

AN EXPLORATION OF NATIONAL FAMILY CAREGIVER SUPPORT PROGRAMS  
SERVING INFORMAL GRANDPARENT CAREGIVERS:  
A DESCRIPTIVE PHENOMENOLOGY APPROACH

by

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## **Dedication**

“I am the educated, cultivated from the uneducated, destined with a purpose to educate.”

-Dorothea Ivey

This project and all that I have ever accomplished throughout my entire education is dedicated to my grandparents, parents, and descendants. I was not formally groomed to achieve an education up to this level, so this was done completely on faith and grace. Some would rate me as unworthy or unfit to have achieved such a thing, but no one could prevent what God had planned for me. My grandparents and parents were not rich with money and education, but they were wealthy with spirituality, charisma, strong work ethics, and the ability to overcome adversities. It was through their sacrifices that I have become the woman that I am today. This is not simply just another degree for me but a new gateway for my descendants to gain access to more than we can ever imagine.

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honored to have shared it with you. Thank you for your encouragement. To those that came before me, Dr. Rosalind Evans and Dr. Jacqueline Burse, the two of you have provided such in-depth help that no one can ever imagine. Thank you for spending long hours on the phone to just let me vent without judgment. Thank you for your prayers, love, gifts, and everything you have provided for me during this journey. Thanks to my sweet mentor and friend, Dr. Brandi Felderhoff. Your altruistic love and support carried me for last four years throughout the Ph.D. program. I would also like to thank my dear friend and mentor, Dr. Joan Blakey for the gentleness and also the tough love when it was necessary. You always brought a different perspective to challenge me to think outside of myself and consider others point of views when venting about various issues. You have been a great role model for me since I was in the first year in my master's program.

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that giving up was not an option. Thank you for your honesty and faith throughout this process. Thank you for reminding not to be nervous and anxious. Thank you for telling me everything will be okay. I am just amazed at you today. Thank you for your service in the U.S. Marine Corps...just goes to show that you are gleaming from very measure of perseverance that I learned throughout this process.

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honored to be your daughter and forever proud of all that you have overcome. I certainly learned about perseverance from you. To my father and step mother, Reginald and Sarah Davis, thank you all for the support that you have provided. Dad, I thank you for the phone calls to express your love, encouragement, and understanding. To my parents in law, Sylvester and Lillie Wallace, thank you for your support throughout this entire process. I have the best parents-in-law ever! Lastly, I have got to thank my grandparents, Barbara Rubin, Dorothy Moddon, and Add Moddon. You all are the reason for my study. I have observed you all set aside your own needs to ensure that all of your grandchildren were well-taken care of. You all have provided for me some of the best times of my life. Thank you for your love and sacrifice you have made to keep me out of the foster care system. I must give honor and glory to God who always causes me to triumph. I remember that one day on March 23, 2006, you loudly whispered, to me “for you to carry out the plans I have for you, you must obtain a Ph.D.” I did not fully comprehend what that meant then but here I am today, in grace, fulfilling that prophecy.

R.I.P. Add Moddon “Paw Paw”

July 13, 2018

## **Abstract**

AN EXPLORATION OF NATIONAL FAMILY CAREGIVER SUPPORT PROGRAMS  
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Grandparent caregiving is a widespread form of kinship care in the U.S. More than 2.7 million of grandparents in the U.S. are the primary caregivers for grandchildren without parental involvement (US Census Bureau, 2012). A particular group among grandparent caregivers often excluded in social services are those that are raising grandchildren informally without child welfare involvement. Informal grandparent caregivers (IGCs) are increasing and will continue to play significant roles in raising grandchildren for many generations (Ehrle et. al., 2001; Gibson & Singh, 2004; Goodman & Silverman, 2001). The National Family Caregiving Support Program (NFCSP) was enacted in 2000 and provides funding for state and community level programs serving informal grandparent caregivers (IGCs) ages 55 and up. The NFCSP is the first attempt in provide national level aid to IGCs. California has the highest number of grandparent caregivers and the highest number of support programs available. The purpose of this qualitative study was to explore administrative perspectives of lead staff that manage programs serving grandparents raising grandchildren in California funded by the NFCSP.



To do this, information was collected from 15 lead staff members in the state of California to answer the following research questions:

1. How are IGCs served by programs serving grandparent caregivers?
2. How do programmatic factors and activities influence service provision to IGCs?

Using social exchange theories of the agency and rational choice models, four themes related to service delivery to IGCs emerged: 1) frequently used services, 2) agency collaboration, 3) service challenges, and 4) statutory challenges. The findings of this study suggest that, though, informal grandparent caregiving is a growing phenomenon, national policies should loosen the boundaries to make more social support available to IGCs.

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## **Chapter 1**

### **Introduction to the Study**

Grandparent caregiving is a widespread form of kinship care in the U.S. Grandparents become primary caregivers of their grandchildren for various reasons. They assume parenting roles due to parents' death, illness, divorce, unemployment, incarceration, and adolescent childbearing (Aldrin, 2007; Beltran, Butts, & Kingson, 2008; Gibson, 2002; Grant, 2000; Haglund, 2000; Janicki et al., 2000; Leder et al., 2007; Sands et al., 2005). A major factor that contributes to grandparent caregiving is substance abuse and addictions among parents (Bunch et. al., 2008; Dowdell). Additionally, grandparents become caregivers of their grandchildren due to maltreatment and abandonment from the children's parents. As described by Fuller-Thomson, et. al. (1997), other factors contributing to grandparent caregiving include AIDS and mental health problems. Although grandparent caregiving spans across race, gender, class, and ethnicity, this labor-intensive commitment creates many stressors (Fuller-Thomson 1997). These factors can lead to complex negotiations between courts and families in pursuit of permanent living arrangements for children when they are no longer able to live with parents.

#### **Significance of the Problem**

Of the 65 million grandparents in the U.S., nearly 5.8 million grandparents are living in households with grandchildren ages 18 and younger (US Census Bureau, 2012). More than 2.7 million of these grandparents are the primary caregivers for grandchildren without parental involvement (US Census Bureau, 2012). A particular group among grandparent caregivers often excluded in social services are those that are raising grandchildren informally without child welfare involvement. Informal grandparent caregivers (IGCs) are increasing and will continue to play significant roles in raising

grandchildren for many generations (Ehrle et. al., 2001; Gibson & Singh, 2004; Goodman & Silverman, 2001). IGC populations are increasing due to family crises that occur such as abuse, neglect, substance abuse, mental illness, incarceration, death, and other crucial life circumstances which require sudden need of caregiving (Letiecq, et al., 2008). IGCs are more likely to encounter difficulty accessing services on behalf of grandchildren without formal documentation and without child welfare system involvement. Services that require documentation may include: children's health insurance, housing, support services, and school enrollment. Moreover, IGCs possess their own share of stressors as related to physical/emotional health, role loss, social isolation, financial strain, and legal issues (Butler & Zukari, 2005; GU, 2003; Hayslip & Kaminski, 2005; and Minkler & Odierna, 2001). Grandparents who raise their grandchildren informally are particularly vulnerable to legal and economic binds with fewer rights. They experience limited access to financial assistance and social programs, as do the grandchildren in their care. National policies currently present many barriers, gaps, and unintended consequences for IGCs. In spite of the proliferation of IGCs, public policy in the U.S. has not kept pace with challenges posed by this non-traditional family form (Baker et. al., 2008). The National Family Caregiver Support Program (NFCSP) is the first attempt to render aid to IGCs. The NFCSP currently provides more than \$150 million in national funding for various elderly caregivers and only a small percentage is used for IGCs (Administration for Community Living, 2016).

**California data.** Generations United (2003) revealed that California received the highest amount of funding distribution from the NFSCP in the U.S. of approximately \$11.5 million per year. This is due to California leading the nation with the highest number of grandparents raising grandchildren (Administration for Community Living, 2017). In California, more than 300,000 grandparents have the primary responsibility of raising



their grandchildren (US Census, 2014). Among the grandparents, 293,980 are formally responsible for raising their grandchildren (Generations United, 2013). This reveals that more than 6,000 IGCs resided within the state during that time frame. According to AARP (2017) the state's demographics of grandparent caregivers are:

- 175,103 (59.6%) are under age 60
- 168,745 (57.4%) are in the workforce
- 52,618 (17.9%) are in poverty
- 57,905 (19.7%) have a disability
- 82,608 (28.1%) are unmarried

In context to the grandchildren, reports revealed that there are 777,416 children living in grandparent-headed households and of these children 389,631 are living without either parent present in the household (AARP, 2017). Though efforts are being made to render social aid to IGCs in California, there still remains a limitation of programs that can provide resources to this population.

### **Statement of the Problem**

Historically, grandparent caregivers have provided primary support to grandchildren when their adult children are unable to provide support (Goodman, Potts, & Pasztor, 2006; Hayslip, 2014; Uhlenber & Cheuk, 2010). When grandparents become the primary caregiver of their grandchildren, their roles evolve from those of traditional grandparents. While traditional grandparents get to nurture and spoil their grandchildren, grandparent caregivers take on a more intense level of involvement (Doblin-MacNab, 2017; Uhlenber & Cheuk, 2010). Grandparents formally raising their grandchildren within the context of the child welfare system are known as formal grandparent caregivers (FGCs). These formal arrangements occur when the federal government provides payments from Title IV-E funds to foster parents and licensed relatives who care for

abused and neglected children (Dorch, Mumpower, & Jochnoswitz, 2008). Other grandparents informally raise their grandchildren outside of the child welfare system with no governmental support. When grandparents intervene on behalf of their grandchildren without child welfare involvement, they often find that there is little systematic response to help them or their grandchildren cope with these altered family adjustments (Bunch et. al., 2008; Letiecq et. al., 2012; Phillips & Broome, 1998; Wallace, 2001).

Grandparents who raise grandchildren informally are often excluded from social support for voluntary or involuntary reasons. Voluntary exclusion of social support is due to IGCs choosing not access services for cultural or personal reasons that are of importance to them. They may assume that this living arrangement will be temporary and, as a result, choose not to seek help or acquire formal arrangements. Involuntary exclusion occurs when IGCs desire to access services, but they are excluded for not having formal documentation to prove guardianship of their grandchildren. They often find themselves in informal living arrangements due to the need to make quick decisions to care for their grandchildren with little thought given to the possible unintended consequences (Gibson & Singh, 2004). They encounter numerous difficulties when lacking legal arrangements with the grandchildren in their care, such as, difficulty enrolling grandchildren in school, financial hardship, and confusion with the legal system. In spite of these challenges, IGCs will continue to play significant roles in raising grandchildren for many generations, and research suggests that services should be tailored to meet their unique needs (Ehrle et. al., 2001; Gibson & Singh, 2004; Goodman & Silverman, 2001). Two reasons that are salient to IGCs not receiving the social support that they need are avoidance of the child welfare system and minimal policies and program services.

**Avoidance of the child welfare system.** What sets IGCs apart from FGCs is that they may choose to avoid the child welfare system for several reasons including potential conflict with family members. These family conflicts may arise when confronting their children to formally adopt or to become legal guardians of their grandchildren (Generations United, 2003). Another reason of such avoidance is due to distrust of the child welfare system and fear of losing their grandchildren to the system (Cox, 2000; Leticq et. al., 2008). Without child welfare involvement, IGCs may experience a lack of information and access regarding support services, programs, benefits, and policies that may be available to them (Campos, Kelley, & Whitely, 2010). Such avoidance of the child welfare system can lead to unmet personal needs (Generations United, 2005; Leticq et. al., 2008; Wallace 2001). With the ongoing demands of rearing grandchildren and with no help from the child welfare system, IGCs may feel socially isolated and financially burdened (Kelly, Sipe, & Whitely, 2001).

**Minimal policy and program services for IGCs.** Minimal policy attention has left many IGCs in economic binds with fewer legal rights and limited access to financial assistance and social programs. Although researchers and policy analysts have noted these shortcomings of kinship care policies, few have asked lead staff about their experiences when serving grandparents raising grandchildren (Geen & Berrick, 2002; Letiecq et. al., 2012; Perez-Porter & Flint, 2000; Wallace, 2001). In addition, there are few reports on lead staff members' perspectives of what they have encountered as far as specific needs of IGCs in contrast to grandparents who are formally raising grandchildren (Generations United, 2003). There are very limited and outdated evaluation reports for programs serving grandparents raising grandchildren. Therefore, social programs are not fully informed on how to help IGCs due to limited awareness of their specific needs (Albert, 2000; Brandt, 2004; Bruce, 2004; Ehrle et. al., 2001).

### **Key Terms Used Throughout this Study**

1. Grandfamilies - households with grandparents and grandchildren when there are no parents present (Kaplan & Perez-Porter, 2014).
2. Grandparent-headed Families – households with grandparents as head of household (own the home, holds primary financial responsibility, etc) and parents may or may not be present (Kelch-Oliver, 2008 & 2011).
3. Intergenerational Reciprocity - a pattern of social behaviors which create a motive for generations to exchange support (Zhang, 2014; Schwartz, Trommsdorff, Zheng, & Shi, 2010).
4. Gift Relationship – kinship foster care that is dually sustained by acts of altruism and reciprocity (Testa & Slack, 2002).
5. Public Policy – refers to the policies developed by the government, whether local, state, or national. Efforts to change existing or proposed policies in collaboration with a group of people who are marginalized because they live on low incomes or alternate living arrangements.
6. Informal Grandparent Caregivers (IGCs) – grandparents raising children on a full-time basis without: parental support, financial support, legal representation, and involvement with the child welfare system (Strozier, 2007).
7. Formal Grandparent Caregivers (FGCs) – grandparent caregivers involved with the child welfare system and receiving monthly income or stipends for raising grandchildren (Cuddeback, 2004; Denby, 2011).
8. Lead Staff – administrators, program managers, program directors, supervisors, presidents, vice presidents, or other lead staff that work directly with grandparent caregivers and have management and decision-making responsibilities.

## **National Family Caregiving Support Program**

The National Family Caregiving Support Program (NFCSP) was enacted in 2000 and provides funding for state and community level programs serving informal grandparent caregivers (IGCs) ages 55 and up. [See Appendix A](#) for a copy of the legislation creating the NFCSP. The program provides funding for community and state level programs serving two types of caregivers – family caregivers of individuals ages 60 and older; and grandparents caregivers ages 60 and older. The NFCSP has established five categories of support for the two types of caregivers. Those five categories of support are:

1. Information to caregivers about available services.
2. Assistance to caregivers in gaining access to services.
3. Individual counseling, organization of support groups, and training to assist them in making decisions and solving problems related to their caregiving roles.
4. Respite care to enable caregivers to be temporarily relieved from their caregiving responsibilities.
5. Supplemental services to complement the care provided by caregivers  
(Generations United, 2003).

**Program requirements and funding.** The NFCSP initially required that grandparent caregivers live with grandchild(ren) on a full-time basis without the help of parents and that these living arrangements were formally appointed by the foster care or child welfare system. Congress appropriates more than \$150 million/year in funding for the NFCSP. The money is distributed to states to allocate funds to the Area Agencies on Aging (AAAs). The AAAs provide the support services either directly to caregivers or to local programs that assist these caregivers. Ten percent of the funds appropriated for the

NFCSP are used to provide support services to grandparent caregivers raising children within the five categories.

**Amendment for including IGCs.** In 2003, Generations United (GU) played a significant role in amending the NFCSP. GU of Washington, DC is a nonprofit and research organization with a mission to promote intergenerational public policies, strategies, and programs. Founded in 1986 through collaborative efforts of the Child Welfare League of America, the National Council on Aging, the Children's Defense Fund, and AARP, one of its initiatives is the National Center on Grandparents and Other Relatives Raising Children. The center is one of the eleven national organizations that receive grant funds from Administration on Aging (AoA) as a project to support the implementation of the NFCSP. In 2003, GU conducted two surveys with the support of AoA, the National Association of Area Agencies on Aging (n4a), the Brookdale Foundation, and the National Association of State Units on Aging (NASUA) to determine training and technical assistance needs of programs serving relatives raising children. The purpose of the surveys was to help organizations tailor the services they provide to relatives raising children.

The first survey consisted of 11 questions on the agency's use of and need for resources to provide services for kinship caregivers. A total of 1,236 surveys were administered to AAAs, Native American Tribes, and primary health care centers throughout all 10 federal regions. While agencies from all federal regions responded, AAAs in regions 3, 4, and 5 had the highest response rates see [\(figure 1.1\)](#) for a map of federal regions. Survey one results were: (1) 57% of agencies reported providing services to grandparents raising grandchildren; (2) of those agencies, the most prevalent service provided was information to grandparent caregivers; (3) the highest funded categories of service were information, assistance, and counseling; (4) 38% of all

agencies indicated that they contract with external service providers in their community who specifically assist grandparent raising grandchildren; and (5) 78% of agencies expressed the need for staff training to directly assist IGCs with their own programs (Generations United, 2003).

Figure 1.1 Federal District Map

(Adapted from: U.S. Small Business Administration)



The second survey consisted 57 distributions to SUAs in all federal regions with a 47% response rate. Of the agencies' responses, all federal regions except region one was represented. The survey was designed to examine the statewide use of NFCSP funding in the provision of services for grandparents raising grandchildren as well as the perceived needs for of these programs. Survey two yielded results of: (1) 73% of agencies indicated that it is not a requirement in their state to use the 10% of funds allocated for grandparent raising grandchildren; and (2) 92% of agencies indicated that they would benefit from training staff to better assist IGCs (Generations United, 2003).

A key finding from both surveys was a reported increase in clients consisting of grandparents informally raising grandchildren that organizations were not prepared to assist (Generations United, 2003). GU submitted recommendations along with new definitions to include relative caregivers who are informally raising children. The NFCSP responded by including informal caregivers among those caregivers eligible for the five categories of supportive services and lowering the age to 55 in 2006.



**Program initiatives for IGCs.** Although funding is limited, the NFCSP is a critical first step in assisting IGCs. While all states use the NFCSP to assist the two types of family caregivers (relatives ages 55 and older caring for the elderly and relatives ages 55 and older caring for children), only a few known programs serving informal grandparent caregivers have emerged across the U.S. These states include Delaware, Illinois, Kansas, Michigan, Tennessee, Washington, Virginia, Oklahoma, Oregon, California, Connecticut, Maryland, Wisconsin, and Florida (Generations United, 2014). Examples of programs funded by the NFCSP serving IGCs in the five categories of support services are:

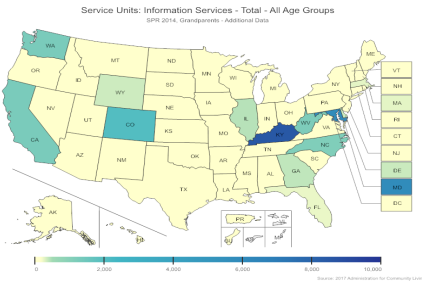
1. Information: Washington State Unit on Aging, Grandparents Raising Grandchildren Program of East Central Illinois AAA, Relatives as Parents Program (RAPP), Grandparents Raising and Nurturing Dependent Children (GRAND), Grandparents Raising Grandchildren (GRG), and Tribal Kinship Care Programs.
2. Assistance: RAPP, GRG, Ohio Department of Aging, KinCare, AAA Big Stone Gap, and Mountain Empire Older Citizens (MEOC).
3. Counseling, Support Groups, and Training: Grandparents as Parents (GAP), Children and Family First, and MEOC.
4. Respite Care: YMCA of Delaware, Catholic Charities, Senior Volunteer Programs, Oklahoma Respite Research Network, and Washington Aging and Long-Term Care.
5. Supplemental Services: Prairie State Legal Services, Grandparents Parenting Again, Senior Volunteer Programs, Mid-Williamette Valley Senior Services Agencies, Upper Cumberland Relative Caregiver Program, MEOC, and Tribal Kinship Care Programs.

The programs listed above range across national, state, and community levels. Some of these programs are considered as multi-component programs that provide various services to meet the interrelated needs of informal grandparent caregivers. The multi-component programs are those that provide repeated services throughout the five categories of support services such as community centers that may offer assistance, counseling, and respite resources for all grandparents and grandchildren.

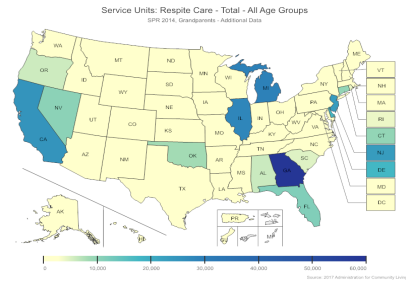
**California and NFCSP.** California leads the nation in the number of grandparent caregivers. When reviewing other literature and data on programs serving IGCs within the NFCSP guidelines, a common trend was the repeated reports of successful programs in the state of California. The most recent data concerning service units, clients served, and the number of providers was reported in 2014. California has the highest number (58,891) of service units in the U.S. that are funded by the NFCSP (Administration for Community Living, 2014). Service units were measurements by the high volume of grandparent caregivers and the high number of support staff as compared to any other state. See [figure 1.2](#) for a breakdown of service units for each of the five categories of service on next page. In total, 161,538 grandparent caregivers were served in the state by 41 providers in 2014 using NFCSP funding (Administration for Community Living, 2014).

