

STRESSORS AND SOCIAL SUPPORT AMONG AFRICAN-AMERICAN
GRANDPARENTS RAISING GRANDCHILDREN

by

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Dedication

Barbara Kemp Rubin

This study is dedicated to my lovely Grandmother who raised me. You made my life worth living by giving me a stable home and a hopeful future. Thank you for your gift in crafting any ugly situation into something beautiful. You had an unintentional way of teaching me to sow and reap in the garden of life.

Dr. Charles Mindel

This study is also dedicated to UT Arlington School of Social Work Professor Emeritus, for full sponsorship from the Charles Mindel Thesis Research Scholarship in 2013. Your remarkable contributions in research and your generosity opened doors for this project.

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Thank you to my children, Kenya and Joe, for sacrificing a portion of your teenage-hood for my education. I hope that the rewards from my hard work will encourage you to reach for the stars when it comes to your own education. Thank you to my parents in whom I am very proud for overcoming so many obstacles over the years. I also thank my parents in law. I must also thank my grandparents, especially my paternal grandmother, who sacrificed and raised me. I am so blessed to have several mothers and fathers that helped mold me into the woman I am today. Lastly, I must thank my Husband, Joe, for always believing in me even when my plans seemed unreal. When I decided to pursue my education on a full time basis, you were supportive and sacrificed with me. We are blessed beyond measure. We did it honey and we are still standing strong!

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Abstract

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A substantial increase in the number of grandparents raising grandchildren occurred over the past three decades and moves across all ethnicities. African American (AA) grandparent caregivers, however, experience the most stress; yet have the fewest resources as compared with other ethnicities. In addition, AA grandchildren are more likely to live with their grandparents than other ethnicities. This study qualitatively explores (1) the stressors and experiences of grandparent caregiving among AA grandparents, (2) the importance of social support, and (3) the impact that grandparent caregiving has on relationships. A criterion sample of 7 AA grandparents (5 grandmothers, 1 great grandmother, and 1 great grandfather) was recruited from a human services agency in South Dallas County, TX. Data were collected through focus group discussions and from previous studies. Themes emerged among the grandparents relating to difficulty with school, lack of energy, and health issues. Due to the high demands of grandparent-headed households, grandmothers were less likely to participate in leisurely activities. Despite the social isolation, half of the grandmothers would prefer to continue raising their grandchildren than to release them to their parents or the child welfare system. Another finding was that all of the grandparent caregivers

rely on their church communities for support. These findings suggest the need for more rigorous assessment of stressors and the availability of social support which could lead to the implementation of programs targeting grandparent caregivers in South Dallas County, TX.

Table of Contents

Acknowledgements	iv
Abstract	v
List of Illustrations	x
List of Tables	xi
Chapter 1 Introduction.....	1
1.1 Background and Significance of the Study	1
1.2 African American Grandparent Caregivers	2
1.3 Theoretical Framework	2
1.3.1 Theoretical Assumptions.....	5
1.4 Purpose	5
1.5 Research Questions	6
1.6 Definitions of Terms	6
Chapter 2 Literature Review	7
2.1 Stressors	7
2.1.1 Physical and Emotional Health	7
2.1.2 Role Loss	9
2.1.3 Social Isolation.....	10
2.1.4 Financial Strain	11
2.2 Social Support.....	11
2.2.1 The Effects of Social Resources and Support.....	14
2.3 Gaps and Trends in Research	14
Chapter 3 Methods.....	15
3.1 Population	15
3.2 Recruitment.....	16

3.3 Focus Groups.....	17
3.4 Data Collection.....	18
3.5 Background of the Researcher	19
Chapter 4 Focus Group Results	21
4.1 Participants	21
4.2 Identified Stressors	22
4.2.1 Difficulty With Grandchildren’s School and Homework	23
4.2.2 Lack of Energy	24
4.2.3 Health Issues	25
4.2.4 Financial Issues	25
4.2.5 Future Goals for the Grandchild	26
4.2.6 Difficulty with Parents.....	26
4.2.7 Lack of Resources	28
4.3 Desired Social Support	28
Chapter 5 Implications for Social Work Practice.....	29
Chapter 6 Limitations	30
Chapter 7 Conclusion.....	32
Appendix A – Survey, Forms, Flyers And Letters.....	33
A1 – Flyer.....	34
A2 – Survey.....	35
A3 – Introduction Letter.....	37
A5 – Thank You Letter	38
A6 – Human Subjects Training Certificate Kathy Gaither	39
A7 – Human Subjects Training Certificate Mayra Wheaton	40
A8 – LOC Facility Permission Letter	41

A9 – LOC Client File	42
A10 – Client Survey for Assistance.....	43
Appendix B – Focus Group Documents, Literature, And Brochures	44
B1 – Focus Group Outline	45
B2 – Grandparent Support Services Brochure	47
B3 – Focus Group Timetable	48
B4 – Budget	49
B5 – Consent Form	50
References.....	53
Biographical Information	58

List of Illustrations

Figure 1-1 Top Three Cities in Texas with Grandparent-Headed Households.....	1
Figure 1-2 Systems Theory as Related to Grandparent Caregivers.	4
Figure 1-3 Conceptual Framework	5
Figure 4-1 Age and Gender of Participants	21
Figure 4-2 Household Size and Number of Grandchildren.....	22

List of Tables

Table 2-1 Social Support Programs in Dallas for Grandparents Raising Grandchildren..	13
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Chapter 1

Introduction

1.1 Background and Significance of the Study

During a time of expectancy for retirement and leisure, some grandparents are caught unprepared with the demand of raising their grandchildren (Kelch-Oliver, 2008; Kelley, Whitely, & Campos, 2010). Between 1980 and 1990, there was a 44 percent increase in the number of grandparents raising their grandchildren (Havir, 1999). In the year 2000, nearly 2.4 million grandparents were raising their grandchildren (U.S. Census Bureau, 2001). By 2012, there were nearly 2.6 million grandparents raising over 6 million grandchildren in the U.S (Jackson, 2011).

As of today, almost 300,000 grandparents in the State of Texas are raising 862,624 grandchildren. Within these households headed by grandparents in Texas, 34% of grandparent caregivers are raising their grandchildren without either parent present, and 71% are under age 60. Of these nearly 300,000 grandparent caregivers, 17% are African American (AA). In Dallas, there are 13,665 grandparents raising grandchildren without the help of either parent making it the third largest city in TX with grandparent-headed families (American Association of Retired Persons TX, 2013). See Figure 1-1 for totals.

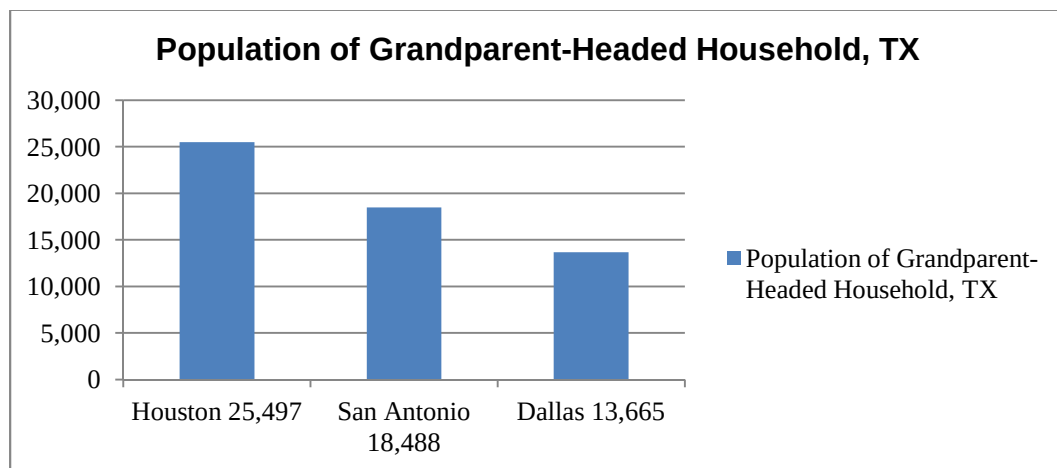


Figure 1-1 Top Three Cities in Texas with Grandparent-Headed Households

1.2 African American Grandparent Caregivers

Grandparent caregiving moves across all ethnicities. However, AAs have 83% higher odds of being grandparent caregivers (Minkler & Fuller-Thomson, 1999). In fact, AA children are 13.5% more likely to live with a grandparent as compared to 6.5% for White grandchildren, and 4.1% for Hispanic grandchildren (Cox, 2002). AA grandparents are willing to undertake responsibility for their grandchildren to keep them out of the foster care system (Kelch-Oliver, 2008). In contrast, AA grandparent caregivers are more likely to live in poverty than AA non-grandparent caregivers (Minkler & Fuller Thompson, 2005, Kelley, Whitley, & Campos, 2010). The very fact that they assumed responsibility for their grandchildren conveys inherent strength and resilience (Cox, 2000).

