CHARACTERISTICS OF GRANDPARENTS RAISING GRANDCHILDREN

Profile of family caregivers

The median age of grandparent caregivers in the U.S. is 59.3 and over half are aged 60 and above (Fuller-Thomson et. al, 1997). The typical grandparent raising a grandchild is a white married woman living modestly but above the poverty line. Slightly less than three quarters of grandparent caregivers in California are married (73%) almost two thirds (62%) are women. Over half (53%) are in the workforce, and a substantial number (16%) are poor. However, being single, living in poverty, and being an African American substantially increase the odds of becoming a caregiver for one's grandchildren (Casper and Bryson, 1998; Chalfie, 1994; Fuller-Thomson et. al; Harden et. al, 1997).

While the duration of intergenerational residence varies by race, class, region, and other factors, almost 3/4ths (72%) of all children who come into the care of a grandparent do so when they are infants or preschoolers (Fuller-Thomson et. al, 1997), and hence require a particularly intensive degree of care. In California, over one third of grandparent and other relative caregivers are solely responsible for childcare for five years or more. In the face of challenging, long-term, and often unasked-for roles as primary caregivers, grandparents and other relatives exhibit many strengths. They also face numerous challenges, and are at significantly increased risk for depression, functional limitations and financial difficulties. Among grandmother caregivers, close to a third suffer depression, and over half have at least one limitation in an activity of daily living (Fuller-Thomson and Minkler, 2000).

Race/ethnicity

Although the majority of relative caregivers are white, African Americans and Latinos have an increased likelihood of taking on this role (US Census/C2SS, 2001). Children of African-American, Hispanic, and Native American descent are most likely to live with their grandparents (US Census/C2SS, 2001). Nationwide, African American children are more likely than non Hispanic white children to be living in "kinship care" households—those in which children have been formally placed with their grandparents or other relatives (Harden et. al, 1997)—a fact reflecting both current socioeconomic realities and a long history of caregiving across generations in Black families (Burton & Dilworth Anderson, 1991).
Breakdowns by race/ethnicity in the number of children who live with their grandparents suggest that African Americans are not the only over-represented group among grandparent caregivers. In California, White and Asian children, at 5% each, are least likely to live in households headed by relatives other than their parents (US Census/C2SS, 2001). In contrast, 12% of all African-American children, 11% of Hawaiian and Pacific Islander children, and 10% of Native American children live in grandparent headed households, as do 7-8% percent of Hispanic, mixed race, and “other race” children.

In predominantly non-white inner city areas, these rates may be considerably higher. An early survey of the Head Start population in Oakland indicated that one fifth of enrolled children were in the care of grandparents (Nathan, 1990), while health and social service providers in San Francisco estimated that between one third and one half of that City’s inner city children lived in the care of grandparents (Miller, 1991). Figures on the number of grandparent caregivers furthermore often fail to take into account undocumented immigrant relative caregivers. Without further research, it will be difficult to determine the characteristics and needs of grandparent caregivers in some areas of California which are heavily impacted by such immigration.

Statewide diversity

The nation’s largest state is diverse in culture, race, and ethnicity. While this diversity is one of our most important assets, it poses many challenges in creating statewide policy that will benefit most Californians. The American Community Survey (ACS) conducted by the U.S. Census provides much needed information that will help us in the design of programs and other interventions to help meet the needs of the State’s diverse population. Community groups can contribute their expertise, and should be considered valuable resources.

Characteristics of relative caregivers and the children they raise are likely to vary from county to county and town to town. To date, ACS profiles have been released for only a few of the State’s counties, with the most detailed data available for San Francisco and Tulare counties. These data are revealing. In urban San Francisco County, for example, which has a total of over 325,000 households, there are approximately 64,500 family households with children under the age of 18. Twenty seven percent of these family households are headed by grandparents, with grandparents solely responsible for
grandchildren’s care in over 5,000 family households (8%). Tulare county, which is mostly rural, has just over 109,000 households. Over 50% Tulare county households (55,000) have children under the age of 18, (compared with 20% in San Francisco county), with grandparents heading 17% of the family households and solely responsible for childcare in 8%. As previously mentioned, in the State as a whole, 16% of grandparents raising grandchildren lived in poverty. In San Francisco county, 21% of these grandparents are poor. In Tulare county, almost 34% are below the poverty line. In both counties, almost half of residents above 65 years of age describe themselves as living with a disability. (US Census ACS 2000). As more data from the 2000 census are released, a much more complete, county-by-county picture of the prevalence and demographics of California's grandparent caregiver population should emerge.