Figure 1.2: California Service Units for IGCs Within NFCSP's Five Categories of Services  
 (Adapted from: Administration for Community Living, 2014)

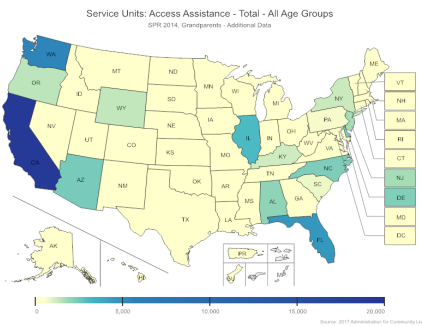
Information Services (1,283 in CA)



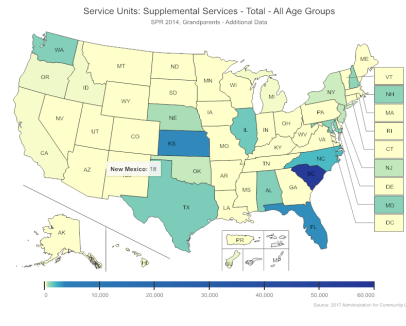
Respite Services (25,139 in CA)



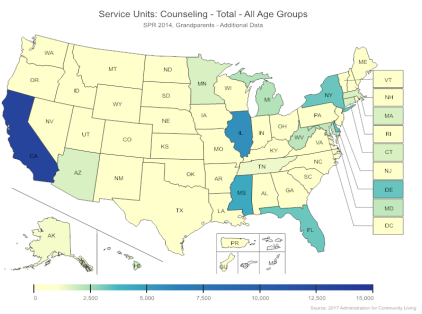
Assistance Services (19,065 in CA)



Supplemental Services (226 in CA)



Counseling Services (13,178 in CA)



**Evaluation process for NFCSP.** The Older Americans Act (OAA) has established a process for which programs within the NFCSP are evaluated by the Areas on Aging (AoA). The evaluation requirements are stipulated under section 206(a) of the OAA. See [Appendix A](#) for legislation on NFCSP program evaluation requirements. The OAA has also developed a logic model as a roadmap for evaluating programs for caregivers ages 55 and older see ([Appendix F](#)). Program outcomes reported in the literature were related to:

- Reduced isolation
- Increased connection to resources
- Increased independence/empowerment
- Reduced stress
- Lower levels of burden
- Increased well-being
- Increase of intergenerational reciprocity

The most common problems encountered by IGCs were related physical/emotional health, role loss, social isolation, financial strain, and legal issues (Butler & Zukari, 2005; GU, 2003; Hayslip & Kaminski, 2005; Minkler & Odierna, 2001).

### **Current Study**

Grandparents who raise their grandchildren informally are particularly vulnerable to legal and economic binds with fewer rights and limited access to social support. National policies and programs currently present many barriers, gaps, and unintended consequences for IGCs. In spite of the proliferation of IGCs, public policy and programs in the U.S. have not kept pace with challenges posed by this non-traditional family form (Baker et. al., 2008). I previously conducted a qualitatively study (master's thesis) where IGCs were interviewed via focus groups. Much of their expressed needs are in alignment

with the stressors presented in the first section of this chapter. Furthermore, the results of the thesis suggested that grandparent caregivers' needs were not fully being met in social support programs. Overall, the findings of my master's thesis points toward a gap in the literature and the need for a study on programs that serve grandparent caregivers with specific attention given to programs serving IGCs. Therefore, a descriptive phenomenology approach (DPA) was applied to this study to gain a deeper understanding of lead staff's perspectives regarding service delivery and specific needs for IGCs in comparison to FGCs. The purpose of this qualitative study was to explore administrative perspectives of lead staff that manage programs serving grandparents raising grandchildren in California funded by the NFCSP. To do this, information was collected from 15 lead staff members in the state of California to answer the following research questions:

1. How are IGCs served by programs serving grandparent caregivers?
2. How do programmatic factors and activities influence service provision to IGCs?

A thorough review of literature in the second chapter will cover the phenomenon of grandparent caregiving with specific attention to IGCs. The literature review chapter will also capture the utilization of theoretical frameworks to understand how social programs serve IGCs. The theoretical frameworks applied in the study are derived from Social Exchange Theories consisting of Rational Choice and Agency Theories. The third chapter explains the qualitative process, procedures, and data analysis. The final two chapters provide the findings, discussion, and limitations with special attention to implications for future research and practice.

## **Chapter 2**

### **Literature Review**

Increasingly, grandparents are becoming the primary caregivers for their grandchildren when parents are no longer able to care for them. These living arrangements can occur formally with statutory involvement or informally with no statutory involvement. The lack of statutory involvement often excludes the growing numbers of informal grandparent caregivers (IGCs) from social support when they have no legal documents to show guardianship or custody of the children in their care. One of the first steps of determining the needs of IGCs is to seek the information directly from them. The researcher previously conducted a qualitative study using focus groups with IGCs. Study findings suggested that further research on the perspectives of lead staff is needed to better serve the needs of IGCs (Ivey, 2014). Generations United (2003) revealed that there is some effort from the National Family Caregiver Support Program (NFCSP) to provide aid to IGCs, yet, programs remain confused on what specific aid is needed and how to deliver services. While there is extensive research on the characteristics, stressors, and needs of grandparent caregivers, little attention is given to the perspectives of lead staff when tailoring program services specific for IGCs.

#### **Outline of the Literature Review**

This chapter is comprised of four sections. The first section provides a summary of the literature describing the characteristics of grandparent caregivers with research specific to California and the cultural traditions among minority grandparents and grandparent caregivers residing in the state. A discussion of stressors among all grandparent caregivers and an examination of the research related to stressors specific for IGCs are also provided in the first section. Little research is available on the NFCSP as it relates to IGCs and the research that is available is mostly outdated. Therefore, a

comprehensive review of literature pertaining to social support and service delivery within the NFCSP is included in the second portion of this chapter. This review was conducted to highlight program reports, social policy research, and other academic literature concerning programs for grandparent caregivers. The third section of the chapter provides a summary of factors contributing to gaps in services for IGCs. The chapter concludes with a description of social exchange theories applied to the study.

This study seeks to answer the following research questions: (1) *How are IGCs served by programs serving grandparent caregivers?* (2) *How do programmatic factors and activities influence service provision to IGCs?* The study aims to acquire specific details on social support for IGCs based on lead staff members' responses to these two open-ended questions. The purpose of this qualitative study was to explore administrative perspectives of lead staff that manage programs serving grandparents raising grandchildren in California funded by the NFCSP. Comparing the review of literature in this study along with the responses of lead staff in later chapters may offer implications for future research and may inform social work practice strategies to better assist IGCs.

### **Grandparent Caregiver Characteristics**

Traditionally, grandparents anticipate a fun-loving role with their grandchildren without the responsibility of parental duties (Hayslip & Kiminski. 2005). Changes in family structures require grandparents to step in as primary caregivers for their grandchildren when parents are no longer able to care for their children. The demands of parenting again can cause role confusion and stress due to the obligations that come with being a caregiver, especially when grandparents are at an older age (Hayslip & Kaminski, 2005; Williams, 2011). In addition to the role confusion, grandparent caregivers may have resentment due to the loss of the fun-loving grandparent role they envisioned. This

resentment may create inequity of relationships between the grandchildren in their care and other grandchildren not in their care (Ehrle, 2001; Hayslip & Kaminski, 2005; Meyer & Kandic, 2017; Shore & Hayslip, 2017).

Grandparent caregivers reported numerous challenges of maintaining a supportive network of friends and social contacts (Hayslip & Kaminski, 2005). They sacrifice for the well-being of their grandchildren and spend less time with friends due to the increased responsibilities, financial constraints, and time constraints. Fear of criticism of their adult child's behavior and embarrassment about their family situation contributes to role confusion. As a result, grandparent caregivers reported feeling out of place at events where traditional-aged parents are the majority such as at PTA meetings and other mandatory school meetings (Ehrle, 2001).

Hayslip et al. (2003) conducted a quantitative study on role meaning for grandparent caregivers using analysis of covariance (ANCOVA) to explore the viability of Kivnick's (1983) five-factor model of grandparental meaning. This model was tested on a sample of traditional grandparents ( $N=102$ ) and cross-validated using a sample of grandparent caregivers ( $N=101$ ). Multiple meanings of grandparent caregiving were evaluated via 31 Likert-type items taken from Kivnick's five-factor model. Those meanings consisted of: (1) valued elder – 8 items; (2) centrality – 9 items; (3) indulgence – 4 items; (4) immortality through clan – 6 items; and (5) re-involvement with personal past – 4 items. Higher scores reflected an important and increased dimension of the meaning of grandparenthood. The findings suggested that the meaning of grandparent caregiving, as evidenced in the diversity of roles in which grandparents, are thrust into increased role confusion (Hayslip, et al., 2003).

The roles and responsibilities of grandparents also evolve with the changes in social structures and values in the U.S. (Cox, 2000). Changes in social structures involve



the voluntary and involuntary circumstances of parents that inflict the parenting role on grandparents. Based on these changes, we will continue to see an increase of IGCs (Cox, 2002). Role loss is created when the grandparent becomes the parent, thus needing to educate and discipline their grandchildren. Issues may arise in their marriages, relationships with friends, service providers, social service agencies, school personnel, or with their adult children while in their grandparent caregiving roles (Hayslip & Kaminski, 2005).

**Minority ethnicities.** The number of grandparents raising grandchildren spans across all ethnicities (Landry-Meyer et. al., 2005; Williams, 2011). In fact, the phenomenon of grandparents raising grandchildren will continue to be a growing trend in American society (Hayslip & Kaminski, 2005), especially, those of Latino-American (Burnette, 1999; Fuller-Thomson & Minkler, 2007), Chinese-American (Tang et. al., 2016), and African-American cultures (Kelch-Oliver, 2008). For minority grandparents, one in 10 in the U.S. will be the primary caregiver for a grandchild for at least 6 months before the grandchild's 18<sup>th</sup> birthday (Williams, 2011). While studies show that White Americans make up a large number of grandparent caregivers in the U.S. (US Census Bureau, 2012), the highest number of grandparent caregivers are of minority cultures. A cultural lens may be necessary to examine minority cases through which grandparent caregiving occurs. This view may help social service providers to better understand how to serve the culturally diverse population of grandparent caregivers. This section of the chapter reveals an examination into the three minority cultures (Latino Americans, Asian Americans, and African Americans) in which grandparent caregiving is most prevalent in California:

- 146,696 (49.9%) are Hispanic or Latino origin
- 82,902 (28.2%) are White (not Hispanic or Latino)

- 29,986 (10.2%) are Chinese American
- 26,164 (8.9%) are Black or African American
- 4,410 (1.5%) are American Indian or Alaska Native
- 2,058 (0.7%) are Native Hawaiian or Pacific Islander (AARP, 2017)

***Latino-American grandparents and family traditions.*** One of the greatest strengths of Latino families is the elder(s) of the family. Latino Americans tend to have large families and to cultivate strong family bonds (Fuller-Thomson & Minkler, 2007). The elders provide a sense of stability for all generations in times of disorganization such as immigration, divorce, or death. Another strengths-based characteristic for Latino families is the strong family involvement and interaction from adult children (Center for Disease Control and Prevention, Office of Minority Health, 2005). Collectivism and familism are basic overall features of Latino cultures and both buffer the negative effects of stressful life conditions (Halgunseth, 2004). Collectivist norms value group over individual welfare for Latino families (Halgunseth, 2004). Latino families believe that they have a moral obligation to help their extended family members that experience financial hardship and other problems. As the men grow older and become elders of the family, they are relied upon for family decision making which affords them increased prestige (Fuller-Thomson & Minkler, 2007).

***Latino Americans as grandparent caregivers.*** Few studies have documented the vulnerability of grandparent caregivers in Latino families (Cox, 2000; Fuller-Thomson & Minkler, 2007; Toledo et al, 2000). In general, Latino American grandparent caregivers have not received much scholarly attention (Cox, 2000; Fuller-Thomson & Minkler, Goodman & Silverstein, 2005). Though they possess many familial strengths, Latino grandparent caregivers are not excluded from their share of hardship. They are often

affected by socioeconomic and labor market conditions coupled with discrimination and other prejudices. In addition, they also encounter language barriers when seeking help from the community and social programs (Fuller-Thomson & Minkler, 2007). Burnette (1999) conducted a study that examined patterns of service use and predictors of unmet needs among Latino grandparent caregivers. A purposive sampling method was used to recruit 74 Latino grandparent caregivers with characteristics of being unmarried, middle-aged older women who only spoke Spanish and had low levels of education and income. All the participants were formal grandparent caregivers but still reported substantial unmet needs. Lack of knowledge of available services was a major contributor to the unmet needs. The study provided implications for policy and practice strategies that focused on role-related needs of Latino grandparent caregivers.

***Chinese-Americans grandparents and family traditions.*** Research on Chinese-American grandparents is more recent and mostly quantitative. Chinese-Americans tend to have a strong cultural expectation with a different concept of grandparent caregiving in contrast to other cultures. This is partly due to grandparents commonly being willing to care for grandchildren in partnership with their children and cultural traditions that accentuate family well-being and social expectations (Lou & Chi, 2012). In the Chinese culture, almost all grandparents are voluntarily willing to take care of grandchildren regardless of whether or not the adult children are present (Xu, et. al., 2012).

Tang et. al. (2016) conducted a study on psychological well-being and found that Chinese-Americans who have immigrated to the U.S., the caregiving experience becomes complicated due to the erosion of the traditional culture as it relates to intergenerational relationships. While they are expected to engage in the co-parenting of

grandchildren, they have their own hardships to manage such as cultural adaption, language barriers, and financial difficulties.

***Chinese-Americans as grandparent caregivers.*** Zhou, Mao, Lee, & Chi (2017) conducted a longitudinal study in rural China to examine the effect of caring for grandchildren on grandparents' physical health and the role of intergenerational support from adult children. While most grandparent caregivers of other ethnicities rely on social support and other varieties of sources for help, Chinese-Americans rely on the support of their adult children when caring for grandchildren (Cheng & Chan, 2006; Zhou et. al., 2017). A sample of 799 grandparents ages 60 and older were used to quantitatively measure three aspects of intergenerational support: financial, emotion, and instrumental support using path analysis (Zhou, et., al., 2017). Results indicated that there was some statistical significance identified in between-group differences. The findings suggested that caregiving provides some form of reciprocity such as health benefits for grandparents.

***African-American grandparents and family traditions.*** African American (AA) grandparents are more likely to live in poverty and have the fewest resources as compared with other ethnicities (Minkler & Fuller Thomson, 2005, Kelley, Whitley, & Campos, 2010). Unique to the AA ethnicity are grandmothers who fill in the gap for their families (Ivey, 2014; Kelley, Whitley, & Campos, 2010). AA grandmothers are a source of strength for their families and play significant roles in preserving the family (Kelch-Oliver, 2008). This is partly due to, "women of African descent having a legacy of resilience, spirituality, and hope" (Waites, 2009, p. 278). Many of them are low income, single women (Kelch-Oliver, 2008), yet, have an abundant sense of spirituality (Waites, 2009). This is due to the history, culture, values, and cultural adaptations within AA families. A strong sense of faith and resilience bring strong family ties in AA families which have

been effective coping strategies to overcome hardship for many generations (Waites, 2009).

***African Americans as grandparent caregivers.*** In a qualitative study conducted by Kelch-Oliver (2008), experiences and stressors specific to AA grandparents who were primary caregivers of their grandchildren were explored. The author provided a general description of AA grandparent-headed families (GHFs) followed by a brief history of factors leading to GHFs. Information on GHFs of all ethnicities was also provided. Specifically, Kelch-Oliver (2008) noted that the AA grandmother occupies a highly constructive role in the family and that they are an integral part of the support system. The author also highlighted other strengths and weakness of AA grandmothers that are consistent with literature such as a strong sense of faith and spirituality. While the study provided a comprehensive description of literature for AA grandparent caregivers with special attention to AA grandmother caregivers, the study did not propose an intervention or interview strategy. Therefore, implications for future practice was the only outcome of this study which asserted that the role of social support is an important factor of decreasing stress and improving the health of AA grandmothers.

### **Stressors of Grandparent Caregivers**

Grandparent caregiver stressors as related to the task of parenting grandchildren consist of: (1) health issues, (2) concerns for the grandchildren's parents (their own children), (3) social isolation, and (4) concerns related to the grandchildren (Leder, 2007; Mason et. al., 2009; Richardson, 2002; & Williams, 2011). Grandparents may not be able to meet the physical demands of parenting due to pre-existing health problems or their health may deteriorate after assuming care of grandchildren (Bunch et. al., 2007; Williams, 2011). Grandparents may feel overwhelmed and depressed over their own children whether it relates to negotiating living arrangements of their grandchildren and

other issues that led to the changes in the family structure such as substance abuse, physical abuse, incarceration, etc. Grandparents have difficulty balancing the multiple roles in multiple settings and have reported complaints about having no time for themselves (Linsk, et. al, 2009; Linsk & Mason, 2004). The stress of caregiving as related to the grandchildren is, in part, determined by developmental and psychological problems that may stem from past physical or sexual abuse (Linsk et. al., 2009; Stricker, 2003; Sands & Goldberg-Glen, 2000). They also report problems with the school system such as the generation gap between themselves and the teachers (Hayslip & Kaminski, 2005).

**Health issues.** Grandparents experience biological and psychological issues when caring full time for grandchildren. While psychological health is the most widely studied aspect of grandparent caregiver health (Hadfield, 2014), more than two-thirds of grandparent caregivers experience chronic health conditions and, as a result, are likely to have high depression levels (Butler & Zukari, 2005). The physical demands of raising a child later in life may pose special health concerns that may negatively impact the physical and emotional well-being of grandparents (Bunch, et. al, 2007). When assisting grandparent caregivers, it is important to remember that unless grandparents have raised a grandchild from infancy, then the sudden experiences might become physical and emotionally complicated. Research showed evidence of elevated levels of psychological stress among grandparent caregivers (Butler & Zakari, 2005). Grandparents often reported having increased anxiety and depression since assuming the role as grandparent caregiver (Cherlin & Furstenberg, 2009, Harrington Meyer, 2014; Meyer & Kandic, 2017; Sprang, Choi, Eslinger, & Whit Wooslet, 2015; Wang & Marcotte, 2007). Given the increased poverty, it is not surprising that these grandparents experience significant physical health problems (Campos, Kelley, & Whitely, 2010).

**Concerns for parents.** Many grandparent caregivers experience grief over the various losses that placed them in the caregiving role. They grieve over the loss of their own child when the adult child has died, is incarcerated, or has simply neglected to care for the child effectively (Baird, 2003; Hayslip & Kiminski, 2005). The relationship with the grandchild's parent may be negatively affected when grandparents become the primary caregiver (Hayslip & Kiminski, 2005). In a qualitative study conducted by Shore & Hayslip (1994), nearly two-thirds of grandparent caregivers expressed disappointment with their own children (N = 31). Of these grandparents, 28% of them resented their children and over 30% felt taken advantage of by them.

**Social isolation.** Grandparent caregivers report less contact with friends, especially as friends their age generally do not have small children in their care (Kelley, Whitley, Sipe, & Yorker, 2000). Older grandparent caregivers have reported that they have little in common with young parents in schools or in the community (Jendrek, 1993; Kelley, 1993). Jendrek (1993) conducted a qualitative study with 36 grandparent caregivers and half of them reported stress of isolation. Those stressors included a decline in privacy, less time for themselves and with spouses, and loss of contact with friends.

Studies revealed that social isolation increases emotional distress and grandparent caregivers frequently reported feeling isolated from friends and family (Cox, 2002; Kelley, Sipe, & Whitely, 2001). Strozier (2012) conducted a study to measure the effectiveness of social support for grandparent caregivers who participated in support groups. The findings suggested that those who participated in a support group were less likely to feel socially isolated. Research indicated that grandparent caregivers are vulnerable to social isolation and the lack of emotional support is a major contributor to them to feeling socially isolated (Hayslip & Karminski, 2005). Some researchers

questioned if social isolation is intentional or unintentional. Grandparent caregivers may intentionally isolate themselves from their peers due to embarrassment, inability to participate in social events due to lack of time or money, and fear of judgment and criticism (Musil, 1998). High numbers of grandparent caregivers reported feelings of loneliness or depression (Minkler et al., 1992).

Other times, isolation may be unintentional for reasons beyond their control. For example, the lack of public transportation would possibly be a contributor to social isolation. Without sufficient transportation, grandparents are unable to access the resources they need. Isolation may also be impacted by the need to return to work and/or from the use of their savings to support their grandchildren instead of participating in leisurely activities (Ruiz & Shu, 2004).

