ABSTRACT

INFORMAL CAREGIVING:
FACTORS GRANDMOTHERS ASSOCIATE WITH CHALLENGES OF CARING FOR THEIR GRANDCHILD(REN)

By Kristina L. Scherer

This qualitative study explored and promoted the understanding of factors that grandmothers associate with the challenges of caring for their grandchild(ren) in an informal arrangement (i.e., caring for children other than your own with no judicial involvement). Initially, this study focused primarily on three specific challenges that have been previously identified in literature: financial, legal, and support networks. However, upon data collection, emergence of additional and/or alternative challenges were identified and eight themes emerged. In doing so, convenience and snowball sampling were utilized to recruit participants (Creswell, 2003). Subsequently, in-depth interviews were conducted with eleven (n=11) grandmothers caring for their grandchild(ren) in an informal arrangement. In follow-up, a mini individual focus group consisting of four of the 11 participants were held. Findings from this study can be used to assist social service agencies in developing and/or enhancing current programs designed for grandmother caregivers living in an informal arrangement coupled with enhancing kinship grandmother’s visibility in society.
INFORMAL CAREGIVING:
FACTORS GRANDMOTHERS ASSOCIATE WITH CHALLENGES OF CARING FOR THEIR GRANDCHILD(REN)

A Thesis

Submitted to the
Faculty of Miami University
in partial fulfillment of the
requirements for the degree of
Masters of Science

Department of Family Studies and Social Work

by

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2007

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# Table of Contents

Chapter 1: Introduction ........................................................................................................... 1-3
  Statement of the Problem ................................................................................................. 2-3

Chapter 2: Literature Review
  The Challenges of Grandmothers Caring for Grandchildren in an *Informal* Arrangement .................................................. 4-12
    Financial .......................................................................................................................... 5-8
    Legal ............................................................................................................................... 8-9
    Support Network .......................................................................................................... 9-10
  Summary and Research Questions ................................................................................. 10-12

Chapter 3: Methodology ...................................................................................................... 13-27
  The Researcher .............................................................................................................. 13-14
  Planned Sample Characteristics .................................................................................... 14-15
  Participant Recruitment ................................................................................................. 15
  Procedures for Sample Selection and Data Collection .................................................... 15-18
  Procedures for Interviews ............................................................................................... 18-21
  Ethical Concerns ............................................................................................................ 21-22
  Data Analysis .................................................................................................................. 22-24
  Member checking ............................................................................................................ 25-26
  Trustworthiness .............................................................................................................. 26-27

Chapter 4: Results .............................................................................................................. 28-44
  Description of Themes ................................................................................................... 29-44
  Summary of Research Questions ..................................................................................... 44

Chapter 5: Discussion ........................................................................................................ 45-53
  Three Challenges Identified in Literature ....................................................................... 45-48
  Emergence of Additional and/or Alternative Challenges ............................................... 48-50
  Implications ..................................................................................................................... 50-53
  Family Life education Implications ............................................................................... 50
  Policy and Research Implications ................................................................................... 51-53
  Limitations ...................................................................................................................... 53-54

Conclusion ......................................................................................................................... 54-55

References ......................................................................................................................... 56-60

Appendices ......................................................................................................................... 61-76
  Appendix A: Card / Advertisement ............................................................................... 61
  Appendix B: Flyer ............................................................................................................. 62
  Appendix C: Screening Questionnaire ............................................................................. 63
  Appendix D: Demographic Informational Sheet ............................................................... 64
Appendix E: Informed Consent.................................................................65
Appendix E1: For Your Reference...........................................................66-67
Appendix E2: Documentation of Informal Consent.................................68
Appendix F-F5: Face-to-Face Interview....................................................69-74

Definition of Terms.............................................................................75-76
Acknowledgments

This thesis project could have not been completed or written without the encouragement, support and empowerment from my colleagues, family members, and friends. Collegial acknowledgments include: Dr. Elise Radina, my advisor, for always accommodating to my busy schedule. Not to mention, thank you for her endless academic instruction and guidance when needed. Also, thank you for always responding in a quick manner, adhering to my learning style, and providing me reading materials and other research information pertaining to my topic; Dr. Timothy Brubaker for introducing me to research and methods; Dr. Charles Hennon for guiding me to the appropriate chair of my thesis; and to my thesis committee members Dr. Sean Newsome and Dr. Carolyn Slotten for their insightful suggestions and taking the time out of their busy schedules to participate on my thesis committee. All these collegial acknowledgments were instrumental in my thesis development.

My interest in this topic generated from my personal and professional experience with kinship care. Through this process I learned that my colleagues from Clinton County Job and Family Services, Child Protection Unit are like an extended kinship family to me. This thesis project could not be possible without their support and encouragement. Throughout the process they were strikingly encouraging during the stressful times and had a positive impact on the outcome of my thesis.

I would like to acknowledge Janice Nay and Dena Sunderland for transcribing my audio recordings. Additionally, thank you to my family and friends for their support and patience they provided me during the past year: Joyce Smith (Grandma), Jim and Marie Scherer, Chris Scherer, Chris and Patrice Nay, Liz McAllister, Dawn Yeakley, Lisa Massie, Sally Wheaton, Doug Lueke, Gordon Blowers, Jackie Lueke, and Chuck Smith. Definitely, to Trisha Curran who always knew when I was experiencing hardships and provided words of encouragement.

I especially owe acknowledgement to my husband who has been my number one support system and always knew when to provide positive reinforcement. He was always there from near or afar. Also, thank you to my mother for instilling an educational value and encouraging me to pursue my dreams. Lastly, a special thanks to my sister-in-law, Elizabeth Scherer. When my husband’s employment relocated him out of state, she welcomed me into her home. This allowed me to successfully complete my thesis in a timely manner and graduate from Miami University.
Chapter 1: Introduction

Until recently, a group of inter-generational caregivers who have been caring for children when the biological parent is unable have been largely overlooked. Overtime, various practitioners, researchers, and policy makers have referred to these caregivers as *grand family*, *surrogate parents*, and/or *relative foster care* (Berrick, 2006). However, most commonly used among social service practitioners is the term *kinship care*. The term *kinship care* formally refers to relatives or non-relatives providing full-time parenting to children when the biological parents are unable. In some contexts, godparents, other relatives/non-relatives, tribe and/or clan members provide full-time care for the child(ren) when they are separated from their parents (Berrick, 2006, CWLA, 1994, Hegar & Scannapieco, 1995). While kinship care appears to be gaining increased contemporary attention in social and/or political policy, this type of family arrangement has occurred overtime for centuries throughout all socio-economic backgrounds. For instance, in cultures as diverse as medieval Europe and twentieth century Africa, voluntarily caring for children of kinship care has been a tradition practiced for decades (Hegar & Scannapieco, 1995). In early Hawaiian cultures, the maternal grandparents claim the first-born daughter while the paternal grandparents claim the first-born son as their own (Berrick, 2006 Luomala, 1987). For the purposes of this study, at times, the term kinship care will be used to refer to and/or in relation to grandparent headed households.

Grandparents most often occupy this role and two out of three kinship caregivers are grandparents (Goodman, Pasztor, Potts, & Scorzo, 2004). According to the 1990 census, there was an (44%) increase over the previous decade in the number of children living with their grandparents in the United States. In one-third of these families, neither of the biological parents was present (Saluter, 1992). Recent data reveals that more than six million children in the United States are living in households headed by grandparents (Census Bureau, 2000). The data outlined in Table 1, show the number of grandparents who are living in households with at least one grandchild under the age of 18, as well as the number of grandparents who are primary caregivers for these grandchildren (United States Census Bureau, 2000, para. 3). Despite the detailed data collections, it is unclear if the data complies both *informal* (i.e. having had no judicial involvement) and formal arrangements (i.e. has had some form of judicial involvement). Yet, this is the only known data available.
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<tr>
<td>United States</td>
<td>5,771,671</td>
<td>2,426,730</td>
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<tr>
<td>State of Ohio</td>
<td>185,443</td>
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<td>12,324</td>
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<td>Cleveland, Ohio</td>
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Retrieved from the United States Census Bureau Table DP-2 Profile Selected Social Characteristics: 2000

In general, about half of these kinship caregivers are two grandparent families, and the other (45%) is grandmother-headed households (Kleiner, Hertzg, & Targ, 2005). While this socio-cultural phenomenon appears to be one of the fastest growing demographic groups in the United States, Generations United (2005) statistical data reveals that 500,000 children in grandparent-headed households are living in informal arrangements and one out of fourteen children are living with relatives and/or non-relatives who are apart of the formal foster care system. Furthermore, (75%) percent of kinship care arrangements are informal, which may occur without the assistance of the judicial system and/or the knowledge of child welfare officials (Sylvester & Swann, 2006). In addition, nearly 300,000 children live in voluntary (informal) kinship arrangements (Ehrle & Green, 2002). Considering the seeming prevalence of these arrangements, it is surprising that so little empirical research has been conducted with this population. One reason for this may be that informal arrangements are difficult to identify in most data sets. Informal kinship care is a category of public kinship in which children appear to be diverted from the public system, having had no known judicial involvement and/or involvement with the child welfare system.

Statement of Problem

While family preservation is the most obvious benefit of kinship care, there are also less apparent drawbacks. The existing research is largely based in formal kinship care arrangements (Goodman, 2004). Thus, one significant gap in the kinship literature is that only a few studies have been explored and examined informal kinship arrangements (Cuddeback, 2004).
The purpose of this qualitative study is to address this gap in empirical knowledge by exploring and promoting an understanding of the challenges grandparents, in particular grandmothers, in these informal kinship care arrangements are experiencing. This was accomplished using a qualitative approach with the purpose of listening to grandmothers and building an understanding of these unique challenges. In addition, through the use of individual interviews this study amplified the voices of these grandmothers and enhanced their visibility in society. Further, findings from this study may be used to help social service agencies to develop or enhance current programs designed for kinship families living in an informal arrangement.
Chapter 2: Literature Review

To fully understand the increasing numbers of children residing in kinship care (i.e. relatives/non-relatives caring for children other than their own), there must be an examination of a wide range of social factors that create these situations (Minkler & Roe, 1998/1999), such as: divorce, teenage pregnancy, HIV/AIDS, incarceration, death of a birth parent, poverty, and the increase in substantiated reports of child abuse and neglect. Minkler and Roe (1998/1999) also acknowledge that the increase in narcotic abuse may be the “most dramatic” and immediate contributing factor to kinship care. Goldberg and Sands (2000), agree that substance abuse is the most common factor, but argue that the parent’s neglect, psychological, financial implications, and their inability to care for the child are also prevalent factors contributing to the increase in grandparent-headed kinship care households.

Although practitioners, researchers, and media accounts have focused on single, low-income African-American women raising their grandchildren, researchers (Minkler & Roe, 1998/1999) argue that recent national studies suggest otherwise; showing, today, a white married woman living above the poverty line. Minkler and Roe also state that, “grandparent headed households have substantially higher poverty rates than any other family unit” (1998/1999, p. 8). In general, about half of these kinship caregivers are two grandparent families, and the other (45%) is grandmother-headed households (Kleiner, Hertzig, & Targ, 2005). In some instances the grandmothers are quite elderly, dealing with their own health ailments and daily hardships, but as of 1997 over half (55%) were less than 55 years of age, and (19%) were younger than 45 years of age (Casper & Bryson, 1998).

Households headed by grandmothers from all socio-economic backgrounds exhibit many strengths and benefits, many of who assume caregiving doing so willingly whether the arrangements are informal or formal. Nevertheless, it is evident that outside the child welfare system, lingers a wide range of informal kinship families who may have similar needs but who are not attached to any comprehensive service system (Goodman, Potts, Pasztor, & Scorzo, 2004). Similarly, Cuddeback (2004) found that one recent study using a national probability sample, discovered that children in informal kinship care were similar to children in formal kinship care as both groups were experiencing greater hardships compared to children in non-
kinship care placements (Ehrle & Green, 2002). However, a large body of research suggests otherwise. Solomon and Marx (1995) found that children raised solely by their grandparents “fared better” in their health and school adjustment in comparison to children with only one biological parent present. Another benefit is that this form of kinship care also maintains the family unit as the primary provider of care for the child, and forestalls the child becoming an institutional and/or social responsibility (Crumbley & Little, 1997). Despite these apparent benefits, there has been a limited amount of empirical research on grandparents, in particular grandmothers who are caring for their grandchild(ren) in an informal arrangement (Cuddeback, 2004).

Often, grandparent-headed households are unprepared and/or ill-equipped to assume the new responsibilities of caring for their grandchildren in informal arrangements (Beatitudes Center D.O.A.R., 1997). They endure multiple challenges on a daily basis and society is only beginning to learn about the challenges in informal arrangements (Ehrle & Green, 2002). To narrow the scope of the magnitude and diversity of challenges that may have been too great to explore and fully understand in a small exploratory study, this study focused primarily on three specific challenges previously identified in the literature: financial, legal, and support networks. While these three challenges were the focus of the literature review and primary focus of data collection, actual data collection, and analysis for this study allowed for the emergence of additional and/or alternative challenges, which was that may not have previously been identified in the literature.

**Challenges of Grandmothers Caring for Grandchildren**

**Financial**

Aside from the challenges involved in negotiating the complexities of present-day family situations, many grandmothers find themselves unprepared to face the financial burden of supporting grandchildren. The child poverty rate in the United States increased from (19%) in 1989 to (22.7%) in 1993 (Annie E. Casey Foundation, 1995, CDF, 1995, Bonecutter & Gleeson, 2006). Candelaria (2004) found that the 50-plus segment of the population owns two-thirds of U.S. household wealth and controls $800 billion in discretionary income. As mentioned, of this total population, “grandparent-headed households have substantially higher poverty rates than any other family unit” (Minkler & Roe, 1998/1999).
A number of older adults live in poverty are on a fixed income. Grandmothers who raise grandchildren alone are particularly more willing to face economic shortcomings (Einhorn & Mullen, 2000). According to the District XI Area Agency on Aging, in Ohio, (51%) of grandparents raising grandchildren have annual household incomes below $30,000; (25%) have annual household incomes of less than $15,000 (10/23/06, para. 3). Similarly, a study conducted in Dayton, Ohio reveals that (60%) of grandparents reported having an income less than $20,000 a year (Grandparents/ Grandchildren Initiative Network Summary Report, 1998). In 1997, the average annual income of a grandmother only headed household was $19,750, substantially less than the average household income of $61,632 for households where both grandparents and/or one of the biological parents are present (Einhorn & Mullen, 2000).