Unique to this ethnicity are AA grandmothers (Kelley, Whitley, & Campos, 2010). AA grandmothers are a source of strength for grandchildren living in grandparent-headed households and play a significant role in preserving and strengthening 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). In contrast, AA grandmother caregivers often experience the most stress and have the fewest resources (Musil & Ahmad, 2002, Kelch-Oliver, 2008). Many of them are low income, single AA women and choose not to ask for help due to resiliency and spirituality (Kelch-Oliver, 2008). Religion and spirituality are strengths of AA families (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 grandparent-headed families which have been effective coping methods for AA grandparent caregivers (Waites, 2009).

1.3 Theoretical Framework

The theoretical framework for this study is adopted from the systems perspective of human behavior. This theory was chosen due to grandparents inheriting a lifestyle that

they may or may not have anticipated in this stage of development from the voluntary and involuntary circumstances of their children. Some life cycle stages create multigenerational patterns in which grandparents take on the role as parents to their grandchildren. These multigenerational patterns, in cases, may be in need of validation, nurturing, and revitalization to strengthen and support grandparent-headed families (Waites, 2009). The systems perspective is an approach that views human behavior as the outcome of reciprocal interactions of persons operating within integrated social systems (Hutchinson, 2011). The systems perspective proposes a holistic approach in balancing or re-gaining homeostasis within a social system and its environment. Please see figure 1-2 for an illustration of the systems theory as related to grandparent caregivers. In reference to grandparent caregivers, stress occurs when the barriers they encounter are so great that they create isolation. Isolation reciprocates an imbalance in their environment but one can seek to find this balance by understanding both internal and external factors that exert pressure on a system's hindrance to development (Boyle, Farley, Hull, Mather, and Smith, 2009).

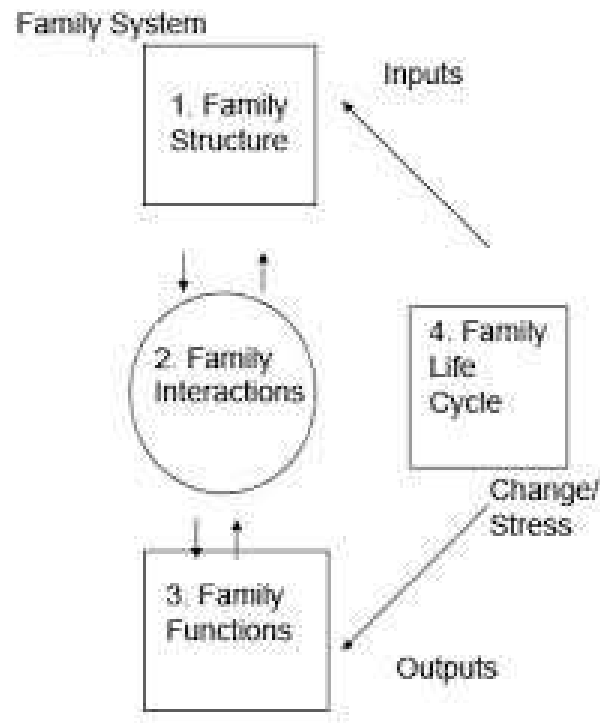


Figure 1-2 Systems Theory as Related to Grandparent Caregivers.

The empowerment theory was chosen as a separate theory because it aims to change the personal and social power relationship within which people operate and is done so by identifying a problem, categorizing the people involved, and targeting those people for a provision of service (Wendt & Seymour, 2010). Empowerment is defined as the process of assisting grandparent caregivers to discover and expend the resources and tools within and around them (Boyle, Hull, Farley, Mather, & Smith, 2006). The empowerment model is a depiction from many variables that influence the empowerment process and that participation transforms empowerment into the expected outcome of advocacy for grandparent caregivers (Carr, 2011). Empowerment also refers to processes and outcomes where individuals, like grandparent caregivers, strive to reduce and overcome discrepancies (Boyle, Hull, Farley, Mather, & Smith, 2009). Empowerment

may also aid in providing a sense of homeostasis and harmony into intergenerational households and may convert vulnerability into opportunities and possibilities for grandparent caregivers (Carr & Zhan, 2012). These two theories provide the basis for the purpose and research questions in the study. See Figure 1-2 for an overview of the conceptual framework.

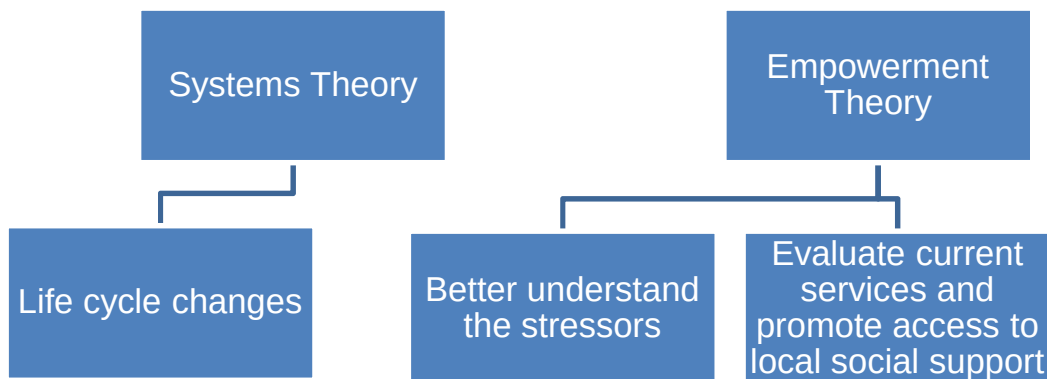


Figure 1-3 Conceptual Framework

1.3.1 Theoretical Assumptions

Theoretical assumptions for this study are:

1. Changes in the family structure cause grandparents to take on the role of parenting their grandchildren which leads to risk factors that affect all members of the household.
2. The stability of grandparent-headed families can be threatened by caregiver stress.
3. Grandparents may experience frustration and even shame or guilt about their own child's inability to care for the grandchild.

1.4 Purpose

The study aims to understand the stressors among African American grandparent caregivers in parent-absent homes. The study's findings may provide a

foundation to implement a social support program targeting grandparent caregivers in South Dallas County, TX.

1.5 Research Questions

1. What are the common stressors that are unique to AA grandparent caregivers while raising grandchildren?
2. What specific social support needs do AA grandparent caregivers have for themselves and for their grandchildren?
3. What sources of social support are available in the demographic South Dallas County area to meet those specific needs?

1.6 Definitions of Terms

Throughout the remainder of this study, I will refer to myself as the “Principal Investigator” (PI). Most grandparents can be seen as caregiving figures if you consider that they provide physical and emotional care for the child and are consistent figures in their grandchildren’s lives (Poehlmann, 2003). Therefore, grandparents will be referred to as grandparent caregivers. When referring to focus groups, grandparents are known as participants. When referring to the household of these families, the terms grandparent-headed families or grandparent-headed households will be used. Throughout the study, the PI uses the term, social support, when referring to any type of social service resource whether it is governmental or community.

Chapter 2

Literature Review

Grandparents assume parenting roles due to their children's death, divorce, unemployment, and adolescent childbearing (Aldrin, 2007). Studies found that neglect related to substance abuse was the primary reason grandparents were raising their grandchildren (Kelley, 1993; Dowdell, 1995; Jendrek, 1994). Less common reasons why grandparents are raising their grandchildren include parental death, AIDS (Schable, Diaz, Chu, Caldwell, Conti, Alston, Survillo, Hermann, Davidson, Boyd, Fann, Herr, & Fredereick, 1995), homicide (Kelley & Yorker, 1997), incarceration (Dowdell, 1995; Dressel & Barnhill, 1994; Kelley, 1993; Gaudin & Sutphen, 1993), and mental illness (Dowdell, 1995; Kelley, 1993).

2.1 Stressors

In previous studies, grandparents who have assumed the role of caregiving for their grandchildren reported a variety of stressors that they experience. Common stressors may include fatigue, limited social outlets, guilt, lack of time and privacy, limited community support, and legal issues (Madden, 2006). Having a child in the home can create strain on family resources and place immense demands on grandparents' time. Butler and Zakari (2005) conducted a study using home interviews for 17 AA grandparents who are raising grandchildren. The study found that more than two thirds of the AA grandparent caregivers experience chronic health conditions. In addition to the chronic health conditions, AA grandparent caregivers are likely to also have high depression levels (Minkler, Roe, & Robertson, 1994).

2.1.1 Physical and Emotional Health

Researchers found elevated levels of psychological distress, including depression in AA grandparent caregivers (Butler & Zakari, 2005). AA grandparents

raising their grandchildren experience increased medical problems (Minkler, 1994). Moreover, AA grandparent caregivers with inadequate resources are more likely to experience unmanaged health problems making them vulnerable and powerless (Carr & Zhan, 2010). Especially, “when the role is so demanding that he or she has little time to practice preventive health measures or seek even basic health care services” (Kelley, Whitley, & Campos, 2010, p. 383). The potential for grandparents raising their grandchildren to suffer declining levels of health is probably greater because of the previous stressors of their own childbearing in addition to those stressors that arise while raising grandchildren (Butler & Zakari, 2005).