**Concerns related to the grandchildren.** Issues related to grandchildren are important to note so that social service programs will better understand how to assist grandparent caregivers. Grandparents reported deteriorated relationships with their grandchildren since taking on the role as caregivers and that they feel irritated by grandchildren's behavior (Emick & Hayslip, 1999; Hayslip et. al., 1998). Grandchildren raised by grandparents exhibit such intense behavioral and emotional symptoms that require treatment from mental health facilities (Kennedy & Keeney, 1988; Shore & Hayslip, 1994). Grandparent caregivers may not fully understand the meaning of the grandchild's behavior and may question the need for professional help (Emick & Hayslip, 1999). Grandchildren raised by grandparents tend to also have more problems in school (Solomon & Marx, 1995). They may lack the ability to keep up academically because of the generation disconnect between themselves, the grandparent, and teacher (Emick & Hayslip, 1999). They may also demonstrate weak cognitive, reading, and math skills (Edwards, 1998).



A survey of 3,477 grandparents was conducted in a study using a longitudinal dataset from the National Survey of Families and Households (NSFH) (Fuller-Thomson, Minkler, & Driver, 1997). Among these grandparents, approximately 11% of them had raised a grandchild within the last six months. Of this percentage of grandparents, 75% of the grandchildren began living with their grandparents when they were under the age of five years old. This data suggested that the emergence of grandfamilies is an extended effort for both grandparents and grandchildren (Edwards, 1998; Fuller-Thompson, Minkler, & Driver, 1997). However, the findings also suggested that grandchildren living with grandparents have high levels of Attention Deficit Hyperactivity Disorder symptoms (Doucette-Dudman & LaCure, 1996; Edwards, 1998; Fuller-Thompson, Minkler, & Driver, 1997).

In addition, grandchildren living with grandparents were found to have had many other medical issues (Dubowitz, et. al, 1994). These medical issues are mostly associated with asthma, anemia, and dental problems (Edwards, 1998). This is partly due to the lack of proper immunizations and the lack of appropriate primary healthcare. Many of the grandchildren that dealt with maltreatment have encountered psychological problems. They encounter high levels of stress from poverty and/or forced removal from parents.

### **Stressors Specific to IGCs**

Having a grandchild in the home on an informal basis can produce additional strain on resources uprooting many financial and legal dimensions (Cox, 2000). Grandparents often find themselves in these informal arrangements because, early on, decisions need to be quickly made on how to provide for their grandchildren. Informal grandparent caregivers have limited community support and may forfeit their own needs to sacrifice for their grandchildren. Strict eligibility requirements for public assistance may

be prohibitive for IGCs (Baker, et. al., 2008). Even though they may have some eligibility to collect welfare based on their own income, IGCs may be discouraged to apply due to such strict guidelines. Basic expenses like food, insurance, clothing, child care, and medications can become a financial burden when there are no social resources or community support (Baker, et. al., 2008; Cox, 2000).

IGCs often reported difficulty obtaining health insurance for their grandchildren (Generations United, 2002). Children's health insurance is often obtained through the employer of their primary caregiver. IGCs who are retired or unemployed are unlikely to gain access to a reasonably priced group plan and are not likely to access public health insurance without formal documentation. Even if IGCs are employed may have difficulty obtaining health insurance for their grandchildren because the employer may not consider the grandchild as a dependent. Difficulties for IGCs obtaining children's insurance has be widely documented in research, however, little attention is given to the matter (Baker, et. al., 2008). Generations United (2002) conducted a study where more than 50 companies were surveyed and none of them allow grandparents to include grandchildren on their health insurance plan unless a formal legal arrangement has been established.

IGCs are also at risk of living in inadequate housing conditions (Baker, et. al., 2002). Many of them are living in overcrowded housing as the entrance of the grandchild into the household is often unexpected and sudden without adequate time to prepare or find extra space (Fuller-Thomson & Minkler, 2003). Efforts across the U.S. are being made to introduce public housing for specific for grandfamilies, however, these efforts do not benefit IGCs that do not have permanent custody (Baker, et. al., 2003). There is a major barrier to housing for grandfamilies which consist of how to handle tenants who remain as residents when they are no longer raising a grandchild (Gottlieb & Silverstein,

2003). These tenants could possibly make some space available for those that are raising grandchildren informally.

Grandparents caring for grandchildren informally experience an uncertain legal status – meaning that the arrangement occurs with little warning and little forethought (Geen, 2000; Gipson & Singh, 2011). IGCs may find themselves in vulnerable situations as caregivers without legal rights. The lack of legal rights can become a major obstacle as they are unable to access services such as health care, school enrollment, and other social services (Albert, 2000; Brandt, 2004; Bruce, 2004; Ehrle et. al., 2001; Gipson & Singh, 2011). Regardless of the time, effort, and personal resources IGCs provide, the grandchildren remain under legal custody of their birthparents unless parental rights are terminated (Gipson & Singh, 2011; Goelitz, 2007). This can create problems where the birthparents are able to access services and benefits for children that they are not supporting while IGCs are left without these important supports.

### **Social Support Within the NFCSP's Five Categories of Service**

The first part of this chapter provides an overview of the characteristics of grandparent caregivers which included specific traditions for minority grandparents and minority grandparent caregivers. The first part of the chapter also describes the stressors of grandparent caregivers with specific attention to more complex issues of IGCs. However, a deeper examination of the literature related to service outcomes for the NFCSP is needed in order to ascertain the gaps in research that this study aims to address. Therefore, a comprehensive review process was used to narrow down specific literature pertaining to service delivery outcomes for the NFCSP. Multiple electronic databases (Google Scholar, Social Services Abstracts, Age Line, EBSCO Host, Social Work Abstracts, and ProQuest Dissertations and Theses) were searched for published articles and dissertations that examined NFCSP services/interventions for IGCs. The

search strategy was conducted using the following keywords and connected phrases to yield research reports on programs specifically related to grandparent caregivers: *programs for grandparents raising grandchildren; national family caregiver support program AND "grandparent"; grandparent caregiver programs; and National Family Caregiver Support Program AND "informal grandparent"*. Duplicate articles which were found in Google Scholar were omitted in the overall totals. In total, 6,817 articles were counted.

To narrow down the articles relevant to service delivery outcomes, three techniques were used. The first technique was title evaluation. The specific criteria used when evaluating titles for this study were based on the following questions: (1) does the title identify grandparent caregivers? (2) if there were variables, were the variables referred to in the title? (3) does the title contain jargon or acronyms (NFCSP)? (4) is the title sufficiently specific to IGCs (Pyrzczak, 2013)?

The second technique was abstract evaluation. When reviewing abstracts, several characteristics were evaluated: (1) was the purpose of the study clearly stated? (2) were there highlights of the research methodology? (3) were highlights of the results described? and (4) were references made for future implications (Pyrzczak, 2013)?

The third technique was the evaluation of interventions and methodologies, but a challenge emerged from this technique. The challenge with extracting data on outcomes of the NFCSP was the high volume of publications outside of empirical research such as program reports and resource guides. Due to the high volume of program reports and resource guides for the NFCSP, these were also evaluated for inclusion. The evaluation of program reports and resource guides consisted of a review of whether outcomes of services were reported. Reference lists of reviewed studies were also evaluated when

needed for possible inclusion. A table of the tabulated results can be found in [Appendix H](#).

Inception of the NFCSP was in 2000 and articles dated 2000 to 2017 were used for this section of the review. Inclusion criteria consisted of:

- Peer-reviewed publications and dissertations/theses
- Publication or release dates from 2000 to 2017
- Specific programs funded by the NFCSP
- Specific to programs and services for grandparent caregivers

After using the three narrowing techniques, a total of 6 articles were found to report service delivery outcomes for NFCSP as related to grandparent caregivers.

Littlewood (2014) conducted an exploratory study on the Grandfamilies Outcome Workgroup (GrOW) to examine concepts, goals, outcomes, and measures of the program. Although support groups continue to be the most widely available service for grandparent caregivers, there is no best practice or recommended approach to evaluating this intervention (Littlewood, 2014). This study was conducted in response to the need for best practices and it attempted to make recommendations for support groups. Participants of the study included members of GrOW representing five states (CA, NY, FL, CN, and AZ). The data collection process took place over several months where each group leader took several hours to complete an inventory survey. Results of the inventory revealed several outcomes for grandparent caregivers. Outcomes included reduced stress, increased connection to resources and social support. It was questionable as to how the validity of these outcomes were measured since no specific data was reported. However, the study revealed several areas that were examined within support groups such as structure, facilitation, and funding.

Conway et. al. (2010) conducted a secondary analysis of a cross-sectional survey to report the use of resources and services by grandparent caregivers. The study also examined levels of burdens and factors that mediate their relationships. The study was conducted at the National Resource Center for Native American Aging in the North Dakota Data Center where NFCSP services are provided. The overall outcome reported for grandparent caregivers as results of services offered is lower levels of burden. However, the levels of burden varied by reasons of caring for a child. Reasons included, family violence, having a grandchild with a disability, having a stressed relationship with the parent, and the use of governmental services. It is not clear in the study on how the use of governmental services increase or decrease burden. However, it is speculated that governmental resources may help to defray the cost of everyday living expenses, thus, may help to decrease caregiver burden. A convenience sample of 247 grandparent caregivers were used. Grandparent caregivers were younger than 65 years old and 57% were American Indians. Fifty-two percent were married or living with a partner, and 49% had an annual household income of \$20k or less before taxes. Outcomes included lower levels of burden if they used financial or other resources. The study failed to provide a control group or pretest/posttest to compare results of caregiver burden, thus, raising questions as to how caregiver burden was decreased. There was also confusion on the ages of grandparent caregivers in this study due to the methods and discussion sections indicating different age numbers. Finally, with the sample being a convenience sample, it may not have been representative of the population of grandparent caregivers in rural regions.

Whittier et. al. (2008) examined the range of existing sources for family caregivers from the administrative perspectives of the Area Agencies on Aging (AAAs). In scope, the study examined the extent and adequacy of resources available in California

corresponding to each of the five categories of service of the NFCSP. Several research methods were used to identify existing services and service gaps consisting of survey questionnaires to 33 AAAs. Of the 33 surveys sent to lead staff members, 24 (73%) responses were received. One of the biggest difficulties reported was that caregivers lacked the free time to do what he or she wants or needs. A reported outcome of this study stems from respite care services. Family caregivers experienced reduced amounts of stress due to opportunities of free time for personal activities and self-care. However, this study included the two types of caregivers (family caregivers of individuals (ages 60 and older); and grandparents (over age 60) raising grandchildren) as a whole and did not differentiate outcomes between the two. Therefore, no specific outcomes for grandparent caregivers were reported.

Kaplan & Perez-Porter (2014) conducted a descriptive study of web programs, support systems, organizational structures, and social policies that can help households with grandparents and grandchildren thrive. The authors use the term “grandfamilies” in reference to households with grandparents and grandchildren. The study revealed that support groups is most used of grandfamilies as compared to the other four categories of services. Support services for grandparent caregivers helped reduce emotional stress by providing instrumental support. With this study focusing on grandfamilies, it reported an increase of intergenerational reciprocity. One support group discussed is the Kinship Family Retreats which promotes intergenerational reciprocity. Kinship Family Retreats, created by Penn State’s Cooperative Extension provide stress-free settings for grandfamilies to enjoy quality family time. The retreat setting took place outside of the social service settings. Grandfamilies reported the appreciation for not having to worry about treatment, therapy, or referrals. They simply participated in these retreats to spend quality time with family. Planning for intergenerational reciprocity does not necessarily

require structured planning. It created a time set aside to bring the entire family together for joint activities involving cooking, storytelling, art, and travel. The study also provided details on agency collaboration initiatives for building capacity of human service agencies. Some of these interagency collaboration initiatives fill service delivery gaps across children welfare and aging service systems. These initiatives gave positive outcomes for grandparent caregivers. Kaplan and Perez-Porter (2014) used a strengths-based approach to establish a continuum of support for grandfamilies.

Hayslip & Kaminski (2005) and Generations United (2003) reported specific outcomes within the five categories of services as detailed below:

**Information.** This category of service connects grandparent caregivers to available community resources. The intended outcome of providing information to grandparent caregivers is the increased likelihood to utilize more services available to them. GU (2003) revealed several outcomes related to spreading information to grandparent caregivers. From the use of physical resource manuals and handbooks, older caregivers feel more comfortable and empowered versus using electronic methods. Manuals provide valuable information on parenting, budgeting, referring to local support groups, and other valuable resources. This method allows grandparent caregivers to feel safe and provides a clearer understanding of the resources available to them.

**Assistance.** Grandparent caregivers experience barriers that may prevent the access of appropriate and suitable services. This category offers a level of independence by providing caregivers with social capital that can help make the caregiving process more bearable. GU (2003) reported resources such as community support groups and professional liaisons to help provide technical support for basic computer skills and other needed assistance when caring for children. GU also reported the benefits that grandchildren can offer to grandparents especially with technological assistance. Training



programs offered by the NFCSP often use a reciprocal approach when assisting grandparent caregivers with technology. Other provisions are transportation, legal help, and access to recreational clubs for personal improvement. Hayslip & Kaminski (2005) noted an increase in well-being for informal grandparent caregivers when such assistance is made available.

**Support services.** Supportive services promote outcomes of alleviated stress and improved health for caregivers (Hayslip & Kiminski, 2005). Examples of support services as provided by the NFCSP are counseling, parenting classes, budgeting classes, and other trainings to assist grandparent caregivers. GU (2003) reported various state and community efforts that provide support. One program offered at the state level is Family Circles that provide education and support groups to build reciprocity among grandparents and grandchildren.

**Respite care.** Respite care include services that provides caregivers with temporary relief from caring for children. These services are provided in recreation centers like the YMCA where children can be left to participate in various activities. Respite care for grandparents are also available through volunteer and in-home programs. AAAs in various states collaborate with local parks and recreation providers, and other organizations such as Easter Seals and Camp Fire to pay for day camps for children who live with grandparents ages 55 and older. Outcomes from respite services provide an increase of well-being for grandparent caregivers allowing them the free time for self-care (Hayslip & Kaminski, 2005).

**Supplemental services.** Supplemental services complement the care provided by caregivers. Supplemental services also help to promote intergenerational reciprocity where both grandparents and grandparents are strengthened to work more in harmony with one another. These services can range from federal programs to state and

community programs. The services are provided for all members of the household and include healthcare, legal services, financial assistance from federal and state programs, and basic needs assistance from community programs.

Overall, the comprehensive review revealed that service delivery outcomes included a reduction of isolation, stress, and burden of grandparents. Service delivery outcomes also included an increase of connection, independence, empowerment, well-being, and intergenerational reciprocity among grandparents. These results included all grandparent caregivers as a whole and do not report specifics related to IGCs. Since the NFCSP has made provision to assist IGCs, more research and evaluation is needed to report outcomes to this specific population.

#### **Factors Contributing to Gaps in Policies and Services for IGCs**

The first factor contributing to gaps in policies and services is the lack of knowledge of IGCs' needs. IGCs are more likely to be older, single, less educated, in poor health, and impoverished (Ehrle & Geen, 2002; Letiecq et. al., 2008). Despite their specific needs, IGCs rarely seek help for themselves (Goodman et. al., 2007; Hayslip & Shore, 2000). This may be due to lack of time, increased work demands, inconvenient scheduling of programs, health problems, lack of transportation, and lack of knowledge of programs (Ehrle & Geen, 2002; Goodman et. al., 2007; King et. al., 2006). Additionally, IGCs may assume they have no legal rights and never seek social support (Albert, 2000; Bruce, 2004; Letiecq et. al., 2008). This assumption may cause IGCs to avoid access to services partly due to resentment and fear of conflict with their own children (Ehrle, 2001).

The second factor contributing to gaps in services is the myriad of complex definitions used when referring to informal and formal grandparent raising grandchildren. The multiple use of different terms can create confusion between stakeholders,

researchers, and practitioners when planning and implementing programs. This confusion also creates unintended consequences for IGCs when attempting to access services and they cannot be served because they have no formal documentation. Language should be precise to gain concrete and detailed information when serving a specific population (Giorgi, 2009). Understanding the various use of definitions and implementing specific language may help social workers and stakeholders advance policies and programs to meet specific needs of IGCs.

The third contributing factor is the lack of training among staff when assisting IGCs. While staff may understand procedures on how to assist grandparents raising grandchildren with formal documentation, they lack the training to properly assist and refer IGCs to external services. Generations United (2003) noted the need for training in various areas when assisting IGCs:

- Legal help
- Navigating the school system
- Fund raising
- Housing
- Medical help

Staff should be trained to assist IGCs in obtaining temporary or legal statuses to grant them rights to access proper services for their grandchildren (Meara, 2014).

### **Theoretical Framework**

Human service programs exist to manage social problems clearly specified in a way that does not predetermine how the problem will be solved (Watson & Hoefler, 2014). To help mediate this process, outcomes are predicted when planning programs to determine a means to an end. Outcomes are desired changes in clients or communities associated with program activities (Newcomer, Hatry, & Wholey, 2015). These noted

changes in clients are the result of what a program has achieved (McDavid & Hawthorne, 2006). Evaluation results should highlight actual outcomes vs. predicted outcomes of clients to show the overall impact of the program. McDavid & Hawthorne (2006) defined program evaluation as a systematic process for gathering and interpreting information to answer questions about a program.

The problem with researching programs serving IGCs is the limited and outdated reports of outcomes for clients. Programs serving IGCs should conduct an evaluation of programs using a scientific process to measure outcomes for the purposes of showing accountability and making improvements. Due to the complex needs of IGCs, agencies should consider using macro and micro lenses to predict and measure program outcomes. Thus, this study uses both micro and macro perspectives when examining these programs and making recommendations.

**Social exchange theories.** Social exchange was originated from an economic process attributed to Adam Smith (1902) who suggested that resources are increased when national markets function competitively without the interference of government. This suggestion posited that a competitive free market could help to regulate the process of exchange resulting in mutual benefit for all participants (Robbins, et al., 2012). Theorist James George Frazer later formulated this process as social exchange theory. Frazer posited that social exchange processes derive from the economic motives of individuals in society (Ekeh, 1974). Abraham (1988) later posited that social exchange applies to cooperation, competition, conflict and coercion and its emphasis is goal-oriented. He also emphasized that goal-oriented human behavior covers many theoretical bases and that the heart of exchange resulted in profits where benefits outweigh costs (Robbins, et al., 2012). However, it is sometimes difficult to predict what serves as profits because value may differ from one person to the next.

Key concepts of social exchange theory were developed to better understand the essence of exchange. Costs are considered as punishments or rewards foregone. Punishments can be physical, emotional, or by withholding rewards. Profits occur when rewards outweigh the costs. When the reward is received repeatedly and its ability to motivate becomes diminished, satiation or diminished marginal utility occurs (Robbins et al., 2012). Power is obtained when one is dependent on the other for specific outcomes. The principle of least interest is the one who is less eager to preserve the relationship. The norm of reciprocity is the expectation that when one receives a reward, the favor is returned in some way and is seen as mediating people's tendency to act in their own self-interest. Distributive justice is based on the ideas that the reward should be proportional to their costs and profits should be proportional to their investments which can be achieved or ascribed (Robbins, et al., 2012; Simpson, 1972). Investments that are achieved are earned from past activities or contributions. Investments that are ascribed are bestowed upon individuals or groups on the basis of a particular characteristic such as gender or race. The concept of achieved vs. ascribed has been used repeatedly in social exchange theory to explain why males are paid more than females or why Whites receive higher salaries than other races. This also explains how not everyone enters the exchange on equal ground.

A summarization of concepts listed 12 theoretical propositions that are useful in understanding the essence of social exchange:

1. Individuals choose alternatives from which they expect the most profit.
2. Costs being equal, they choose alternative from which they anticipate the greatest rewards.
3. Rewards being equal, they choose alternatives from which they anticipate the fewest costs.

4. Immediate outcomes being equal, they choose those alternatives that promise better long-term outcomes.
5. Long-term outcomes being perceived as equal, they choose alternatives providing better immediate outcomes.
6. Costs and other rewards being equal, individuals choose the alternatives that supply or can be expected to supply the most social approval (or those that promise the least social disapproval).
7. Costs and other rewards being equal, individuals choose statuses and relationships that provide the most autonomy.
8. Other rewards and costs being equal, individuals choose alternatives characterized by the least ambiguity in terms of expected future events and outcomes.
9. Other costs and rewards being equal, they choose alternatives that offer the most security for them.
10. Other costs and rewards being equal, they choose to associate with, marry, and form other relationships with those whose values and opinions generally are in agreement with their own and reject or avoid those with whom they chronically disagree.
11. Other rewards and costs equal, they are more likely to associate with, marry, and form other relationships with their equals, those above or below them. (Equality is viewed as the sum of abilities, performances, characteristics, and statuses that determine one's desirability in social marketplace).
12. In industrial societies, other costs and rewards equal, individuals choose alternatives that promise the greatest financial gains for the least financial expenditures (Nye, 1982; Robbins, et al., 2012).

These basic principles apply to individuals, groups, and larger organizations.