Unfortunately, there is a lack of available financial support for informal kinship caregivers. Policy changes have resulted in an increasing numbers of kinship caregivers becoming eligible for TANF (Temporary Assistance to Needy Families), climbing from (6.2%) in 1998 to (8.4%) in 2000 through the “child-only” grant (Einhorn & Mullen 2000). However, Berrick (2006) can attest to, it is difficult to determine the exact number of grandmother-headed households living in an informal arrangement that collects public aid. Not to mention, the [grandmother-headed households] who have difficulties obtaining financial assistance due to delays, paperwork, or being disallowed from collecting aid for themselves because of their income (Berrick, 2006).

Berrick (2006) and Esping-Anderson (1999) argue that some children are now more economically secure residing with their grandparents’ verses with their biological parents. Berrick (2006) & Esping-Anderson (1999) also question if the decline of the parent-child family and the increase in kinship care placements was contributed by the availability of public payments. However, money utilized from TANF funds accounts for the limited amount of cash per child per month, and actual monthly expenditure often far exceed the costs of rearing a child(ren). Additionally, the childcare cash assistance available through the Ohio Department of Job and Family Services (ODJFS) TANF funds includes the families’ entire household income and other entities. Nevertheless, working grandmothers enacting a parental role would also need childcare just as other working parents need childcare. Subsequently, the lack of available and affordable childcare acts as a motive to remain employed. According to a 1998 random survey of Ohio households conducted by the Institute of Policy Research (IRP), (51.9%) of grandparent
caregivers were concerned with the availability of child care and daycare services for their grandchildren and (47.3%) of grandparent caregivers were concerned with childcare costs (Landry, 1999). Landry (1999) also acknowledges that the expenditures of childcare are the second or third largest item in the household’s annual budget, averaging a cost of $4,000 per year, per child. Using this estimate, close to one-third of a grandparent caregiver’s household income could be spent on childcare costs alone.

In addition to TANF funds, some other benefits can also be deceiving to kinship caregivers and researchers in general. For example, the Ohio’s new Kinship Permanency Incentive (KPI) Program, which was authorized by amended House Bill (HB) 66 and became effective January 2006. This program, supported with $10 million from TANF for each year of the biennium, is designed to promote a permanent commitment by kinship caregivers for minor children who are being cared for a kinship caregiver when the biological parent(s) is unable (Ohio Job & Family Services Office for Children and Families Bureau of Automated Systems, para. 2, 2006). Similar to the TANF eligibility requirements, there is a large sum of stipulations associated with accessing these benefits, one being that the kinship caregiver must have been awarded legal custody or guardianship on or after July 1, 2005. The problem with this policy is that it requires the establishment of formal arrangements and cannot be accessed by grandmothers who are currently parenting grandchildren in an informal arrangement.

While informal caregivers have the option to access supportive services (i.e. respite care, childcare, case management, support group, etc.) through a county child protection agency, many public assistance officials fail to direct the grandparents and/or the grandparents’ fear the children may be removed from their care. Therefore, retired or non-working grandmother-headed households may spend their life savings, sell their vehicle, or cash in their life insurance as alternative financial options (Minkler & Roe, 1998/1999). Providing services and financial support to grandparents, in particular, to grandmother caregivers may recognize that they are enacting a parental role and a assuming a legitimate caregiver role.

The care of grandchildren has many financial dimensions, which could hinder the availability to obtain legal custody. A qualitative study conducted by the Grandparent/Grandchildren Initiative Network (1998) revealed that legal services is the third acquired resource by kinship caregivers, and their finances did indeed hinder their ability to access legal assistance. Through exploration of individual interviews, this present study
discovered if and how grandmothers experience and cope with the financial challenges of caring for their grandchild(ren) in an *informal* arrangement.

**Legal**

An overwhelming majority of kinship caregivers never see the inside of a courtroom or seek the approval of a judge. In these situations, the caregiver, or in this case the grandmother, has an *informal* arrangement. As mentioned earlier, an *informal* arrangement is when the grandchildren are residing with grandparents, with no assistance and/or knowledge of child welfare officials, which in some cases having no legal venue. *Informal* caregiving is one of the most common arrangements among kinship care (Beatitudes Center D.O.A.R., 1997). Recent research suggests that the societal norm for kinship arrangements are diverting more toward the *informal* arrangements verses obtaining formal arrangements (Goodman, Pasztor, Potts, Scannapieco, 1999, Ehrle & Green, 2002). *Informal* kinship care arrangements usually occur with little or no involvement by the local child welfare agency (Child Welfare League of America [CWLA], 1997). These types of arrangements offer the least protection for both the grandmothers and the grandchild(ren). With this arrangement, the grandmothers have physical custody while legal custody remains with the biological parents. Therefore, the lack of legal authority, which would accompany the typical enactment of parent role, impedes a grandmother’s ability to parent, such as accessing medical, educational, and/or mental health treatments. In addition, when the biological parents decide to take the child, the grandmothers have no legal control or right to interfere even when they suspect or feel the biological parent is not prepared to care for the child (CWLA, 2006). Furthermore, when the biological parents encounter law enforcement and the grandmother kinship caregiver agrees to provide care for their child(ren), Children Services and/or a social service agency is not necessarily required to respond to the situation (CWLA, 2006).

Although HB 178, formerly known as HB 130, Power of Attorney Form (POA) for grandparent caregivers is available to utilize in consensual situations where the custodial parent is awarding the caregiver authority for medical, school, and/or psychological decisions; and a Caregiver Authorization Affidavit (CAA) is available to utilize if reasonable efforts have been made to locate the biological parent (Causley, Clasen, Henderson, 2006), there are stipulations that may discourage grandmothers from applying for these services. According to CWLA (2006), the POA and CAA are required to be updated on an annual basis, with judicial support.
This process involves a criminal background check and home assessment of the prospective grandparent caregiver, which are required to be completed by a state child welfare agency followed by a court hearing. At the same time, the POA and CAA cannot prohibit the biological parents from taking the children. In order to prevent this, grandmother caregivers need to obtain legal guardianship or legal custody. If the grandmother becomes discouraged about accessing these services, through utilization of established legal processes, the barriers remain would enable her to enroll the children in school, obtain medical, and/or mental health treatment without legal support (Children’s Defense Fund, 2000).

Grandmothers may not pursue custody for various reasons, two of which being the expense of obtaining custody and/or continuing to hope that the biological parents will be able or willing to raise the children themselves (Children’s Defense Fund, 2000). Court proceedings are usually lengthy and emotionally difficult for everyone involved. The court must evaluate and reach conclusions about the progress of the parents and the “best interests” of the child. Overall, these conclusions coupled with the entire legal process can inhibit emotional discord upon family unit relationships, rather than keep the family intact. Through the exploration of individual interviews, this present study discovered if and how grandmothers experience legal hardships when caring for their grandchild(ren) in an informal arrangement.

**Support Network**

Grandmother caregivers take on the parental role with their grandchildren with the expectation that they will be able to enact that role. However, they may not receive the same social service and/or family support as a biological parent may receive. The literature suggests upon assuming the parental role, that grandparent caregivers experience changes in their support network that causes social isolation and alienation (Minkler & Roe, 1998/1999). Grandparent caregivers widely report that their socialization among friends and family decreased (Burton, 1992, Burnette, in press: Jendrek, 199, Minkler & Roe, 1993, 1998/1999, Hayslip & Shore, 1994). Landry (1999) also reports that some grandparents experience a failure in their support networks due to their friends no longer sharing the parental role.

Grandmothers caring for their grandchildren deal with other issues, such as family turmoil and the animosity between the children’s biological parents and/or other family members. A qualitative study conducted on the family dynamics of kinship caregiving reveals caregivers think they were doing “the right thing” when accepting the responsibility of caring for
a child other than their own (Gleeson, Massat, & O’Brien, 2001). Gleeson, Massat, & O’Brien (2001) also acknowledge that the kinship caregivers were interfering with the child’s contact with their biological parent, and subsequently changed the kinship caregiver’s role and status change within the family system. Further, CWLA (1997) reports that the biological parents may perceive the kinship caregiver as a competitor for his or her authority with the child.

Due to the endless isolation and alienation among friends and family members, some kinship caregivers, in particular, grandmother caregivers may seek support from other grandmother caregivers. Fabian, Savage-Stevens, and Smith (2002) found that the vast majority (88%) of their participants felt that support groups are beneficial. According to ODJFS (2007), there are approximately 30 different active Ohio kinship care support groups conducted by child welfare agencies, area on aging facilities, and various other social service agencies. On the contrary, unfortunately, Carlini-Marlatt (2005) study shows that social isolation and lack of support from social services are common complaints among grandparent caregivers. However, there may be minimal data that explores the reasons why grandparent caregivers fail to contact social service agencies to inquire about kinship care support groups. Through exploration of individual interviews, this present study discovered if and how grandmothers experience isolation and alienation when caring for their grandchildren in an informal arrangement.

Summary and Research Questions

The rationale for the focus of this present study was derived from the literature reviewed above, which shows minimal research, until recently on a group of inter-generational caregivers known as relatives or non-relatives caring for children when the biological parent is unable (Minkler & Roe, 1998/1999). Kinship care has occurred overtime for centuries throughout all socio-economic backgrounds and appears to be one of the fastest growing demographic groups in United States. Yet, “grandparent headed households are known to have substantially higher poverty rates than any other family unit” (Minkler & Roe, 1998/1999). The literature suggests that kinship placements are primarily grandparent caregivers (United States Bureau, 2000; Generations United, 2005, Kleiner, Hertzg & Targ, 2005).

Only a few (i.e. Solomon & Marx, 1995, Ehrle & Green, 2002, and Goodman, 2004) have examined informal kinship arrangements (Cuddeback, 2004). One such study shows that children in informal and formal arrangements experienced greater hardships compared to children in non-kinship foster care (Solomon & Marx, 1995). In addition, grandparents often are
unprepared and/or are ill-equipped to assume these new responsibilities (Beatitudes Center D.O.A.R., 1997), and are therefore faced with unique challenges on a daily basis. This study was not designed to assess what the participants would do if faced with informal caregiving challenges. Rather, the intent was to explore, capture, and understand the factors that grandmothers associate with challenges of caring for their grandchildren in a current informal kinship living arrangement. An assessment discovered whether perceived challenges for a grandmother kinship caregiver were limited to finances, legal, and support networks and/or if other challenges are to be defined and described. However, initially it was expected that concepts being researched in a study, at a minimum, would be altered significantly or even discarded in the course of the research (Ragin, 1994). Therefore, it was acknowledged that emergence of additional and/or different concepts may have altered the concepts initially being utilized: financial, legal, and support networks.

Encompassing Creswell’s (2003) recommendations to use a single, overarching question to guide the study and several sub-questions to vital to the success of the project, the following broad central research question and six associated sub-questions were used to narrow the focus of this study but left open to questioning:

**Central Question-**

*What factors do grandmothers perceive to be challenges when providing full-time parental care of their grandchild(ren) in an informal arrangement?*

**Sub-questions-**

a). How do grandmothers describe their preparation to become a parent to their grandchild(ren)?
b). What do grandmothers perceive to be the most challenging aspects of caring for their grandchild(ren)?
c). What do grandmothers perceive as financial challenges to caring for a grandchild(ren)?
d). What do grandmothers perceive as legal challenges when caring for their grandchild(ren)?
e). What do grandmothers perceive as their support network when caring for their grandchild(ren)?
f). What challenges play into grandmothers caring for their grandchildren in an informal arrangement?

This present study was designed to address these central and sub-questions in order to understand and explore the factors that grandmothers associate with challenges of caring for their
grandchildren in an *informal* arrangement. Cuddeback (2004) suggests that qualitative studies are the reason for increased knowledge about the burdens of grandparents’ experience as kinship caregivers; therefore, a qualitative approach was the most reasonable and appropriate approach for answering these research questions. Qualitative research also enables the researcher to develop detailed information about the individual and/or place coupled with being highly involved in the actual experiences of the participants (Creswell, 2003). Subsequently, acknowledgement was made that the research questions and/or categories would be modified and be refined as I learned what questions to ask and to whom it should be asked. Thus, it was reported in-depth on what was done, reasons for, and what the implications are for the findings (Locke, Spirduso, & Silverman, et. al., 2000). In addition, acknowledgement was made that qualitative research can also be fundamentally interpretive and personal interpretation brought by the qualitative data analysis may not be escaped.
Chapter 3: Methodology

This section of the present study addresses identified personal experiences as a researcher, the sample, participant recruitment, methods, and data analysis. First, acknowledgement of identified experiences as a researcher is discussed. Second, the planned sample characteristics and participant recruitment is discussed in cohesive with the chosen procedure for selecting the sample. Third, detailed explanations of the sample selection and data collection are discussed. Lastly, procedures for interviews are discussed. In follow-up, data analysis, trustworthiness along with member checking, ethical concerns, and the limitations placed upon the study are presented.

The Researcher

Although research led by individuals who have experienced a situation that is being studied have advantages of providing insight and developing a rapport with the participants, having had experience may also create bias, particularly in qualitative research. Morrow (2005) acknowledges that many factors, including the researcher’s emotional involvement with the topic of interest may interfere with a fair data collection and the analysis of the data. Therefore, my role as the researcher necessitates the identification of my personal experiences on the onset of this study (Creswell, 2003). Acknowledgement of biases, values, and interests, represents honesty and openness in research.