Research reveals that the elevated stress of grandparent caregiving among all ethnicities is associated with a decline in health and emotional well-being of grandparents (Minkler & Fuller-Thompson, 2005; Carr & Zhan, 2010). However, AA grandparent caregivers have greater health risk factors than White grandparent caregivers (Kelley, Whitley, & Campos, 2010). In 2001, a study was conducted with 100 AA grandmother caregivers to describe the health risk factors (Kelley, Sipe, & Whitley, 2001). Health problems that these participants experienced were high blood pressure (54%), weight greater than 20% over ideal body weight (80%), high cholesterol levels (22%), and diabetes (23%). These statistics indicated that AA grandmother caregivers had health problems that may have been detrimental to individual quality of life and, therefore, should be addressed. The study found that the physical functioning of grandparents is at a level that jeopardizes the quality of life with their grandchildren. The clinicians involved in this study reported that AA grandparents who raise grandchildren experienced increased anxiety, insomnia, back problems, and stomach problems. Increased age is normally associated with health problems for all ethnicities but AAs have a greater risk of heart disease and hypertension regardless of age (Musil, 1998; Kelley, Sipe & Whitley,

2001). It was also found that AAs are more likely than Whites to have diabetes, stroke, and lung cancer (Kelley, Sipe, & Whitely, 2001).

The health of grandparent caregivers, regardless of race, may be negatively affected by their caregiving responsibilities (Cox, 2000). In the past, grandparents reported having increased anxiety and depression since assuming the role of grandparent caregiver (Minkler & Roe, 1994). Given the increased poverty, it is not surprising that grandparents raising grandchildren experience significant physical health problems (Campos, Kelley, & Whitely, 2010). Kelley, Whitely, & Campos conducted a study in 2010 over a 12 month period to explore the impact of a multi-disciplinary, home-based intervention to improve the health of grandmothers raising grandchildren. The study applied home-based services from nurses and social workers to 529 grandmother caregivers. The mean age of participants was 56.7 years, the majority participants were AA, and 52% were considered to be of lower socioeconomic status using measurements such as by having less than a high school education. During the home visits, nurses initially conducted a health assessment and measured the assessment on a monthly basis. Social workers recorded and analyzed data relating socioeconomic status. It was found that home-based intervention created improvements in psychological distress, resources, and access to social support but not in physical health. In result, poor health interfered with grandmothers' capacity to parent grandchildren (Kelley, Whitely, & Campos, 2010).

2.1.2 Role Loss

The roles and responsibilities of grandparents evolve with the changes in social structures and values in the United States (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 the

role of grandparent caregiving (Cox, 2002). This phenomenon has become a pattern for AAs in the U.S. society. In result, there has also been a common pattern for AA grandparents to accept and raise her grandchildren (Cox, 2002). The expected role is the traditional role of grandparents where they can nurture and spoil their grandchildren without actually parenting them. However, 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 agency, school personnel, or with their adult children while in their grandparent caregiving roles (Hayslip & Kimanski, 2005).

2.1.3 Social Isolation

Studies show that social isolation is also a predictor of increased emotional distress and grandparent caregivers frequently report feeling isolated from friends and family (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 were that those who participated in a support group were less likely to feel socially isolated. These support groups were defined as church groups, school groups, professional groups, and recreational social groups.

Research shows 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). The question remains is if social isolation is intentional or unintentional. Research revealed that AA grandparent caregivers may intentionally isolate themselves from 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). Other times, isolation is may be forced upon this population for reasons beyond their control. For example, the lack of public transportation would possibly be a contributor to

social isolation among AA grandparent caregivers living in the cities of Lancaster, Wilmer, and Hutchins, TX. 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 these grandchildren instead of participating in leisurely activities (Ruiz & Shu, 2004).

2.1.4 Financial Strain

Having a grandchild in the home can produce a strain on resources uprooting many financial dimensions (Cox, 2000). Early on, decisions need to be made on how to provide for grandchildren whether the sources are from grandparents, family members, and/or social resources. Some grandparents are on limited incomes and do not receive financial support from the children's parents. Grandparent caregivers give up their own dreams and sacrifice their own needs for the sake of providing for their grandchildren. Basic expenses like food, insurance, clothing, and medications can be a financial burden (Cox, 2000). They may also experience financial strain due to legal issues which creates additional emotional tension on the grandparent-headed family.

2.2 Social Support

Although grandparents caring for grandchildren has become more visible in the past ten years, the issue is a public policy concern and remains largely under the radar as reflected by lack of institutional recognition and support (Baker, Silverstein, & Putney, 2008). Among grandparent caregivers, AAs have an increased likelihood of living on limited resources and, therefore, need social support (Campos, Kelley, & Whitely, 2010). Social support specific to grandparent caregivers is available for Dallas County residents that can commute into the city (please see table 2-1 for a list of sources of social support in Dallas, TX). Other senior services that are not listed are available in Dallas but are not specific to the population of this study. Only social support specific to the population of

this study is shown in the table. Social support may not be accessible to grandparent caregivers due to health, social, legal, and financial barriers that they encounter while providing care for their grandchildren. Specific to the population of South Dallas County, TX, accessing these resources might also be a primary barrier due to lack of transportation.

Table 2-1 Social Support Programs in Dallas for Grandparents Raising Grandchildren

AGENCY/PROGRAM NAME	PHONE NUMBER	WEBSITE	SERVICES PROVIDED
A Family Affair	214-206-1855	www.afamilyaffairoftexas.com	Support groups
Area Agencies on Aging	800-252-9240	www.dads.state.tx.us/services/fags-fact/aaa.html	Support groups, respite care, and assistance with special needs while caring for children.
Dallas County Kincare Network	214-670-0965	http://hdpad.ru/kincare/	Support groups
LaVoz Del Anciano	214-741-5700	http://lavozdallas.org	Outreach, case management, group, support sessions, educational workshops, and community forums.
Legal Hotline	800-622-2520	www.tlsc.org/legalhotline.asp	Free legal services by telephone for Texas residents over the age of 60 or Medicare recipients
Martin L King Center Senior Services Program	214-670-4894	http://www.dallascityhall.com/housing/SeniorServices/index.html	Collaborate with social/human service organizations to assess aging needs and seek options to address gaps in services.
Elder Options of Texas	Online Only	http://elderoptionsoftexas.com/	Elder Options of Texas is a directory that provides connections to local resources for seniors.
The Senior Source	214-823-5700	http://www.theseniorsource.org/index.php/foster-grandparents	Money management, foster grandparent services.
Urban League of Greater Dallas	214-915-4600	www.ulgdntx.com	Support groups, employment referrals, toy drives.

2.2.1 The Effects of Social Resources and Support

“Social support has consistently been linked to better psychological health and well-being; and has been shown to buffer the effects of stress” (Cox, 2002, p. 47).

National policies will require eliminating barriers to increase eligibility in programs, expand programs to allow greater access, and create new programs for the continuous growth of grandparent caregiving (Butts & Minnix, 2006). Grandparent caregivers can better their quality of lives through the availability and accessibility of social resources.

2.3 Gaps and Trends in Research

Research on the effects of grandparent caregiving has been mixed. Many studies focus on and report that it is a highly stressful, negative experience, while other studies have pointed out that many grandparents perceive their new role of parent to their grandchild as very rewarding and positive (Hayslip & Kaminski, 2005). Research on grandparents acting as primary caregivers have been conducted in four major areas:

1. Analyzing the relationships with grandparents and their grandchildren's subsystems.
2. Examining the mental and physical health of grandparents and grandchildren subsystems.
3. Describing grandparent-headed households.
4. Validating the relatively poor economic situation of these families (Casper & Bryson, 1998; Sands & Goldberg, 2000).

However, gaps remain in research regarding the intersection of identifying specific stressors and detailing social support services for AA grandparent caregivers, especially, in South Dallas County, TX.

Chapter 3

Methods

The purpose of this study is to better understand the stressors among AA grandparent caregivers in parent-absent homes. The study's findings may provide a foundation to implement a social support program targeting grandparent caregivers in South Dallas County, TX. This qualitative and exploratory study uses a phenomenological approach to better understand grandparent caregiver experiences. Qualitative methodology is useful for participants who have historically limited power and influence, such as AA grandparent caregivers with limited incomes (Kelch-Oliver, 2008). The reason for choosing a qualitative research method is that it emphasizes the depth of understanding and explores deeper meanings of human experience that aims to generate theoretical observations (Babbie & Rubin, 2010). Phenomenology attempts to identify how a particular phenomenon was experienced, and the meaning of the lived experiences shared by a group of people who are able to provide a comprehensive description (Kelch-Oliver, 2008). The phenomenological approach was chosen to understand the concept or phenomenon of grandparent caregiving as a whole.