**Rational choice theory.** The rational choice theory is derived from economics and shares many of the same assumptions of social exchange theory. It assumes that people are rational, self-interested beings who seek to maximize profits through action and rational thought (Robbins et al., 2012). Although this theory is not often used in social work, it has received some attention in public administration. The rational choice model can be helpful in planning, implementing, and evaluating program outcomes (Beach and Connolly, 2005). The theory is one that uses a step-by-step analysis to achieve a means to an end. It's multi-step process, from problem identification through solution helps lead staff and policy makers make sound decisions. The rational choice model suggests the determination, clarification, weighting, and specification of goals, objectives, and values (Clemons and McBeth, 2009). The model also suggests the importance of considering how program managers within these community and state-level programs measure success, gather feedback, and evaluate grandparent caregiver programs. Vining and Weimer (2010) explained that the theory consists of two important factors: (1) analysis of the problem and (2) analysis of the solution. An analysis of the problem includes understanding the problem, explaining relevant goals, and choosing a solution method. The solution analysis consists of selecting impact categories for goals, generating policy alternatives, predicting the impact of each alternative, assigning a value to the predicted impacts by using qualitative or quantitative measures, and making recommendations.

The assumptions of the rational model are:

- A lead staff member or manager has the full and perfect information on which to base a choice.
- Measurable criteria exist for which data can be collected and analyzed.

- A lead staff member or manager has the mental ability, time, and resources to evaluate alternatives against other options (Boundless, 2017).

The rational choice model posits a sequential path of activities of formulating goals, identifying criteria along with potential alternatives, and performing complex analyses to making a final decision (Boundless, 2017). When planning programs for IGCs, a plan should be in place to meet their specific needs. This perspective may be helpful in identifying the increase in numbers of informal grandparents and making clear program goals to meet their needs. Comparing current outcomes of these programs to projected outcomes may help lead staff make different decisions on how to improve programs for IGCs. The rational choice approach follows a path of activities: (1) formulating a goal(s); (2) identifying the criteria for making the decision; (3) identifying alternatives; (4) performing an analysis; and (5) making the final decision.

The rational choice model has its share of flaws in theory and practice (Clemons & McBeth, 2009). It can be viewed as a “one size fits all” model when IGC needs are very complex. More specifically, the model is criticized intellectually, politically, and philosophically. This “one size fits all” limitation is characterized by human errors and the lack of future projections. Humans are not always rational and are limited only by what they experience or learn. Choices are often made in conflict with the environment between those with levels of power within organizations and the government. Therefore, when using this model, one person of power can make the decisions for all within a community, state, or a nation. This can result in producing cookie cutter or irrelevant services for IGCs which can clearly have different needs. See [Appendix A](#) for contact form and [Appendix B](#) for the agency profile form.

**Agency theory.** The agency theory is derived from social exchange and coined by Mark Testa. It examines more closely how one party (grandparent) acts on behalf of



another (grandchild) defining the phenomenon as a gift relationship (Shapiro, 2005). The gift relationship, in benefit to IGCs and grandchildren, is known as intergenerational reciprocity (Titmus, 1971; Testa & Shook Slack, 2002). The exchange of reciprocal support promotes well-being of those involved in households headed by grandparents when needs are met for grandparent caregivers (Zhang, 2014; Antonucci, 1985). Simply stated, intergenerational reciprocity is the extent to which generations can strengthen one another, especially when living in the same household. Intergenerational reciprocity is also defined as a pattern of social behaviors which create a motive for generations to exchange support (Zhang, 2014; Schwartz, Trommsdorff, Zheng, & Shi, 2010). In some special cases, grandparent caregivers can look to grandchildren for help.

The agency theory provides a deeper examination of the population in promotion of a gift relationship (Testa & Shook Slack, 2002). The gift relationship is compared to the agency relationship as guided by the agency theory. The framework of the agency theory suggests that the grandparent caregiver (the agent) is delegated the discretion to act on behalf of the interest of the grandchildren (principal). A dilemma in agency relationships is whether agents will continue to act on the best interest of their principal or defects from these expectations at the principal's expense (Testa, 2013). Within the social science context, a common set of organizational principals were established to minimize agency risks and to resolve the social dilemma as stated above are classified into four general types of alternative care for children: (1) affine principal, caregiving responsibilities are delegated to a child's extended family; (2) hierarchical principal, caregivers are granted authority over the person and property of the child to whom they owe duties of support, care, and education; (3) fiduciary principal, caregiving responsibilities are delegated to agents that can be counted on to look after children with the utmost integrity; and (4)

contractual principal, where agents are screened, selected, licensed, and compensated for caregiving.

***Agency theory's affine principal.*** Specifically, this discussion focuses on the affine principle of the agency theory. Affine relationships are cultivated when family members volunteer or are appointed by the family as caregivers when parents can no longer care for their children, thus, IGCs. Resources are shared in a communal manner within the family in which members give to and take freely without accounting of how much one contributes or consumes (Testa, 2013). Moreover, affine relationships are IGC relationships that exclude the child welfare system. Affine relationships consist of intergenerational households (with grandparent/grandchild) or multigenerational households (with grandparent, parent, and grandchild). In multigenerational households, the affine principal suggests that the parent may or may not be involved with the child in kinship care. The phenomenon of informal grandparent caregiving will continue to expand in the U.S resulting in the need for social service researchers and practitioners to delve more deeply into affine foundations of the resilience of extended family networks (Ehrle, et. al., 2001; Gibson & Singh, 2004; Goodman & Silverman, 2001; and Testa, 2013).

## **Conclusion**

The purpose of this qualitative study was to explore administrative perspectives of lead staff that manage programs serving grandparents raising grandchildren in California funded by the NFCSP. Characteristics among grandparent caregivers were examined in the first section of this chapter. Additionally, the chapter provided a summary of complex issues that grandparent caregivers experience which also included specific issues that IGCs experience. I previously conducted a qualitatively study (master's thesis) where IGCs were interviewed via focus groups. Much of their expressed needs are in alignment with the stressors presented in the first section of this chapter. Their

needs were not fully being met in social support programs. The findings of the previous master's thesis research pointed toward the need for a study on programs that serve grandparent caregivers with specific attention given to programs serving IGCs.

A comprehensive review of the literature was presented in the second section of this chapter to narrow down specific research related to service outcomes for the NFCSP grandparent caregiver programs. The results of the comprehensive review revealed that outcomes of service delivery resulted in a reduction of isolation, stress, and burden. Outcomes of service delivery also resulted in an increase of connection, independence, empowerment, well-being, and intergenerational reciprocity. The third part of the chapter include an examination of research to reveal factors contributing to gaps in services for IGCs. Those gaps are: (1) lack of knowledge of specific needs of IGCs; (2) confusion between FGCs and IGCs; and (3) lack of staff training on how to assist IGCs when they have no legal documentation of caring for grandchildren. The fourth part of this chapter concluded with a description of social exchange theories consisting of rational choice and agency theories.

## **Chapter 3**

### **Methods**

#### **Overview**

The purpose of this qualitative study was to explore administrative perspectives of lead staff members of programs serving grandparents raising grandchildren in California, as funded by the NFCSP. I used a descriptive phenomenology approach (DPA) to gain a deeper understanding of service delivery outcomes and specific needs of IGCs. This chapter provides details of DPA for executing this study. A rationale is provided on why a qualitative research design was selected for this study. An elaboration of paradigms that undergird the study and details on the DPA research tradition are provided. A description of the data collection process is also provided. Finally, details of the data analysis process are provided followed by strategies for maximizing rigor. The study sought to answer the following research questions:

1. How are IGCs served by programs serving grandparent caregivers?
2. How do programmatic factors and activities influence service provision to IGCs?

#### **Qualitative Inquiry**

There are few reports that reveal administrative perspectives and what lead staff have encountered in terms of the specific needs of IGCs (Generations United, 2003). There are also limited and outdated reports of outcomes for programs serving grandparents raising grandchildren. As a result, social programs are not fully informed on how to help grandparent caregivers, especially for the complexities related to IGCs (Albert, 2000; Brandt, 2004; Bruce, 2004; Ehrle et. al., 2001). To help fill this gap in research, qualitative inquiry was selected as the best methodology for this study.

Qualitative researchers make choices that govern credibility (Creswell, 2007). Paradigms are based on interpretation and ontology that there are multiple realities and

truths that can be conceived based on one's perceptions (Carfan, 2014; Sale, Lohfeld, & Brazil, 2002). According to Patton (2002), credibility for qualitative inquiry depends on three distinct but related elements, however, two elements listed below that are relevant to this study will be used:

1. Rigorous techniques and methods for gathering high-quality data that are carefully analyzed, with attention given to triangulation.
2. The credibility of the researcher is dependent on training experience, track record, status, and presentation of self. Qualitative inquiry is subjective, and the researcher becomes the instrument for analysis (Carfan, 2014; Starks & Trinidad, 2007).

### **Background of the Researcher**

I hold a master's degree in social work and a master's degree in public administration which has afforded me extensive training in nonprofit management from social welfare, business, and policy perspectives. I have more than 10 years of experience in research and evaluation of programs serving disadvantaged populations. Four of those years of experience have been with populations involving grandfamilies. I have practiced in nonprofit administration, collaboration with various social service organizations and research institutions. During my tenure of practice, I have noticed an increase in IGCs seeking social services and not receiving the help that they need.

To control for presuppositions, I used my experience and knowledge to take a fresh look at the data to be collected for this study. To limit bias, I had to put aside my own theoretical, cultural, and experiential ideas to keep an open mind for the findings. Simply being present allowed me to see the data as it appears in itself from a neutral perspective and in its own context. As an African American granddaughter raised informally by my single grandmother, I fully recognize and acknowledge my biases

toward IGCs which could also bring bias when interviewing lead staff. I used a reflective approach and documented my thoughts and feelings in a journal during and after the interviews. As the participant relayed the information to me, I documented verbal transitions where I sensed that more can be said about something if needed. Based on those verbal transitions of each participant, I asked probing questions when needed (Giorgi, 2003).

### **Paradigm**

A paradigm or worldview is a set of beliefs that guide actions (Creswell, 2007; Guba, 1990). They are philosophical assumptions, epistemologies, and ontologies that are broadly conceived research methodologies and alternative knowledge claims (Creswell, 2003; Creswell, 2012; Crotty, 1998; Guba, 2000; Mertens, 1998; Neuman, 2000). Paradigms used by qualitative researchers vary with the set of beliefs they bring to research and the types that continually evolved over time (Creswell, 2007). Though there are four worldviews that inform qualitative research (post-positivism, social constructivism, advocacy, and pragmatism), I only used one of the four paradigms that is relative to this study which is social constructivism.

Social constructivism underpins this research design. Social constructivists hold that reality is constructed in the minds of individuals rather than being an external verity (Carfan, 2014; Creswell, 2007). Using social constructivism, I sought to understand the world, as pertaining to lead staff of grandparent programs, to develop subjective themes directed toward specific service delivery to IGCs (Creswell, 2007). These themes were varied and multiple, leading me to look for the complexity of views and to narrow the themes into few categories or ideas (Creswell, 2007). Thus, it was the interactions between myself and the participants where themes unfolded and were extrapolated through deeper reflection and understanding (Carfan, 2014; Ponterotto, 2005). Therefore,

adopting the social constructivist's paradigm in this study helped me to dig deeper and to gain answers to the research questions.

### **Descriptive Phenomenology Approach**

Giorgi (2009) based this method on Husserl's descriptive phenomenological philosophy as an alternative epistemology for human science research. His strategy for delineating DPA was to follow procedures for conducting sound scientific research on a phenomenon by analyzing data that were obtained from others and not the researcher using scientific conventions. Giorgi (2009) also posited that the researcher should obtain concrete descriptions of experiences from others who have encountered situations in which the phenomenon has taken place. In order to investigate experiences of lead staff when serving IGCs a DPA approach was selected for this study. Because service delivery to IGCs is a complex yet abstract phenomenon, it cannot be explored directly. It is through open-ended questions and in-depth interviews with lead staff that I was able to gain insight to the phenomenon.

DPA is used when little is known about a phenomenon. There are few empirical reports that focus on administrative perspectives when providing services to IGCs. Therefore, DPA was an appropriate research method for the study for a variety of reasons. First, the aim was to explore the perspectives of lead staff that serve IGCs and to expose specific program needs for IGCs that were not expressed in prior research (Lopez and Willis, 2004; Schonwald, 1998; Wonjar & Swanson, 2007). By employing DPA for this study, the necessary tools were provided to investigate how lead staff describe their programs and service delivery to IGCs. Secondly, this approach was used to ask more questions about complex issues that may not be obvious in surface responses (Carfan, 2014; Goulding, 2005). Thirdly, DPA helped me gain a deeper understanding of the experiences from the program managers' points of view.

## Data Collection

**Recruitment.** A total of 40 connections to grandparent programs were provided from Generations United in Washington, DC. As mentioned before, Generations United is a research and policy organization that advocates for intergenerational families. Founded in 1986 by leaders at the National Council on Aging, Child Welfare League of America, Children's Defense Fund and AARP, Generations United's work inspires, empowers, advocates and engages intergenerational families and stakeholders involved. The mission of Generations United is to improve the lives of children, youth, and older people through intergenerational collaboration, public policies, and programs for the enduring benefit of all.

The inclusion criteria for participants was:

1. Directors, managers, lead staff, or supervisors of social service programs that utilize funding from the NFCSP.
2. Provide direct services to grandparent caregivers which also include IGCs.
3. Have worked with programs serving grandparents raising grandchildren for at least two years in a management capacity. Length of at least two years of experience will help me to gain insight on how support services have changed over time.
4. Participants must be English speakers.
5. Must be 18 years of age or older.

The initial 40 connections allowed room to acknowledge that some may not participate in the study. A letter of support was provided by Generations United to present to the University of Texas at Arlington Institutional Review Board (IRB). Once I obtained the 40 connections, I sent out an email invitation (See [Appendix I](#)) that included initial questions. Reminder emails were sent within one week. As potential participants



responded, I scheduled an appointment time for the telephone interviews and provided them with consent forms to complete electronically or manually, (see [Appendix D](#)). Once the consent forms were completed, preliminary surveys were disseminated. Preliminary surveys were used to gain information related to the agency and their professional profile, (See [Appendix B](#) and [Appendix C](#)).

A purposive sampling method was used to recruit 15 lead staff members in California in urban and suburban areas where the Area Agencies on Aging (AAA) were located, (see map in [Figure 3.1](#)). I also used a snowballing method to gain more research participants from the colleagues of participants. Creswell (2012) posited that the snowballing method identifies cases of interest from people who know people that can fully contribute to the study. A sample of 15 participants allowed me to collect in-depth information on programs serving grandparents raising grandchildren.

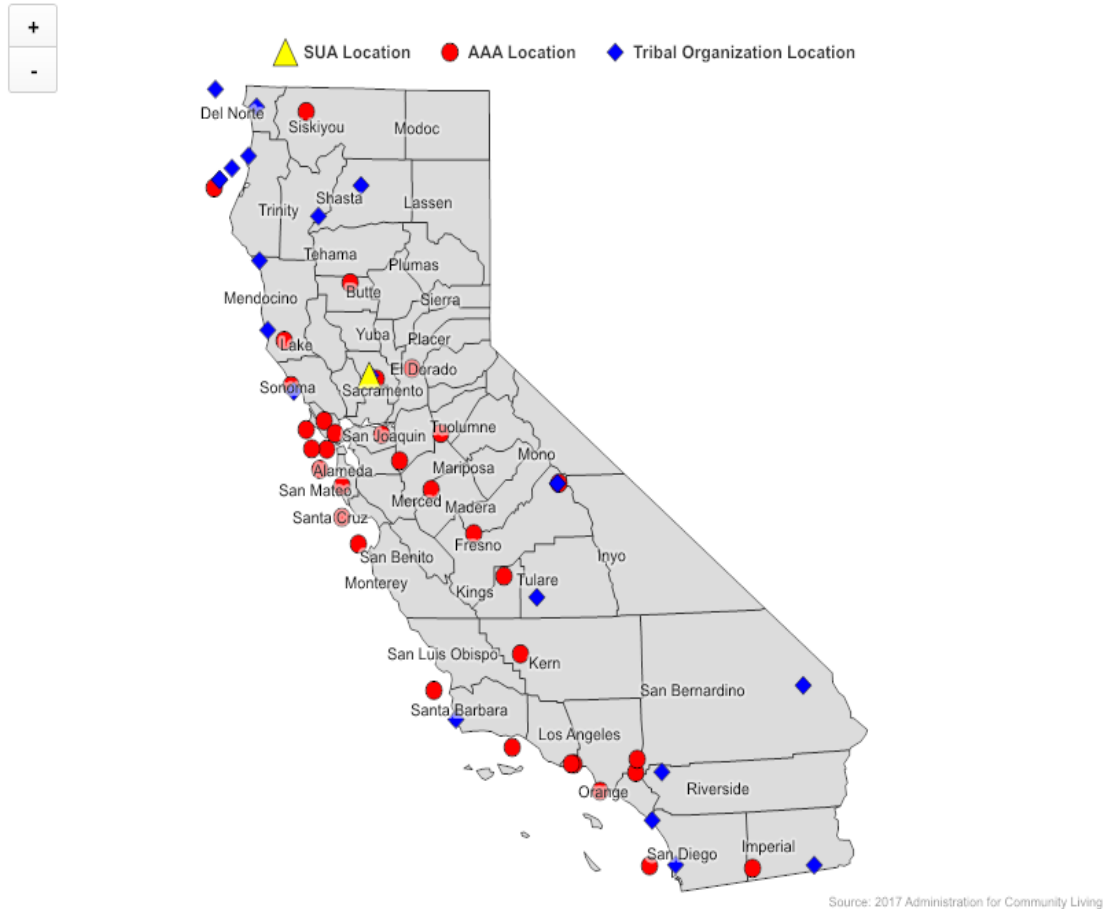
After conducting the first five interviews, recruitment was stalled due to additional potential participants requesting the need to respond in writing. To help increase the response rate after five interviews, an IRB modification was submitted and approved to allow participants to respond electronically in written form using the same open-ended questions used in the telephone interviews. Giorgi (2009) indicates that written responses are appropriate using the DPA method pending that responses are elaborate enough to convey a complete description of the problem being sought. One drawback of written responses is that people do not write as extensively as they talk. Giorgi (2009) gave some specialized and specific instructions to help overcome and correct this limitation such as: (1) following up with participants as needed to ask for additional information and (2) keeping the number of those participating in written form to a minimum.

Data were collected via 10 one-to-one telephone interviews and from five written responses to the same open-ended questions in a questionnaire format. Each participant

involved in the study received an electronic \$20 Starbucks gift card as an incentive immediately after the telephone interview or upon receipt of the written responses.

Figure 3.1 Map of AAA Locations Throughout the State of California

(Adapted from: Administration for Community Living, 2017)



**Procedures.** The University of Texas at Arlington IRB approved this study in January 2018. Telephone interviews were conducted from March 2018 through May 2018. A semi-structured interview guide was created to conduct interviews with 15 lead staff (See Appendix E). Open-ended questions were used in alignment with the DPA

process to allow the participants to share their perspectives. Probing questions were asked as needed to gain more information.

All telephone interviews were conducted and recorded while on speaker phone in an enclosed and private office setting using an Olympus Digital Voice Recorder VN-7600PC. Audio recordings were sent to a professional transcriptionist within three days of the interview. The researcher transcribed two interviews using Express Scribe Transcription Software. During the interview, participants were asked to describe their experiences in as much detail as possible. To initiate the conversation concerning their experiences, initial questions for the participants were asked: (1) "How are IGCs served by programs serving grandparent caregivers?" and (2) "How do programmatic factors and activities influence service provision to IGCs?" These general questions were crafted with the intention to offer participants a range in which he or she could verbally describe their perspectives. Probing questions were used as an interviewing technique to guide the conversation back to the question if no full description is expressed. The semi-structured, open-ended interview questions are listed in [Appendix E](#). Ten of the participants scheduled telephone interviews ranging from 45 to 60 minutes (See Appendix E). After transcriptions, the average word count of verbal interviews was 1,851. All interviews were checked by the researcher to ensure accuracy. All transcripts were uploaded and analyzed in atlas.ti (version 1.0.46(208)). Audio recordings and transcripts were stored on a password protected computer. Five of the participants submitted written responses with an average transcript of 1,305 words. Although the written responses were more concise and focused, they provided sufficient data to answer the research questions.

**Ethical considerations.** Protecting the privacy of human subjects involved in this study was a top priority. Creswell (2013) posited that researchers encounter ethical challenges throughout the data collection process. In an effort to address ethical

dilemmas, this study was designed to adhere to the rules and regulations as outlined by the University of Texas at Arlington Institutional Review Board to protect the rights, welfare, and wellbeing of participants involved. To maintain confidentiality of participants, personal information was not linked to the participants in any way. Participant identifiers (i.e. names) were not used during the interviews or collected in the written responses. Each agency was assigned an identification number and participants were assigned a pseudonym to maintain anonymity.

