



Grandparents in Custodial Care of their Grandchildren:

A Literature Review

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Mentor UK Grandparents Project

Mentor seeks to undertake, identify, support and share information on effective, proven and promising practices that will protect children and young people from the harm that drugs cause and that will make misuse less likely.

In the UK there are thousands of grandparents who take on full time care of their grandchildren. A significant proportion of the parents of these children have significant drug problems. Many children in these situations have witnessed and even assisted parents in managing their drug problems.

Mentor UK is working in partnership with the Department of Health, Adfam and Grandparents plus to find out what grandparents, who are primary carers for their grandchildren, need to enable them to provide support and advice about drug-related issues.

This literature review focuses on grandparents in full-time care of their grandchildren including research related to the physical, mental and social health of custodial grandparents, the challenges presented by children and adolescents raised by grandparents and research on positive interventions.

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The concept of family in the contemporary Western world is becoming more and more flexible as it accommodates to different living arrangements that resulted from the breakdown of traditional gender roles in the last 50 years.

Re-married couples raising together children from previous relationships, children raised under joint custody agreements and adopted children who visit periodically with their biological mothers are some examples of new family arrangements. These new family organisations have been gaining acceptance and being considered healthy solutions for raising children in the last decades, given the parents' inability to fit into more traditional structures.

Much less visible – but also increasingly common – are families that have grandparents as surrogate parents of their own grandchildren. This family arrangement is usually a solution found to raise young children whose parents are part of what has been called the “missing generation”: a cohort of young adults unavailable or unfit to perform their role as parents due to substance abuse, incarceration, AIDS and/or emotional and behavioral disorders (6,7,10,11)

The role shift of grandparents from “weekend helpers” to custodial adults in grandchildren's lives often raises some level of social discomfort among those involved. The imbedded silent assumption that something “went wrong” with the children's biological parents probably explains a great deal of this feeling. Moreover, the social acceptance of custodial grandparents is also limited, and social isolation and lack of support from social services are common complaints among them.

This literature review will focus on grandparents raising their grandchildren. The first section situates the custodial grandparents among other intergenerational family arrangements. A second section describes some findings related to the physical, mental and social health of custodial grandparents. A third part discusses

the challenges presented by children and adolescents raised by grandparents. The last and fourth section presents some research on interventions to help grandparents raising healthy children.

Methods

This literature review included academic and non-academic sources. The search methodology used for each area and the materials obtained are described below.

Academic Publications

Two datasets were considered: Med Line and PsychoInfo. Search was performed by using the keywords “grandparents” and “grandchildren” separately, from publications dated 2000 or later. A total of 34 articles were considered relevant for the review, out of 931 listed. Some books chapters were also selected as relevant and some older papers were added to the list, due to their constant reference in the articles selected.

The publications were classified into 8 areas: epidemiology, policy, health issues, psychosocial issues, economic challenges, HIV/AIDS and literature reviews.

Non-academic materials

Google search was performed using “grandparents” and “grandchildren”, separately. The first 100 sites listed for each search were examined one by one, for relevance and quality. A total of 42 sites were selected, and organized by source or content: university-based, governmental site, NGOs, international sites (outside US and UK).

Support groups

Using the same key words, GOOGLE groups (<http://groups-beta.google.com>) and YAHOO groups (<http://groups.yahoo.com>) were searched. Thirteen support groups for grandparents raising grandchildren were identified.

Grandparents caring for grandchildren: a plural and dynamic situation

The involvement of grandparents in their grandchildren's care varies a great deal, depending on individual, ethnic, cultural, economic and parent's age factors. It is also not a static situation: as parents evolve around different life challenges, grandparents may change from "vacation buddies" to daily caretakers and eventually can be pushed into a full custody situation or, less likely, transition back to their previous roles.

Fuller-Thomson and Minkler (12) conducted a study comparing the prevalence and profile of five different patterns of grandchildren-grandparent contact: 1) primary caregivers (custodial grandparents); 2) noncustodial extensive child care providers; 3) intermediate caregivers (10–29 hours/week); 4) occasional caregivers (<10 hours a week) and 5) noncaregivers.

Using a US national sample of 3,260 parents, the authors found 40.4% of non-caregivers, 47.5% of intermediate or occasional caregivers, 6.8% of extensive and 5.3% of custodial grandparents. Custodial grandparents presented higher chances of being poor, female, unmarried and African American. Both extensive and custodial grandparents were younger in age than their peers.