3.1 Population

The study is targeted to AA grandparent caregivers living in the cities of Lancaster, Wilmer, and Hutchins of South Dallas County, TX that used the services of Lancaster Outreach Center (LOC), an interfaith social service agency. As clients of LOC, they are provided with monthly groceries, monthly electric bill assistance, school supplies, Christmas toys, and yearly thrift store vouchers for clothing and furniture. The mission of LOC is to relieve suffering, restore human dignity, and promote self-sufficiency, by providing assistance and support to the people of South Dallas County, TX. In the past three years, LOC encountered an increase of clients that are

grandparents raising grandchildren. In 2011, LOC served a total of 4,216 clients. Of the total clients, approximately 12% of them are raising grandchildren and 90% of these grandparents are African American (Lowe, 2012).

3.2 Recruitment

A criterion sampling method was used to recruit participants. In order to be selected for the study, one must:

1. Be a grandparent raising a grandchild on a full time basis.
2. Be African American.
3. Be an existing client of Lancaster Outreach Center for one year or more with an updated client file.

An updated file consists of the submission of required documentation and completion of forms to access services of Lancaster Outreach Center (see *Form A9 – LOC Client File* and *Form A10 – Client Survey for Assistance* in Appendix A). Required documentation are copies of the clients' driver's license/state ID, birth certificates for all children, mortgage/lease agreement, social security cards for every household member, and proof of monthly income. Selecting clients who have used LOC services for one year or more helped increase the validity that they are truly raising grandchildren on a full time basis.

Initially, 1 flyer was posted in the facility and 40 flyers (see *A1 – Flyer* in Appendix A) were disseminated to LOC clients who are raising grandchildren as they visited the center for services during the months of November 2013 through January 2014. Of the 40 flyers, 27 people responded either by phone or in person during their monthly LOC client visit. Those that responded were asked to provide their immediate contact phone number or email. The PI verified the 27 client files to ensure that there were grandchildren living in the household. Birth certificates were reviewed to ensure that the clients' names did not appear as the parents. Clients were confirmed as raising

grandchildren on a full time basis by Kathy Gaither, Director of Client Services for LOC (please see *A6 – Human Subjects Training Certificate Kathy Gaither* on page 26). These are clients that Ms. Gaither provided case management services for one or more years. Over time, she has developed relationships with these clients and also previously provided case management services for their children.

After verification, Ms. Gaither contacted all 27 respondents to inform them of the focus group meeting dates and asked if they were interested in continuing with the study. Of the 27 respondents, 16 confirmed that they would proceed. Two dates were provided for focus groups and a total of 7 grandparent caregivers actually participated. Therefore, only one focus group was needed for the 7 participants. Additional collaborators involved in the study were Mayra Wheaton, the Volunteer Coordinator of LOC (please see *A7 – Human Subjects Training Certificate Mayra Wheaton* on page 27) and Ronnie Lowe, the Executive Director of LOC. Ms. Wheaton ensured that the space was available and prepared for the focus group. She also co-coded the transcripts for themes. Mr. Lowe gave permission to use the agency's facilities as the data collection center. Please see page 28 for *A8 – LOC Facility Permission Letter*.

3.3 Focus Groups

A focus group is defined as a carefully planned series of discussions designed to obtain perceptions on a defined area of interests in a permissive, non-threatening environment (Casey & Krueger, 2000). The focus group format was selected as a method that best serves the needs of LOC, the clients, and because the group format is the most pervasive type of intervention for grandparents who raise grandchildren (Berkman, 2006). The PI facilitated the focus group with 6 physical participants and 1 participant through

Skype due to immobility for health reasons. Of the 6 participants, 5 were grandmothers, 1 was a great grandmother, and 1 was a great grandfather. The purposes of the focus groups were to gather opinions, feelings, and stressors toward raising one's own grandchild; and to gather views on experiences while seeking and using support services.

3.4 Data Collection

The focus group time frame was 1.5 hours and was recorded via digital recorder. Hand written notes were also taken by the PI. A permissive environment was created in the focus group that encouraged participants to share perceptions and points of view, without pressuring them to vote or reach a consensus (Casey & Krueger, 2000). The focus group began with an introduction where ground rules and planned topics were stated (See *B1 – Focus Group Outline* in Appendix B). The consent forms were explained in detail that their identities will remain confidential (see *B5 – Consent Form* in Appendix B). Participants were allowed to introduce themselves and participate in open discussions about barriers and stressors they face while raising grandchildren. A full time table of the focus group is available in Appendix B, (see *B3 – Focus Group Timetable* in Appendix B).

Surveys were distributed and completed by each participant during the focus group. The PI assisted the great grandfather with the survey by verbally asking the questions due to him not having his reading glasses. The one grandparent that participated by Skype completed her survey one week later during her food pantry visit to LOC. To maintain confidentiality, surveys were randomly numbered 1-7 with gender to record the demographics of the participants. Items recorded from the surveys were gender, age, stressors, social support programs used in the past, and future needs from social resources.

During the close of the focus group, literature was distributed to grandparent caregivers to inform them of available local resources. Please see the brochure in Appendix B B2 – *Grandparent Support Services Brochure*. All grandparent caregivers who participated in the focus group also received a \$10 Wal-Mart gift card and a thank you letter (see A5 – *Thank You Letter* in Appendix A). Focus group recordings were professionally transcribed in narrative form. Participants' names were not used in the transcription for confidentiality. Trends were coded in the transcriptions by the PI. To ensure reliability, Ms. Wheaton co-coded the transcripts with very general instructions from the PI. Items coded were consistently related to stressors, barriers, and social support for grandparent caregivers. These may also include conflict related issues with family, schools, and other social support entities. Other items coded were those of resilience such as protective factors used when raising a grandchild.

3.5 Background of the Researcher

Researchers should be aware of biases that result from experiences and recognize potential biases that arise in the study design, analysis, and findings (Blakey, 2010; Hancock & Algozzine, 2006). In this section, I will discuss my bias and the strategy used to overcome those biases. I will also discuss strategies used from my previous personal and professional experiences. The strategies used will help build credibility of my research and will permit others to judge the quality of the study (Patton, 1999).

My previous work as a teacher and training as a credentialed mediator exposed me to facilitating groups but not among older adults. My graduate education also did not prepare me for research focus group facilitating with older adults. I often noticed myself taking sides with the grandparent caregivers as they told their stories when dealing with their own children. My previous training as a mediator taught me to be a neutral third party. However, I found myself in the opposite situation due to my personal experience.

My grandparents had conflicts with my parents over who will take care of me. Being exposed to my grandparents most often caused me to only see their side of things negating the fact of my parents' experiences.

The strategy I used to overcome this one-sidedness was triangulation.

Triangulation is the use of more than one imperfect data-collection alternative in which each option is vulnerable to different potential sources (Babbie & Rubin, 2011). For example, instead of relying on a grandparent caregiver's self-report of how often a particular target behavior occurred, a collaborator was asked to monitor the behavior by co-coding the transcripts. I knew the importance of including multiple viewpoints from my previous experience as a mediator. I often co-mediated cases to help eliminate my biases and learned to also rely on other sources to reach a fair consensus.

Chapter 4
Focus Group Results

4.1 Participants

Of the 7 grandparents: 5 were grandmothers, 1 was a great grandmother, and 1 was a great grandfather. The great grandmother and great grandfather was the married couple of the group. The great grandparent couple was also the eldest of the group. The grandparents' ages ranged from 58 to 73 with an average age of 65.42 (See Figure 4-1 for specifics on participants' ages and gender). On average among the group, these grandparents are raising 1.86 grandchildren. The average household size among the entire group is 3.16. Only 1 grandmother is raising 4 grandchildren and all others are raising 3 or less. Figure 4-2 shows an illustration of household size and number of grandchildren for each participant.