In cases where a participant identifier was inadvertently used in the transcripts and written responses, I redacted this information before data analysis. A copy of the signed consent forms and all data collected were stored in the School of Social Work at the University of Texas at Arlington. These documents will be stored for five years as per the University of Texas at Arlington Institutional Review Board. Only the Institutional Review Board and personnel connected to this research has access to study the records.

Bracketing techniques were used as an ongoing process throughout this study to allow me to preserve a balance between descriptive and reflective notes (Carfan, 2014; Groenwald, 2004; Creswell, 2007). The concept of bracketing for this study comes from Husserl (2008) in which the researcher allows him or herself to be present to the data without positing its validity or existence. For example, I set aside my own experiences as much as possible to maintain a fresh mindset toward social support for IGCs. Bracketing was achieved by keeping a journal to explore my own assumptions and misconceptions; enable an exploration of ideas, themes, thoughts, and feelings; and to focus the direction of my thoughts. Finally, when the data were analyzed, Colaizzi's (1978) seven-step approach was used. The details of Colaizzi's approach are provided in the data analysis section.

## **Data analysis**

Colaizzi (1978) developed a modified seven-step approach within DPA under the supervision of Giorgi. This modification expands the process of phenomenological analysis contributing to advancing a rigorous approach to phenomenology. As a means of adopting Colaizzi's method, an outline of the stages of this analysis are presented in [table 1](#). The end result of Colaizzi's analysis model is concise, yet, an all-encompassing description of the phenomenon under study.

Table 1

*Steps in Colaizzi's Descriptive Phenomenological Data Analysis Method*

Step	Description
1. Familiarization	The researcher familiarizes with the data by reading all participants' responses several times.
2. Identify Significant Statements	The researcher identifies statements of direct relevance to phenomenon under investigation.
3. Formulate Codes	The researcher formulates codes that arise from the considerations of the significant statements. In this step, it is important that the researcher "bracket" pre-suppositions to stick closely to the phenomenon as experienced by the participants.
4. Cluster Themes	The research clusters the identified codes into themes that are common across all accounts.
5. Develop an Exhaustive Description	The researcher writes a full and inclusive description of the phenomenon and include all the themes produced at step 4.
6. Producing the Fundamental Structure	The researcher condenses the exhaustive description down to a short statement that captures just those ideas deemed to be essential to the phenomenon.
7. Seeking Verification of the Fundamental Structure	The researcher returns a summary to all participants to ask if it captures their experiences.

*Note.* Adapted from Morrow, R., Rodriguez, A., & King, N. (2015). Colaizzi's descriptive phenomenological method. *The Psychologist*, 18(8), 643-644.

**(1) Acquiring a sense of the transcripts.** All interviews were conducted to gain a sense of the whole experience of each participant. Transcribed narratives were read

three times to gain a better sense of management experiences when serving grandparent caregivers (Colaizzi, 1978). For this section of the analysis, I engaged in a reflective process where personal thoughts and feelings were recorded in a journal. As a means to assume the phenomenological attitude for this study, participants were involved by following up when additional explanations were needed. Participants were contacted via phone or email as a follow-up when needed. All participants responded to these follow-up communications. These forms of triangulating and bracketing allowed me to fully describe what was present from the participants' perspectives.

**(2) Extraction of significant statements.** In this second step of the data analysis, I extracted statements that were directly related to experiences when serving IGCs. Each statement was cut from the transcript and pasted on a spreadsheet. Transcript numbers, page numbers, and paragraph numbers were retained for each pasted statement. Doing this allowed me to re-read the statements with a new sense of openness to the data and to identify emerging themes. Although, the process of pasting statements in a spreadsheet and re-reading was time consuming, this process allowed me to continually immerse myself in the data. A total of 267 significant statements were extracted and discussed with the research advisors involved in the study.

**(3) Create and formulate codes.** In this third step of data analysis, the creation and formulation of codes within the narratives allowed me to deal with the data in more manageable portions (Giorgi, 2009, 1985; Giorgi & Giorgi, 2003). This step involved creative insight to establish formulated codes. This creative process required me to interpret the data using abstraction without losing connection of the original significant statements. A total of 13 formulated codes were derived from the 267 significant statements.

**(4) Aggregate formulated codes into themes.** In this repeated step of analyzing the transcripts, codes for all significant statements were grouped into themes (Colaizzi, 1978). This step required the creative process to continue as I moved to higher levels of abstraction while retaining the original ideas regarding the perspectives of lead staff.

**(5) Develop an exhaustive description.** The general structure of this step consisted of developing a comprehensive description of the experiences as articulated by the participants. An exhaustive description was developed through a synthesis of all themes (Colaizzi, 1978). The description was presented and discussed with my research advisors for validation. I also consulted my research advisors to review the findings, verify the richness of the description, and to confirm that the description reflects the purpose of the study.

**(6) Identify the fundamental structure.** Colaizzi (1978) suggested that the lengthy exhaustive description should be reduced down to an essential structure to capture only the aspects essential to administrative experiences while serving IGCs. In this phase, further analysis of themes, sometimes called phenomenological reduction (Rodriguez, Morrow, & King, 2015) helped me to determine the essence of the experiences of lead staff serving grandparents raising grandchildren.

**(7) Validate fundamental structure by the participants.** This phase required me to engage in member checking by asking each participant to confirm a summary of transcripts, themes, and the essential structure (Colaizzi, 1978; Giorgi, 2009). I emailed each participant a summary of his or her transcript and findings. The email asked each participant to review his or transcript summary and to confirm its accuracy. Participants were given the opportunity to respond with any questions or concerns. All participants have confirmed their satisfaction with the results.



## **Conclusion**

The purpose of this qualitative study was to explore administrative perspectives of lead staff that manage programs serving grandparents raising grandchildren in California funded by the NFCSP. The DPA method was used to gain a deeper understanding of service delivery and specific needs for IGCs in comparison to FGCs by interviewing 15 lead staff members. There are few reports on lead staff members' perspectives and on program outcomes for IGS. As a result, social programs are not fully informed on how to help IGCs due to limited awareness of their specific needs (Albert, 2000; Brandt, 2004; Bruce, 2004; Ehrle et. al., 2001).

## **Chapter 4**

### **Results**

Following the methodology outlined by Giorgi (2009) and a modified DPA data analysis method (Colaizzi, 1978), this chapter describes the four themes which were extracted from the analysis. This chapter begins with a description of the characteristics of the sample, including an overview of the interviews. The thematic findings are provided in conjunction with the two research questions. The purpose of this qualitative study was to explore administrative perspectives of lead staff that manage programs serving grandparents raising grandchildren in California funded by the NFCSP. A descriptive phenomenology approach (DPA) was used to gain a deeper understanding of service delivery and specific needs of IGCs and to answer the following research questions:

1. How are IGCs served by programs serving grandparent caregivers?
2. How do programmatic factors and activities influence service provision to IGCs?

#### **Characteristics of the Sample**

The sample included participants ( $N = 15$ ) within the state of California who shared their perspectives as staff members working in agencies that serve grandparent caregivers. Participants in this study all reported direct interaction and experience with grandparent caregivers as part of their job duties and tasks. This was the case even for staff whose agencies served the grandchildren rather than specifically the grandparents (e.g. school district).

Pseudonyms were used to reference each participant to avoid disclosing their identity. All 15 participants had college degrees in various disciplines and worked in their current positions ranging from two to 14 years with a mean of 7.53 years. Three of the participants had bachelor's degrees and all others had master's degrees in various social science fields. The three participants that held master's degrees in social work also had

advanced social work licenses (e.g. LCSW). A listing of degree disciplines can be viewed in (Table 2). Four of the participants were male and 11 were female. Six participants had job titles of program specialists, directors, coordinators, and managers. Three participants had titles of executive directors. Four were directors, one was president, and one was vice president. All participants worked in agencies across California in suburban and urban areas within the counties of San Francisco, Los Angeles, Alameda, Monterey, and Sacramento (Figure 4.1). Mapping of the counties and population counts for each city were reported separately from the demographics table in order to help maintain the anonymity of the agencies involved in the study.

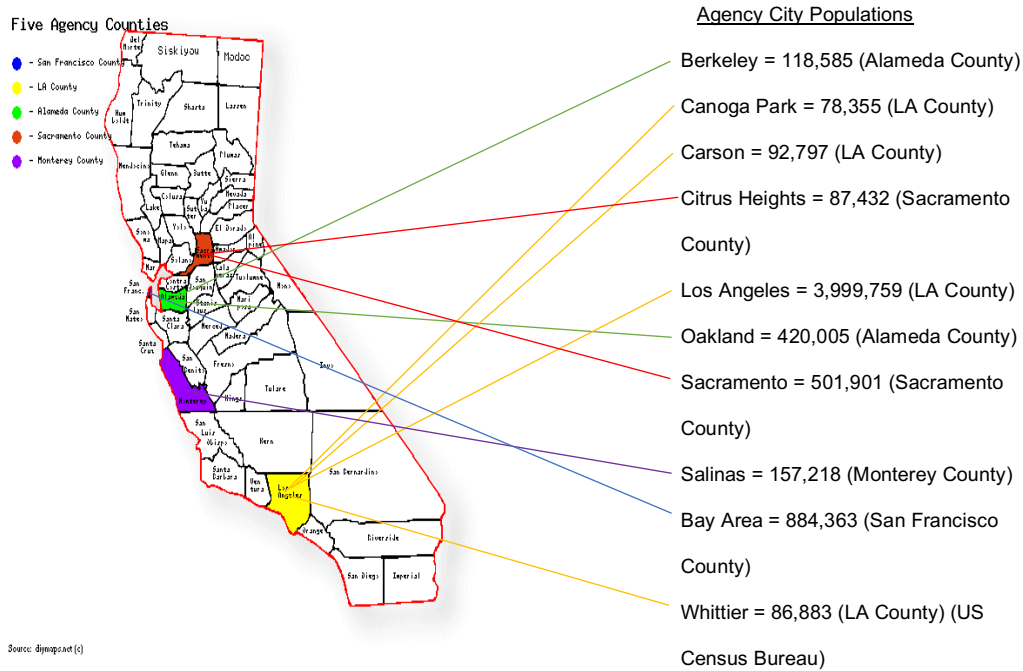
Table 2

*Participant Demographics*

Pseudonym, Transcript Id #, And Title	Agency Type	Gender	Age Range	Years in Current Position	Total Years in Administration	Degree Level and Discipline
Susan, 1001, Director	Behavioral Health Center, Food Bank, Educational Center	Female	40-49	6	14	Master in Psychology
Shirley, 1002, Program Coordinator	Educational Center, Multi-Purpose Center	Female	40-49	14	20	Master in Family and Marriage Therapy
Dana, 1003, Program Coordinator	School District	Female	30-39	9	10	Master in Social Work
Sharon, 1004, Executive Director	Advocacy Center	Female	40-49	3	20	Bachelor in Criminal Justice
John, 1005, Program Manager	Legal Office	Male	50-59	10	22	Master in Nonprofit Administration
Connie, 1006, Executive Director	Recreational facility, multi-purpose, office spaces	Female	40-49	12	16	Master in Business Admin and Master in Social Work
Tara, 1007, President	Recreational facility	Female	50-59	4	20	Master in Education
Ashley, 1008, Director	Advocacy Center	Female	60-69	8	10	Master Family Marriage Therapy
Tom, 1009, Executive Director	Counseling and Education Center	Male	60-69	3	19	Master in Education
Lisa, 1010, Kinship Program Specialist	School District	Female	30-39	2	4	Bachelor of Urban Studies
Randy, 1011, Director	Counseling, Recreation, and Education Center	Male	40-49	13	15	Master in Clinical Psychology
Carmen, 1012, Program Manager	Human and Social Services Organization	Female	40-49	8	24	Master in Rehabilitation and Counseling
Janice, 1013, Senior Director	Faith-Based Counseling Center	Female	50 - 59	10	25	Master in Social Work
Paul, 1014, Vice President	Legal Office	Female	40-49	8	17	Master in Education
Mary, 1015, Program Director	Grassroots Human Service Organization	Female	20-29	3	4	Bachelor of Human Services

Figure 4.1 Agency Counties Within the State and Agency City Populations

(Map Adapted from: DIY Maps at <http://diymaps.net/userimages/954736.gif>)



### Findings for Research Question One

The following sections provide the results for the research question: How are IGCs serviced by programs serving grandparents raising grandchildren? First a description of the programs that specifically offer services to IGCs is provided. Next, a description of the services provided to grandparent caregivers by each agency is organized around the categories of support for grandparent caregivers as outlined by the NFCSP (Generations United, 2003). Finally, the results pertaining to the main theme for research question one is provided.

**Programs specifically serving IGCs.** Six participants reported providing services specifically to IGCs. Three of these agencies provide services directly to the grandchildren but also offered services to IGCs. Two of these agencies were legal

entities that specifically assisted IGCs in becoming legal guardians of their grandchildren on a pro-bono basis. A description of the six agencies follows and an overview is outlined in [table 3](#).

Agency 1004 is an advocacy center that specifically focuses on IGCs and according to the executive director, Sharon, offers services to “grandparents that suddenly take in their grandchildren.” Sharon shared the importance of preparedness in assisting “sudden grandparent caregivers” who do not have formal documentation. Sharon reported that “the services we provide to ‘sudden grandparents’ are those of emotional support and educational services.”

Agency 1005 is one of the two legal entities that provide specific services to IGCs. Their sole purpose is to provide pro-bono attorney services for IGCs to obtain legal guardianship or custody. The agency also provides support to help IGCs qualify for public assistance, housing, medical insurance, and school enrollment. Similarly, agency 1014 provides pro-bono attorney services to IGCs in order to gain legal custody or guardianship. Paul, the vice president, reported that the agency assists in the adoption of grandchildren when requested by IGCs.

Agency 1010 is a community coalition that specifically targets IGCs in the African American community in southern California. Lisa, a kinship program specialist, referred to these efforts of assisting IGCs as “keeping families together.” Although the agency advocates for all relatives raising children, Lisa shared that many of these families include IGCs raising grandchildren. Lisa also reported that the agency assists IGCs when they encounter hardship and may no longer be able to care for their grandchildren.

Agency 1012 is a human and social services organization that focuses on strengthening the entire family, including those with IGCs. Program Manager Carmen

reported that there is often an overlap in services for IGCs and grandchildren. Carmen also shared that the agency specifically offers support groups and training for IGCs.

Agency 1015 provides support groups and training specifically for IGCs. Program Director Mary shared that the agency targets IGCs to assist them in gaining a community network of support. Mary also shared that the agency refers to IGCs as “new age parents” because they are becoming the “new normal” in terms of family structure.

Table 3

*Programs Providing Specific Services to IGCs*

Agency ID	Agency Type	Services Offered
1004*	Advocacy Center	Crisis counseling, trainings, community outreach, emotional support
1005	Legal Office	Confidential legal consultations on various matters
1010	Community Coalition	Formation of coalitions and community campaigns, advocacy campaigns
1012*	Human and Social Service Agency	Crises intervention, strength-based family counseling, training classes
1014*	Legal Office	Pro-bono attorney services for those that desire to gain legal guardianship, youth trainings and campaigns
1015	Grassroots Human Service Agency	Support groups, trainings

\*Provides an overlap in support for the grandchildren

**Description of services.** Overall, 12 participants reported providing services within the five categories of NFCSP support (See Table 4-2). These five categories of support are:

1. Information to caregivers about available services.
2. Assistance to caregivers in gaining access to services.
3. Individual counseling, organization of support groups, and training caregivers to assist them in making decisions and solving problems related to their caregiving roles.
4. Respite care to enable caregivers to be temporarily relieved from their caregiving responsibilities.
5. Supplemental services to complement the care provided by caregivers.

The three participants who reported that their agency did not provide any services within the five categories shared that they only offered programs and services for grandchildren. However, these three participants did report interfacing with grandparent caregivers as part of their service provision to the grandchildren.



Table 4

*Reported NFCSP Categories of Support Services Provided for Grandparent Caregivers*

ID	Category 1: Information	Category 2: Assistance	Category 3: Counseling, Support Groups, and Training	Category 4: Respite Care	Category 5: Supplemental Services
1001			✓ Support groups ✓ Training		✓
1002			✓ Counseling ✓ Support groups ✓ Training	✓	✓
1003			✓ Counseling ✓ Support groups		
1004*			✓ Counseling ✓ Support groups ✓ Training	✓	
1005*			✓ Training		
1006			✓ Support groups ✓ Training	✓	✓
1007			✓ Training		
1008			✓ Support groups ✓ Training	✓	✓
1009					
1010*					
1011			✓ Counseling		
1012*			✓ Support groups ✓ Training		
1013			✓ Support groups ✓ Training		✓
1014*					
1015*			✓ Support groups ✓ Training		
TOTAL	0	0	12	4	5

*\*These six agencies offer service specifically for IGCs*

**Theme 1: Frequently used services.** None of the participants reported providing services within category of 1 and 2 of the NFCSP. The most frequently provided service as reported by participants (n = 12) was category 3 which consists of

individual counseling, organization of support groups, and training. Four participants reported providing respite care (category 4) and five participants reported providing supplemental services as it pertains to emergency assistance (category 5). Participant responses were organized around these 5 categories of support and summarized into 5 subthemes that follow.

***Subtheme 1A: counseling (category 3).*** Although the fewest number of participants (n = 4) reported providing counseling as a service within category 3, those that did emphasized the importance of offering trauma and crisis counseling to grandparents and grandchildren. For example, Program Coordinator Shirley stated, “Far too many children living with grandparents come from traumatic conditions. We exist to create a better chance for grandchildren to thrive in healthier households with their grandparents by providing trauma-informed counseling”. Another program director, Dana, also explained that, “we provide direct services to grandparents and grandchildren through crisis intervention.” She shared that the agency conducted counseling in a group format with both the grandparents and the grandchildren.

Similarly, Executive Director Sharon stated that “we offer crisis counseling and advocacy services on behalf of the grandparent caregivers.” Sharon further reported that crisis counseling was especially important during the early period of transition when maltreated grandchildren moved in with their grandparents and how it is helpful for grandparents to know how to cope during this transition. Finally, Director Randy discussed how they specialize in counseling and intervention for younger grandchildren and shared that “we offer mental health and counseling services for grandchildren ages 0 to 5...we provide child abuse prevention, treatment and early intervention services for grandparents.”

***Subtheme 1B: support groups (category 3).*** More than half of the sample (nine of the 15 participants) reported providing support groups. Overall, participants noted that support groups come in all forms (e.g. social, legal) and that the goal of this service is to help IGCs to build a network of professional and community-level supports. Director Ashley shared that: “we have a kinship program that offers support groups...our ultimate goal is create a permanent home for grandfamilies.” She further explained that “assistance for our grandparent caregivers varies but we have a full network of kinship support groups throughout the state that are administered in several counties.” Program Coordinator Dana reported that “it has been of priority to ensure that we have bilingual staff when assisting and facilitating support groups for grandparents...our support groups also speak to the needs of the grandchildren in their care”.

Several agencies reported offering support groups specifically for IGCs. Program Coordinator Shirley reported that “we offer various support groups to help grandparents develop healthier parent-child relationships...and to help create a sense of community among other grandparents...we also strive to help them develop better communication skills.” Shirley further explained that, “though we have comprehensive services to support kinship families, one thing that is specific to IGCs is our caregiver support group and we provide these groups in multiple languages.” Similarly, Executive Director Connie, shared that many of their clients are IGCs:

As a part of our comprehensive services, we have a support group for IGCs where they learn how to navigate the legal system and share other available community resources...the support group program also endeavors to connect supports and services around the children.

Finally, Program Director Mary reported that her organization is structured around a support group specifically for grandparents that are informally raising grandchildren. She

noted that “it is a small world being an IGC and it is a very new world...they all realize that they rely on one another for emotion support in these meetings.”

***Subtheme 1C: training (category 3).*** Ten of the 15 staff reported offering training or classes. Director Susan shared that “we offer parenting classes, various educational workshops, as well as classes on developing and maintaining independent living skills.” Similarly, Program Coordinator Shirley reported:

We have a component for economic success and stability where we like to ensure that every grandfamily has the tools, skills, and resources to not only survive but thrive financially. Our education component provides classes on financial literacy, workforce development, English proficiency, tax preparation and more. We also offer classes on nutrition, exercise and weight management for children.

Program Manager Carmen explained that although their services are offered to all kinship caregivers, grandparents benefit from training and classes. She further shared that “the word ‘training’ is actually one of the acronyms for our agency’s name. We offer education intervention and empowerment programs in mental health, substance abuse, and child abuse. Even grandparents and grandchildren have benefitted from our training services.” Senior Director Janice explained that “our neighborhood centers offer friendly and easy access throughout the county...we feature educational programs as a resource for older adults which include grandparents raising grandchildren.” She reported that her organization had multiple locations and classes that were offered across the county based on the needs of grandparents that lived within the area.