Goodman and Silverstein (16) focussed only on grandmothers extensively involved on their grandchildren's care. They divided their subjects between two groups: co-parenting and custodial. As they compared factors associated with these situations, they found that *custodial* grand parenting was usually assumed under disruptive circumstances, often the consequence of serious problems experienced by parents and it was typically an unanticipated, involuntary and indefinite situation. In contrast, *co-parenting* arrangements happened when grandparents housed both grandchildren and their parent(s) and became partners in childrearing, a classic but not exclusive solution in case of very young mothers.

The authors also detected different levels of comfort of grandmothers with the situations described, depending on their racial/ethnic background: African American grandmothers displayed equal levels of wellbeing in the two arrangements, what is explained by the authors by the long tradition of custodial care by grandparents in this community; Latino grandmothers had greater well being in co-parenting families, reflecting a tradition of intergenerational living.

White custodial grandparents experienced somewhat higher levels of affect (positive and negative) in custodial situations but showed no difference in other types of well-being (16). Their findings suggest that culture and beliefs about family roles are important factors influencing how grandparents react to situations often presented to them without too much warning.

Brown-Standridge and Floyd (5) also focussed their studies on grandparents extensively involved on their grandchildren's care and made distinction between three living arrangements: custodial, living-with and day-care. According to the authors, *“reasons for these arrangements range in severity. Day care and living-with grandparents indicate a desire to help parents financially, a non preference for non familial day care, a motivation to compensate for parents working full-time, or a decision to offset the mother's emotional problems. Custodial grandparents express more serious concerns about the mother in terms of her substance abuse or emotional state and have already exercised legal rights to block child placement in foster care.”* (p 187)

This report is focussed on custodial grand parenting as a phenomenon mainly precipitated by substance abuse, mental health issues, teen pregnancy, incarceration, AIDS, premature death of the biological parents and/or neglect or abuse of their children. The definition of “custodial grandparent” within the report is the same used by most authors on the topic: grandparents who are fully responsible for raising their grandchildren, given the temporary or permanent absence or unavailability of parents to care for their children.

The next section describes some of the problems and challenges faced by grandparents in custodial care of their grandchildren.

The physical, mental and social health of custodial grandparents

Research has consistently pointed out that custodial grandparents present high rates of depression, poor self-rated health and/or frequent presence of multiple chronic health problems such as hypertension and diabetes. (3,9, 18, 29)

Custodial grandparents also report higher level of distress, emotional problems, clinical depression, insomnia and less health-services seeking behavior than grandparents in more traditional roles (31, 34, 35, 38, 42).

The reasons for these poor health indicators are not fully understood. However, several authors have documented the presence of several risk factors for the problems described above among custodial grandparents (3, 9, 18, 29 31, 34, 35, 38, 42)

One of these risk factors is social isolation, known by its association with several mental disorders and physical illnesses. Intergenerational households headed by grandparents may experience social isolation due to the stigma attached to substance abuse, AIDS or incarceration of the absent parents. Custodial grandparents can also be isolated from their age peers simply because they are performing tasks and taking responsibilities that are not matched with what other people their age are doing.

Another important risk factor for poor health is emotional distress. In the case of custodial grandparents, grief and disappointment over the parent's situation, source of guilt, confusion and resentment causes intense emotional distress. In fact, Goodman and Silverstein (16) found that custodial and co parenting grandparents present very similar levels of stress and well-being if parent's problems were removed by statistical control of their analysis of wellbeing and distress among grandparents.

US national studies of grandparents-headed households also indicate disproportionate high poverty rates among these families (13 14, 32), an economic variable strongly associated with poor health outcomes. It is possible that the economic demands of custodial grand parenting, frequently not accompanied by economic support from social services agency, end up taking also a toll on the already compromised health of these adults.

Interventions targeted to improve quality of life of custodial grandparents should consider the need to increase financial aid to support their grandchildren, decrease their social isolation, motivate them to look for treatment for their health problems, and increase their access to health providers. It would be also very important to offer some counseling that could aid them on coming to terms with their children's situation, decreasing their sense of guilty, failure and shame.

Children raised by grandparents: challenges and promises

The toll paid by custodial grandparents on their health and stress levels could be in some cases offset by the joys of a strong and close relationship with their custodial grandchildren, giving them a sense of purpose and second chance in life that could be of help for some adults.

It should be noted, however, that custodial grandchildren are a population at particularly high risk for several disruptive behavior problems, which may make their upbringing a very challenging task.

As Brown-Standridge (5) points out:

“Custodial grandchildren may try to push grandparents away since they feel others have abandoned them. Their inner feelings reflect a chaotic struggle over grief, guilt, anger, fear, anxiety, embarrassment, or hopefulness for the parents’ return.” (p189)

Moreover, as children often neglected or abused in the past and born to substance-abusing mothers they are at risk for developmental and behavioral problems.