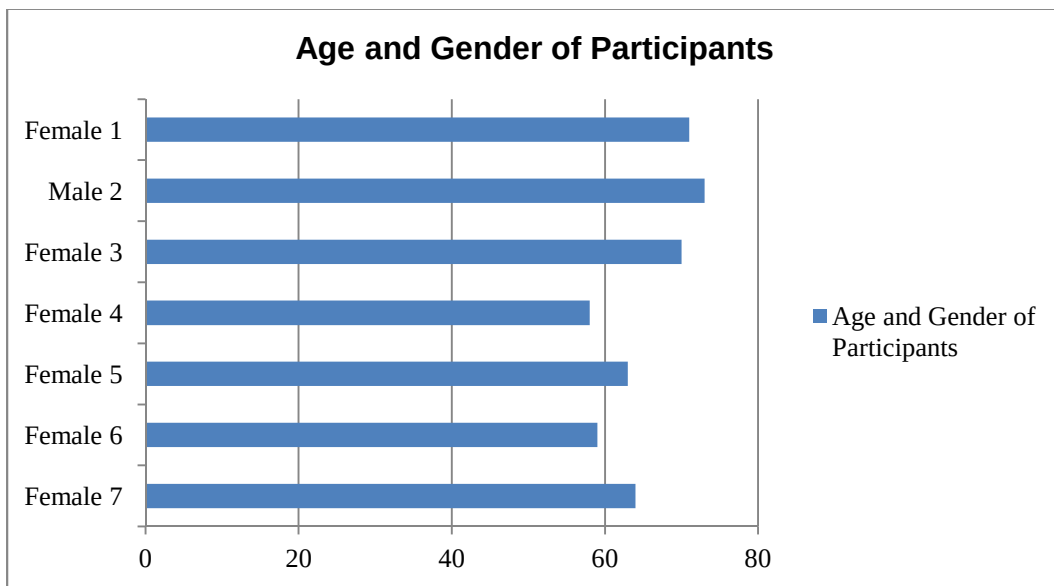


Figure 4-1 Age and Gender of Participants

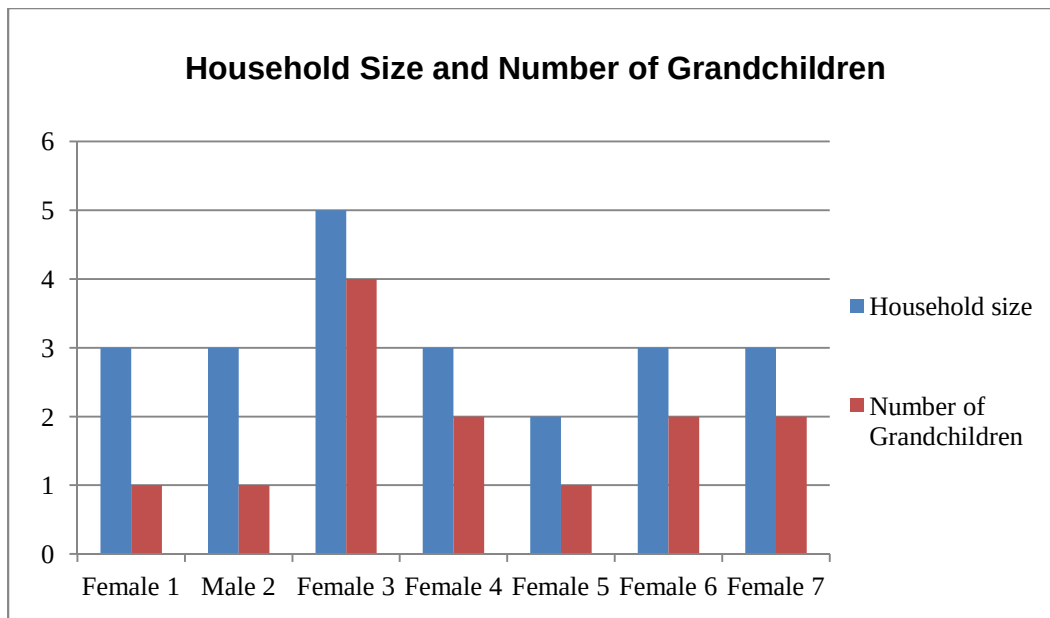


Figure 4-2 Household Size and Number of Grandchildren

4.2 Identified Stressors

Major themes identified as stressors among the participants were:

1. Difficulty with grandchildren's school and homework.
2. Lack of energy.
3. Health issues.
4. Financial issues.
5. Future goals for the grandchild.
6. Difficulties with parents.
7. Lack of resources.

Themes are presented in order of prevalence which was measured by consistency with which the grandparents mentioned an issue and the time and attention devoted to the issue. Verbatim statements are shown in indented form for each theme to provide a description of the participants' experiences.

4.2.1 Difficulty With Grandchildren's School and Homework

The PI begun the focus group discussion with the question, "what are the greatest challenges you have faced as a grandparent caregiver"? All participants frequently reported difficulty with school personnel and with homework throughout the duration of the focus group. There was consistent dialogue identifying confusion on how the school system operates. A few examples stated were related to keeping up with frequent school events like assemblies and parent conferences. Schools are now posting the calendar of events online. However, most of these grandparents are not very familiar with internet and are misinformed of parent conferences, assemblies, and other endeavors that require parental involvement. Relying on the grandchildren to relay messages is not a reliable method. Several grandparents reported that their grandchildren wait until the day before or the school calls on the day of to tell them about school events. This is often too late if the grandparents have set medical appointments or need to find transportation.

Participants also reported how their grandchildren's behavior in school can be stressful. Teachers and principals often call the grandparents complaining of their disruptive grandchildren. One grandmother reported:

"I told the school, don't call me no more...this is emotionally draining."

She mentioned in her dialogue that they often call her for "petty" things like the grandchild laughed out loud because someone said something funny or that his/her shirt is untucked. These are the reasons for her demand for the school to cease the phone calls.

The grandmother stated that:

"I cannot control some things that occur at the school. Whenever those kids are at school and as long as no one is in danger, the teachers should be well-equipped to resolve the situation."

Another grandmother mentioned that each of her 4 grandchildren have mental, emotional, and/ or learning disabilities which requires close parental involvement. She mentioned concerns of being overextended between schools from day to day.

Another frequent topic discussed in the focus group was helping grandchildren with homework. One grandmother stated verbatim:

“My grandkids are small and already doing homework. I don't feel like doing all that. At first, I had patience with them but over time, it got more and more difficult and I just don't have the patience anymore. I get upset, they get upset and we all have just lost patience. I just have too much to do.”

One method that this grandmother uses to cope is having the oldest child help the younger children. Unfortunately, this also leads to a stressful event where everyone loses their patience. The grandmother with the 4 grandchildren with disabilities stated that homework is not even an option by the end of the day in her house and that she holds the school accountable for that. In contrast, the great grandfather discussed how things are different in their household because of his authority when it comes to homework. He expresses to his great grandchild that:

“You can do this work because I know the teacher taught you. You can also do this work because I said so. Therefore, get it done.”

The majority of the grandparents reported different methods used to cope with the difficulty of homework but have not found a permanent solution. Only the great grandparents feel confident about the homework situation but they are afraid of what may arise as the child gets older.

4.2.2 Lack of Energy

Another response to the same question, (what are the greatest challenges you have faced as a grandparent caregiver?) was that they just do not have the energy to keep up with young kids. One grandmother stated frequently that kids are for young people. Another grandmother mentioned that she just have to reciprocate the energy

back to the kids. She uses tactics like assigning them with both physical and educational responsibilities. For example, she is teaching her young grandchildren to memorize their phone number and address. Whenever the kids get out of hand and/or ask for too much, she asks verbatim:

“What is your address, 25 what, 25 what?”

If they are unable to recite what she asks then they are not allowed to go outside to play or receive whatever they are requesting at the moment. She mentioned that most of the time, this postpones or prevents what could become a stressful situation. The grandmothers often reported that they are emotionally drained. The great grandfather, who is working a full time job after retiring six years ago, mentioned that he chooses not to devote his energy to an unruly child. He stated that he uses his authority instead of using the little energy he has remaining after a hard day's of work.

4.2.3 Health Issues

Another common stressor that is also consistent with research is health issues. A large amount of time was devoted to the topic of health issues. One lengthy discussion was about the lack of finances to purchase medication. Only the great grandparent couple expressed that they make sacrifices to keep up with their medications. The grandmothers reported frequently that they were emotionally and physically drained. One grandmother talked about her battle with rheumatoid arthritis while others mentioned battles of depression. Three grandmothers talked about having both diabetes and high blood pressure.

4.2.4 Financial Issues

Financial issues were ranked as the fourth stressor. Grandparents stated that difficulty with school, lack of energy, and health issues were ranked higher because those were ongoing daily issues. The discussion pertaining to finances was that the

grandparents have established a routine with living on fixed incomes. Having grandchildren in the home only requires them to make financial adjustments in which they have encountered multiple times over the years. The most common financial issues were hardship with the children's school expenses and their own medication expenses. Although they revealed that they could use the benefits that the parents receive such as income tax and food stamps, they feel that they have a grasp on managing the financial household most days.

4.2.5 Future Goals for the Grandchild

Another consistent discussion theme among the participants is their grandchildren's lives in the future. One grandmother expressed fear of her grandchildren's future stating:

"If I don't raise these kids, they will for sure be menaces to society."

She identified fears of them being arrested if she is not involved in their childrearing. She stated that she would be grateful if they would just graduate high school while under her care. All other grandparents discussed positive futures for their grandchildren. There were discussions about their grandchildren getting married and going to college. The great grandparents revealed that they want their great grandchild to operate out of love and they look forward to their great grandchild starting a family business. All of the grandparents discussed spiritual tactics such as teaching their grandchildren to rely on prayer and reading the Bible when considering their futures.

4.2.6 Difficulty with Parents

Consistent to the findings in research, participants reported conflicts with their children and their children's spouses. Based on the grandparents responses, they feel stretched to the limit with their children (Minkler, Roe, &

Robertson-Beckley, 1994). One grandmother spoke of her difficulty with one of the grandchildren's father:

"My daughter's baby daddy goes all around the world to make himself look good like he has these big time jobs; yet, he's only paid her \$39 in child support since January...I'm the one that has to pay the price because she won't even come around to see the kids."