**REASONS FOR THE INCREASE IN RELATIVE CAREGIVING**

Part of the increase in kinship care beginning in the 1980's is attributed to legal mandates and changes in child welfare reimbursement policies and practices that encouraged placement with relatives over non relative foster care (Berrick and Needell, 1999). Kinship care is the fastest growing out-of-home placement funded by child welfare agencies and in many large urban areas, half of the children in out-of–home placements are in the care of relatives. Federal and state laws and policies promoting formal kinship care, however, do not explain the sizable concomitant growth in the number of children who informally have been "going to live with grandma." Indeed, informal estimates suggest that for every one grandchild in the formal foster care system, another six are informally being raised by relatives (Harden et. al, 1997; Needell, 2001).

Key among the social factors contributing to this increase is substance abuse, and particularly the cocaine epidemic (Burnette, 1997; Feig, 1990). The facts that an estimated 15% of American women aged 15-44 are substance abusers, and that almost 40% of these women have children living with them (NIDA, 1997), suggest that drug and alcohol abuse are likely to remain important contributing factors. Overall substance use rates are higher in California than in the rest of the country (California Data Report, 1997). Grandparents who become the primary caregivers for their grandchildren because of the parents’ substance abuse may suffer special emotional consequences, in part
because of the shame, fear and uncertainty about the future which this phenomenon may entail (Burton, 1992; Minkler & Roe, 1992).

Divorce, teen pregnancy, and the rapid growth in single parent households also are major factors responsible for the rise in intergenerational households headed by grandparents. At 68.2 per 1000 women aged 15-19, California teenagers’ live birth rate is higher than the U.S. average of 54.7, and the rate in California for Hispanics (111.6) and African-Americans (85.2) is higher than the state average (Centers for Disease Control, 1998). Such trends have contributed to the dramatic drop in the number of children living in two parent households, (from over 86% in 1950 to about 70% by the mid 1990's)--a factor which appears to increase the likelihood of children entering relative care (Harden et al., 1997). In the last decade of the 20th century, the number of California grandchildren who reside in relatives’ households rose from 417,776 (5.4%) to 866, 415 (6.8%) (U.S. Census, 1990, 2000).

The HIV/AIDS epidemic is another growing contributor to the phenomenon of grandparent caregiving. The leading cause of death among African Americans aged 25-44, HIV/AIDS had claimed the lives of the mothers of an estimated 125,000 to 150,000 American children and youth by the year 2000. Although custody data are limited, available information suggests that grandmothers typically are the sole or primary caregivers to children whose primary parent is living with, or has died as a result of AIDS (Joslin and Harrison, 1998).

Grandparents also are primary caregivers to well over half of the children of imprisoned mothers in the U.S. Dramatic increases in the number of incarcerated women, which grew six fold over the last decade and a half, (Dept. of Justice, 1997) suggest that this trend will likely continue to contribute to the growth of intergenerational households headed by grandparents. About 80% of incarcerated women are mothers who have average of two children, and California had almost 12,000 female prisoners in 1999, more than any other state (Petersilia, 2000).

Finally, it should be stressed that most all of the factors discussed above are tied in fundamental ways to the continued problem of poverty in our nation, which itself remains a significant vulnerability factor for grandparent caregiving (Burnette, 1997; Minkler, 1999).
GRANDPARENT HEADED HOUSEHOLDS: SPECIAL CHALLENGES

Intergenerational households headed by grandparents exhibit many strengths, with grandparents who assume caregiving often doing so willingly and with relief that they can "be there for the grandchildren." The children in such families also frequently appear to be doing well. A national study by Solomon and Marx (1995) thus revealed that both in terms of health and school adjustment, children raised solely by grandparents, while not doing as well as those in two parent households, fared better than those in families with one biological parent present. At the same time, grandparent headed families also face a number of problems and challenges:

Health and health care access

High rates of depression, poor self rated health, and/or the frequent presence of multiple chronic health problems have been reported in both national and smaller scale studies of grandparents raising grandchildren. (Burton, 1992; Minkler and Roe, 1993; Burnette, in press; Dowdell, 1995; Minkler et al, 1997; Strawbridge et. al. 1997). Such problems appear particularly prevalent among caregiving grandmothers. One national study thus found that 32% of caregiving grandmothers met the clinical criteria for depression, compared to 19% of non-caregiving grandmothers. Similarly, grandmothers raising grandchildren were significantly more likely to have limitations in Activities of Daily Living (ADL’s) such as caring for personal needs, climbing a flight of stairs, or walking six blocks, with fully 56% reporting at least one ADL limitation (Fuller-Thomson and Minkler, 2000). Constrained ability to participate in social activities and limitations on routine activities may make it more difficult for grandparents to meet long-term physical demands of raising children (Whitley, Kelly, Yorker & Sipe, 2001).