Executive Director Sharon’s organization utilized a different approach to training by allowing some grandparents to use their experiences and skills to mentor younger

parents and grandparents. This training opportunity overlapped as a financial benefit for grandparents by providing small stipends for those that mentor or teach:

Mentorship is strictly voluntary, and they receive a small stipend. Most grandparents choose mentoring as a social benefit over a monetary benefit. They like the social interaction and get to build relationships with other younger parents who might be more knowledgeable with the school system and other perks such as carpooling to school or social and sporting events. It's just overall a win-win for all.

Several participants indicated that training was focused on school-related and parenting topics. For example, President Tara reported that training is a large component of her agency and that they "offer many activities for grandparents such as workshops, meetings, and conferences to ensure harmony between school and home." Program Director Mary also shared that "though my organization is centered around support groups, it also can overlap with training because we are actually discussing parenting issues and often have parenting experts to speak to the group."

Participants indicated that training also included education related to statutory/legal system topics. For example, Executive Director Connie reported that her agency trainings often deal with legal issues and that "we provide grandfamilies with workshops on obtaining guardianship and also with adoption assistance and training." Similarly, Program Manager John shared that "we provide legal services for IGCs so our training is centered around navigating public housing, public assistance, and guardianship". Finally, Director Ashley explained:

We also provide resources such as parenting classes, technology classes, and permanency classes. The permanency class is implemented in a two-step training process. The first part is more of a 24-hour class consisting of

preparation and assessment for recently formed kinship families. The second part of the class is 21 hours and is a series that specializes in parenting for children who have experienced trauma or loss in the past.

***Subtheme 1D: respite care (category 4).*** Four participants reported on their services under respite care. Although this is a smaller number of participants than other categories, those that discussed respite care described it as greatly important. The Administration on Community Living (2017) defined respite care as a critical caregiving service that includes weekend, overnight, or day camps to enable grandparent caregivers to be temporarily relieved of their caregiving responsibilities. Participants shared that informal grandparent caregivers, especially those with non-school aged (i.e. very young) grandchildren, often need more respite support than FGCs. In general, respite care helps temporarily relieve grandparents of their caregiving duties since they likely do not qualify for child care. Executive Director Sharon stated:

We offer respite care for IGCs and a myriad of other support for them...we have provided respite opportunities for all where children can participate in day camps and other activities to allow IGCs some time to take care of personal business.

She further explained that grandparents that cannot afford child care in the summer or after school benefitted from these respite activities. Program Coordinator Shirley reported that “we have professional staff that provides access to a variety of services including respite care.” Executive Director Connie shared that “we provide grandparents with comprehensive services which includes respite care...in fact, respite care is our second most used category of service for our agency...we launched our first respite event in 2010.” She further explained how overwhelmed staff were from their first event in 2010 and shared that the respite event was very popular and much anticipated year after year within their community. Finally, Director Ashley expressed:

We have learned over the years the importance of respite care. While placement with grandparents is the preferred option when children are removed from their birth parents, informal grandparents need more assistance in taking on this role and managing the stress of this sudden lifestyle change. With stress management in mind, we implement monthly respite care events. These events provide relief for grandparents by hosting activities for children with activities ranging from board game nights, arts and craft nights, movie nights, pizza nights, and much more fun activities...respite care is our most used category of service because it does not require paper work or case management for grandparents to access.

***Subtheme 1E: Supplemental services (category 5).*** Five participants reported providing emergency assistance to IGCs to help supplement other resources. For example, these emergency assistance offerings are clothing, school supplies, food, financial stipends, and housing assistance. Participants reported that informal grandparents often experience financial/economic hardship, especially when they take on their grandchildren on an immediate basis without support from the child welfare system. Two agencies in particular reported the provision of clothing to grandparents:

We hold special events to collect items for families in need...one of which is a clothing drive where we distribute clothing to children who are in immediate need...we also have some resources for vouchers or to provide reimbursement for clothing needs...this is especially helpful for intimate clothing items (Director Ashley).

Moreover, Executive Director Connie explained how her agency learned of the need to provide clothing to grandparents because:

We conducted our own research and asked grandparents what specific needs they have and how can we help to meet those needs. Many of them expressed needs for school uniforms. Therefore, we have a uniform drive at our community respite activities.

Other participants reported issues of hunger among their grandfamilies and in particular, the need to provide food for informal grandfamilies in emergency situations:

We conduct our case management in multiple languages and find that informal grandparents are in need of food in emergency situations. Though we mostly serve grandparent that have formal arrangements of raising their grandchildren, we can make an exception with providing food to IGCs (Director Susan).

Similarly, Program Director explained that “we have our own food bank and access to other food banks for IGCs.” Connie’s organization also offered community events as a way to distribute supplemental services for grandparents:

Our kinship kids were invited to play and enjoy some time at a water park at no charge. They got to enjoy everything the park offered for free. While the children enjoyed themselves, grandparents were able to pick up free school supply packages, food, and attend seminars that linked them to resources regarding technology. Grandparents were also able to join their grandchildren in the fun.

She further explained that food vouchers were distributed at this yearly event which can be an asset to those grandfamilies in immediate need. In a similar way, Director Ashley offered insight into the food crisis that some grandparents may encounter, stating that “we provide emergency assistance – meaning that if a grandparent is suddenly and unexpectedly plagued with caring for grandchildren full time, they may need more food in the house.” Additionally, she explained that her agency has a food bank where they can



allow grandparents to shop for the food that they need and food is provided based on the number of people in the household.

Director Janice also shared that hunger was a growing problem in their community:

We strive to address the growing problem of hunger in our city by providing a wide array of programs and services for the community. Through our food pantries, we provide free groceries and other supportive services for IGCs and other individuals who struggle daily with issues relating to food insecurity. We go a step above and also deliver meals to homebound older and disabled adults. We serve kosher meals at 11 “dining centers” located around the city and give emergency food vouchers when needed.

Finally, financial support is provided to some IGCs as a supplemental service. Director Ashley reported, “we may offer very minimal financial support to IGCs for emergencies when funds are available...otherwise, they will need formal documentation of guardianship to access other financial resources though.” None of the agencies reported providing housing as a supplemental service to IGCs due to the lack of formal arrangements with the child welfare system.

### **Findings for Research Question Two**

The second research question for this study was: how do programmatic factors and activities influence service provision to IGCs? When discussing this topic with participants, they frequently focused on agency collaboration, service issues and statutory challenges that influenced service provision to IGCs.

**Theme 2: Agency collaboration.** Although there were some organizations that provided services specifically to IGCs, many participants shared about the benefits of referring clients and joining forces with other agencies to provide more services that

overlap in support for the grandparents and the grandchildren. Director Ashley explained that “we are constantly evaluating the needs of children from time to time...we collaborate with various agencies and community partners to develop additional resources for our informal grandparent caregivers.” Others also reported joining with other agencies to meet the various and complex needs of IGCs:

California has the highest number of grandparents raising grandchildren so we have to be prepared to assist all of them. We have over a dozen locations throughout the state and collaborate with hundreds of other entities to provide well-rounded services to all, especially for IGCs (Executive Director Connie).

Executive Director Sharon emphasized the value of collaboration:

We provide a multitude of services by collaborating with other agencies. We go the extra mile to serve IGCs and the children in their care...we have a hotline for that can be used to reach our joint partners. We have relationships with local courts, other social service entities, and the Department of Family and Children Services. Collaboration has been our greatest asset.

Senior Director Janice reported that her counseling center has multiple locations throughout the state of California and that the organization provides various services throughout these multiple locations. She shared that “we literally have several locations within one zip code. If IGCs need more than counseling, then there is likely a food pantry, multi-purpose center, a housing assistance office just a few blocks away.” Participants mentioned other collaborative NFCSP support services offered (e.g. information, support groups, counseling, respite care, and supplemental services) that generally do not require legal documentation. For example, Program Director Dana shared:

Our clients (youth) utilize services to promote academic and social success. We provide interventions and collaborations with various community resources. As

for parents, we provide forums and support groups to speak on the needs of children in their care. We also provide general information on other services available in the area.

Finally, Executive Director Sharon indicated that her agency collaborated with other community entities for hosting support groups, stating that “as pertaining to the NFCSP, we offer education, respite, assistance, and supplemental services to clients. We also have a myriad of support groups in several counties to assist relative caregivers.”

**Theme 3: Service challenges.** Participants were asked specifically about service challenges when serving IGCs. Participants shared that they faced challenges related to funding, sparse resources, staff training, staff retention, and language barriers. Six of the 15 participants reported that funding was a significant challenge for service delivery to IGCs. Director Susan explained:

Well, of course we have issues with consistent funding. We often find ourselves spread so thinly but as psychologists and social workers, we are trained to do more with less, right? This means that some may be left out which include IGCs.

President Tara talked about financial challenges despite the strong funding that her agency receives. She shared:

Although we receive much support and resources, we continuously struggle with the need to do more with less. On a broad scale, millions of dollars in funding is still not enough for our vast cases when we attempt to provide services for all. Funding is just too limited for us to offer broader support services to IGCs.

Similarly, Program Director Mary expressed:

One of our greatest staff challenges is consistent funding. We are constantly using creative strategies to maintain funds for our programs. We find ourselves having to diversify our funding sources. This can create challenges in retaining

staff and the need to modify some of our services/practices to meet the requirements of funders. Therefore, we are very limited in what we can provide to IGCs because funders are just not in support of these 'new age' parents.

Mary further explained that inadequate funding at her agency results in low employee pay. Executive Director Tom's response to the question related to service challenges stated, "one word – MONEY, need I really say more?"

Fund raising was also reported as a challenge for several participants. For example, Program Manager Carmen spoke to the challenge of inadequate funding due to the lack of trained staff members to conduct fund raising activities. Carmen reported that "not only do we struggle with maintaining adequate funding, we also struggle with keeping staff members that are trained to bring in development funds because we cannot pay them what they expect".

Senior Director Janice offered insight from a social worker's perspective, "as social workers, we are always expected to do more with less. We have to be really creative just to get the community involved." She further explained that these creative community activities included raffles at special events in order to raise funds.

Other participants reported challenges related to sometimes scarce or inadequate resources for daily office operations management. For example, Program Director Mary shared:

We are expected to maintain client information using an archaic computer that staff are required to share. We barely even have ink for the printer to print the necessary paper work. I find myself using my own personal printer sometimes.

Additionally, Mary indicated that agency challenges such as this resulted in IGCs becoming impatient with the process of receiving services. Similarly, Director Randy reported limited office resources and stated that "it would make our work load so much

easier if we could even afford adequate office supplies. Whenever we do run across funds for office supplies, we are like a kid in a candy store.” He further explained that office supplies would allow staff to be more creative with reaching out to IGCs such as creating banners, brochures, and flyers for special events and campaigns.

Inadequate office supplies also impacted how agencies could advertise their services to IGCs. For example, Executive Director Tom explained that IGCs were referred to his organization through local churches. He indicated that some local churches missed the opportunity to utilize his organization as resource because he did not have the adequate office supplies that he needed to advertise to IGCs who prefer to receive paper versus electronic advertisements. He further explained that “as the executive director, I have a little bit of power with the permission of the board of directors to re-allocate funding to help keep our office stocked with supplies. But sometimes this can be a struggle.”

Participants shared that staff often faced challenges with working with inadequate agency resources. For example, Program Coordinator Dana shared:

As social workers, we are just accustomed to being really creative with whatever we have. This means that if our computer system has crashed and there are no hardcopies of applications available for our elderly clients that will not use the computer – then we have to hunt for a copy to make copies.

Similarly, Director Ashley explained that limited technological resources may create challenges when serving IGCs. She shared that “management of documents continues to be a challenge for us. We are consistently testing methods to retain and store case files confidentially until we find funding to invest in a database.” She further stated that while this issue can affect all clients, it can be especially frustrating for IGCs when they experience documentation challenges (e.g. lost or misplaced papers) at the agency.

Staff training and staff retention were other challenges that organizations faced in this study. In some instances, participants expressed a lack of available time to formally train and orient staff members. For example, Executive Director Sharon's agency had a specific process for serving IGCs that required training for new employees. However, she indicated that "sadly, we have been so short of staff before that we had to immerse new hires on the 'floor' and give them an orientation later." She further explained how this may cause frustration for IGCs because they end up waiting longer than others for services. In another example, President Tara elaborated on the challenges of serving high volumes of clients, reporting that "we have adopted a new electronic database that requires staff training. However, there has been challenges with scheduling formal training sessions with staff due to the high volume of clients we experience on a daily basis."

Staff training may impact the way that IGCs are served. For example, Program Director Dana stated:

The greatest challenge that we have encountered is that we don't particularly know what are the specific needs of IGCs other than the need to seek legal guidance to obtain legal guardianship. Maybe we should consider looking more into this and training our staff so that we can better understand.

Participants also expressed staff challenges related to language barriers.

Although participants reported that they may have employees who speak Spanish and English, they were in need of staff that can communicate with other diverse populations. Senior Director Janice explained that "everyone seems to be bilingual in Spanish and English but what about other languages? Believe it or not, we actually have clients that speak Tagalog." Director Randy explained language barriers in terms of salary requirements, sharing that "it is a challenge for us to keep up with salary requirements for multilingual or bilingual employees, then again, we cannot afford not to

have this person as a resource. Then that one person is usually very overwhelmed.” He further explained that this can become a challenge when dealing with the complex needs of IGCs from diverse backgrounds. Program Director Dana explained that her organization made attempts to prioritize the hiring of bilingual staff and she reported that “it has also been of priority to ensure that we have bilingual staff when assisting and facilitating support groups, but it creates a crisis when no one is available.”

Finally, one participant mentioned staff-client age gaps as a challenge to serving IGCs:

“One of the biggest challenges that my grandparents have (and 90% of my clients are elderly IGCs) is an age gap between staff and the grandparents. Most staff working in these agencies are young and don’t want to speak up or don’t want to slow down enough to be of assistance. My clients often express feeling rushed when they go to other agencies. I am glad that we have this support group to give them time to vent their needs” (Program Director Mary).

**Theme 4: Statutory challenges.** All 15 of the study participants reported a host of legal barriers and issues encountered by IGCs associated with the need to acquire legal guardianship or custody. Some organizations required that all grandparent caregiver clients have legal documentation to utilize services while others referred IGCs to other organizations to gain formal arrangements for their grandchildren. Six of the 15 agencies provided more detailed dialogue related to statutory challenges they have encountered with IGCs. Susan, a director of a large behavioral health center noted that, “about half of our kinship care providers are grandparents who are raising grandchildren. In order to use our services, all kinship care providers must have legal guardianship of the children.” She further shared that grandparent caregivers bring value to the foster care system, however, she also stated that the organization turned away IGCs due to the

lack of guardianship. Her agency served IGCs by referring them to other agencies in order to gain guardianship. IGCs were then allowed to revisit their agency later for services once guardianship was acquired. Susan also noted that:

We certainly do not turn them away empty-handed. We do provide referrals where they can seek the guidance that they need to obtain legal help. We often refer them to pro-bono services in the area where they can get the help they need to guide them through the guardianship process...if grandparents are unable to access services and there is no support from extended families, they may risk losing the children in their care if they are unable to provide. There is no quick fix for this issue and it would take complex planning and decision-making to help promote policy changes for informal grandparent caregivers.

Program Coordinator Shirley reported that her organization had an in-house process of licensing grandparents and other relatives as “resource parents” in order to obtain services. She shared that “we do provide legal services [to IGCs] by helping them to become a ‘resource parent’ by obtaining legal guardianship or even a foster care license.” Shirley’s organization used the term “resource parents” in reference to those that desired to foster a child that had experienced trauma.

Dana is a Program Coordinator at an agency that serves children in a large school district and stated that “we don’t particularly know what are the specific needs of IGCs other than the need to seek legal guidance to obtain legal guardianship or foster care certification.” Dana also mentioned that no child is excluded from their services even if their grandparent(s) do not have legal guardianship.

Sharon is an Executive Director of a small agency that provides services to grandparent caregivers and also contributes to policy and research in kinship care. Sharon’s agency offers emotional support and parenting classes to IGCs but other



services that are available cannot be accessed without legal documentation. She shared that “we do provide some services for grandparent caregivers who are raising children without legal custody or guardianship...the services we provide to them are those of emotional support and educational services.”

In contrast, John who is a Program Manager within another organization expressed that they are a legal entity and only serve IGCs. He expressed that clients are often referred to them for services from other organizations and, as a result, his organization serves clients that “lack legal representation and documentation for the children in their care. They seek our organization for guidance on how to become legal guardians, custodians, or foster parents.” John also reported challenges with having numerous referrals and shared that some leniency needed to be made in kinship policies for IGCs:

We are now able to serve clients in over 23 counties in northern California. We have expanded our services to include advocacy through litigation, legislation, administration, and community development which have made significant impact for our communities in the areas of affordable housing, public benefits, health, and education but the population is still overdemanding.

Another Executive Director, Connie, expressed that: “we don’t require or force it upon the voluntary caregivers to gain legal custody or guardianship because we realize that there may be some reasons where this is not an option.” Connie’s agency receives some community support from local donors. These funds do not require a report or program evaluation. This allowed the agency some room to eliminate the need for legal documentation and provided them the opportunity to create their own initiatives for meeting the needs of IGCs in addition to what is provided by the NFCSP.

## Chapter 5

### Discussion

#### Overview

The purpose of this qualitative study was to administrative explore perspectives of lead staff that manage programs serving grandparents raising grandchildren in California funded by the NFCSP. A descriptive phenomenology approach (DPA) was used to gain a deeper understanding of service delivery and specific needs of IGCs and to answer the following research questions:

1. How are IGCs serviced by programs serving grandparent caregivers?
2. How do programmatic factors and activities influence service provision to IGCs?

The sample included participants ( $N = 15$ ) who shared their administrative perspectives as staff members working in agencies that serve grandparent caregivers. Chapter four presented results of four themes related to service delivery to IGCs: 1) frequently used services, 2) agency collaboration, 3) service challenges, 4) statutory challenges. These thematic results guide this chapter and frame the discussion of the findings within the context of the research questions. Theory will also be discussed in light of the study findings. Finally, a discussion of the limitations to the study and implications for practice, research, and policy are offered.

#### Programs Providing Specific Services to IGCs

While all participants reported serving IGCs as part of their programs, six participants reported providing specific services designed for IGCs. These six staff all reported an agency commitment to serving IGCs who were without legal documentation (e.g. formal caregiver status). These findings are important in light of research suggesting that IGCs are not always aware of available services and may not be willing to access services due to fear of the child welfare system (Fruhauf, et al., 2015). The six

participants all shared that their agencies were founded and/or led by professionals that had personal past experiences of being raised by IGCs or due to their current roles as IGCs. They all expressed that they (or the founders of the agencies) were fortunate enough to navigate the “system” and wanted to advocate on behalf of other IGCs. One participant reported of learning about the rise of IGCs by going door-to-door to speak to families about other crises occurring within their community. All six agencies were geographically located throughout the urban counties of Los Angeles, Alameda, and Sacramento. In comparing the mission statements of these agencies, all of them reported a commitment to meeting the specific needs of IGCs such as: 1) urgent, emergency, and ongoing needs; 2) legal needs; 3) protection of client dignity; 4) protection of independence from the child welfare system; 5) crisis intervention; 6) cultural sensitivity; and 7) hope and opportunity. These findings are congruent with previous findings of Generations United (2003), Feinbuerg & Newman, (2004), Fruhauf, et al. (2015) that indicate the need for programs specifically for IGCs.

### **Theme 1: Frequently Used Services**

The theme of frequently used services suggests that many types of supports are important to help empower IGCs. Participants reported that an understanding of the needs of IGCs were necessary to increase service delivery. Evidence suggests that IGCs are in dire need of family-based social service, yet, assessing their needs is difficult due to race, socioeconomic status, and reasons for providing care (Hayslip & Kaminski, 2005; Yancura, 2013). In general, other qualitative studies of IGCs suggest that they often have unmet needs and “fall through the cracks in delivery systems” (Yancura, 2013).

The NFCSP is the first attempt at the federal level to provide funding for programs in order to offer services to IGCs. Funds are disseminated to various agencies for provision of services to IGCs within five categories of support. The most frequently

used services reported in this study were those of category three consisting of counseling, support groups, and training. Eighty percent of the participants reported providing services of category three (counseling, support groups, and training) to IGCs. Participants expressed that these services were the most flexible in terms of meeting the complex needs of IGCs. Since IGCs cannot provide legal documentation for the children in their care, flexibility in terms of the need for documentation can be implemented when they access this service. These findings are consistent with Harnett, et al. (2014) that reported the importance of using flexibility when IGCs access services.