Although my grandmother did not raise me, I was raised in a kinship family from three to twelve years of age. My visitations with my biological father were sporadic and nearly non-existent. Throughout the course of my childhood and adult life, I have and continue to acknowledge my stepfather as being “my dad,” even years following my mother’s divorce from him. The rewards and hardships I experienced in kinship care have played an active and ongoing role throughout the course of my life. When I was approximately nine years old, my stepfather (“dad”) pursued adoption; however, my biological father felt entitled to me and refused the adoption. Due to the expenditure of obtaining legal representation, my stepfather (“dad”) was unable to pursue legal custody or adoption. Despite his exhausted efforts, he reassured me that legalities never interfered with him being my “dad.”

In addition to my kinship experience, I also am employed at an Ohio county child welfare agency, Ohio Job and Family Services-Child Protection Unit (OJFS, CPU), held an elected
Presidency role for the Ohio Grandparent Kinship Care Coalition (OGKCC) for four consecutive years, and testified four times at the Columbus, Ohio statehouse on behalf of kinship issues. My current CJFS, CPU job duties require me to oversee a Kinship Care Program designed to provide supportive services to relatives and non-relatives caring for children when the biological parents are unable. I believe my understanding of the context and role of kinship care enhances my awareness, knowledge, and sensitivity with many of the challenges, decisions, and issues I will encounter when working with the participants in this study.

Although I brought knowledge of both personal and professional experiences, I fully recognized and understood when conducting a qualitative study there is risk of being idiosyncratic and can bring certain biases to my own group being studied. Although every effort was made to ensure objectivity; these biases may have shaped the way I viewed and understood the data collected and the way I interpreted my experiences. Therefore, in order to deal with biases and assumptions, I approached my endeavor reflexively (Morrow, 2005). According to Morrow (2005), one the most valuable ways to achieve this is for the researcher is to keep a self-reflective journal throughout the duration of the research project. In doing so, I maintained an ongoing record of my experiences, reactions, and emerging awareness of any assumptions or biases that surfaced. To decrease or alleviate being idiosyncratic and bringing certain biases to the data collection, I consulted with my thesis chairman, who encouraged proposing alternative interpretations to my responses to the research process (Morrow, 2005).

**Planned Sample Characteristics**

According to Child Welfare League of America (CWLA, 2006) and Ohio Job and Family Services (OJFS, 2006), grandparent kinship caregivers are eligible to apply and obtain the Power of Attorney (POA) or the Caregiver Authorization Affidavit (CAA) if they have been the primary caregiver for their grandchild(ren) for at least six consecutive months without the biological parent(s) present. Therefore, the target population for this study was grandmothers who have been the primary caregiver for their grandchild(ren) for at least six consecutive months in an informal kinship arrangement. In addition, participants only have been providing kinship care in an informal arrangement without the assistance from child welfare officials and/or the judicial system. However, this did not exclude those that receive TANF funds from OJFS. The rationale for this stipulation is to make sure participants are not involved in a formal arrangement grandmother headed household for a referent. Although there were no limitations in
regards to age, race, culture, mental and/or physical limitations, as per the intended focus of this study the participants were limited to grandmothers and not grandfathers and/or two grandparent households.

**Participant Recruitment**

One of my responsibilities of overseeing a Kinship Care Program for a child welfare agency is coordinating and holding a monthly Kinship Care Support Group. The support group has successfully existed for six and half consecutive years. Approximately 15-30 kinship caregivers (grandmothers, grandparents, relatives, and non-relatives) consistently attend the support group on a monthly basis. The majority of kinship caregivers who attend are grandmothers caring for their child(ren) in an *informal* kinship care arrangement. Thus, I utilized access to this Kinship Care Support Group and compiled a pilot sample consisting of two (2) grandmothers and a primary sample of twelve (11) who are currently caring for their grandchild(ren) in an *informal* arrangement.

The initial goal was to obtain twelve (12) participants for this study. The following three reasons for using twelve (12) primary subjects: 1) due to the approximate amount being 15-30 kinship caregivers who participate in the support group on a consistent basis, using 12 individuals could have included the entirety of 15-30 participants, but not using less than ten participants; 2) although the majority of participants are grandmothers raising grandchildren in an *informal* arrangement, not every participant had a clear definition of *informal* arrangement and maybe living in a formal arrangement; 3) lastly, lack of participant interest was also acknowledged. Overall, approximately (21) different grandmothers volunteered to participate in this study. Upon completion of the screening process, approximately (12) participants met the sample profile. However, one participant rescheduled several scheduled interviews and was a no show for one scheduled interview. Therefore, eleven (11) grandmothers participated in this study. Although the target number of (n=12) participants fell short of one participant, data saturation has been researched.

**Procedures for Sample Selection and Data Collection**

In preparation for this study, I negotiated access to two recruitment sites, one southwestern Ohio organization and one State organization: an Ohio county Job and Family Services, Child Protection Unit (OJFS, CPU) Kinship Care Program and an Ohio Grandparent Kinship Care Coalition (OGKCC).
Recruitment Site One:

The Ohio county Job and Family Services, Child Protection Unit (OJFS, CPU) Kinship Care Program describes itself as a resource for providing supportive services to grandmothers, grandparents, relatives, and/or non-relatives who are caring for children when the biological parent is unable. Supportive services includes but is not limited to the following: case management, home visits, respite services, home studies, financial applications, childcare, support groups, activities, and referrals to legal and mental health services. According to the OJFS, CPU’s 2006 attendance records, the higher volume of attendees for the Kinship Care Support Group’s are dated from December to July and the month of August (CJFS, CPU Kinship Care Program 2006). Therefore, I chose to conduct this study between April and June 2007. The contact person for the county OJFS, CPU is the Deputy Executive Director, Mr. John Hosler. Typically, I would be the contact person for the Ohio county JFS, CPU Kinship Care Program; however, the Kinship Unit’s direct supervisor is Ms. Liz McAllister, LSW.

Recruitment Site Two:

The Ohio Grandparent Kinship Care Coalition (OGKCC) describes itself as an organization consisting of kinship caregivers, county social service providers, State Representatives/State Senator representatives, CWLA state officials, and other individuals in the State of Ohio that are interested in advocating for kinship issues at a State and National level. The current contact person is the OGKCC President, Dr. Ollie Jones in Akron, Ohio. Approximately 30 to 50 individuals participate at the quarterly OGKCC meetings held in a central location in the state of Ohio. Over 300 individuals (i.e. social service practitioners, state representatives, kinship families, grandmothers raising grandchildren) receive quarterly mailings from OGKCC; therefore, a flyer was distributed in the April mailing list (see Appendix A & B). The estimated number of participants generated using this method was few, if any.

Locke, Spirduso, and Silverman (2000) suggest that the interviewing relationship begins the moment a potential participant hears about the study. Bailey (2007) also acknowledges that the formation of relationships begins at the initial setting. Therefore, upon receiving thesis committee and Institutional Review Board (IRB) approval to conduct this study, I personally recruited and presented information regarding my proposed study.

Participants were selected using the convenience sampling method, a valuable technique, which can provide valuable data for qualitative research (Creswell, 1998). The convenience
sampling method consists of several methods of participant recruitment: First, I solicited participants by orally presenting the study at the April 2007 OJFS, CPU Kinship Care Support Group. As a result, a total of (17) participants inquired about this study. In follow-up, posted announcements were presented in the quarterly OGKCC Newsletter (see Appendix A & B). Prior to the mailing, the writer and distributor of the newsletter were contacted to avoid incorrect information being presented. The estimated number of participants generated through the use of the newsletter was few, if any. Second, flyers advertising this study were distributed to recruit prospective participants (see Appendix A & B). The participants who inquired about this study were asked to pass the flyer onto someone else should they not meet the sample profile. In return, although this method generated a number of additional participants, they fell short of meeting the sample profile. Third, I utilized a screening questionnaire (see Appendix C), which assured the prospective participants are grandmothers who have been caring for grandchildren for no less than six consecutive months in an informal arrangement coupled with obtaining information from them prior to their participation in this study. In follow-up, a demographic questionnaire was also utilized to obtain names, addresses, and other personal information about each participant (see Appendix D). In an event that a prospective participant may have had a mental and/or academic challenge that hindered their ability to complete a screening and/or demographic questionnaire, I verbally presented all screening and demographic questionnaires to each participant. Other alternatives, such as: audio or using a neutral party to read and/or review to the participant was also offered.

In order to achieve the convenience sample, I used snowball non-probability sampling, which is a method that occurs when previously identified members “identify members” of the same population (Creswell, 2003). In this technique, I began with a “key informant,” an initial interviewee, being a grandmother raising her grandchildren in an informal arrangement (Esterberg, 2002). Then I asked the key informant to identify other grandmother caregivers in an informal arrangement. In addition, social service practitioners from the Ohio Grandparent Kinship Care Coalition were asked to identify grandmother caregivers in an informal arrangement, which generated four additional participants, having two from two different counties. Per Esterberg (2002), snowball sampling may be the only way to recruit interviewees from “hidden” populations. Due to the lack of research on grandmothers’ raising grandchildren in an informal arrangement, this form of sampling was evidently useful. However,
snowball sampling can produce biased samples, having little or no control over what the participant will be named (Creswell, 2003). For example, a participant who met all the criteria for the study identified another grandmother caring for grandchildren, but was providing a formal arrangement versus an informal arrangement.

In sum, the target number of participants was (12) for this qualitative study. Out of (21) different participant inquiries, (12) met the sample profile. Due to one participant’s schedule, several appointments were missed and/or rescheduled, leaving a total of (11) participants, still maintaining over (10) participants as targeted. Seven of the participants were recruited from the OJFS, CPU Kinship Care Support Group and four of the participants were recruited from two separate members of the OGKCC who are from two different counties, each referring two participants.

**Procedures for Interviews**

Once the sample was selected, my next task involved collecting data using a qualitative approach. This involved gathering data in the form of in-depth interviews that were recorded and transcribed. Qualitative studies are generally much smaller in scope than quantitative studies, because of the sheer volume of data that must be analyzed (Creswell, 2003). Bailey (2007) also acknowledges too large of a sample size can make in-depth analysis of each impossible. Therefore, interviews were conducted with eleven (11) grandmothers who met the planned participant characteristics and sample profile. Using Bailey’s (2007) recommendation to present an informed consent well in advance, the participants were invited to sign an informed consent agreeing to participate in this study prior to conducting their interviews (see Appendix E-E2).

Creswell (1998) recommends that researchers conduct pilot interviews before conducting a study in order to test their research questions and to enhance interviewing skills. Therefore, this study included two samples, a pilot and primary. The pilot sample consisted of two (2) of the eleven (11) participants who participated in one interview. This pilot sample enabled me to determine if any modifications to the organization of the interview questions as well as to seek further information were needed (i.e. modification to the organization of the questions and amount of interviews held was made). Upon completion of the data collection from the pilot sample, to maintain consistency, most of the primary sample of eleven (11) grandmother caregivers who currently care for their grandchild(ren) in an informal arrangement were also compiled from the same Ohio Kinship Care Support Group. Also, referrals provided by members
of the support group and other county support groups referred by the Ohio Grandparent Kinship Care Coalition (OGKCC) were utilized.

In regards to the number of interviews that were held, my initial intent was to incorporate Locke, Spirduso, and Silverman (2000) recommendation to conduct two separate interviews, with no more than one interviewee a week apart with each participant. However, due to the majority of the participant’s busy daily schedules, one interview was held. To help build and enhance rapport with the participant (Spirduso & Silverman, 2000), talking on the phone prior to the scheduled interviews allowed time for the participants to reflect on their experience before participating in their interview. If more interviews were ever needed to obtain further information, in follow-up, a second interview would have been conducted. All participants completed the duration of their interviews. No participant needed and/or requested a second interview. For example, if a participant had an emergency and/or needed a break half way through the interview, a second interview would have been scheduled.

The location of the interview was determined during the initial contact with the participant. Although permission was obtained to conduct interviews when events (i.e. OGKCC, OCJFS, CPU Kinship Care Support Groups) were held, nine interviews were held at the participant’s household and two were held at the public OJFS, CPU building in a centralized private location. The participant always determined location. According to Ambert, Adler, and Detzner (1995), an inductive approach is often utilized to shift focus to the elements family members find important, from what research has dictated to the elements family members find important. Therefore, open-ended questions were utilized in all face-to-face interviews (see Appendix F-F5), which allowed additional probing questions to be asked in a conversational style. Subsequently, the participants responded in detail the qualification of their answer with adequate responses to the complex issue being studied.

The first half of the interview focused on the participant and their life history and kinship life history. A series of questions asked and explored each participant’s ethnic background, level of education, previous marriages and/or significant relationships, impact of former marriage or significant relationships, extent of relationship with the grandchild(ren)’s biological parents, and visitations with the children’s’ biological parents (see Appendix F). These types of questions were initially utilized to build rapport and ease the participants’ discomfort while being recorded. Upon questioning about the participants’ ethnic background and level of education, questions
pertaining to the participants’ relationships and former marriages enhanced an understanding of what historical background guided the participant to provide kinship care. Lastly, the relationship between the participants’ and extent of visitations with their grandchildren’s’ biological parents was explored to help better understand the reasons and decision making to provide kinship care, which helped lead to the second half of the interview.

The second half of the interview focused more in-depth on the experiences with and perceptions of caring for grandchildren in an informal arrangement. Upon which the participants’ opinions were built, concrete details of the participant’s present experience in providing kinship care in an informal arrangement, were also discussed. The later half of the interview contained the reflection of the participant’s meaning of their experiences. At this time, the participants were asked through a number of questions to reflect and discuss their personal strengths and challenges associated to caring for their grandchildren in an informal arrangement (see Appendix F2). These questions asked about the participants’ perception of the challenges to care for your grandchild(ren) in relation to their positive experiences of raising their grandchild(ren) in an informal arrangement. Finally, the participants’ experiences in relation to financial, legal, and social network while caring for their grandchildren were explored through a series of questions about income sufficiency, their perception of the challenges of providing kinship care in an informal arrangement, and reported opinions of extended family and close friends regarding your intent to provide kinship care (see Appendix F2-F5). This type of questioning helped reveal the challenges that these participants experience when caring for their grandchildren in an informal arrangement.