The great grandparent couple described their scenario with their youngest grandchild having a child at age 16. The great grandmother expressed:

"I told my granddaughter since you are 16 years old, then I will help you take care of your baby until you graduate high school. I told her when you return from school each day, remember this is your baby but y'all are living with us. More and more, we were not seeing her for days at a time. Then the days turned into weeks."

All of them mentioned that regardless of their children making bad decisions, that the kids still love their parents first. The discussion led to comments about how the grandchildren will defy the grandparents in respect of their own parents. This defiance occurs even if the grandparents think that the parents are wrong. They mentioned that this generally leads to ongoing generational conflicts.

Another common theme among the stressor of difficulty with children was the possession of legal documents. One grandmother mentioned that:

"My daughter has all four kids' health insurance cards, birth certificates, and social security cards. Whenever I ask her about the documents, she gets defensive and tells me that those items are her none of my business. My daughter totally negates the fact that I am their sole provider. This, in return, creates problems for me where I cannot take the kids to the doctor and they are medically unattended."

This means that the grandchildren's parents receive all of the benefits like income tax, food stamps, and section 8 while the grandparents stretch a fixed income while raising the grandchildren.

4.2.7 Lack of Resources

All grandparents reported lack of resources in Lancaster, Wilmer, and Hutchins. They have made attempts to use the services of agencies reported in Table 2-1 but experienced barriers. Some of these barriers include lack of transportation, lack of patience to resolve conflicts or misunderstandings with social services employees, of lack of proper documentation to get the help they need. LOC and their churches are the only local resource available.

4.3 Desired Social Support

Grandparents reported that the most needed source of social support is a support group with extended focus to include tangible assistance. Services such as grandchildren support groups, parenting classes, school uniform assistance, tutoring, and grandparent group counseling were most requested when discussing a support group. When asked what do they consider as empowerment training, grandparents reported the need for internet classes and time management classes to help them develop modern strategies to better manage their time.

Chapter 5

Implications for Social Work Practice

A more rigorous study is needed to assess the stressors and the availability of social support which could lead to the implementation of programs targeting grandparent caregivers in South Dallas County, TX. Additional research also needs to be conducted on the emotional needs and experiences of grandchildren raised in grandparent-headed families (Cox, 2000). Therefore, social workers should conduct future studies addressing the experiences of grandchildren living in grandparent-headed households. To contribute to the bigger picture of the population, it would also help to better understand the experiences of the parents whose children are being raised by their parents.

Another implication of practice suggests that a localized demographic study should be conducted for the cities of Lancaster, Wilmer, and Hutchins, TX to gather more representative statistics for the population. This will help potential programs to provide proactive services delivery to this population. It is suggested that the group format is the best type of intervention for grandparents raising grandchildren (Berkman, 2006). Therefore, "interventions to empower and nurture advocacy in grandparent caregivers are needed, enabling them to voice their needs, assisting them with improving their health, and imparting sustainability through continued opportunities to speak out" (Carr & Zhan, p. 2, 2012).

Chapter 6

Limitations

There were some limitations with the data collection from the surveys. For example, the average household size for the great grandparent couple is recorded twice. However, their individual demographic data was crucial in strengthening the study. The survey also proposed a list of several stressors derived from previous research instead of providing ample space for grandparents to list their own unique stressors. Another limitation was the selection of grandparent caregivers from only one local social service agency. This also explains the very small sample of participants in the study.

Another limitation was that I found myself stuck in situations where grandparents were so eager to speak that they were speaking over one another. With never having experience facilitating a research focus group with older adults, I assumed that I would need to build trust before they shared their stories. However, this was not an issue. Participants were very eager to share their stories even before I introduced myself. This resulted in excessive amounts of inaudible sections in the transcriptions. I reminded the grandparents several times that we needed to speak one at a time so that everyone will be heard.

With 71% of grandparent caregivers in Texas being under the age of 60, this study only involved those of ages 58 and up. Therefore, this study is not a full representation for the State of Texas as a whole. Another limitation of the study was the lack of financial resources to include more grandparents. A study with only 7 grandparent caregivers may not fully provide accurate results for the entire population of South Dallas County, TX. Another limitation was that there was one grandmother that did not disclose much information during the discussions. When asked if she has something to share, she mentioned that she was concerned about her granddaughter not being there with her.

When asked what concerns she has about being separated from her granddaughter during the focus group time, she responded:

“Oh she is just accustomed to only being with me. She has separation anxiety and usually has an episode when I am not around. I am just waiting for a phone call informing me that I need to pick her up.”

It was not until the end of the focus group when she shared with the group that her granddaughter has cerebral palsy. She apologized for her distance and minimal participation but stated that she was preoccupied. Sharing more of her story would have added more value to the study. Perhaps this is one of those social isolation examples as mentioned in chapter 2 where grandparent caregivers are embarrassed about raising their grandchildren or feel ashamed or guilty.

Chapter 7

Conclusion

AA grandparent caregivers have a proven legacy of resilience and spirituality (Waites, 2009). The results of the study provided some valuable information that aligns with this proven legacy and will also expand future research on the target population. The findings of the seven stressors in this study may be helpful in implementing a program that targets the population of grandparent caregivers of South Dallas County, TX. It is hoped that the study makes some contribution to future research on AA grandparent caregivers. It is further hoped that the present study can be expanded in the future with more grandparent participants and possibly including samples grandchildren and parents as participants. The PI is grateful for the grandparents who eagerly shared their stories to make this research possible. It is the legacy of resilience and spirituality they continue to carry out which keep their grandchildren out of the foster care system.

Appendix A

Survey, Forms, Flyers, and Letters

Research Study for Grandparents Raising Grandchildren

I am conducting a study with the University of Texas at Arlington where volunteers are needed. Volunteers are asked to participate in a one hour discussion group at the Lancaster Outreach Center. Volunteers will receive a \$10.00 WalMart gift card for participating in the study. The purpose of this study is to better understand the stressors among African American grandparent caregivers in parent-absent homes in South Dallas County, TX. The study's finding may help implement social support programs for grandparents raising grandchildren to address these issues.



Volunteers must be:

- African American
- Raising a grandchild on a full time basis
- An existing client of Lancaster Outreach Center

To participate in this study, please contact:

Lancaster Outreach Center
972-227-0138

For questions or for more information please contact:

Dorothea L. Ivey
Graduate Student
University of Texas at Arlington
School of Social Work, Center for African American Studies
dorothea.ivey@mavs.uta.edu
972-213-6251

If you have additional questions, you may contact my supervising professor:

Dr. Larry Watson
University of Texas at Arlington
School of Social Work
lwatson@uta.edu
817-272-2423

GRANDPARENTS RAISING GRANDCHILDREN

Survey

Please take a few moments to fill out this survey. Check all answers that apply. Answer as many of the question as you prefer.

1. How long have you been caring for a grandchild?
_____ less than a year _____ 1-3 years _____ more than a year
2. How many grandchildren do you care for?
_____ 1 _____ 2 _____ 3 _____ more than 3
3. Are the grandchildren's parents living in the same household?
_____ yes _____ no
4. What are your biggest concerns? (check all that apply)
_____ legal issues _____ money
_____ homework/school _____ my own health
_____ energy and patience to keep up _____ feelings of guilt
_____ dealing with child's parents _____ finding help
_____ future of child/children

PLEASE SEE NEXT PAGE

Other concerns not mentioned

5. Would you be interested in meeting with other grandparents who are raising grandchildren to find out about coping? If you are, please print your name, address, telephone number.

6. Age _____ Gender _____

7. What is the best time for you to meet with other grandparents raising grandchildren?

_____ day time

_____ evening

_____ Saturday

A3 – Introduction Letter

March 5, 2014

Dear Grandparent Caregiver:

Thank you for your participating in a research study titled: *Stressors and Social Support Among African American Grandparents Raising Grandchildren*. The study was designed to better understand stressors and barriers for grandparent caregivers in South Dallas County, TX. This setting will take place about 45 minutes to one hour. Your time and participation is greatly appreciated. You play an important role in this study that may increase the likelihood of providing services for your population. Upon completion of the research group meeting, you will receive a \$10 WalMart gift card.

Sincerely,

Dorothea L. Ivey, MSW and MPA Student
University of Texas at Arlington

Research Sponsored By:
UT Arlington School of Social Work
UT Arlington Center for African American Studies

A5 – Thank You Letter

March 5, 2014

Dear Grandparent Caregiver:

Thank you for your support in the grandparents raising grandchildren focus group. You provided a wealth of information that can be used to help promote better services to grandparent caregivers in Southern Dallas County, TX. I applaud you for the love and caring support that you are providing for your grandchildren. Despite the challenges, you continue to provide for your grandchildren and have expressed your joy in doing so. Please accept this small gift as an appreciation for your hard work and participation. Keep up the great work!