When discussing details related to counseling, participants expressed the high demand for trauma and crisis counseling to meet the complex needs for both the IGC and the grandchildren. The sudden change in family forms can cause stress on the entire household (Gibson & Singh, 2004). Participants spoke of grandchildren transitioning from traumatic conditions and how trauma-informed counseling is necessary to increase their well-being. This is consistent with literature that suggests that trauma-informed intervention is important for children transitioning from abused backgrounds (Knight, 2014; Scheeringa, et al., 2011). Yancura (2013) noted that grandchildren develop behavioral problems related to the reasons why they are in the grandparents' care which requires trauma-informed intervention. Participants also acknowledged how crisis counseling is in high demand to help IGCs cope with their new lifestyle and to provide them with strategies on how to help ease the transition of their grandchildren as they move from traumatic conditions. Crisis counseling has been shown to be effective with children from traumatic backgrounds (Leticq, Bailey, & Porterfield, 2008). Also, one participant reported providing prevention, intervention, and treatment services for IGCs through crisis counseling. Prevention and intervention is a promising approach for educating IGCs on strategies to use in order to avoid repeated abuse of their

grandchildren (Lee, et al., 2016). Participants reported providing mental health and early intervention counseling to help empower IGCs to protect their grandchildren. Literature recommends that agencies should pay close attention to the strengths and weaknesses of IGCs so that they can tailor their mental health services to their needs (Yancura, 2013).

The second subtheme within category three was support groups. Support groups set a productive atmosphere where IGCs can express their needs and share their experiences. This is where IGCs can also build a network of support with other grandparents and resources. This is consistent with research where, after interviewing IGCs, there were expressions of the needs of support groups (Lee, et al., 2016). This form of service can provide a broad spectrum of support. Some participants expressed that support groups may lead to social activities that include the entire grandfamily. Participants also reported the importance of support groups that allow IGCs who speak various languages to communicate and network with one another. These forms of networking allow grandfamilies to form a community where they can create carpools, babysitting, and other forms of support among themselves.

Participants expressed a myriad of training opportunities for IGCs. Research suggests that training empowers IGCs and is one of the most promising interventions for helping promote better quality of life for this population (Kolomor, 2008). Due to the complex needs of IGCs, training classes come in all forms from the use of professional educators to the IGCs mentoring one another. Participants reported providing trainings for tax filing and preparation. They also shared providing training for workforce development when IGCs need to rejoin the workforce to care for their grandchildren. Technology was often a challenge, especially for older IGCs. Participants shared that the provision of a computer course helped IGCs navigate the internet in order to browse for

services available to them. Mentorship was also offered as part of one agency's training opportunities. Mentorship involved IGCs who had attended and completed previous trainings and were subsequently able to teach for a small stipend. Participants also reported offering training and classes for the grandchildren. These classes consisted of cooking, art, tutoring, and more.

Respite care (category 4) is typically in high demand for IGCs due to limited support for child care for their young grandchildren and it often takes collaborative efforts provide this service (Fruhauf & Hayslip, 2013). IGCs often need time for self-care outside of their daily responsibilities (Hayslip & Kaminski, 2005). While FGCs may have financial provisions for daily for child care, IGCs are frequently challenged with being creative to meet their child care needs (i.e. rotating with other grandparents). Respite care offers additional support to provide relief. Kaplan & Perez-Porter (2014) suggest that the provision of respite care is critical to give IGCs time to rest from childcare responsibilities. Some participants reported providing day camps during the summers where the grandchildren were sponsored. Other participants spoke of providing overnight camps that can be over the weekend or for a week at time. Participants also indicated that their agencies held monthly community events where children can be dropped off to enjoy special activities for holidays and seasons (e.g. Halloween). It's important to note that only four participants reported providing respite services in various forms. These findings differ from a study conducted by Whittier (2005) which reported respite care as the most frequently used service. Barriers to respite care in recent research of custodial grandparents suggests that they may be reluctant to ask for this type of support for many reasons (e.g. perception that they are not coping, fear that harm might come to grandchildren while in respite) (Taylor, Marquis, Coall, Batten, & Werner, 2017).

The subtheme of supplemental services (category 5) was the final frequently used service by IGCs. Five participants spoke of providing this service within the context of offering emergency support to IGCs when they were suddenly in need of taking in their grandchildren. Emergency support is of great importance when children are immediately removed from their homes with only the clothes on their backs. Participants reported that they offer some donations like clothing and small financial stipends from private donors. Some agencies were able to offer assistance with temporary housing when needed in emergencies. However, this can be a difficult task due to the high cost of housing in California. One participant indicated the need to address hunger as this is a critical issue throughout the state of California. California produces nearly half of the nation's fruits and vegetables, yet, Californians struggle with food insecurity (California Association of Food Banks, 2017). Research suggests that the provision of supplemental services are important and should be implemented more often for IGCs (Gladstone, et al., 2009).

## **Theme 2: Agency Collaboration**

Lead staff often reported the need to collaborate with other agencies to better serve IGCs for various reasons. Participants reported that serving IGCs is very complex and collaboration is one major strategy to meet many of their needs. Agency collaboration was reported both by organizations that only serve children and those that serve the grandparents. Participants within agencies that only provide services to children shared information about partnerships with other agencies to gain help and support for the IGCs. Some participants also indicated that their agencies have multiple office locations for providing various services to help meet the needs of IGCs. For example, one office may provide education services while another entity within the same organization just a few blocks away is a food bank. The concept of agency collaboration is consistent with previous research that highlights the importance of joining forces and

drawing from other resources to meet IGC needs (Fruhauf, et al., 2015). Fruhauf & Hayslip (2013) also suggest that collaborative efforts toward building partnerships among the community service providers have greater potential to assist IGCs.

### **Theme 3: Service Challenges**

Lead staff revealed several challenges and barriers to serving IGCs. Many of those challenges were related to the lack or scarcity of funding, sparse resources, time constraints for staff training, staff retention, and language and age barriers. Overall, funding was reported as the most significant barrier. Agencies often have to be creative with obtaining funds from the community or individual donors to provide overlap in services where state and federal funds cannot cover the needs of IGC who cannot or do not provide legal documentation. The lack of staff training – or the lack of time to train staff – was also consistently expressed. Agencies reported that the IGCs that they serve are increasingly older and may experience technological challenges. For example, some older IGCs would rather use paper, pens, brochures, and books rather than technological tools. However, many agency budgets cannot keep up with providing these resources. One agency reported that there is an age (or generation) gap that creates a challenge where the client and staff do not comprehend one another. Many of these challenges are experienced by social services agencies serving disadvantaged populations. Despite the number of programs available for IGCs, very few are systematically evaluated, and little is known about the service challenges they encounter (Kolomor, 2008).

### **Theme 4: Statutory Challenges**

Discussions of legal and policy issues were shared across all participants. Some participants expressed that legal guardianship or custody was the only way that IGCs can get access to social support and to minimize risk of losing their grandchild to the child welfare system. Others shared that they were aware that some IGCs have reason not to



gain formal legal status and that there is need for policies to become more flexible to better assist those IGCs. These findings were consistent with previous research that suggests that the “legal and policy contexts that hinder informal grandparent caregiving is the lack of legal rights, fear of the child welfare system, and disparities between informal and formal kinship care poverties” (Leteicq et al., 2008, p. 995).

Two lead staff at legal agencies shared that they offered pro-bono legal assistance directly to IGCs. These two agencies not only offered legal services pertaining to obtaining guardianship but also other services such as tax help, civil lawsuits, wage claims, and wrongful termination of employment. One participant reported that she had no idea how to help IGCs without legal arrangements and the agency would “turn them away.” The prevalence of legal and policy issues as reported by study participants is consistent with research that suggests that because IGCs take in their grandchildren in times of crisis, they need to learn about complex legal system and kinship caregiver policies (Leteicq, et. al, 2008). Moreover, without legal advocacy, many IGCs will not know how to navigate the legal and social services systems to help benefit their families (Wallace, 2001).

## **Theory**

**Agency theory.** In the context of agency theory, participants revealed how IGCs act for the benefit and well-being of their grandchildren and the theory defined this phenomenon as a gift relationship (Shapiro, 2005). The framework of this theory suggests that the grandparent (the agent) is delegated to act on behalf of the interest of the grandchild (principal) (Testa, 2013). Though the theory established four different types of principals when referring to the grandchildren as discussed in chapter two, this study focused on the affine principal where grandparents volunteer to care for their grandchildren on an informal basis. In doing so, IGCs are often expected to make an

instantaneous decision to become the primary caregiver of a grandchild without the opportunity to fully consider the challenges that await them. They are usually willing to become the primary caregiver of their grandchild to offer protection from harm and to keep their grandchildren out of the foster care system. This is where agencies and programs step in to lend a helping hand. Congruent with the agency theory, these frequently used services help to promote the gift relationship where both the IGC and the grandchild are dually sustained (Testa & Slack, 2002). When programs offer services that benefit both the grandparent and the grandchildren, intergenerational reciprocity is promoted. Intergenerational reciprocity is the extent to which generations can strengthen one another, especially when living in the same household. Intergenerational reciprocity is also defined as a pattern of social behaviors which create a motive for generations to exchange support (Zhang, 2014; Schwartz, Trommsdorff, Zheng, & Shi, 2010). Services offered that promote intergenerational reciprocity are those of training and support groups where grandparents learn from youth (i.e. the grandchildren) and youth learn from grandparents through activities such as cooking classes, technology classes, and networking with other grandfamilies in groups.

**Rational choice theory.** The rational choice theory also shares some of the same assumptions of the social exchange theory. It assumes that people are rational, self-interested beings who seek to maximize profits through action and rational thought (Robbins, et al., 2012). The social exchange theory also posits (macro) that human relationships are formed by the use of cost-benefit analysis and the comparisons of available alternatives (Robbins, et al, 2012). Costs are considered when punishments or rewards are foregone while profits occur when rewards outweigh the costs (Robbins et al, 2012). The themes in this study of agency collaboration, service challenges, and statutory challenges can all be viewed through this theory due to needs of planning,

implementing, and evaluating program outcomes (Beach & Connolly, 2005) when serving IGCs.

The rational choice theory provides a step-by-step analysis to consider how lead staff within these programs measure success, gather feedback, and evaluate outcomes (Clemons & McBeth, 2009). An example in this study is that one participant shared that her agency intentionally gathered feedback from IGCs regarding their social service needs. This approach should be adopted by other agencies because IGCs may have different needs in different geographical locations and a one-size-fits all approach to programming does not take into account the unique needs of IGCs. Vining and Weimer (2010) suggest that this concept should be conducted in two steps: 1) analyze the problem; and 2) analyze the solution. In other words, agencies should become more familiar with the population of IGCs involved in their programs (e.g. through support groups feedback, training evaluations) in order to find solutions to better serve them.

### **Study Limitations**

There were several study limitations. First, the study included a purposeful sampling method to recruit participants. As mentioned in chapter three, the sampling was purposeful in order to gain a detailed and rich understanding of the perspectives of lead staff and the inclusion of a small number of participants is endorsed by experts in DPA (Giorgi, 2009). However, due to the small sample size, the results cannot be generalized to the larger population of staff and agencies serving IGCs. Furthermore, I chose to conduct interviews with staff who all worked at agencies in California as this state has the highest number of grandparents raising grandchildren and the largest number of agencies serving the population. Consequently, the results are not transferable to other regions of the United States and because the sample did not include participants from rural areas the findings are not transferable beyond suburban and urban areas. Second,

data collection occurred by phone and through written responses. Although this was cost effective and allowed me greater access to participants from out-of-state, I was unable to see the participants which prevented me from observing body language and other non-verbal communication. Although the written responses were more concise than the verbal responses, the study results were not affected by the two types of data collection. Finally, the results in qualitative research may be influenced by a researcher's personal biases which underscores the importance of bracketing (Giorgi, 2009). Remaining aware of my biases was a priority since I am a grandchild informally raised by my single grandmother. I remained mindful of my own experiences during this study and I took care to seek confirmation from the participants that the findings and interpretations accurately captured their experiences.

If I could do this study over again, I would alter the research questions to allow participants to provide more in-depth responses. Some of the questions asked only allowed participants to give direct responses and probing questions were often used to gather more information. I would also conduct interviews among lead staff in multiple states to compare and contrast service provisions to make recommendations to the NFCSP. Finally, to dig more deeply into the topic at a regional level, it would also be helpful to collect data among lead staff in multiple locations within specific counties to focus on local issues such as cultural concerns.

### **Implications**

**Practice.** A key finding of this study was the need for policies and programs to become more flexible in order to meet the needs of IGCs. Because IGCs often seek services without formal documentation and/or legal status, they may be ineligible for agency support. The social work profession is rooted in the ethical principal to help people in need and to address social problems (National Association of Social Workers

(NASW), 2018). Thus, social workers should design and implement innovative services and supports for *all* grandfamilies, particularly for IGCs whose needs might otherwise go unserved. For example, social workers should consider networking with local community members to host support groups in settings such senior centers or faith-based organizations where IGCs may already be involved.

Social workers have the opportunity to become leaders in the efforts toward promoting accessible and affordable services for IGCs. Agency staff need increased education and training related to IGCs as this population has distinct strengths and challenges from other kinship caregivers. In many ways, IGCs are a uniquely disadvantaged population due to the constraints of formal systems (e.g. legal, child welfare). It is important that agencies providing services to IGCs remain current in their knowledge of this population and to well-prepare staff to handle the complex challenges that many IGCs face.

Sustainable funding is needed for agencies that serve grandparents raising grandchildren. Advocacy efforts by social workers should include a call to action for increased funding and advocacy for policies that include IGCs as an integral part of service provision to grandparent caregivers. Older adults are key providers of unpaid, intergenerational care for family and friends in the United States and the prevalence of grandparents raising grandchildren is projected to continue increase (Peterson, 2017). In the words of one participant, “this [IGC] is the ‘new normal’ and the new age of parenting.” Thus, study findings underscore that funding for IGCs is imperative and that social workers in both gerontology and child welfare should be concerned for the growing needs of this population.

Finally, practitioners should focus on designing, implementing, and evaluating services tailored for IGCs. The needs of IGCs often cross multiple entities such as

housing, food, respite care, and emergency support. Expanded services within one agency or one location would help to better serve IGCs. Furthermore, services should be culturally-sensitive as IGCs represent diverse populations that may warily approach agencies for formal services. The social work ethical standard of cultural awareness and social diversity (NASW, 2018) provides the foundation for social work practice with diverse individuals, groups, and communities. Grandparent caregivers have unique life experiences to share with agencies and agencies should thoughtfully approach IGCs to gain more insight on their specific service needs.

**Research.** Existing studies on service delivery evaluations for IGCs are sparse, outdated, and non-empirical. Many of the few studies were self-reports conducted by agencies. More empirical research is needed on a macro level across more states in the U.S. Both quantitative and qualitative research should be conducted to focus on the experiences of IGCs, services needed for IGCs, and evaluations of service delivery. Expanding the current study to broader geographical areas (north, south, east, west) and to diverse types of communities (urban, suburban, rural) might offer the opportunity to make meaningful comparisons of agencies serving this population. In particular, future studies should incorporate interviews with IGCs in order to gain their perspective to better understand their unique service needs. One possible avenue for directly reaching IGCs is through community support groups. Updated research on the NFCSP is also needed to better understand how it is continuing to support IGCs, how has funding, staff training, and supportive services changed over this time, identify examples of effective programs/services that have resulted from NFSCP, and explore demographic/societal changes that might have implications for the future of NFCSP.

**Policy.** Informal grandparent caregiving is a growing phenomenon in the kinship care system today. Because of this, national policies need to loosen the boundaries to be

more available to IGCs. The NFSCP is the nation's first attempt to make resources available for IGCs, yet the funding is very limited as compared to what is available to FGCs (Generations United, 2003). There are a number of ways that policy makers can advocate for IGCs to increase their ability to provide a safe and stable living environment for their grandchildren (Leticq et al., 2009). First, they should make more efforts to bring more exposure to state-based and community-based programs so that IGCs will know the resources exist (Generations United, 2005). Second, knowing that IGCs have fewer legal rights, policy makers should consider passing state laws to help loosen the boundaries (Generations United, 2005). Third, policy makers should examine the feasibility of expanding more programs to serve IGCs (Perez-Porter & Flint, 2000). Finally, because many of the grandchildren in informal care arrangements have experienced trauma, policy makers should consider providing more mental health services in child care programs (Generations United, 2005).

## **Conclusion**

Informal grandparent caregiving occurs throughout the U.S. and is expected to grow as IGCs find themselves needing to make sudden decisions to protect and care for their grandchildren. With the need to make quick decisions, IGC often do not have the time to consider the hardships that they may encounter, including service or statutory challenges. This study bolsters support for policies and programs to become more flexible in order to meet the unique needs of IGCs. The NFCSP is the first national attempt to provide support for IGCs; however, federal, state, and community policies remain inadequate to provide aid to this population. The findings of this study revealed frequently used services by IGCs, agency collaboration, service challenges and statutory challenges that programs encounter when serving IGCs. Although six participants

reported specifically provide services for IGCs, more efforts should be made to help increase service availability and access to this population.



**Appendix A**

**Older Americans Act of 1865 Legislation (NFSCP Law)**

#### Evaluation

SEC. 206. (a) The Secretary shall measure and evaluate the impact of all programs authorized by this Act, their effectiveness in achieving stated goals in general, and in relation to their cost, their impact on related programs, their effectiveness in targeting for services under this Act unserved older individuals with greatest economic need (including low-income minority individuals and older individuals residing in rural areas) and unserved older individuals with greatest social need (including low-income minority individuals and older individuals residing in rural areas), and their structure and mechanisms for delivery of services, including, where appropriate, comparisons with appropriate control groups composed of persons who have not participated in such programs. Evaluations shall be conducted by persons not immediately involved in the administration of the program or project evaluated.

### **PART E—NATIONAL FAMILY CAREGIVER SUPPORT PROGRAM**

#### **SEC. 371. SHORT TITLE.**

This part may be cited as the “National Family Caregiver Support Act”. [ø42 U.S.C. 3001 note]

#### **SEC. 372. DEFINITIONS.**

(a) IN GENERAL.—In this part:

(1) CHILD.—The term “child” means an individual who is not more than 18 years of age.

(2) INDIVIDUAL WITH A DISABILITY.—The term “individual with a disability” means an individual with a disability, as defined in section 3 of the Americans with Disabilities Act of 1990 (42 U.S.C. 12102), who is not less than age 18 and not more than age 59.

(3) OLDER RELATIVE CAREGIVER.—The term “older relative caregiver” means a caregiver who—

(A)

(i) is age 55 or older; and

(ii) lives with, is the informal provider of in-home and community care to, and is the primary caregiver for, a child or an individual with a disability;

(B) in the case of a caregiver for a child—

(i) is the grandparent, step-grandparent, or other relative (other than the parent) b blood, marriage, or adoption, of the child;

(ii) is the primary caregiver of the child because the biological or adoptive parent are unable or unwilling to serve as the primary caregivers of the child; and

(iii) has a legal relationship to the child, such as legal custody, adoption, o guardianship, or is raising the child informally; and

(C) in the case of a caregiver for an individual with a disability, is the parent, grandparent, or other relative by blood, marriage, or adoption, of the individual with a disability.

(b) RULE.—In providing services under this part, for family caregivers who provide care for individuals with Alzheimer’s disease and related disorders with neurological and organic brain dysfunction, the State involved shall give priority to caregivers who provide care for older individuals with such disease or disorder.

#### **SEC. 373. PROGRAM AUTHORIZED.**

(a) **IN GENERAL.**—The Assistant Secretary shall carry out a program for making grants to States with State plans approved under section 307, to pay for the Federal share of the cost of carrying out State programs, to enable area agencies on aging, or entities that such area agencies on aging contract with, to provide multifaceted systems of support services—

- (1) for family caregivers; and
- (2) for older relative caregivers.

(b) **SUPPORT SERVICES.**—The services provided, in a State program under subsection (a), by an area agency on aging, or entity that such agency has contracted with, shall include—

- (1) information to caregivers about available services;
- (2) assistance to caregivers in gaining access to the services;
- (3) individual counseling, organization of support groups, and caregiver training to assist the caregivers in the areas of health, nutrition, and financial literacy, and in making decisions and solving problems relating to their caregiving roles;
- (4) respite care to enable caregivers to be temporarily relieved from their caregiving responsibilities; and
- (5) supplemental services, on a limited basis, to complement the care provided by caregivers.

(c) **POPULATION SERVED; PRIORITY.**—

(1) **POPULATION SERVED.**—Services under a State program under this part shall be provided to family caregivers, and older relative caregivers, who—

(A) are described in paragraph (1) or (2) of subsection

(a); and

(B) with regard to the services specified in paragraphs

(4) and (5) of subsection (b), in the case of a caregiver described in paragraph (1), is providing care to an older individual who meets the condition specified in subparagraph (A)(i) or (B) of section 102(22).

(2) **PRIORITY.**—In providing services under this part, the State, in addition to giving the priority described in section 372(b), shall give priority—

(A) to caregivers who are older individuals with greatest social need, and older individuals with greatest economic need (with particular attention to low-income older individuals); and

(B) to older relative caregivers of children with severe disabilities, or individuals with disabilities who have severe disabilities.

(d) **USE OF VOLUNTEERS.**—In carrying out this part, each area agency on aging shall make use of trained volunteers to expand the provision of the available services described in subsection (b) and, if possible, work in coordination with organizations that have experience in providing training, placement, and stipends for volunteers or participants (such as organizations carrying out Federal service programs administered by the Corporation for National and Community Service), in community service settings.