Encouragement was administered to the participants to elaborate on and explain their thinking through the use of probing questions, which promoted answers to questions and pushed the participant to think more deeply about their kinship care experience. For example, when a participant was vague or appeared to not or misunderstand the question being asked of them (i.e. stating “I don’t understand”), probing questions were asked to seek clarification (i.e. providing examples to the participant or repeating the question in a different manner).

In addition to obtaining an informed consent, permission was also obtained from the participants to obtain their impressions of their experiences, thoughts, and feelings on a handheld audio recorder. This included a one to two-hour-recorded interview with each participant. However, some researchers believe that recording interviews is not advisable as note taking can
force the researcher to concentrate more closely to the participants’ responses (Creswell 1998). Additionally, some participants became uncomfortable by the presence of a tape-recorder (i.e. looking down at the microphone and hesitating in the beginning of the interview), and subsequently, may have withheld information. However, small talk was engaged with the participants to help them relax before beginning the taping process and at the beginning of taping.

The taped interviews followed up with transcribing, which was completed by two separate professional transcriptionists. I then listened to all recordings as I proofread and annotate the transcribed interviews. This is a complex process that required careful attention to detail; therefore, in addition to the interviews being recorded, I recorded ethnographic field notes (i.e. a process intended to reveal common cultural understanding related to the phenomena understudy) during and immediately following the interviews. The information contained in the field notes are detailed descriptions of observations and interactions during and after the participant’s interviews (Bailey, 2007). Such detailed descriptions were viewed closely and systematically then recorded and reviewed while seeking to identify patterns and variations among the interviews (Emerson, Fretz, & Shaw, n.d.).

All contacts received a follow-up letter of correspondence thanking them for their time and information. Their name was also placed in a drawing to have the opportunity to receive a $100.00 gift card to Wal-Mart. The drawing was held on June 22, 2007 and the gift card was sent to the participant winner on June 23, 2007. This was provided as a bonus for the subjects’ participation and was not be used to coerce them in doing so.

**Ethical Concerns**

Although my connection to OJFS, CPU, and the participants who were interviewed for this study impose minimal threat to the well-being of the grandmothers as a result of their participation, the measures of confidentiality I utilized minimized or alleviated these threats. First, an IRB and thesis committee approved a developed written, oral, and informed consent form, which was signed by each participant before agreeing to participate in this study (see Appendix E-E2). These forms acknowledge that the participants’ rights have been protected during the data collection (Creswell, 2003). Second, the participant’s were informed of the roles of the researcher verses the role of a Kinship Care Coordinator/facilitator of the kinship support group. Permission of individuals in authority to provide access to research sites and respect those
sites was obtained. Third, the privacy of the participants who revealed harmful information and conveyance of this information to all participants and individuals in authority involved are and will be protected. Fourth, the research has not used language or words that are biased against persons because of sexual orientation, disability, age, and racial and/or ethnic group. Lastly, the participant’s name has not been associated to the interview being transcribed; instead a pseudonym name has been used along with an identification number that was assigned to each participant (i.e. Fran #012, Pam #013, Sherry #014). Therefore, the professional transcriptionists could not link numbers to personal interviews. All demographic information, names of participants, audio recorded interviews, and any other information pertaining to the participants being studied have been kept in a locked filing cabinet located at a designated office in Huber Heights, Ohio. Only three (3) doctoral-trained faculty members and myself have or had access to the participant’s information.

**Data Analysis**

Although Bailey (2007) acknowledges that data analysis actually begins the moment a researcher begins to think about conducting a research project, focus was directed on the difficult process of analyzing the myriad of information collected following the interviews with the participants. Creswell (2003) acknowledges that in qualitative research the data collection and data analysis must work simultaneously, which entails classifying things, such as persons, events, and properties, which are characterized. Thus, this qualitative analysis consisted of six steps to uncovering the categories of themes experienced by grandmothers raising their grandchildren in an informal arrangement.

First step of data analysis, data was analyzed manually using the latent content analysis (Richards, 2002), which refers to reading the transcripts line-by line, emerging themes and concepts were slowly being identified. For example, one among several participants mentioned experiencing financial implications, therefore, the concept referred to as ‘financial’ developed. Subsequently, other concepts evolved. Then as suggested by literature (Bailey, 2003 & Creswell, 2007), the main concepts were listed and coded, which is the process of organizing the larger amounts of data into smaller amounts. In follow-up these lists were then categorized based on the frequency of responses. For example, participants who referred to some type of challenge and/or topic in relation to caring for their grandchild were grouped with other similar responses of other participants. This was done repetitively with every newly developed concept.
While Creswell (2003) recommends identifying and describing themes among the targets being researched, Bailey (2007) recommends otherwise. Bailey (2007) avoids defining coding as the process of finding themes that emerge from data, rather indicating that the final product adequately represents the qualitative researcher’s observations and interactions. Therefore, the second step of data analysis involved the observation of patterns. As a result, connections and commonalities were made between several categories. For example, participants who mentioned being denied assistance with legal aid appeared to be in the same group who mentioned having fear of the parents removing the grandchildren from their care.

Next, the third step to data analysis was to determine the effectiveness of questions used during interviews as well as to begin to solidify themes, which had already begun to emerge. The transcribed interviews were reviewed again and data was colored coded highlighting and listing the 10 main concepts, which emerged from the data (ie. the concept ‘legal’ was color-coded orange, the concept ‘support network’ was color-coded yellow, the concept ‘finances’ was color-coded red, the concept ‘positives of kinship’ was color-coded blue, the concept ‘challenges’ was color-coded green, etc.). This exercise helped find specific examples of any connections, which were made between categories and allowing confirmation of emerging themes such as ‘searching for a break.’ This step also allowed for exploration of the significance of other themes such as ‘Providing Kinship Care to Avoid Foster Care,’ which was discovered by the large number of color-coded purple statements, which derived from the concept ‘reasons for care.’ This was true to any additional themes that emerged.

The fourth step of data analysis reduced and helped to explain the overall data by organizing segments that were grouped together and used during later stages of the analysis, which was easily retrieved at any time (Bailey, 2007). To assure security for theoretical assertions that are grounded in specific contexts, Glaser and Strauss (1967) suggest that before individual cases are aggregated in any way, the researcher should have an understanding of them. Therefore, using data in that fashion, again, the transcribed interviews were reviewed again on an individual basis to find specific examples of the connections, which evolved between categories and main concepts. For example, the sub-category ‘legal aid’ emerged with the concept ‘legal,’ which evolved into the theme ‘Legal Implications.’ Then consideration was made to seek the wider matter of cross-case analysis by using direct quotations to illustrate the relevance of the participants’ perception. The participants’ quotations were manually cut out according to their
highlighted color-code and to separate the quotations they were organized in envelopes labeling each concept on the outer side of the envelope.

Next, the fifth step of analysis, as Creswell suggests (2003), the data should be organized categorically and chronologically, reviewed repeatedly, and continually coded during the data analysis. By using Creswell’s suggestions of qualitative analysis, the similarities and differences across all transcribed interviews included the dissection of responses in the transcribed interviews and the sorting of these responses into ten categories/concepts: reasons for kinship care; decide to care; finances; legal; support network; positives/negatives of kinship care; help; challenges; how others impacted decision; visits. These categories were sorted by attaching the participant quotes, to ten different large size poster boards to assist in identifying commonalities. However, there were too many different quotes to use them all effectively. Therefore, after compiling at least half, being five or more commonalities among the participants’ statements helped determine the categories and concepts. These nine categories/concepts were derived from the qualitative research questions.

Lastly, as (Locke, Spriduso, & Silverman, 2000) suggests, it was an absolute and volatile rule not to ignore or discard data that ran contrary to initial expectations, or that appeared not to fit comfortably into emerging categories for analysis, which were defined as ‘other’ (i.e. frustrations of re-parenting, how the family was like before kinship care placement, other comments). While examining the entire sequence of responses about challenges of informal arrangements by each grandmother, distinguish was made between those categories/concepts generated by the participants themselves and those discussed in response to probes. For example, when the grandmothers discussed information unrelated to the topic being studied, they were inquired about the connection; however, dictation about the probing was elicited to obtain information. Furthermore, in preparation for data analysis a brief description of each of the eleven (11) participants was provided. Their quotes were then used to illustrate different categories/concepts listed as well as atypical responses. From the ten concepts, eight different themes emerged: “Unexpected Role;” “Providing Kinship Care to Avoid Foster Care;” “Lifestyle: love and burden;” “Financial Struggles;” “Legal Implications;” “Sources for Support;” “Searching for a Break;” and “Voices of the Grandmothers.”
Member Checking

Dependability and credibility of the findings were enhanced by a limited member check procedure at the conclusion of the interviews (Lincoln & Guba, 1985), which is further discussed next in this chapter. Four participants reviewed and confirmed the major findings and further refined some themes. For example, fear of parental removal was modified from being its own theme and combined with legal implications. To provide a member check, the initial plan was to facilitate one focus group consisting of four (4) of the eleven (11) participants. However, to enhance confidentiality among the participants, each of the four participants was met with individually. Although the participants were met individually instead of within a group setting, this was a convenient way to accumulate the individual knowledge of their members (Locke, Spirduso, and Silverman, 2000). They also provided rise synergistically to insights and solutions that would not come about without them.

While a formal focus group was not held, which typically lasts approximately two hours and is conducted by a facilitator who maintains the group’s focus (Nielsen, 1997), the participants of the limited individual focus group met once for approximately 15 minutes to a half hour, being an equivalent of approximately two hours. The first half of the meeting with each of the participants discussed the challenges that grandmothers associate with caring for their grandchildren in an informal arrangement. The remaining time of the meeting was utilized to critique the developing analysis. Thus, the following questions were asked to engage conversation among the participants reviewing the analysis: What results did you suppose would occur? What is surprising about the results of the data? What are your overall thoughts about the outcome of the data analysis? Additionally, the analytical findings obtained from this study were presented to the participants for their feedback.

Bailey (2007) recommends to clearly state if and how the participant’s input was treated; therefore, a cautious note to record the participant’s reactions was noted in this study. In addition, none of the participant’s language was changed when making revisions. However, it was recognized that ethical concerns were faced, at times, when attempting to retain the participant’s voice. Subsequently, utilization of the manual transcripts from member checks assisted in checking for confirmation of the similarities across the sample as well as important points of consensus or disagreement. For example, all participants confirmed the outcome of the data (i.e. stating “I agree and then some,” “there needs to more studies”). However, two
participants stressed her ‘fear of their grandchildren being removed,’ and the other participants confirmed her statement. Although they stressed their ‘fear of their grandchildren being removed,’ they all agreed this should be discussed along with the legal implications of caring for children in an informal arrangement.

**Trustworthiness**

According to Ambert, Adler, and Detzner (1995), after a certain number of interviews, major trends begin to occur, and new individuals and/or families can stop being added to the sample. To ensure trustworthiness and to minimize common threats of validity, Bailey (2007) recommends to conduct and present the topic being researched in a way that the reader can trust the results researched, therefore, the following was employed: a) one of the advantages of being employed working with grandmother caregivers enhanced my learnings of the kinship population. Additionally, being familiar with the majority of the participants helped provide prolonged engagement, which is investing time to enhance and/or gain further learning’s about kinship care and build “trust” among the participants was utilized; b) the pilot sample consisting of two (2) participants was held separate from and prior to the primary sample of eleven (11) participant interviews; c) an interview protocol for recording information was also utilized. This protocol included instructions for the interview, research questions, and a notebook was utilized to record reflective notes and comments; d) a recording hand device was also used; e) peer and expert reviews, which involve seeking input from colleagues, friends, committee members, and someone familiar with the topic helped to enhance credibility and was particularly important as this project neared completion (Bailey, 2007); f) to ensure the answers to the questions were not being misinterpreted, limited member checking was conducted on the analysis for review of accuracy; g) lastly, as mentioned earlier, I am the primary facilitator of an Ohio county JFS, CPU Kinship Care Support Group, therefore, I am familiar with some of the prospective participants who were obtained and interviewed as well as having life experiences of being raised in kinship care. I understand and recognize that these experiences could have made an impact on my perceptions and ways of thinking. Therefore, as mentioned previously, reflexive memoing was used to tract my thoughts during and throughout the participant interviews and/or coding process.

When conducting participate interviews it was difficult not to engage in the role of a Social Worker (i.e. referring, assisting, and providing recommendations the participants). At times, I found myself having to use self-talk to remind myself to keep on task. Additionally, my
coding was going along methodically when I began to explore my own experiences in relation to coding. This acknowledgement both during the interview and coding process was freeing because it allowed me to set aside what my personal experiences and really listen to the words of the grandmothers. Despite my life and professional experiences, individual interviews were conducted overtime coupled with journalizing my personal reflections in field notes, as well as discussions within the individual limited focus group helped minimize the chances that the findings were based on idiosyncratic data.
Chapter 4: Results

This chapter presents the results of qualitative analysis. First, the description sample characteristics are discussed. Second, a phenomenological description of the eight major themes, which were revealed through 11 interviews with grandmother caregivers are discussed. This phenomenological description is derived from one central qualitative research question and six associated central sub-questions as well as provided related to experiences of grandmothers caring for their grandchild(ren) in an informal arrangement. Interpretations of these results are included with discussion in Chapter 5.