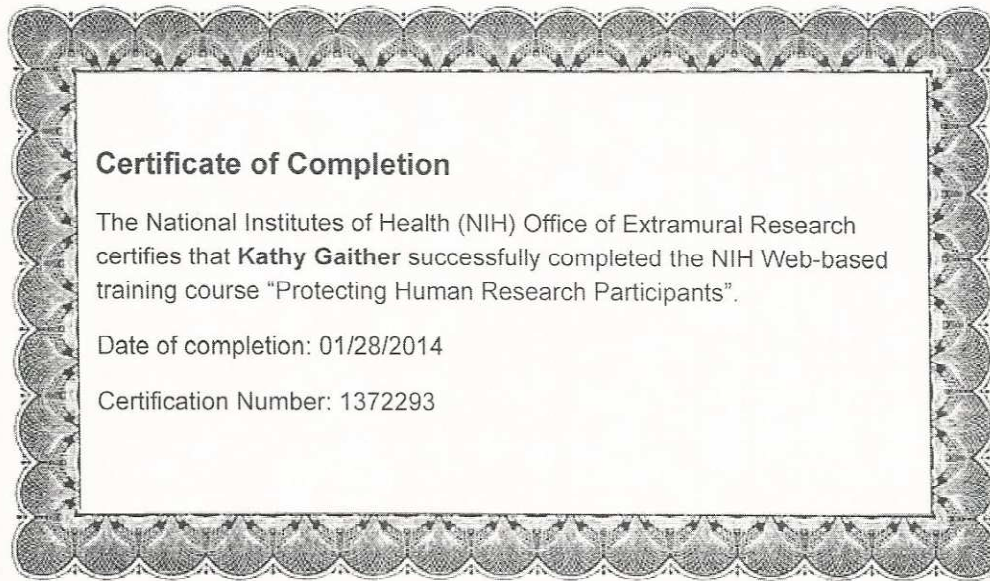
Sincerely,

Dorothea L. Ivey, MSW and MPA Student
University of Texas at Arlington

Research sponsored by:
University of Texas at Arlington School of Social Work
University of Texas at Arlington Center for African American Studies

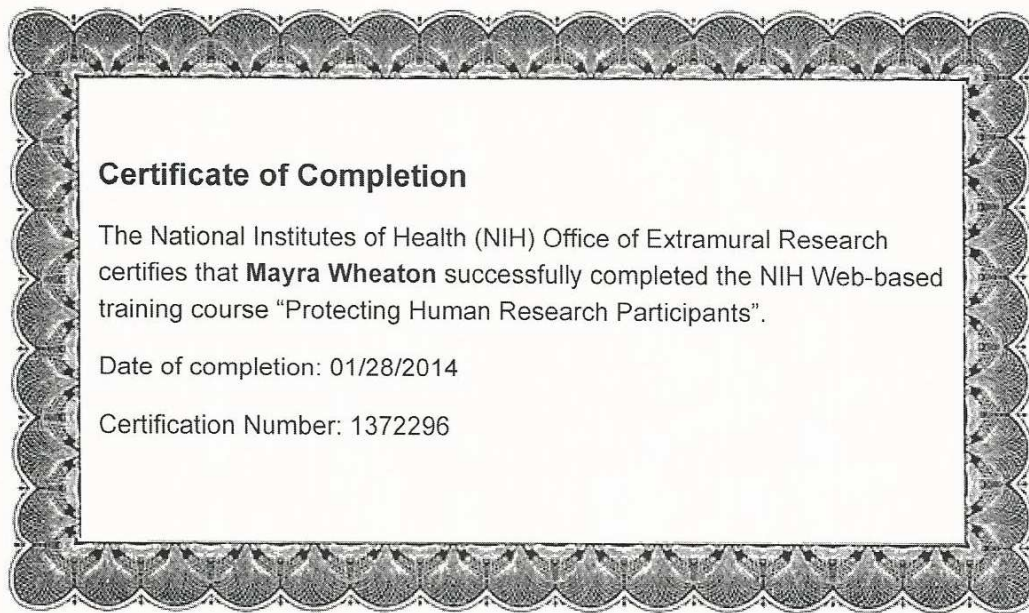
A6 – Human Subjects Training Certificate

Kathy Gaither



A7 – Human Subjects Training Certificate

Mayra Wheaton



A8 – LOC Facility Permission Letter



January 29, 2014

Dorothea L. Ivey
Graduate Student
UT Arlington
School of Social Work

Dear Dorothea:

As the Executive Director of Lancaster Outreach Center, I am pleased to support your thesis research with the University of Texas at Arlington. You have maintained a positive professional relationship with myself and the staff of LOC and I give my permission for you to use the facility for your focus groups with grandparents raising grandchildren. The conference room and back offices are open and available for use. I understand that the focus group participants are clients of LOC. Kathy Gaither and Mayra Wheaton, employees of LOC, will assist in the recruiting process by distributing flyers and collecting contact information or whatever specific tasks you instruct them. I also give my permission for you to access clients' files as needed to verify that clients meet the criteria for your study. If there are any additional questions, I can be contacted at 972-227-0138 and rlowe@l-o-c.org.

Sincerely,

Ronnie Lowe

Ronnie Lowe, Executive Director of Lancaster Outreach Center

A9 – LOC Client File

LOC Application For Services

Date: _____

Please fill out all blanks & answer all questions. If you need assistance, please see the receptionist.

Name _____
Last First MI
SS# _____
Drivers' License# _____
Age _____ **Birthdate** _____ **Male** **Female**
Ethnic Origin: **Black** _____ **Hispanic** _____
White _____ **Other** _____
Marital Status (Circle) **Single** **Married** **Divorced**
Separated **Widowed** **Other** _____
Employed? _____
How long have you worked there? _____ Yrs _____ Mo.
Employer name & address: _____

Wife or Husband:

Name _____
Last First MI
SS# _____
Drivers' License# _____
Age _____ **Birthdate** _____ **Male** **Female**
Ethnic Origin: **Black** _____ **Hispanic** _____
White _____ **Other** _____
Employed? _____
How long have you worked there? _____ Yrs _____ Mo.
Employer name & address: _____

Work Phone _____
HS Grad _____ **GED** _____ **College** _____

Work Phone _____
HS Grad _____ **GED** _____ **College** _____

Home Address _____ **City** _____ **75** _____

How long have you lived at the current address? _____ Years _____ Months

Home/Cell Phone _____ **Other** _____ **Who?** _____

Are You Buying? _____ **Renting?** _____ **Section 8?** _____ **Living with Someone?** _____

List the names of **all other** people (**NOT** yourself or your mate listed above) who now live at your address.

Last Name	First	Ethnicity	Sex	Birth Date	Age	Relationship to You

Please turn over. Complete and sign back

A10 – Client Survey for Assistance

LOC Client Survey for Assistance & Programs

Name _____ Date _____

Family Information: Number adults in home _____ Number children 18 & under _____

PLEASE be as TRUTHFUL as possible. The more we know, the better we can help. We are more likely to assist families who have some source of income. This income WILL NOT be reported in any way to any Government Agency.

Monthly Income: List everyone who has any income (Wages, Social Security, TANF, Child Support, Unemployment, Utility Allowance, Workers' Comp. etc.)

Name	Source of Income	How Often Paid	MONTHLY Income

What is the **Average** you spend each month on the following?

Rent or Mortgage _____ Car Payment _____ Groceries _____ Tuition _____

Child Support _____ Bankruptcy Payments _____ Overdraft Fees _____

Internet _____ Church Tithe _____ Prescriptions _____ Electricity _____

Gas _____ Water _____ House Phone _____ Car Insurance _____

Car Repairs _____ Car Gasoline _____ Eating Out _____ Child Care _____

Furniture/Appliance Rentals _____ Medical _____ Clothes _____ Life Ins. _____

Cell Phone _____ Cable/Satellite TV _____ Beauty/Nail Shop _____ Loans _____

Gambling/Lottery _____ Pay/Rides _____ Department Store/Credit Card Bills _____

Dry Cleaning _____ Other (Please Specify) _____

Have you received assistance from any other agency in 2009? Y N Which one?

Are you receiving food stamps? _____ How Much? _____ WIC? _____

LOC operates in accordance with the US Department of Agriculture and Texas Health and Human Services policy, which prohibits discrimination on the basis of race, color, sex, age, disability, religion, political belief, or national origin.

Please read the following, and then sign and date the application

I understand that any and all information I give on this form may be checked by LOC. I give my permission to LOC to obtain information from and share information with other agencies as needed before assistance can be given. False information will result in assistance being denied. All food and/or other donated items are given in "as is" condition. No guarantee of any kind is made, given, or implied.

Signed by: _____

Date: _____

Application 2009 (12/5/08)

Appendix B

Focus Group Documents, Literature, and Brochures

B1 – Focus Group Outline

1. INTRODUCTIONS

- a. Introduction of facilitator
- b. Thank participants for their time and agreement to participate.
- c. Notify them of the duration of the group and to pick up gift cards at the end of the session
- d. Emphasize the value of understanding their experiences and encourage full participation.