(e) **QUALITY STANDARDS AND MECHANISMS AND ACCOUNTABILITY.**

(1) **QUALITY STANDARDS AND MECHANISMS .**—The State shall establish standards and mechanisms designed to assure the quality of services provided with assistance made available under this part.

(2) **DATA AND RECORDS .**—The State shall collect data and maintain records relating to the State program in a standardized format specified by the Assistant Secretary. The State shall furnish the records to the Assistant Secretary, at such time as the Assistant Secretary may require, in order to enable the Assistant Secretary to monitor State program administration and compliance, and to evaluate and compare the effectiveness of the State programs.

(3) REPORTS .— The State shall prepare and submit to the Assistant Secretary reports on the data and records required under paragraph (2), including information on the services funded under this part, and standards and mechanisms by which the quality of the services shall be assured. The reports shall describe any mechanisms used in the State to provide to persons who are family caregivers, or older relative caregivers, information about and access to various services so that the persons can better carry out their care responsibilities.

(f) CAREGIVER ALLOTMENT .—

(1) IN GENERAL .—

(A) From sums appropriated under section 303(e) for a fiscal year, the Assistant Secretary shall allot amounts among the States proportionately based on the population of individuals 70 years of age or older in the States.

(B) In determining the amounts allotted to States from the sums appropriate under section 303 for a fiscal year, the Assistant Secretary shall first determine the amount allotted to each State under subparagraph (A) and then proportionately adjust such amounts, if necessary, to meet the requirements of paragraph (2).

(C) The number of individuals 70 years of age or older in any State and in all States shall be determined by the Assistant Secretary on the basis of the most recent data available from the Bureau of the Census and other reliable demographic data satisfactory to the Assistant Secretary.

(2) MINIMUM ALLOTMENT .—

(A) The amounts allotted under paragraph (1) shall be reduced proportionately to the extent necessary to increase other allotments under such paragraph to achieve the amounts described in subparagraph (B).

(B)(i) Each State shall be allotted 1/2 of 1 percent of the amount appropriated for the fiscal year for which the determination is made.

(ii) Guam and the Virgin Islands of the United States shall each be allotted 1/4 of 1 percent of the amount appropriated for the fiscal year for which the determination is made.

(iii) American Samoa and the Commonwealth of the Northern Mariana Islands shall each be allotted 1/16 of 1 percent of the amount appropriated for the fiscal year for which the determination is made.

(C) For the purposes of subparagraph (B)(i), the term “State” does not include Guam, American Samoa, the Virgin Islands of the United States, and the Commonwealth of the Northern Mariana Islands.

(g) AVAILABILITY OF FUNDS .—

(1) USE OF FUNDS FOR ADMINISTRATION OF AREA PLANS .—

Amounts made available to a State to carry out the State program under this part may be used, in addition to amounts available in accordance with section 303(c)(1), for costs of administration of area plans.

(2) FEDERAL SHARE .—

(A) IN GENERAL .— Notwithstanding section 304(d)(1)(D), the Federal share of the cost of carrying out a State program under this part shall be 75 percent.

(B) NON -FEDERAL SHARE .— The non-Federal share of the cost shall be provided from State and local sources.

(C) LIMITATION .— A State may use not more than 10 percent of the total Federal and non-Federal share available to the State to provide support services to older relative caregivers.

[42 U.S.C. 3030s-1]

SEC. 374. MAINTENANCE OF EFFORT.

Funds made available under this part shall supplement, and not supplant, any Federal, State, or local funds expended by a State or unit of general purpose local government (including an area agency on aging) to provide services described in section 373.

[42 U.S.C. 3030s-2]

**Appendix B**  
**Agency Profile Form**

This form is to be completed and sent with the signed consent form BEFORE the scheduled phone interview takes place. The purpose of this form is to collect and track key characteristics of agencies. Key definitions are also attached to this form to help me compare and/or contrast to your agency's key terms. Please do not hesitate to call me at 214-288-7974 if you have specific questions. (Dorothea Ivey)

1. Agency Cite (community center, hospital, senior center, etc...)

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2. County where agency is located

---

3. Name of Program (if different from agency name)

---

4. In general, what types of services does your agency provide? Please attach a brochure, website, or additional supporting information if possible.

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5. Does your program differentiate formal grandparent caregivers from informal grandparent caregivers? If so, what terms do you use when referring to formal grandparent caregivers? Informal grandparent caregivers?

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6. What are the estimate ethnical demographics of the grandparent caregivers you serve in your program? Ex. African Americans, Chinese Americans, White Americans, Latino Americans, other?

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**Appendix C**  
**Contact Summary Form**



This form will be completed by the researcher.

Interviewee ID \_\_\_\_\_ Date Summary Written \_\_\_\_\_

Interview Date \_\_\_\_\_ Phone Number \_\_\_\_\_

Interview Title:     \_\_\_ Executive Director  
                          \_\_\_ Program Director  
                          \_\_\_ Administrator  
                          \_\_\_ Manager  
                          \_\_\_ Other \_\_\_\_\_

Age Range

\_\_\_ 18 to 29  
\_\_\_ 30 to 39  
\_\_\_ 40 to 49  
\_\_\_ 50 to 59  
\_\_\_ 60 and up

Gender \_\_\_\_\_ Male     \_\_\_\_\_ Female     \_\_\_\_\_ Other

How long have you worked for the agency? \_\_\_\_\_

How long have you worked as an administrator overall? \_\_\_\_\_

Highest Educational Level \_\_\_\_\_

Highest Degree Focus? (ex...social work, human services, etc...)

\_\_\_\_\_

**Appendix D**  
**IRB Documents**

**CHAIR**  
Matthew Meimad  
Executive Director  
ZERO TO THREE

**VICE CHAIR**  
Walter L. Jones  
Warren, NJ

**SECRETARY**  
Barb Quaintance  
Senior Vice President  
AARP

**TREASURER**  
Joseph P. Cuticelli  
Chief Executive Officer  
Sodexo Seniors North America

**BOARD MEMBERS**  
MaryLee Allen  
Director, Child Welfare & Mental Health  
Children's Defense Fund

Amanda Cavaleri  
Chief Executive Officer  
Connect the Ages

Susan Dreyfus  
President & CEO  
Alliance for Children & Families

Lynette Fraga, PhD  
Executive Director  
Child Care Aware® of America

Jatrice Martel Gatter  
Executive Vice President  
Volunteers of America

Hon. Gerry Hyland  
National Association of Counties (Ret.)

Karyne Jones  
President & CEO  
National Caucus & Center on Black  
Aging

Mary Anne Mason  
Partner  
Crowell & Moring, LLP

Janet McLiskiy  
Senior Director, Alliance Development  
Pfizer, Inc

Dr. John Rowe  
Professor of Health Policy and Aging  
Columbia University

Pamela B. Smith  
Executive Director  
Alex Smith Foundation

Marvin Waldman  
President, The Shadow Group

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Catherine Milton

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Sandra Timmermann  
Founder, MetLife Mature Market  
Institute

Mary Ann Van Cleaf  
Vice President  
The Brookdale Foundation Group

Juan Williams  
Fox News Correspondent & Journalist

Donna M. Butts  
Executive Director

# generations united®

Because we're stronger together®

University of Texas at Arlington  
Office of Regulatory Services  
202 E. Border St, Suite 201  
Arlington, TX 76019

To Whom It May Concern:

I am writing to confirm the Generation United's support of Mrs. Dorothea Ivey (PI) and the doctoral dissertation titled: *An Exploration of National Family Caregiver Programs Serving Informal Grandparent Caregivers in California: A Descriptive Phenomenology Approach*.

We recognize that at least 15 participants are needed for this study. Generations United will be referring potential research subjects (with their permission), to Mrs. Ivey for participation in this voluntary research study. None of the staff at Generations United will be assisting with participant recruitment, but rather, we will refer potential study subjects (e.g. program directors of agencies serving grandparent caregivers) that might be interested in the project. Mrs. Ivey will contact the participants individually to discuss the research study as well as to obtain written consent for participation.

The study will involve phone interviews that will take place between Mrs. Ivey and study participants. The staff of Generations United will not be involved in data collection or data analysis. Generations United agrees to adhere to the standards and policies of the University of Texas at Arlington IRB to protect the rights and welfare of human subjects.

I can be reached for more information at 202-289-3979 or via email at [jlent@gu.org](mailto:jlent@gu.org).

Sincerely,



Jaia Lent  
Deputy Executive Director

**Institutional Review Board  
Notification of Exemption**

January 22, 2018

Dorothea Ivey  
Dr. Noelle Fields  
School of Social Work  
The University of Texas at Arlington  
Box 19129

Protocol Number: 2018-0138

Protocol Title: *AN EXPLORATION OF NATIONAL FAMILY CAREGIVER SUPPORT PROGRAMS SERVING INFORMAL GRANDPARENT CAREGIVERS: A DESCRIPTIVE PHENOMENOLOGY APPROACH*

**EXEMPTION DETERMINATION**

The UT Arlington Institutional Review Board (IRB) Chair, or designee, has reviewed the above referenced study and found that it qualified for exemption under the federal guidelines for the protection of human subjects as referenced at Title 45CFR Part 46.101(b)(2).

- (2) Research involving the use of educational tests (cognitive, diagnostic, aptitude, achievement), survey procedures, interview procedures or observation of public behavior, unless: (i) information obtained is recorded in such a manner that human subjects can be identified, either directly or through identifiers linked to the subject; and (ii) any disclosure of the human subjects' responses outside the research could reasonably place the subjects at risk of criminal or civil liability or be damaging to the subjects' financial standing, employability, or reputation.

You are therefore authorized to begin the research as of **January 19, 2018**.

Pursuant to Title 45 CFR 46.103(b)(4)(iii), investigators are required to, “promptly report to the IRB any proposed changes in the research activity, and to ensure that such changes in approved research, during the period for which IRB approval has already been given, are **not initiated without prior IRB review and approval** except when necessary to eliminate apparent immediate hazards to the subject.” All proposed changes to the research must be submitted via the electronic submission system prior to implementation. Please also be advised that as the principal investigator, you are required to report local adverse (unanticipated) events to the Office of Research Administration; Regulatory Services within 24 hours of the occurrence or upon acknowledgement of the occurrence. All investigators and key personnel identified in the protocol must have documented Human Subject Protection (HSP) Training on file with this office. Completion certificates are valid for 3 years from completion date.

**Appendix E**  
**Interview Guide**

**General questions:** How do programmatic factors and activities influence service provision to IGCs?

1. Please tell me about your clients who are grandparents caregivers.

Probing questions will include:

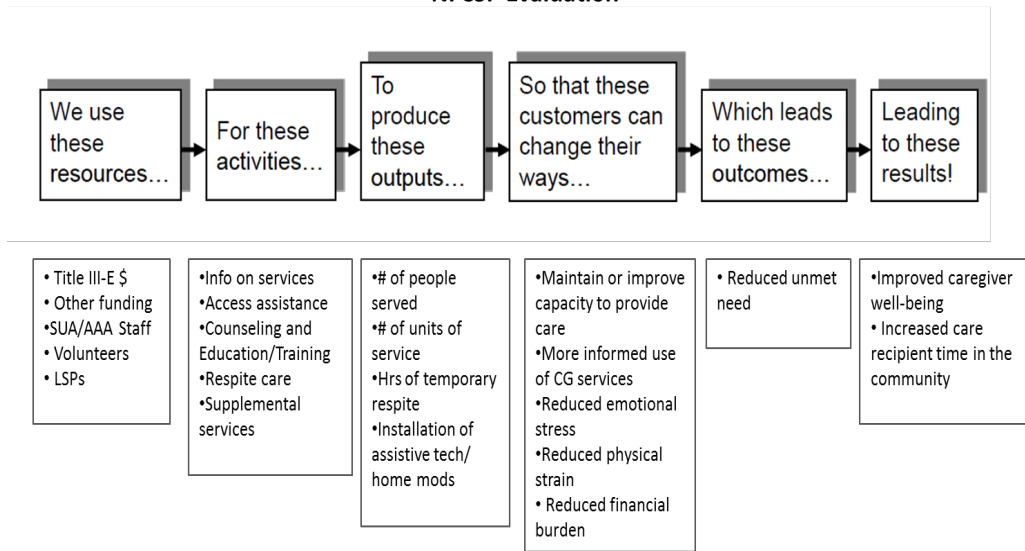
1. Approximately how many or what percentage of your caregiving clients are grandparents raising grandchildren?
2. What services does your program provide to grandparents raising grandchildren?
3. Please explain how have your services for grandparents raising grandchildren evolved over time during your tenure with the organization?
4. As pertaining to the study, there is a distinction between grandparents who are raising grandchildren formally who has legal guardianship or custody vs. those who are raising children informally. When providing services, do you distinguish formal grandparent caregivers (FGCs) from informal grandparent caregivers (IGCs)? How?
5. How are services different in reality for formal and informal grandparent caregivers?
6. Can you describe in detail as much as possible how grandparent caregivers access services? In other words, what processes do they follow to use services?
7. Is there a category of service(s) that they use more than others? Ex, respite care, counseling, financial, housing, other?

**Management Probes of serving IGCs:** How are IGCs served by programs serving grandparent caregivers?

1. What management challenges have you encountered when serving IGCs?  
Probing points – staff training, financial, no staff, etc...
2. Can you elaborate on staff challenges when serving grandparents caregivers?
3. Have staff challenges emerged when serving IGCs? If so, elaborate?
4. If applicable, how has your program met those specific needs of IGCs?

**Appendix F**  
**NFCSP Logic Model**

## NFCSP Evaluation





## **Appendix G**

### **Overview of Empirical Studies Reporting Outcomes of NFCSP**

Study design	Sample	Hypotheses	Intervention/ comparison	Measures	Outcomes
Littlewood, 2014  Exploratory, investigation. Intervention evaluation	N=35 Support groups for grandparents raising grandchildren in CA, NY, FL, CN, and AZ. Each organization has been facilitating these support groups for an average of 14 years ranging from 7-23 years.	None	GrOw developed an item pool for the inventory based on the review of literature, experience of members, and further questions that needed answering before the beginning to understand how to best articulate outcomes for caregivers.	Data needed to articulate outcomes for caregivers are description of program, date established, setting, description of the participants, including demographics, structures of the group, frequency, facilitation, funding, unique features, group goals, and evaluation.	Reduced isolation, educate and connect to resources, empowerment, increase of social support, and reduced stress
Conway, Boeckel, Shuster, & Wages, 2010.  Secondary analysis of a cross-sectional survey	N=247 rural grandparents in an upper Midwest state	None	No intervention.	Collected data from the NFCSP study university of North Dakota and used T-Test and ANOVA.	Overall, grandparents report a low level of burden. Level of burden varies by reason for caring for a child (family violence), having a grandchild with a disability, having a stressed relationship with the child's parent, and the use of government resources
Whittier, Scharlach, & Dal Santo, 2008  Exploratory	The state of California is used as a case example due to its substantial experience in providing caregiver support services.	None	A review of AAA Area Plan addenda submitted in 2001; a survey of California's AAAs; and an internet search of caregiver support services in CA.	A survey questionnaire to elicit the AAAs experiences with the NFSCP after the first year of implementation and to expand upon the information provided in the NFCSP addenda submitted with the Area Plans for the previous year.	Decrease in stress from respite care resulting in an increase of self-care.
Kaplan & Perez-Porter, 2014  Descriptive, exploratory	None	None	Strengths-based	A review of programs offered for grandparent caregivers provided by the NFCSP.	Strengthening families (Intergenerational reciprocity), individual agencies, and service delivery systems
Generations United, 2003  Descriptive, Program Guide	Various samples from state to state consisting of 1,236 agencies	None	The purpose of the surveys was to determine the greatest training and technical assistance needs of state units on aging (SUAs).	Aging Network Surveys	38% of the agencies indicated that they contract with direct service providers in their community whole specifically assisted grandparent caregiver, 44% refer caregivers to outside agencies for assistance, and 78% of agencies felt they would benefit from expert training regarding issues and services for grandparents raising grandchildren.
Hayslip & Kaminski, 2005	Literature search	None	None	Literature to explore the state of knowledge about grandparents with particular attention to its implications for service providers and researchers.	Increase in well-being and decrease of stress

**Appendix H**  
**Comprehensive Review Tabulation Chart**

<b>Comprehensive Literature Review Findings</b>										
<b>Search terms (below):</b>	<b>Google Scholar</b>	<b>Academic Search Complete</b>	<b>Social Work Abstracts</b>	<b>AgeLine</b>	<b>Family Studies Abstracts</b>	<b>Psych Info</b>	<b>proquest dissertation &amp; thesis</b>	<b>Total</b>	<b>Excluded</b>	<b>Retained</b>
programs for grandparents raising grandchildren	98	17	5	27	4	9	3639	3799	3797	2
National family caregiver support program AND "grandparent"	100	10	3	14	3	9	66	205	201	4
grandparent caregiver programs	98	9	1	11	2	140	874	1,135	1135	0
National family caregiver programs AND "informal" grandparent	49	0	0	0	0	0	1629	1678	1678	0

6817

6

**Appendix I**  
**Invitation Email**

Dear \_\_\_\_\_

My name is Dorothea Ivey and I am a doctoral candidate at University of Texas at Arlington. My doctoral focus is in gerontology with a particular interest in nonprofit administration and policy for grandparents raising grandchildren. Specifically, I am conducting a qualitative phenomenological study exploring administrators' perspectives and experiences with programs serving grandparents raising grandchildren.

I am writing to formally request your participation in my study. From my affiliation with Generations United, you may be an ideal participant in this study. There are just a few criteria for participating in this study which includes:

- Hold a title as manager, administrator, supervisor, lead staff, or similar.
- Organization or program receives funding from the National Family Caregiver Support Program (NFCSP).
- Organization or program provides services to grandparents raising grandchildren which includes both formal and informal grandparent caregivers.
- Have worked in the program with grandparents raising grandchildren for 2 or more years.
- Speaks English.
- Must be 18 years of age or older.

Your participation in this study is completely voluntary and you have the right to withdraw at any time. For the purpose of this research, I would like to request 60 to 90 minutes of your time for a phone interview. I would ask a few open-ended and semi-structured questions with regards to decision-making and service delivery to grandparents raising grandchildren. Your identity and institution will remain confidential.

I would be truly grateful if you would consider participating in my study. Your participation could bring valuable insight to how decisions are made in support of programs like yours. I would be happy to set up an interview time with you. There is an incentive of a \$20 Starbucks gift card as an appreciation for your participation. If you could kindly let me know over the next 10 days of your interest in participating in this research study and your availability between March 2018 and April 2018, I would greatly appreciate it. Please feel free to contact me either by phone at: 214-288-7974 or by email at [dorothea.ivey@uta.edu](mailto:dorothea.ivey@uta.edu).

Thank you for your time and consideration and I look forward to hearing from you.

Sincerely,  
Dorothea L. Ivey

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### **Biographical Information**

Dr. Ivey draws from a distinguished career as a Social Behavioral Scientist and Public Administrator in Dallas County, TX; Anne Arundel County, MD; and Washington, DC. She has a proven reputation as being an engaging educator across all generations, a tactful planner, and as methodological in integrating various administrative strategies to sustain and expand nonprofit programs. She is the Owner and CEO of Grand Enterprises Consulting Group which has raised over \$1,000,000 in funds for nonprofit organizations under her leadership since its inception in 2014. As an academic professional, her curriculum is threefold:

1. Researcher: Focus is on grandparents raising grandchildren with particular interests on informal grandparent caregivers. Her scholarship evolves around policy and programs that serve grandparents raising grandchildren.
2. Practitioner: Focus is on providing consulting and guidance to executive directors of social service organizations from a macro level to help promote impactful programs in the areas of philanthropy, program development, and capacity building.
3. Educator: Focus is on building effective social work professionals to help combat poverty through teaching university level courses related to policy, diversity, aging, field education, research and macro-practice.

Dr. Ivey is no stranger to poverty and has acquired a philosophy of helping organizations and the public to help combat poverty. She was raised by her grandparents during her entire childhood. Beginning at age 5, she lived with her maternal grandparents. Due to the hardship of them raising their younger children and other grandchildren in the same household, her paternal grandmother took her in at age 8 and raised her until adulthood. She first-handedly witnessed the stressors that grandparent caregivers encounter when

raising grandchildren, especially, when living with her single grandmother. Despite the stressors she witnessed, it was her grandmother's faith, resilience, spirituality, and sacrifice that taught her that she had a special calling on her life. She was inspired and developed a determination to push harder to open new doors for her family. Dr. Ivey recognizes that it is the grace and mercy of God and of community supporters that helps families and individuals become self-sufficient to overcome impoverished statuses. She earned a Bachelor in Human Services and a Bachelor in Education & Nonprofit Administration from the University of North Texas at Dallas. She earned a Master in Social Work and a Master in Public Administration along with a Graduate Certificate in Urban Nonprofit Management from the University of Texas at Arlington. She also earned her PhD in Social Work from the University of Texas at Arlington.