Initially, there was a purposive sample of 21 potential grandmothers caring for their grandchild(ren) in an informal arrangement. Upon completion of screening questionnaires, the final sample consisted of 11 grandmothers, two of whom were great grandmothers. Of these 11 participants, five are widowed; two divorced; three separated (22 years, since 2004 and 2006); and one still married (husband residing in nursing home for three years). The participants’ ages ranged from 46 to 73, with a mean age of 56 years. Majority of the participants were Caucasians with one African American, two Caucasian Indians, and two Caucasian Italians. Although educational level varied from primary to tertiary studies, five of them quit their high school education in the 11th grade, one quit in the ninth grade, one received a GED, and four graduated high school. Three of the participants were raised in kinship care as a child. In relation to the biological parent(s) of the grandchildren, seven of the participants are the maternal mother to the biological mother, one is the maternal grandmother to their granddaughter, one is the paternal grandmother to their grandson, and one is the maternal mother to their son. The grandchildren’s ages ranged from six months old to 13 years old. For the exception of one participant who received legal custody the day before her scheduled interview, the participants have been caring for these grandchildren in an informal arrangement for a period that ranged from six months to 11 years, with an average of three to five years. The majority of the participants have provided previous care for other members of the family and/or other children. Of the 11 participants, eight of them have a Power of Attorney (POA) and the other three have no legal venue. All the participants lived in their own home or apartment. Two of them reside in a metropolitan city, whereas, two others reside in a rural area, and the remaining two participants reside in an Appalachian area, all areas being within 30-40 miles of each other.
Description of Themes:

Bailey (2007) says, “descriptions that provide insights into your research questions are particularly helpful” (p. 138). Therefore, the results of the data analyses are presented in terms of their relationship to the research questions that guided this study. This will provide a phenomenological picture of the experience of grandmothers caring for their grandchild(ren) in an informal arrangement in terms of their caregiving challenges.

Central Research Question

Recall that the central research question that guided this study and from which six associated sub-questions were derived was: What factors do grandmothers perceive to be challenges when providing full-time parental care of their grandchild(ren) in an informal arrangement?

This central research question guided the identification of the six associated sub-questions. Together these were aimed at exploring and promoting understanding of the factors that grandmother’s associate with the challenges of caring for their grandchild(ren) in an informal arrangement. With this central research question in mind, eight themes within the data emerged: “Unexpected Role;” “Providing Kinship Care to Avoid Foster Care;” “Life Style: Love and Burden;” “Stretching the Dollar,” “Legal Implications;” “Sources of Support;” “Searching for a Break”; and “From the Voices of the Grandmothers.”

In order to help identify eight major themes interconnections between 10 concepts (i.e. reason for care, decide to care, support, legal, financial, help, other’s opinions, visits, positives and negatives of kinship care) were identified. These concepts associate with a corresponding representation, which denotes all of the commonalities among the participant’s statements in a given category of phenomena between themes that were identical. This may have helped explain some of the challenges of caring for grandchildren in an informal arrangement. Grandmother caregivers also provided voice and visibility for kinship care. Concepts and themes, key points from each theme are summarized below and discussed collectively. For confidentiality purposes, all participants’ names are pseudonyms, utilization of fictitious names.

Central Sub-question (a)

How do grandmothers describe their preparation to become a parent to their grandchild(ren)?
The purpose of this sub-question was to examine the grandmother caregivers’ preparation time before having placement of their grandchildren with them. Two different themes emerged that are related to this sub-question: “Unexpected Role” and “Providing Kinship Care to Avoid Foster Care.”

**Unexpected Role**

The theme “Unexpected Role” evolved through two different concepts called ‘reasons for care’ and ‘deciding to provide kinship care,’ which included sub-categories: drugs, incarceration, fear of foster care, children services involvement, rent/payment, and others. Recognition among the commonalities of the participants’ statements defined the two concepts ‘reasons for care and ‘deciding to care.’ With only a few exceptions, nearly all 11 participants came to care for their grandchild(ren) without any advance preparation due to drug use and incarceration. Subsequently, the two concepts collapsed into one theme “Unexpected Role.” The description of one participant, Robin (#011) seems to capture several commonly mentioned statements (underlined) among the other participants: “I was called one day, and the father said they’ve come turned the electric off. And there wasn’t anything to eat in the house.”

Another participant reported, Greta (#016): “She [biological mother] went off to Walmart and left. We was at Walmart, she just walked out. We didn’t hear from her for three weeks.”

The overall well-being of the children appeared to be the most prominent reason for these grandmothers assumed this unexpected caregiver role. Some of them became a kinship caregiver when approached by the child welfare system. One participant, Joy (#017) said, “I guess she [mother] was kind of young at the time and couldn’t provide, and I got a call [from child welfare], and started takin’ care of her.” Another participant, Jen (#021) adds, “My daughter didn’t seem like she had it together and was not taking good care of them. They [Children Services] asked me if I would take her and I said, ‘sure’.”

In addition to the already mentioned unexpected role of kinship care, the concepts reason for care and deciding to care emerged from the participants (#011) and (#016). An example of the turning point was in participant (#017) and (#021), which developed the theme ‘Unexpected Role’.

Most participants were equivalent to each others’ stories. As a result, preparation for placement of their grandchildren was minimal or non-existent. Especially, when nearly all the
children these grandmothers are caring for have some sort of physical and/or mental limitations, such as Attention Deficit Disorder, cancer, bi-polar, and on Individual Education Plans in school. Although most of the grandmother caregivers obtained Power of Attorney (POA), all of them became involved voluntarily when they were sought to address a deteriorating situation for their grandchild(ren). For example, one of the participants, Robin (#011) said, “I always said that you know if my grandkids need me, I’m goin’ be there for them.” The unexpected role arrived when one of the participants had plans to retire in four years, and another one was recently diagnosed with terminal cancer. Two of the participants separated from their husbands to assure the safety of their grandchildren. Adapting to a new role was uneasy or indifferent to for some of these grandmother caregivers. One participant, Eve (#015) said, “It just feel weird to be 50 and have a four year old call me mommy.”

Providing Kinship Care to Avoid Foster Care

Similar to the theme “Unexpected Role,” the theme “Providing Kinship Care to Avoid Foster Care” also evolved through the central sub-central question (a) as well as the concepts called ‘reasons for care‘ and ‘deciding to provide kinship care,’ which included sub-categories: drugs, incarceration, fear of foster care, children services involvement, rent/payment, how others impacted decision making, and others. However, the theme, “Providing Kinship Care to Avoid Foster Care” evolved from the theme “Unexpected Role.” Recognition among the commonalities of the participant’s statements collapsed into a second theme. For example, when these grandmother caregivers were approached or faced with the decision to care for their grandchildren, with the exception of a few participants, most of them assumed the unexpected role on their own and disregarded any family or other individuals’ opinions. As two participants said, Jen (#021), “It was like an instant thing,” and Eve (#015) adds, “It just didn’t seem like there was a decision.” Whereas, most of the participants expressed fear of the child welfare system and placing their grandchildren in a foster home. The description of one participant, Fran (#012) seemed to capture several commonly mentioned statements (underlined) among the other participants:

That was a hard decision. Well, it was either I take them, or they go to the state. And so putting in foster homes, and I don’t care much about foster homes. I know people that was in them, and how they were treated.
Another participant, Greta (#016) said, “It, they are not goin’ out to strangers, I would not permit that as long as I have breath in my body, and I crawl, you know my kids are not goin’ out to strangers.”

In some cases, in the event a child was removed from their biological parents, the child welfare department is unaware of any known relatives, therefore, exhausts contacts to available foster homes prior to contacting relatives. For example, Joy (#017) asserted:

Well, they had already called two foster homes, and nobody had room. So, the third call they made was to me. If they had gotten a hold of somebody that could have taken care of, I would have never gotten them. When is comes down to the kids getting lost in the system somewhere, I can’t do that, I won’t do that. I’ll take care of them first.

Spirituality appeared to guide some of the participants. Many of the grandmother caregivers related how they were presumed and meant to care for their grandchildren. As one of the participants, Kris (#020) said, “I, just, you know, God, just, you know helped me through it.” Another Sherry (#014) says, “members of her church reassure her that “God sent her here to take care of those children.”

The concepts ‘reason for care’ and ‘deciding to care’ emerged from participant (#012) and (#016). An example of the turning point was in participant’s (#017) statement.

**Central Sub-question (b)**

*What do grandmothers perceive to be the most challenging aspects of caring for their grandchild(ren)?*

The purpose of sub-question (b) was to examine what participants’ considered to be the most challenging aspect of caring for their grandchild(ren) in an informal arrangement. When reviewing the commonalities among the participants’ statements, the theme “Lifestyle: Love and Burden” evolved through the process of three steps. First, to narrow the recognition of these commonalities among the participants’ statements, three sub-categories: for self, watching children grow, and needs met were developed, which later defined the concept called ‘positives and negatives of kinship care.’ Subsequently, the concepts collapsed into one theme, which is referred to as, “Lifestyle: Love and Burden.”

**Lifestyle: Love and Burden**

While all the participants reported they “love and care” for their grandchild(ren), they also reported having a mixture of “love and burden.” However, having continual love for their grandchild(ren) appeared to be a major influential factor for these grandmother caregivers’ to
willingly accept the responsibilities of kinship care. The description of one participant, Robin (#011) seems to capture several commonly mentioned statements (underlined) among the other participants:

We just, we just work together, you know, do for one another and love one another. And, uh, you know, actually, I’d be lost without ‘em, ‘cause their you know my grandkids. They, they’re like a part of my rib, you know. They have been there so long, that you know, I just, we just adjust, that’s all. I’m not looking forward to when they come and tell me they’re going to get married and they startin’ a family of their own.

Another participant, Pam (#013) said, “Oh yeah, I tell you, there’s nothing like this child. He has crawled into my heart and stayed.”

One participant, Jen (#021) described the positive and pleasant side of caring for her grandchild, “And when I come home, I don’t care how bad of day I’ve had, all I have to do is look at her and it’s like lights everywhere. She’s such a sweetheart, ‘cause she’s just so an amazing baby.” Another, Kris (#020) described the opportunity side of the crisis when she said, “Well, the good thing is that, you know, they’re here with me. I don’t have to worry about ‘em being out there bouncing around, so that’s the good thing. And I know they gotta place to lay their heads, they got their stomach full and everything, so that’s good, that’s the good thing right there. That was main worries that, you know, that they’re took care of.”

While most of the participants reported they are loyal to their family and “love and care” for them, they also discussed how the unexpected burden of caring for their grandchild(ren), which caused a great deal of personal sacrifices. One participant, Eve (#015) uttered a meaningful statement that others followed, “You know, this is sometimes being the grandmother, raisin’, startin’ all re-parenting is just so frustrating.” Another participant, Robin (#011) related that providing kinship care added other daily responsibilities for which they did not intend to provide, said, “You know, the people my age at work, they’re kids is all grown up and here I have to make child arrangements, you know, where is the rest of ‘em, they can just come and go, you know?” Additionally, Eve (#015) adds, “Yeah, as long as I am here, I am stuck with him,” a burden that may be justified by the outcome that another participant, Joy (#017) stated, “I mean, you know, sometimes I don’t feel like it, and you know like it’s not fair that I have to go through these extra changes, but it’s not fair for him to not have to have a parent either.”

Six of the participants are employed on a full-time basis and one is employed part-time. All 11 grandmothers indicated that raising their grandchildren alleviated their dreams, which
created new and difficult hardships. Their personal dreams and plans for retirement were altered and, therefore, put on hold. Thus, the grandmother caregivers’ lifestyle changed to assume kinship care of their grandchild(ren). The description of one participant, Sherry (#014) said, “Well, I figured I got my baby raised; its time for me to go out and live my life. I didn’t plan on endin’ up with two boys to raise.”

Another working grandmother caregiver was married, had dreams of attending college, and enjoyed riding motorcycles with her husband. However, upon placement of her grandchildren, her marriage, dreams, and outside pleasures were drastically altered. Despite the separation from her husband and having her dreams displaced, this participant recognizes her grandchildren needed care. Joy (#017) had this to say:

I thought eventually I’d go back to school, but I don’t know. The kids mean more to me than going back to college, or furthering my career. Yeah, their kids. Kids are going to be kids. But we just pretty much, like I said, I was going back to college, and my husband and I used to ride, small stuff that doesn’t really amount to me anymore.

The concept ‘positives of kinship care’ emerged from the participants (#011) and (#013). An example of a turning point to capturing the concept ‘negatives of kinship care’ emerged from (#015), (#011), and (#01), which developed the theme “Life style: Love and Burden.”

Central Sub-question (c)

What do grandmothers perceive as financial challenges to caring for a grandchild(ren)?

This central sub-question (c) is directed at the examination of how finances are related to kinship care. When reviewing the commonalities among the participants’ statements, the theme “Stretching a Dollar” evolved through the process of three steps. First, to narrow the recognition of these commonalities among the participants’ statements, nine sub-categories emerged, which included: finances, finances before placement, assistance/OWF, food stamps, financial decision, challenges of finances, and finances in conjunction with employment. Then these sub-categories later defined the concept ‘finances through kinship care.’ Lastly, this concept collapsed into one theme called, “Stretching the Dollar.”

Stretching the Dollar

For the exception of two participants, the grandmother caregivers mentioned having to “stretch the dollar” as a coping mechanism. Four of the participants owned their own home and the remaining rented a home or an apartment. Seven of the participants receive the majority of their finances through their place of employment, and three of those seven along with four other
participants receive monthly cash welfare assistance through Ohio Works First (OWF), $245 for the first child and $91 for the second child per month. Two of the employed participants receive social security from their former husbands and two others receive social security for themselves. Additionally, two of the participants receive SSI for the children in their care. However, all of them mentioned that keeping their grandchildren cost them money, “stretching their dollar.” The grandmother caregivers reported that one of the major financial implications in regards to “stretching the dollar” was being able to purchase the children’s’ clothes, diapers, food, and/or enrolling the children in extra curricular activities. A few of them indicated that they financially struggled when needing to pay for utilities and childcare costs. The following descriptions (outlined), participant (#017) and (#015) seem to capture several commonly mentioned statements (underlined) among the other participants:

Joy (#17);

Oh, you stretch a penny into a dollar and you are always doing. You are always trying to stretch for that extra. You, when you go to the grocery store, you’re thinking do I really need this? I do it all the time, and not so bad for the kids, it’s myself. I find myself returning items that I bought for myself so then anything else because I think I really don’t need that. I can use that for something else.