2. GROUND RULES

- a. This session will be recorded and what you say will be used to help us better understand experiences of grandparent caregivers.
- b. Everyone's opinion is valuable.
- c. Explain and allow time to complete consent forms.
- d. Confidentiality

3. PARTICIPANT INTRODUCTIONS

- a. Name
- b. Age of grandchildren
- c. How long they cared for grandchildren

4. FOCUS GROUP TOPICS

- a. What is the first thing that comes to mind when you hear the term "grandparent caregiver"?

- b. What are the greatest challenges you have faced as a “grandparent caregiver”?
 - i. Examples, medical, financial, legal, social, etc...
- c. What persons or organizations have you received help from?
- d. What would help you manage better as a “grandparent caregiver”?
 - i. Examples, support groups, school groups, financial assistance, etc...
- e. Where do you usually go to find help as a “grandparent caregiver”?
- f. We wanted you to help us evaluate resources and services to grandparent caregivers. Is there anything that we have missed? Is there anything that you came wanting to say that you didn't get a chance to?

(AARP, 2003)

B2 – Grandparent Support Services Brochure

THE SIS RESOURCE



Grandparent Support Services

Are you:
At least 55 years old?
Living with and caring for at least one grandchild under the age of 18?
Need help locating services for your grandchild and/or yourself?

Call us!



Area Agency
on Aging
OF NORTH CENTRAL TEXAS

P.O. Box 5888 • Arlington, TX 76005-5888
Phone: 1-800-272-3921
Fax: (817) 695-9274
Website: <http://www.nctacog.org>

Funded in part by the
Texas Department of Aging
and Disability Services

Area Agency
on Aging
OF NORTH CENTRAL TEXAS

B3 – Focus Group Timetable

TYPE/QUESTION	REASON	PROBES	ESTIMATED TIME
Introduction of Facilitator/Guests and Purpose of Focus Group/Logistics	Instructions	None	5 minutes
Opening Question Tell us who you are, the ages of your grandchildren, and how long you have been caring for them.	This question is designed to get people talking and help them feel comfortable.	None	10 minutes
Transition Question What is the first thing that comes to mind when you hear the term Grandparent caregivers? Just call out words—the first thing that comes to your mind.	Move the conversation into key areas of inquiry.	Clarification-Only	3 minutes
Key Question What have been the greatest challenges you have faced as a Grandparent caregiver?	Identify major challenges	Social/Family Challenges Financial/Medical /Legal Issues	20 minutes
Key Question What persons or organizations have you received help from?	Identify existing resources	Type of help Quality of help	20 minutes
What would help you and other grandparent caregivers manage better? (I am asking you to tell me types of supports, services, resources, information, or educational programs would help you)	Identify gaps	Why? When? Where?	20 minutes
Distribute literature and brochures			3 minutes
Ending Question We wanted you to help us evaluate resources and services to grandparent caregivers. We want to know how to improve the services and what has helped you the most. Is there anything that we have missed? Is there anything that you came wanting to say that you didn't get a chance to?	Add missed information if any	None	5 minutes
Pass out gift cards			2 minutes

Total Focus Group Duration = 1.5 hours

B4 – Budget

The total cost for this project is \$500.00. This project was funded by UT Arlington School of Social Work's Charles Mindel Thesis Research Scholarship Fund and UT Arlington Center for African American Studies:

EXPENSE TOTAL	DESCRIPTION
\$70.00	(7) \$10 WalMart gift cards to each participant as incentives
\$200.00	Office supplies, marketing supplies, refreshments
\$200.00	Professional Transcriptions/Co-coding
\$30.00	Transportation

B5 – Consent Form

PRINCIPAL INVESTIGATOR

Dorothea L. Ivey, Graduate Student, UT Arlington School of Social Work
972-213-6251, dorothea.ivey@mavs.uta.edu

FACULTY ADVISOR

Larry Watson, School of Social Work, lwatson@uta.edu

TITLE OF PROJECT

Stressors and Social Support Among African American Grandparents Raising Grandchildren

INTRODUCTION

You are being asked to participate in a research study about grandparents raising grandchildren. Your participation is voluntary. Refusal to participate or discontinuing your participation at any time will involve no penalty or loss of benefits to which you are otherwise entitled. Please ask questions if there is anything you do not understand.

PURPOSE

The specific purpose(s) of this research study is to understand stressors of African American grandparents that care for grandchildren in parent-absent homes.

DURATION

Participation in this study will last approximately 1 hour.

NUMBER OF PARTICIPANTS

The number of anticipated participants in this research study is limited to 20.

PROCEDURES

As a research participant, you will be involved in one focus group discussion on your experiences as a grandparent caregiver. Before beginning the focus group discussion, you will have the opportunity to complete a survey to collect demographic information. Your LOC case files were accessed to verify you as a grandparent caregiver. The following information was collected from your case file:

- Number of grandchildren
- Contact phone number as needed

The focus group discussion will be audio recorded. After the interview, the tape will be transcribed, which means they will be typed verbatim without using your names. Every attempt will be made to see that your study results are kept confidential. A copy of this signed consent form and all data collected, including transcriptions/tapes, from this study will be stored in the School of Social Work for at least three (3) years after the end of this research. The results of this study may be published and/or presented at meetings without naming you as a participant.

POSSIBLE BENEFITS

The study's finding may help develop social support programs working for grandparents raising grandchildren in South Dallas County, TX.

POSSIBLE RISKS/DISCOMFORTS

There may be times you will feel uncomfortable answering questions about your experiences as a grandparent caregiver. Should you experience any discomfort, you do not have to answer questions or share information. You have the right to terminate your participation in this study at any time at no consequence.

COMPENSATION

You will receive a \$10 WalMart Gift Card.

ALTERNATIVE PROCEDURES

There are no alternative procedures offered for this study, and you may elect not to participate and quit at any time with no consequences.

VOLUNTARY PARTICIPATION

Participation in this research study is voluntary and you are free to withdraw your participation at any time without penalty.

CONFIDENTIALITY

Every attempt will be made to see that your study results are kept confidential. A copy of this signed consent form and all data collected, including transcriptions/tapes, from this study will be stored in the School of Social Work for at least three (3) years after the end of this research. The results of this study may be published and/or presented at meetings without naming you as a participant. Additional research studies could evolve from the information you have provided, but your information will not be linked to you in anyway; it will be anonymous. Although your rights and privacy will be maintained, the Secretary of the Department of Health and Human Services, the UTA Institutional Review Board (IRB), and personnel particular to this research have access to the study records. Your records will be kept completely confidential according to current legal requirements. They will not be revealed unless required by law, or as noted above. The IRB at UTA has reviewed and approved this study and the information within this consent form. If in the unlikely event it becomes necessary for the Institutional Review Board to review your research records, the University of Texas at Arlington will protect the confidentiality of those records to the extent permitted by law.

CONTACT FOR QUESTIONS

Questions about this research study may be directed to Dorothea Ivey at 972-213-6251 or email at dorothea.ivey@mavs.uta.edu. You may also contact my supervising professor, Dr. Larry Watson at 817-272-2423 or email at lwatson@uta.edu. Any questions you may have about your rights as a research participant or a research-related injury may be directed to the Office of Research Administration; Regulatory Services at 817-272-2105 or regulatoryservices@uta.edu.

As a representative of this study, I have explained the purpose, the procedures, the benefits, and the risks that are involved in this research study:

Signature and printed name of principal investigator or person obtaining consent
Date

CONSENT

By signing below, you confirm that you are 18 years of age or older and have read or had this document read to you. You have been informed about this study's purpose, procedures, possible benefits and risks, and you have received a copy of this form. You have been given the opportunity to ask questions before you sign, and you have been told that you can ask other questions at any time.

You voluntarily agree to participate in this study. By signing this form, you are not waiving any of your legal rights. Refusal to participate will involve no penalty or loss of benefits to which you are otherwise entitled. You may discontinue participation at any time without penalty or loss of benefits, to which you are otherwise entitled.

SIGNATURE OF VOLUNTEER

DATE

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Biographical Information

Dorothea 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. 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. Today, she combines her research, experience, and expertise to be an advocate for other grandparent caregivers.

She is the first in her immediate family to earn a college degree. She earned a Bachelor in Human Services and a Bachelor in Education & Nonprofit Administration from the University of North Texas at Dallas. In addition to her Master in Social Work degree, she will also earn a Master in Public Administration, and a Graduate Certificate in Urban Nonprofit Management from the University of Texas at Arlington. Dorothea has worked as an educator for 13 years. She has also worked in the nonprofit sector for nearly 20 years. She will continue her educational journey to complete a Ph.D. in Social Work at the University of Texas at Arlington. In the long term, she aspires to build her research agenda and serve as a professor of the social sciences. She hopes to further develop this research while in Doctoral studies and implement a program in support of grandparent caregivers in South Dallas County, TX.