Research data on the actual prevalence of behavior problems in grandchildren raised by custodial grandparents is limited and mixed. Some researchers report that grandchildren raised solely by grandparents show similar school performance and health status than those raised by traditional two-parent families and fare way better than children raised by grandparents + one biological parent. (40). Other studies (Soloman and Marx, 1985, cited by 5) found that 86% of children in nuclear families were viewed by their teachers as more successful academically than children raised by grandparents. Students from intact home seem also less likely to repeat a grade. School performance did not differ among children living with a grandparent versus those with one biological parent in single parent or blended families, and the former actually had behavioral problems.

More research is badly needed to compare children with different types of family compositions, especially longitudinal studies that can observe adult outcomes of these different ways of raising children.

Helping custodial grandparents to raise healthy children: promising interventions

Custodial grand parenting is almost always a result of some kind of crisis in the nuclear family, making the attention devoted to this topic by mental health and social services practitioners not very surprising.

Articles focussed on how to aid grandparents to raise healthy grandchildren can be divided into four main topics: a) treatment for grandchildren's behavioral disorders; b) grandparents' education and training; c) support groups and d) social services and policy.

Behavioral treatment

Anecdotal reports point to an increasing tendency of grandparents in seeking psychological help for their grandchildren, in contrast to the already reported tendency of not seeking help for themselves. (1)

Several authors describe therapeutic approaches to the main problems grandparents struggle with at home: disruptive behaviors disorders (37), attention deficit disorders (2) and learning disabilities in their grandchildren.

It is beyond the scope of this report to present treatment options for children and adolescents' behavioral disorders. For the purpose of this review, it is sufficient to mention that, with some variation on intensity and components, these disorders are well treated with family therapy and cognitive behavioral interventions (parent training, problem solving, skills training).

Most of the authors admit, however, that the therapeutic interventions recommended as effective for the disorders above come from the parent literature, with a built-in assumption that they might work as well for custodial grandparents as they work for parents (37). This assumption, however, has never been tested.

In any case, Silverthorn and Durrant (37) state that, at this point, awareness of therapeutic options among custodial grandparents is an even bigger challenge, due

to the rapid and profound change in the treatment of behavioral disorders in the last 20 years:

“It is important for custodial grandparents to be aware of potential behavior problems in their grandchildren and to know when those behaviors warrant psychotherapeutic intervention. In addition, it is important for custodial grandparents to be aware of empirically supported treatments that may offer amelioration of these behaviors problems. Although few, if any, interventions have been specifically investigated with custodial grandparents, the child behavior disorder literature currently offers several empirically supported treatments for disruptive behavior disorders, which have the potential to be generalizable to grandparents” (p 49)

Education and training

Several studies underscore the need for education and training of custodial grandparents (7, 8, 20). Although the potential benefit of providing such services to grandparents seems to be agreed by several authors, Hayslip and Kaminski (20) raise what seems a legitimate concern: *“parenting skills training may be resisted by grandparents because it may imply they have not adequately raised their now adult children.”* (p.266) The authors suggest prefacing training and education activities with clear statements about how times have changed, and how important is to update, develop new skills and acquire new knowledge.

Haylisp and Kaminski (20) also suggest the inclusion of a variety of topics in educational programs for custodial grandparents, such as STDs, drug use, school violence and peer influences on their grandchildren. Baird and colleagues, based on their work with African American custodial grandparents, added materialism, academic problems and feelings of children growing too fast as additional topics. (1).

Chenoweth (7) recommends some overall characteristics of an effective grandparent education model: strength-based, focussed on what grandparents do well as caregivers, promoter of their self-confidence; culturally responsive, aimed at preserving the dignity, integrity and diversity of all groups. In her opinion, the actual content of each education program has to be designed through a needs assessment of the target audience and approach areas of self-care, communications, guidance and advocacy.

Cox (8) suggests an empowerment approach in working with custodial grandparents, where *“training builds on their unique strengths to enable them to develop self-efficacy and their own problem-solving skills.”* Using this technique, she suggests developing the curriculum training by using informal discussions with grandparents in training, encouraging them to pick those found more useful and interesting for their reality. She also suggests the use of a variety of teaching techniques, with lectures kept to a minimum, the inclusion of homework assignments to apply materials learned in class and the performance of constant evaluation and active feedback of the training sessions.

Cox also describes a curriculum developed in 12 classes, as result of her work with 15 African American custodial grandmothers. The topics chosen by this group were: (1) introduction to empowerment; (2) importance of self-esteem; (3) communicating with grandchildren; (4) dealing with loss and grief; (5) helping grandchildren deal with loss; (6) dealing with behavioral problems; (7) talking to grandchildren about sex, HIV/AIDS and drugs; (8) legal and entitlement issues; (9) developing advocacy skills; (10) negotiating systems; (11) making presentations; and (12) reviewing session. The evaluation of her program suggests that the intervention strengthened parenting skills, and helped the development of some participants into community peer educators.