Eve (#15);

You stretch the dollar. Most times, it doesn’t go the whole way, but you just learn…Mommy used to say rob Peter to pay Paul. Later, #015 adds, that other than OWF, that’s all the assistance I’ve ever had. There’s none, nothing available. You just make it. And see like I’ve been through this before. You know, it’s like you do what you can and you make it with what you get, you now. You just have to make it stretch. I read my newspaper, my sales packet; you know I get the sales flyers out ever, faithfully, every weekend, and see what sales are changing from what to where. So I’m pending like anywhere from $150 to $200 each time I go to the grocery store.

Robin (#11) adds, “You know, and they, they’re active kids. They like to be in things: sports and educational things, like school plays and that. That costs money to go back and forth three to four times a week to practice and stuff. And…it, it gets me in a pinch.” While there are multiple financial services available through the public welfare system, due to being over the income eligibility requirements, five participants reported being denied for food stamps and four reported being denied for childcare assistance. In retrospect, only one participant exceeded the 250% poverty rate. Like four other working grandmother caregivers, one participant,
Jenny (#021) says, “She [grandchild] goes to my daughter. My daughter helps me out because I can’t afford childcare.” When applying for food stamps, one participant, Dee (#019) shares, “At the time my income over exceeded,” therefore, was ineligible. Another example, Dori (#018) said:

Yeah. I felt maybe they would help us a little bit. I was askin’ for any money, you know, just some food stamps, a little food, but they wouldn’t. They said I was making too much, which I don’t think I do when it comes down to poppin’ up here and there you know. I signed him up for soccer and that costs $60 and then just filling out this form to obtain custody was $105.

Although many of the working grandmother caregivers’ maintained employment prior to providing kinship care, all of the working participants indicate they continue to maintain employment to financially support their grandchildren. Consequently, two of them mentioned taking a financial loss to provide kinship care. Robin (#011) says, “I’ve had rental properties and I’ve had to sell’em and stuff,” a financial hardship that may be warranted by the outcome that another, Eve (#015) uttered: “I probably made anywhere from $2,200 to about $2,600 a month, so it’s changed drastically.” In other cases, such as one particular participant, Jenny (#021) who was close to retirement and now is responsible for the care of a six month old says, “It would help more if you got more so that you could afford them the things they needed instead of you having to go out and work.” Despite the challenges of working and caring and providing kinship care, another participant, Joy (#017) described the positive side of being employed when she said, “I enjoy my job and it probably keeps me sane.”

The concept ‘finances through kinship care’ emerged from the participants (#017), (#015), and (#011). An example of the turning point was in participants’ (#021), (#019), and (#018’s) descriptions, which developed the theme “Stretching the Dollar.”

Central Sub-question (d)

What do grandmothers perceive as legal challenges when caring for their grandchild(ren)?

The purpose of sub-question (d) was to examine how the grandmother caregiver’s informal legal status of over their grandchildren relates to kinship care. When reviewing the commonalities among the participants’ statements, the theme “Legal Implications” evolved through the process of three steps. First, to narrow the recognition of these commonalities among the participants’ statements, five sub-categories, which included: fear of removal, medical, power of attorney, legal aid, positive and negatives of custody were developed. Next, the concept
‘legal’ developed from these sub-categories, which collapsed into one theme called, “Legal Implications.”

Legal Implications

One of the challenges experienced by grandmothers caring for their grandchild(ren) in an informal arrangement came from the procedures derived from the ‘legal implications’ or ‘residency of the children.’ In addition to the grandmother caregivers’ financial status, which tends to prohibit obtaining legal representation, they also are faced with challenges from another two fronts. On one side, there was the fear of having confrontations with their grandchildren’s’ biological parents. Seven of the participants referred to their role as “living in fear,” fear that the biological parents would remove the grandchildren from their care and place them in unsafe environment. The following descriptions seem to capture several commonly mentioned statements (underlined) among the other participants: Greta (#016) relates, “Well, when a parent is, it might be the father wanted to come and see him and, you know, I was always just afraid that the father was going to take’em and not bring’em back. That, that’s what scared me.” Dori (#018) adds, “Because at the time all I had was a letter, that power of attorney. That’s all I had and at that time, I feared her mother coming and getting her and taking her, and she wasn’t stable at the time.”

While the majority of the grandmothers mentioned being fearful that the biological parents would remove the children, two participants reported the opposite. One of the participants, Joy (#017) says, “It’s probably having their mother around to help with them. And I don’t have to through any of that red tape and you know, goin’ to see an attorney or I don’t have to do any of that their mom’s not going to take’em out of here anytime before she’s ready.”

On the flip side, however, grandmother caregivers were aggravated when dealing with the officials of juvenile court and the representatives of Legal Aid. Although eight participants have an active existing Power of Attorney (POA), the POA only grants permission to sign on medical, school, and psychological purposes for the child in their care. One participant, Fran (#012) expressed an opinion that others followed, “Well, I wish up here that they would let me just go in to get temporary custody, because that lasts for about a year. But I don’t know if they will or not, cause temporary custody, she couldn’t take them. She can with Power of Attorney.” Another participant, Dee (#019) who also has a POA reflects back to having fear saying, “Every
time they called me from school, and I thought they was goin’ to take him from me because he was still doin’ the same thing he did when his mom and dad had him.”

In attempts to obtain something more legally bound than a POA, six of the participants applied and were all denied legal services through Legal Aid Society. Similar to the other grandmother caregivers, one participant, Dee (#019), says, “We tried for legal assistance, what that $500 or somethin’, but I made like $80 too much for that.” Whereas, another participant, Kris (#020), said, “They turned me down, cause I didn’t have enough, I didn’t have enough finance stuff, you know, money.” However, two of the participants completed a prose packet in their metropolitan area (i.e. free court service to file for legal custody), which is not readily available in every Ohio County. As a result, one of the participants was awarded custody the day before her interview took place. Although it was barely 24 hours after obtaining custody, Jen (#021) reflected, “It scared me to death! And I told the judge yesterday, I said, ‘you don’t know how long I needed this, because now I feel there is a safety net. Now I can call the police.” Later she added, “Now I don’t have to worry about [the mother] coming over here and saying, ‘I’m takin’ her,’ or sellin’ her or given’ her away for drugs or whatever, because she’s called me repeatedly and told me she’s going to.”

In all, all the participants reported they plan to continue providing care for their grandchildren with or without legal venue. One participant, Greta (#016) says, “That don’t matter at all. The main, I mean I don’t care if I adopt him or custody or what, I still love him just the same. The only, what I really need is adoption is anything happen to me, that she couldn’t come and get him, see. That’s the main reason.”

The concept ‘legal’ emerged from the participants (#016) and (#018). Participant (#012) set the stage for needing legal assistance. Other participants, (#019) and (#021) mirrored her need, which developed the theme “Legal Implications.”

Central Sub-question (e)

What do grandmothers perceive as their support network when caring for their grandchild(ren)?

The purpose of sub-question (e) was to examine how having a support system and/or lack of is related to kinship care. When reviewing the commonalities between the participants’ statements two themes, “Sources of Support” and “Searching for a Break” evolved through the process of three steps. First, to narrow the recognition of these commonalities among the participants’ statements, five sub-categories were developed: church affiliation, support group
networks, family, respite care, positive and negative remarks of others. Later, these sub-categories defined the concept ‘support.’ Subsequently, the concept collapsed initially into one theme called, “Sources of Support.” Due to multiple participants requesting for respite care, a second theme called ‘Searching for a Break’ emerged, which will be discussed in the section “Searching for a Break.”

**Sources of Support**

Although grandmother caregivers face many daily challenges and complex issues, with the exception of three participants who reported receiving “absolutely no support,” over half of the participants identified receiving their main areas support from family members, church, and local kinship care support groups and/or kinship networks. Additionally, over half of the grandmothers identified specific family members or a close friend who assisted with child care while working, finances, and transportation when needed. Consequently, these areas of support helped enhance the continuity of care these grandchildren receive from their grandmother caregivers. As one participant, Sherry (#014) can attest to, “I feel better than I have all my life. I have family I can count on.” Although, there are family members to assist, some grandmothers expressed hesitation to ask family or friends for assistance. For example, Robin (#011) says, “My kids, they’re always there to help to help me. And the neighbors and in our church. Co-workers, I mean we just, we all just work together. You know how it is, people say there’s people out there to help you, but you don’t know how hard it is to ask somebody to help ya.”

Despite the support these grandmothers are receiving from their family members and friends, some of the participants received negative remarks and/or opinions from them, such as Pam (#013) says, “Well, like I say in the beginning, nobody wanted to support me through this because they felt like I was being taken to the cleaners. And in the beginning I was, but I didn’t care. I felt like he needed me, and at that time I think I needed him.” Another participant, Kris (#020) stated, “I haven’t lost any friends, but you know, a lot of comments out there like, you know they say, ‘Well, the kids should be with their mother,’ you know. You know, she’s got two of her own. But they don’t understand, I’m the only one that seen it.”

Despite the multiple daily challenges these grandmother caregivers endure on a daily basis, five of the participants expressed that their faith alone was a strong means of support. As one participant, Dori (#018) expressed, “The Lord is just, he’s the main judge and jury and everything you know in my life. I just give it to him, and however it works out; it will be because
it was you know what it was supposed to be. He said he’d never put more on us than we could bear, so.”

The local kinship care support groups and/or kinship networks described by eight of the participants are programs designed to provide supportive services and support groups to kinship caregivers (relatives and/or non-relatives caring for children when the biological parent is unable). The support groups vary from each county, therefore, were described differently among four of the 11 grandmothers, however, they provide similar services. Over half, being eight of the grandmother caregivers were or are affiliated with a kinship care support group. All the participants have utilized or are currently receiving supportive services through a local kinship care program. They reflected that the information and/or support they received has been valuable as well as essential in providing adequate care for their grandchild(ren). As one participant, Eve (#015) states:

“I’m not active, because I never needed, so, but you know if I need somthin’, I’ll trust and believe, I will call [Kinship Coordinator], it’s every night, it’s just like, she [Kinship Care Coordinator] just made me feel like there was somebody in the system that really cared about what was goin’ on in the community, that was really out there ready to do what I felt her job was to you know to try to help somebody.

Another participant talked about the benefits of a kinship support group, having a sense of belonging, Pam (#013) states, “I guess just finding out I was not unique. This is a big thing.”

All the participants in this study and within the limited individual member check focus group of this study mentioned the importance of having a Kinship Care Program available in every county in every state. Additionally, every participant stressed the importance of enhancing visibility in society. Many acknowledge the lack of awareness that there are even programs available to support kinship care caregivers in general. As one participant, Jenny (#021) stated, “Yeah, a lot of people don’t know, even though in our county it’s very well know, still people are shocked when they hear, ‘Oh there’s help?’” Somebody can actually help me with all of this?”

The concept ‘support’ emerged from a combination of descriptions from participants (#014), (#011), (#013), and (#020), which set the stage for (#018) and (#015) descriptions of church affiliations. An example of the turning point was in participant (#013) and (#21’s) descriptions of the benefits of a kinship care support group.
Searching for a Break

Similar to the theme ‘Sources of Support,’ the theme “Searching for a Break” also evolved through the central sub-central question (e). Initially, this theme evolved through two steps. First, the theme “Sources of Support” evolved through the concept called ‘support,’ which included sub-categories: church affiliation, support group networks, family, respite, positive and negative remarks of others. Second, The strongest pattern among the “Sources of Support” is the concept ‘respite care.’ This distinction was made when observing commonalities among the participants’ descriptions. Sherry’s (#14) description seems to capture the commonly mentioned statements (underlined) among the other participants, “I want to have one of ‘em I could trust to baby sit’em to give me a break.”

Another participant, Fran (#012) adds, “I wish I had more support. Sometimes I just like to go off to myself for awhile, to have somebody take care of the kids for a very little while.”

While many of the participants expressed “love and care” for their grandchildren, often they felt overwhelmed with the responsibility of assuming the parental role and just yearned to take a break. They experienced hardships with financial, legal, social and emotional struggles. Despite the support the participants reported receiving from their family, church members, and other resources, they were unable to identify someone who could assist with giving them a small break. One of the participants talked about how she attempted and struggled to use the children’s’ mother as a means of respite care, Joy (#017) shared:

I mean it’s not often you have… you get to watch your kids and your grandkids grow up. You know most, but I just enjoy being with them. Don’t get me wrong. There are times when I need to get away. Yes, and we tried the mom workin’ thing and me workin’ and babysittin and it kind of gets to be a handful sometimes.

Another participant, Jen (#021) states:

When you don’t have any, you know, you don’t have a husband; you don’t have a sister, you don’t have family to help out; you have one daughter almost eight months pregnant and she’s trying to help out, but there’s nobody else. And, you can’t leave her with whomever, cause I won’t do that.

Although in some counties there are available resources and services to assist with respite care, one participant, Eve (#015) stated she “needed another break” after dealing with the process to obtain respite services:

I asked them for respite and it never works out, but it just never works. The paperwork doesn’t go through in time. I always end up payin’ for it out of my own pocket, and then it always ends up puttin’ strain on my budget and it’s just not worth it. I’m really to the
point where I really need a couple days off, you know. Because the last time I put in for respite it was for my birthday. So, mom said she was goin’ to do it, well she did take the baby because my birthday was on a Saturday and they planned this birthday party. So, I mean that was great, but that’s been in October. I’m just you know, I mean probably didn’t get away this much with my kids were little either, but it just seems, since I’m older I think it’s just more of a strain on me. Human Services, or whoever handles it, and then they about a month after they babysit or somethin’ they get paid for babysittin’ and then I have to fill out more paperwork, and the time they get paid and my experience by the time all that paperwork goes around, I’m stressed again. I’m ready for another break. I need another day off, you know. It’s just like I wish they could come up with somethin’ regular where maybe you could just take them and drop them off at a kinship care center or somethin’.

Initially, the concept support emerged from the descriptions, which developed the theme “Sources of Support.” However, the concept support also emerged from the descriptions from participant (#012). An example of the turning point was in participant (#017), (#021), and (#015), which developed the theme “Searching for a Break.”

Central Sub-question (f)

What challenges play into grandmothers caring for their grandchildren in an informal arrangement?

