of the nest and got its wing broke. One of these days, I just know she’s gonna fly. That’s what keeps me going.”

"I love my Grandma and Grandpa.” --David, age 4.

As long as the grandparents and grandchildren work together and love each other they can make the most of the situation and have a successful relationship.
Works Cited