As noted above, children in relative headed households may have better health overall than children living with a single parent (Solomon and Marx, 1995). But significant health and related problems have been observed, particularly among those children who came into the grandparents' care having been prenatally exposed to drugs or alcohol, and/or having suffered parental abuse or neglect. High rates of asthma and other respiratory problems, weakened immune systems, poor eating and sleeping patterns, physical disabilities and attention deficit hyperactivity disorder (ADHD) are among the
problems experienced, and which in turn may take a toll on the caregiver’s physical and mental health (Dowdell, 1995; Minkler and Roe, 1996; Shore and Hayslip, 1994). Several studies have documented the tendency for caregivers to delay or fail to seek formal help for themselves, particularly with mental or emotional health problems (Burnette, 1999 a & b; Minkler et. al, 1992; Shore and Hayslip, 1994).

Accessing needed health services for the grandchildren in their care also may be impeded by lack of insurance coverage. Many insurance companies refuse to allow grandparents to include grandchildren as dependents on their insurance policies unless the children are in legal custody of the policyholder (Cohon, 2001).

One in three children living in grandparent-headed households in the United States in 1996 were without health insurance (Casper and Bryson, 1998). In California, the number is one in five (CDF, 2001), and most of California’s uninsured children are from working families (Pourat, 1997). California’s Healthy Families program provides health insurance to children who are not covered by Medicaid and whose family incomes are up to 250% of the federal poverty level. Grandparents and other relative caregivers can apply for coverage for children in their care even if they are not the children’s legal guardians. Nonetheless, inconsistencies in local implementation, unnecessary and complicated paperwork, and lack of clear guidance for relative caregivers may reduce their access to the program (Bissel and Allen, 2001).

Social isolation and alienation

Decreased socialization with friends and/or family, and an inability to continue participation in senior centers and church activities as a consequence of caregiving responsibilities has been widely reported among caregiving grandparents (Burton, 1992; Jendrek, 1994; Minkler and Roe, 1993; Shore and Hayslip, 1994). Substantial declines in marital satisfaction also have been noted (Jendrek, 1994).

Intergenerational households formed as a result of parental AIDS or drug addiction may experience special feelings of alienation (Burnette, 1997; Joslin and Harrison, 1999; Minkler and Roe, 1993), with some African American and Hispanic grandparents reporting that the failure of their communities, and particularly their churches, to openly acknowledge the extent of AIDS or crack use in their midst have contributed to the sense of isolation and shame experienced.
Financial vulnerability and the inadequacy of public assistance

Becoming the primary caregiver for one's grandchildren often further exacerbates already difficult economic circumstances. In one study of African American grandmother caregivers, most of whom lived in low-income neighborhoods in Oakland, over 50% described themselves as “doing poorly” financially. None said they were “doing well” (Minkler & Roe, 1992). For older working relatives, the assumption of caregiving frequently means quitting a job, cutting back on hours, or making other job related sacrifices that may put their own future economic well being in jeopardy. Retirement plans may be canceled or postponed as grandparents find themselves raising second families. (Hendrix, 2001). Retired or non-employed caregivers frequently suffer financially, and sometimes report spending their life savings, selling the car, or cashing in life insurance to cope financially with the new role (Minkler and Roe, 1993).

Prior to its repeal under welfare reform in 1996, Aid to Families with Dependent Children (AFDC) was the primary source of public assistance to intergenerational households headed by grandparents, providing both cash assistance and automatic eligibility for Medicaid and other benefits. Under the replacement program, Temporary Assistance to Needy Family (TANF), work requirements, time limits and other restrictions may constrain a low-income grandparent’s ability to receive benefits for her family (Mullen and Einhorn, 2000). California’s welfare reform plan—the California Work Opportunities and Responsibilities to Kids Program (CalWORKS) thus limits recipients to the national five-year lifetime limit on aid. Similarly, it stipulates that welfare recipients must work 32 hours per week, beginning within 18 to 24 months of the receipt of benefits depending on the county in which they reside. Although exemptions from the 18-24 month work requirement were included for some grandparent caregivers, this population was not categorically excluded. An early key informant interview study with California legislative analysts, county and state level program administrators and others, moreover, revealed major concerns over the difficulty non-exempt grandparents may face in finding work, and the financial difficulties they may encounter (Minkler, Deurr Berrick and Needell (1999).