This central sub-question is directed at the examination of how the challenges of grandmothers caring for their grandchild(ren) relate to providing care in an informal arrangement. This theme evolved through all concepts and sub-categories. Upon obtaining a collective amount of five or more recommendations presented by the grandmother caregivers for better assistance, the theme “Voices of the Grandmothers” appeared. The participants identified recommendations that emerged outside the central and sub-research questions, which were compiled and separated into two major categories: parental recognition and assistance.

Voices of the Grandmothers

Parental Recognition- one participant, Jen (#021) commented what one of juvenile court judges reported, “90% of the cases that he had in his courtroom in the last four months have been grandparents seeking custody of their grandchildren.” Almost all the grandmothers in this study yearned to be recognized as the primary caregiver. The same participant, Jen (#021) also stated, “I think the system needs to recognize grandparents and great-grandparents as being parents. The parents that are controlling these little lives that need so much that they are being neglected ‘cause their parents don’t know how to take care of them, you know.”
Assistance—these grandmother caregivers, most of who were on a limited income, described their service delivery as well as a need for ongoing support. Additionally, most of the participants expressed helplessness and frustration when attempting to initiate the services available to them. In order to receive adequate services, similar to Davey & Orabs’ (2005) findings on grandparents, many of the participants of this study uttered feeling “unheard” and “invisible” coupled with not having a specified OJFS category geared for kinship care. In other words, current policies and requirements lack in implementing a specified category for grandmothers caring for grandchildren or kinship care in general. One participant, Pam (#013) said:

There’s a couple of grandparents down there at therapy, they got their grandkids. And we sit there and talk. I just don’t understand the system. I said, we get the kids. The parents get the money. And I said, we got the kids; we should have the money for the kids. At least some of it anyway. I mean it would help me out a lot if she [biological mother] would just give me $100 a month to do somethin’ with these kids. I mean she works; she gets child support, she get’s the child’s social security checks. It’s not like she can’t afford it, ‘cause she only pays $41 a month in rent.

One of the most identified needs was the sense of being overwhelmed with the instantaneous and enduring daily expenditures of caring for a grandchild(ren). All the grandmother caregivers who receive OWF and/or Medicaid services recommended there be an increase in the amount of cash assistance they receive per child per month, as Dee (#019) exclaimed, “$245, that doesn’t help. By the time I buy his clothes and stuff.” One grandmother, Robin (#011) advocates, “They should adjust the kinship pay for the caretakers. That should be evaluated and more, you know, go with the economy on how things is going, you know.”

Again, Jen (#21) adds:

In think Medicaid needs to straighten their act out, pardon my expression, and “get with it,” with these parents trying to raise these…with these grandparents trying to raise these children, because we shouldn’t have to go through all this red tape for four months to get something taken care of for a baby.

Finally, in addition to parental recognition and service delivery, all the 11 participants agreed there is a dire need of implementing kinship care programs designed to provide supportive services to relatives and/or non-relatives caring for children when the biological parent is unable coupled with enhancing the existing kinship care programs. A summary of all these expressed needs is the request by one participant, Dee (#019), “I think there ought to be
more programs out there to help, not only the grandparents, but you know other people who are taking care of kids.”

**Summary of Research Questions**

In analyzing the qualitative data for answers to the one central research question in cohesive with six associated central sub-questions, the categories and concepts that appeared developed eight different themes: “Unexpected Role;” “Providing Kinship Care to Avoid Foster Care;” “Lifestyle: Love and Burden;” “Stretching the Dollar;” “Legal Implications;” “Sources of Support;” “Searching for a Break;” and “Voices of the Grandmothers.” First, the themes “Unexpected Role” and “Providing Kinship Care to Avoid Foster Care” developed from the concept ‘reasons for care’ and the theme “Lifestyle: Love and Burden” developed from the concepts ‘positives and negatives’ of caring for grandchildren in an informal arrangement. Second, the theme “Stretching the Dollar” developed from the concept ‘finances’ along with the theme “Legal Implications” being developed from the concept ‘legal.’ Third, the themes “Sources of Support” and “Searching for a Break” developed from the concept ‘support.’ Lastly, the theme “Voices of the Grandmothers” developed from the overview of all categories and concepts.
Chapter 5: Discussion

Interpretation and discussion of the qualitative results are discussed in this chapter. The literature, which helps to explain and enhance better understanding of the results are compared to the conclusions drawn from this study. Then research implications of the present study’s results will be discussed with regard to family life education and research. Lastly, improvement for the limitations and aspects of this present study will be presented.

Literature Based Interpretation of Qualitative Results

Bailey (2007) acknowledges that the goal of interpretation is what can be explained beyond the limits of understanding or interpretation with the degree of certainty usually associated with analysis. Meaning, the researcher attempts to answer the importance of the research and the application of the research. Therefore, the most significant study findings that provides important new insights into the quality of life of grandmothers caring for their grandchildren in an informal arrangement are discussed in this section, which are divided into two sections: three challenges identified in the literature and the emergence of additional or alternative challenges.

Three Challenges Identified in the Literature

Grandmothers caring for their grandchild(ren) in an informal arrangement endure multiple challenges on a daily basis and society is only beginning to learn about these challenges (Ehrle & Green, 2002). Because the potential magnitude and diversity of these challenges may have been too great to explore and fully understand in this small exploratory study, this study focused primarily on three specific challenges identified in the literature: financial, legal, and support networks. Therefore, these challenges are discussed first.

The sense of being overwhelmed with the instantaneous and continual costs of caring for a grandchild on a short or long-term basis was one of the most evident of the identified needs. The participants expressed a desire to receive an increase or more financial assistance to care for their grandchild(ren) when the biological parent is unable. This desire emerged from the grandmother caregivers’ desire to purchase clothes, diapers, food, and/or enroll their grandchildren in extra curriculum activities. Some participants went to extreme measures to assure they provide grandchildren with their daily basic needs. Some extended retirement and decreased their income scale, and another sold her rental properties. This finding was consistent
with Minkler and Roe (1998/1999) who say that retired or non-working grandmothers may spend their life savings, sell their vehicle, or cash in their life insurance as alternative financial options.

Most of the employed participants indicated that their most identified need was the sense of being overwhelmed with the immediate and ongoing expense of childcare, which left family members providing childcare. Equally, the results from a 1998 random survey of Ohio households conducted by the Institute of Policy Research (IRB), (47.3%) of grandparent caregivers were concerned with the childcare costs (Laundry, 1999). Landry (1999) also acknowledges that childcare costs are the second or third largest item in the household’s budget.

Another area that demands attention is the difficulty in obtaining financial services and being over income eligible. Five of the eleven participants applied for food stamps and four applied for childcare assistance, all nine participants were denied services for exceeding income eligibility requirements. However, only one out of eleven participants exceeded the 250% poverty rate. This participant did not even apply for these types of services. In confirmation, Allen’s (2002) study, which found that grandparents are often overwhelmed with the required paperwork that is required when approaching governmental departments. These findings were also supported by Berrick’s (n.d.) and Esping-Andersens’s study (1999), which found that grandparent-headed households have difficulties obtaining financial assistance due to delays in paperwork, or being disallowed from collecting aid for themselves because of their income. In addition to the financial challenges for grandmothers caring for their grandchild(ren), Solomon and Marx (1995) add that grandparents run into many legal issues as well as financial problems. A qualitative study conducted by the Grandparent/Grandchildren Initiative Network (1998) revealed that legal services is the third acquired resource by kinship caregivers, and their finances did indeed hinder their ability to access legal assistance. For instance, six of the participants applied and were denied legal services through Legal Aid Society, which ironically is a legal service to low-income families. Therefore, they may never see the inside of a courtroom or seek the approval of a judge.

In addition to the grandmother caregivers’ financial challenges, which may prohibit obtaining legal representation, (Davey & Orab, 2005) confirm that they are also faced with enduring confrontational battles against their grandchildren’s’ biological parents. Seven of the participants relate, “living in fear,” fear that the biological parents would remove the
grandchild(ren) from their care. This finding is supported by CWLA (2006) who reported that if the biological parents decide to remove the child(ren) from the grandparents’ care, in this case the grandmother caregiver, they have no legal control or right to interfere even when they suspect or feel the biological parent is not prepared to care for the child(ren). Therefore, the lack of legal authority impedes a grandmother caregiver’s ability to interfere with the parents’ removing the children from their care. While the majority of the participants in this study have an active Power of Attorney (POA), they all expressed wishes to have something more legally bound as means of removal prevention.

Minkler and Roe (1993, 1998/1999) says that literature suggests that grandparent caregivers experience changes upon becoming caregivers in their support network, which can cause social isolation and alienation. Equally, Landry (1999) reports that some grandparents experience a failure in their support networks. Despite what literature suggests, the participants state otherwise. With the exception of three participants, over half of the participants identified there specific sources of support, which were from family members, church, a local kinship care support group and/or kinship network. In Gleeson, Massat, & O’Briens’ (2001) qualitative study on kinship care, findings also revealed similar sources of support (i.e. God, family, and support groups). On the contrary to Gleeson, Massat & O’Brien (2001), however, some of the participants related that their family’s perception of them was that they were interfering with the child’s contact with their biological parent.

While Carlini-Marlatts’ (2005) study revealed that social isolation and lack of support were common complaints among grandparent caregivers, all 11 of the participants sought and utilize services and/or support from their local kinship care program, which provides ongoing supportive services and support groups to grandparents raising grandchildren. Additionally, they all reported receiving support; one participant related how her support restored her faith in the child welfare system. This finding is supported by Fabian, Savage-Stevens, and Smith (2002) who found that the vast majority (88%) of their participants felt that support groups are beneficial.

A few grandparent support groups are already established in the community to deal with issues affecting grandparents. However, it was evident from the amount of information that was shared among the participants coupled with confirmation among the participants in the individual limited focus group that they wanted an ongoing support group and/or kinship care program to
be implemented and available in every county in the state of Ohio. Additionally, program information on these groups needs to be implemented and readily available for grandparents. Subsequently, these programs will help grandmother caregivers navigate the system, decrease or alleviate the stressors of dealing with the consumed financial, legal, and emotional discord of raising grandchildren. Lastly, these support groups can assist grandmother caregivers to receive both information about resources in dealing with family dynamics and/or exchange their kinship experiences with other grandmother caregivers. In relation to searching for support and the financial challenges require recognition and urgent careful consideration at the policy making level (Musil, 1993).

**Emergence of Additional or Alternative Challenges**

It was expected that concepts being researched in this study, at a minimum, would be altered significantly or even discarded in the course of the research (Ragin, 1994). Through the assessment, discovery was made that the perceived challenges for a grandmother kinship caregiver were not limited to finances, legal, and support networks. Other challenges needed to be defined and described. Therefore, emergence of additional and/or different concepts altered the concepts initially being utilized: financial, legal, and support networks, which created eight different themes.

Although the participants in this study pledge their love and loyalty to the grandchildren in their care, as Gleeson, Massat, & O’Brien (2001) discovered, these grandmother caregivers also described the unexpected burden and the personal sacrifices that they experienced, such as: loss of retirement plans, decreased income levels, altered personal and family relationships, and to mention losing their grandmother role to assume parental role. Prior to placement of a child(ren) in their home, non-relative certified family foster parents participate in a lengthy home study, attend and receive paid child welfare training. Whereas, grandmother caregivers often assume the kinship caregiver role with very little forewarning and no trainings, therefore, leaving very little preparation beforehand. With only a few exceptions, nearly all the participants of this study assumed kinship care with no or little forewarning. The findings related to Minkler and Roe (1998/1999), who acknowledges that the increase in narcotic abuse may be the “most dramatic” and immediate contributing factor to kinship care. In support of literature, almost all the participants came to care for their grandchildren due the biological parent’s substance abuse. However, most of them expressed fear of the child welfare system. Subsequently, the
participants did not want their grandchildren placed in a foster home. Crumbley and Little (1997), confirms that kinship care forestalls the child from becoming an institutional and/or social responsibility. As the participants in this study asserted, it is essential that the needs of grandmothers caring for grandchildren in an informal arrangement be addressed. Same as Davey & Orab (2005) study, every participant stressed the importance of enhancing their visibility in society.

Another need that the grandmother caregivers in this study identified was the need for respite care. Meaning, having a short or long-term break from the child(ren) in their care. This finding is consistent with that of (Musil, 1993), who found that grandparents as primary caregivers need additional support, such as respite care. Despite the high volume of requests for respite services, these grandmother caregivers are more often unaware or denied of the services. In support, respite services are determined by each county and for a kinship care caregiver to access child protective services, the Ohio Job and Family Services (OJFS) funds accounts for the families’ entire household income and other entities (CWLA, 1994, 2006). This leaves, yet again, many of the grandmother caregivers ineligible for services. In support of Orab & Daveys’ (2005) study on grandparents, one area that should be emphasized is the notion that grandmothers caring for their grandchildren in an informal arrangement want to be treated as parents. Many of the participants expressed feeling “unheard” and “invisible,” indicating they did not fit into any one specified OJFS category to receive adequate services they need. Subsequently, the need to be recognized as ‘parents’ was a desire that emerged from current requirements and governmental policies (Davey & Orab, 2005). This may help condense the grandmother caregivers’ frustrations when initiating welfare or other types of assistance. Grandmother caregivers need for parental recognition was also emphasized in response to their contribution in the children’s well-being coupled with the amount of savings made for the state and federal governmental funds.

Although all the grandmother caregivers appreciate any kind of financial or other support they receive to care for their grandchildren, most of them advocated for an increase in the monthly Ohio Works First (OWF) child only financial benefits, which currently they receive $245 a month for the first child and $91 for the second child.

Although the literature provided for this study predicted three perceived challenges that grandmothers associate with caring for their grandchildren in an informal arrangement, many
other challenges were discovered and as a result several themes emerged. Therefore, this study revealed significant results that presented findings that can be used in implications for family life education, implications related to policy, and implications for future research, which will all be discussed in the next section of this study.