Finally, Kelley and colleagues (26) tested a multimodal intervention designed to reduce stress, improve physical and mental health and strengthen the social support and resources of grandparents raising grandchildren. This six-month home-based intervention included home visits by registered nurses, social workers and legal assistants, the services of an attorney and monthly support group meetings. Their evaluation suggested improvement in all areas, documented by decrease in psychological distress, increase in social support and mental health scores, and improvement in their legal situation towards custodial rights over grandchildren. This exploratory study documents that multifaceted and intensive interventions can result in better quality of life for families headed by custodial grandparents.

Another interesting feature of the intervention described above was the convenience of being home-based. As pointed out by several articles, lack of time and consequent dropouts from grandparents from training courses offered in community settings are big barriers on effectively helping this population. Alternative venues, not as costly as home-based, but more flexible such as taped courses, intern based and others should be tested in terms of improving access for custodial grandparents in need of guidance and training.

Support groups

Support groups can be an important resource to address directly some of the problems of social isolation and alienation reported by grandparent caregivers. Some studies (33) have suggested that these groups can help reduce the problems above, while providing important sources of assistance in coping with the role of custodial grandparent. Woodworth (43) reported more than 400 such groups in all US 50 states, but mentioned that the life expectancy of these groups is very short.

The number of on-line support groups for custodial parents has mushroomed in recent years, according to Grinstead and colleagues (18). In fact, a quick search at Google and Yahoo support groups' list indicated 13 active groups in the US only, besides hundreds of websites and web pages on the subject.

Strom and Strom (39) pondered that support groups can be a good source to vent frustrations without any other focus, therefore not adding much more to a difficult situation. Their point can be illustrated by the "What is this group about?" statement in grandparents_with_custody@yahoo.com (accessed August 1st, 2005)

"This group is here to provide a place for all grandparents raising grandchildren to be able to vent, laugh, cry, and share the pain and joys of becoming a parent again"

However, other authors point to the importance of valuing the opportunity given by these support groups to express feelings, receive empathy for others, compare memories of raising their adult children with their current experiences and even bring closure to unfinished emotional business.

As stated by another on-line support group:

"This is a group for people who have custody and/or are raising their grandchildren. This is a hard task sometimes and this group is for the purpose of helping each other, with support, ideas, information, what ever we can contribute to help each other with this awesome task. Sometimes when you think your energy has left, you can't go any further, and your body needs rest, and your patience has long ago been spent, it helps to talk to someone who is living through the same thing you are. There is strength in numbers. All who are in this situation, no matter how you arrived there, are welcome. We can help each other."
(custodial_grandparents@yahoo.com, accessed August 1st, 2005)

Despite the lack of agreement and systematic evaluation of support groups in aiding custodial grandparents' situation, several organisations work on fostering them in the US: KinNet, Brookdale Foundation's Relatives as Parents Program and American Association of Retired Persons (AARP) Grandparent Information Center (Haylisp and Kaminski, , 2005.) These initiatives have been welcomed by policy researchers as a great aid to combat social isolation (25, 33)

Social services and policy

Custodial grandparents report several barriers on dealing with social services, due to stigma and misconceptions related to their unusual family arrangement.

Baird and colleagues (1) reported some focus group findings with custodial parents where the urgent need for financial assistance was offset by the constant *“sense of being discounted by providers of social services because of their position as grandparents, perhaps a reluctance of welfare workers to place children within their family in the belief that it was the family dysfunction that contributed to the need for placement in the first place”* (p 139).

Other interactions are also problematic, due to the lack of familiarity of the general public with custodial grand parenting. Some grandparents report feeling awkward in situations such as PTA meetings (6): parents ignored them, treated them in negative or different ways. Most custodial grandparents in this study reported giving up on attending these meetings after few attempts.

The need of policies providing public education about custodial grandparents and lower the barriers they face to access social services has been stressed by some articles as one to the most important measures in increasing the well being and quality of life of these intergenerational families (e.g., 36).

Policies that increase the level of comfort and easy the access to school system, health services, social services and agencies providing support for families living in poverty would indirectly decrease stigma, increase sense of social acceptance, and empower custodial grandparents.

After all, as well said by Meredith Minkler (33) about custodial parents in the US: *“Policy makers and the general public must learn to appreciate the vital role of informal caregivers in our society, including the growing numbers of mid life and older grandparents who are raising some of our most vulnerable children and in the process of saving the nation’s foster care system from collapse”* p212

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