TANF “child only” grants remain an important, albeit often inadequate, source of support for the children in many of California’s grandparent headed families. Data are not yet available, however, on a state or national level, indicating the number of such
households that have suffered financial hardship as a consequence of welfare reform (See Mullen and Einhorn, 2000 for a detailed discussion of state level welfare reform/TANF choices and grandparent headed households).

For grandparents who enter formal kinship care arrangements, foster care payments are available, typically at substantially higher rates than TANF. Finally, in approximately 20 states, including California, stipended guardianships are available through which relative who were in the formal foster care system may exit the system and still receive financial support.

In California, a distinction is made between state funded subsidized guardianship for non relatives and “kin gap” payments, through the State’s new Kinship Grandparent Assistance Program, for those formal caregivers who are leaving the child welfare system but are unable or unwilling to adopt the children in their care (www.childsworld.org). Kin gap payments, which became available in January 2000, vary by the age of the child in a grandparent's care, but are often almost twice the amount available through TANF. Such new alternatives may be critical to an older relative's ability to cope with the financial demands that come with rearing grandchildren. It should be noted, however, that many grandparent headed households still fail to receive the support for which they are eligible and/or experience considerable delay, red tape, and other difficulties in trying to access needed financial assistance (Burnette, 1997; Generations United, 1998).

**Legal issues**

Grandparent and other relative caregivers often face a bewildering set of legal issues. Legal authority over the children in their care can take several forms including adoption, custody or guardianship. While such arrangements are helpful in enabling grandparents to access needed services and supports for the children in their care, the legal proceedings involved can be costly, time consuming, and emotionally wrenching. Hopes about the eventual reunification of children with their parents, and fear of antagonizing an adult child by pursuing legal proceedings, also make many caregivers reluctant to take steps formalizing custody or guardianship (Generations United, 2001; Minkler, 1999).

Although informal caregiving frequently is preferred in such cases, it too is problematic, as caregivers without legal sanction may face difficulties in their dealings with schools, health facilities and other agencies that may require proof of legal authority
as a condition of providing services. In the face of this Catch 22, a growing number of states have developed creative options to allow informal caregivers to more easily access needed benefits for the children in their care. “Consent legislation,” like that available in California, thus enables parents to transfer authority in particular areas (e.g., involving medical assistance or school enrollment) to caregivers. Similarly, standby guardianship, first developed in New York in response to the HIV/AIDS epidemic, allows terminally ill parents to designate a guardian effective that time when the parent dies or becomes too incapacitated to provide care. Far more movement is needed, however, in the direction of creatively addressing the myriad legal challenges faced by relative caregivers.

**Housing**

Access to adequate and affordable housing is a major concern for many grandparents and other older relatives who are raising grandchildren. Low-income caregivers in particular may be severely limited in their ability to purchase adequate housing, and state level public housing authorities lack policies that address the special needs of such families. Grandparents in senior housing can be evicted for taking in grandchildren, while in other types of public housing, legal guardianship papers may be required to prevent eviction. Finally, even grandparents who are allowed to have their grandchildren live with them often report that space is an issue, and particularly having an adequate number of bedrooms.

Although some creative approaches to meeting the needs of grandparent headed families have been developed in selected areas (see Grandfamilies House below), broader policy changes are needed. As articulated by Generations United in its Public Policy Agenda for the 107th Congress, such changes should include the creation of a national demonstration project to address the needs of such families. Training of Housing and Urban Development (HUD) personnel in the special needs of relative headed households, and increasing the flexibility of existing housing programs vis a vis space requirements etc. so that they better accommodate the needs of these families (Generations United, 2001).

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In sum, and although grandparents raising grandchildren experience many rewards, the challenges and difficulties they face should not be underestimated. The decision to earmark up to 10% of NFCSP funds to provide services to relative caregivers
stands as an important example of the growing recognition of this often neglected caregiving population and its special needs and challenges. In the next section, the broad range of supportive services developed to assist such families is described, as an introduction to the varied ways in which the aging network can –and has already begun to-- address the special needs of grandparent and other relative caregivers and their families.