**Implications**

This descriptive qualitative study provided further insights into grandmothers’ experiences and the complexity of caring for their grandchild(ren) in an *informal* arrangement. Additionally, this study provided useful information in a variety of ways. First, this data presents implications for family life education. Second, these findings also reveal implications related to policy. Lastly, implications for future research, which will assist social service agencies in developing and/or enhancing current programs designed for relatives and/or non-relatives headed households living in an *informal* arrangement coupled with enhancing kinship grandmother’s visibility in society. Thus, the implications for future research will also serve to validate and enhance existing findings.

**Family Life Education**

Family Life education can use the findings that evolved from this study to help and empower kinship families, in particular grandmothers caring for their grandchildren to navigate the welfare and child welfare system. The findings from this study suggest that grandmother caregivers are unaware any programs and/or services available to them. The activities of support groups, even those with the most modest resources, often extend beyond simple mutual aid, which can assist these grandmother caregivers and other kinship caregivers in accessing financial, legal, respite, and other services. Therefore, family life education may wish to develop a workshop, which focuses on: 1) the importance of kinship and supportive interventions for grandparent caregivers, which are growing in vision, complexity, and outreach; 2) the diversity among grandmother caregivers, as well as the mix of family circumstances and the individual of choice to provide kinship care; 3) while all placements (informal, formal, or linked to the child welfare system) experiences hardships, the rise of *informal* placements are increasing and may experience greater stress without the reassurance of legal custody, posing a “love and burden” coupled with “fear of child removal;” 4) lastly, the types of case management services to link these kinship families, which will increase their capacity of care for the children in their care.
Policy and Research Implications

Continuing social change, including changes in family composition and the rise in drug abuse and other societal issues are among many reasons for the increase in kinship care (Minkler and Roe, 1998/1999). Subsequently, it becomes more possible for grandmothers to play an innovative role in the lives of their grandchildren. As a result, consideration of grandmother caregivers being recognized and treated as a parent acting out the parental role suggests that there are a number of areas, which need further exploration.

First, the policy problem appears to be much broader than a Job and Family Services and/or child welfare issue (Gleeson, Massat, & O’Brien, 2001). The results of this study suggest that something is evidently wrong with a welfare system that “induces” rather than “reduces” roadblocks for families struggling to raise children without the involvement of the child welfare system. While there are available financial and medical resources, they are minimal and/or sometimes denied of these services. The participants of this study identified the need for legal, childcare and respite services. However, again, the policy problem is that most of these grandmother caregivers’ income levels denied them access to these services. Meanwhile, some of the grandmother caregivers are selling rental properties or taking a large cut in their salary to meet the needs of their grandchildren. There is definitely a policy problem. Increasing the poverty percentage rate from 200% to 300% for eligibility requirements for financial support and/or other services, such as: childcare, food stamps, and legal aid assistance, may make it possible for these families to maintain the continuity of care of their grandchildren without the intervention of the child welfare system. Another option, at the very least, would be to honor these grandmothers’ identified need to increase the monthly OWF payments from $245 for one child a month and $91$ for the second child per month to $300 per child per month. The irony is that the average foster parent in the state of Ohio receives approximately $15 to $30 a day to care for children other than their own (Children’s Defense Fund, 2006). Additionally, we can relatively be certain that grandmother caregivers need support and assistance. Given that many shoulder the majority of the burden of kinship care, it is important to explore the reason why these kinship caregivers are not receiving the support and services that they need in order to effectively provide care for their grandchildren. The lack of legal authority is of particular concern, as the grandmother caregivers are less able to advocate for a child’s best interest and fear the biological parents will remove the child(ren) to an unsafe environment. One means of
support for these grandmother caregivers is to support the development of community-based services that specialize in kinship care. Due to the mixture of hope and disappointment that grandmother caregivers experience on a regular basis, ongoing support is needed to help cope with these issues (Gleeson, Massat, O’Brien, 2001). Therefore, providing vigorous assistance to them to help them access services in their communities in cohesive with community education about these programs is a critical element of a comprehensive service system (Gleeson, Massat, & O’Brien, 2001). Acknowledgement regarding the unexpected burden and outside stressors experienced by grandmother caregivers plays a considerable amount of impact in a child’s overall safety and development are paramount. Thus, it is highly important that policy makers seek to examine the impact that current policies and/or lack of services are having on the grandmothers caring for their grandchildren currently and in the forthcoming.

Second, to make informed policy choices concerning grandmother caregiver informal placements, (Hegar and Scannapieco, 1995) acknowledges that it is important to consider what the recent but growing body of research suggests about the children, their caregivers, and the agency plans and services. Therefore, qualitative data on grandmothers caring for their grandchildren in an informal arrangement is worth looking at in greater depth. It is possible that kinship caregivers providing informal care, in particular grandmothers are unique to this sample. In order to evaluate if these connections exist outside of this sample, further research may be necessary.

In regards to potential research, there a number of compelling questions. Because so many grandmothers cited feelings of fear of the biological parents removing the children from their care coupled with a fear of the children being placed in foster care, the nature of these feelings warrants exploration. Are these feelings of fear strictly associated to providing care in an informal arrangement or simply due to their current family dynamics? Due to the lack of a formal arrangement, are there circumstances that the children return to live with their biological parents at some point in the future? Would the parents be more involved in their child’s every day daily needs and activities if the children were being cared for in a formal arrangement and/or within the child welfare system? What are the outcomes for these grandmother caregivers who maintain care in an informal arrangement compared to those who assume guardianship? What are the outcomes for these grandmother caregivers who maintain care in an informal arrangement compared to those whose grandchildren were placed in foster care? This leads to
another compelling area for future research. A large number of participants described the factors that they associate with the challenges of caring for their grandchildren in an informal arrangement are implications with childcare, respite care, support networks; and financial and legal implications being the most cited. Are these challenges strictly associated with informal caregiving or imposed from being a single grandmother? If the policy makers modified current financial application and/or services to better assist these grandmother informal caregivers, how would this effect the need for respite care?

Although in several states, legislators have designed, and even in some cases passed measures to increase support for grandparent caregivers (Minkler and Roe, 1998/1999), yet much remains to be done. Researchers, policy makers, and social service practitioners must revisit existing policy and program design, implementation, and evaluate if the needs of grandmother informal arrangements need to be better addressed. In addition to these grandmother caregivers maintaining the continuity of care for their grandchildren in an informal arrangement, they also have a proactive role as contributors to the child welfare system in supporting economic growth. The voices of these grandmother caregivers in this study have made it possible to unwrap some of these issues for further consideration and deliberation.

**Limitations**

Although using qualitative design provided useful information about grandmothers caring for their grandchildren in an informal arrangement, there were limitations placed upon this study. The limitations of this present study coupled with suggested areas of improvement will be discussed in this section. The following limitations need to be considered:

First, while appropriate for qualitative studies, the sample size and procedures for participant selection do not support generalization to a larger population and be the same across all ethnic groups of kinship care informal arrangements (Locke, Sprirduso & Silverman, 2000). Participants were recruited and interviewed from two organizations and the majority of them were Caucasian, with a few exceptions. Additionally, the study was limited to only grandmothers providing care in an informal arrangement; therefore, this placed a limitation on the sample selection. Generating interest and responses to participate in this study proved to be more difficult than predicted, recruiting a total of 11 participants. Although OJFS, CPU kinship care support group generated 12 initial participants, not all participants of the support group were providing care in an informal arrangement, and therefore, only seven were applicable. In
addition, the chosen organization OGKCC that primarily focuses on issues of kinship care, many did not focus particularly on single grandmothers, therefore, did not generate a large number of responses. Contacting the local representatives from the OGKCC on an individual basis helped to locate four participants who reside in different areas than the majority of participants’ residences. Recruiting from more than two cites may help generate participants in the future. Also, advertising on the OJFS, CPU website may recruit more participants.

Second, there was no control for informal arrangements. Assumption was made that mention of and defining informal caregiving was a criterion in the letter distributed during the OJFS, CPU kinship care support group would provide enough control. This, however, was not the case considering, initially, there were 21 initial interested participants and really only seven of them met the requirements. After the second inquiry who did not met the requirements, a phone call was placed individually to each grandmother and/or explanation about the requirements of this study was provided to prospective participant in person. As predicted, experimental mortality also occurred. Two of the original 12 interested participants died of natural causes within weeks of one another and one dropped out of the study.

Lastly, being a Social Worker on a professional level placed limitations upon the study. It was difficult to reframe from acting out the Social Worker role verses the researcher role. In an effort to decrease these actions, a self-reflective journal was kept upon initial contact with the participants and throughout the duration of the process. In addition, a manually written code, which is a star, was placed by the participants code numbers who inquired about assistance (i.e. #012, *), therefore, when reviewing the transcripts, it was easy to detect what answers may have appeared due to probing questions.

**Conclusion**

The role of a kinship caregiver is complex and usually unexpected. More and more relatives and non-relatives, particularly grandmothers from all socio-economic and ethnic backgrounds are becoming primary caregivers for children when the biological parent is unable. Despite the high costs of caring for a child other than your own, grandmothers raising their grandchildren unselfishly give their love, time, talents, and personal resources to assure their grandchild(ren) remain with family. In doing so, they help keep their families intact and become a stabilizing force for children whose lives are full of uncertainty (Crumbley & Little, 1997). Kinship care also maintains the family system as the primary provider of care for the child, and
forestalls the child becoming an institutional and social responsibility (Crumbley & Little, 1997). Until recently, kinship caregivers have been largely overlooked and will only continue to grow at a rapid rate.

While a large body of research has attempted to gain knowledge about the challenges that grandmother’s experience in formal arrangements, a small amount of research has been conducted to address the challenges that grandmother caregivers face while caring for their grandchildren in an *informal* arrangement. Having an absence of solid data about kinship care can only add confusion (Crumbley & Little, 1997). However, this qualitative study helped amplify the voices of kinship grandmothers and enhance their desire to be more visible in society. Additionally, this study furthered empirical knowledge about the experiences of this population. In addition to financial, legal, and support implications, grandmothers caring for their grandchildren in an *informal* arrangement they also fear the child will be placed in foster care as well as removed from their care by the biological parents. While the grandmothers appear to have support from family and friends, they also have a “love and burden” and need a break from time to time.

Although the existing body of literature is an excellent foundation with which to build on, it is equally important that researchers, practitioners, and policy makers also continue to gain knowledge about grandmothers caring for grandchildren in *informal* arrangements. In return, community-based preventative services could be implemented and/or current programs could be enhanced to financially, legally, and socially support these grandmother caregivers. Federal and state policies and/or guidelines that affect these households should implement or at the very least modify existing policies that would better adhere to these grandmother caregivers. In doing so, this would reduce the escalation of problems and the need for subsequent state agency and/or judicial intervention (Crumbley & Little, 1997). Although this study has been a helpful tool in exploring and identifying what factors grandmothers associate with the challenges of caring for their grandchildren in an *informal* arrangement, there is much more to learn about grandmothers caring for their grandchildren in an *informal* arrangement.
References


Appendix A

(Card / Advertisement-provided to prospective participants)

Are you a Grandmother caring for your grandchild(ren) when the biological parent is unable? If so, read below, as you have an opportunity to participate in a research study:

Miami University graduate student in the Department of Family and Child Studies in Social Work seeks grandmothers to participate in master thesis research regarding grandmothers caring for grandchild(ren) in an informal arrangement. Informal arrangement is defined as a kinship caregiver who has been providing care for a child(ren) when the biological parent has not been present for at least six consecutive months without judicial and/or child welfare involvement. If you are a grandmother who is interested in participating or just want more information, please contact Kris Scherer at:

Kris Scherer, B.S. 937-382-5935, ext. 1345
Family and Child Studies Center (Please leave a message)
109 McGuffey Hall
Oxford, Ohio 45056 krisscherer1@aol.com

If this research project does not apply to you and your current situation, but you know someone are aware of someone else who might be interested, please pass this advertisement along.

Look forward to receiving your call soon!!
Appendix B
(Example of Flyer that would be distributed to prospective participants)

GRANDMOTHERS

ARE YOU CARING FOR YOUR GRANDCHILDREN?

IF SO, HERE IS AN OPPORTUNITY TO PARTICIPATE IN A RESEARCH STUDY REGARDING GRANDMOTHERS CARING FOR THEIR GRANDCHILDREN IN AN INFORMAL ARRANGEMENT.

* ARE YOU A GRANDMOTHER?

* HAVE YOU BEEN PROVIDING FULL-TIME CARE FOR YOUR GRANDCHILDREN FOR THE LAST SIX CONSECUTIVE MONTHS?

* HAVE YOU BEEN CARING FOR YOUR GRANDCHILDREN WITHOUT ANY HELP FROM THE JUDICIAL SYSTEM?

****** THEN YOU ARE INVITED TO PARTICIPATE IN A MIAMI UNIVERSITY FAMILY AND CHILD STUDIES CENTER RESEARCH PROJECT******

IF YOU ARE INTERESTED, PLEASE CONTACT:

Kris Scherer, B.S.
Family and Child Studies in Social Work
109 McGuffey Hall
Oxford, Ohio 45056

or
937-382-5935, ext. 1345

or

e-mail: krisscherer1@aol.com
Appendix C
(Screening Questionnaire)

Informal Caregiving: Factors Grandmothers Associate With Challenges of Caring for Their Grandchild(ren)?

Date: _______________________

What is your full legal name? ____________________________________________

What is your address? ____________________________________________________

What is your telephone number? __________________________________________

Are you a Grandmother caring for your grandchild(ren)? (Circle one)
no   yes

If you answered yes, please answer the following questions outlined below:

Are you the primary caregiver of your grandchild(ren)? (providing full-time care)
(Circle one) yes   no

Please circle the following: married single separated widowed
How long? ______________________________________________________________

Have you had any judicial involvement with your grandchild(ren)? (i.e. juvenile court, children services, limited guardianship, legal guardianship, legal custody, Power of Attorney, Caregiver Authorization Affidavit, temporary custody, or adoption). If yes, please explain the extent of your involvement:
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

Are you currently caring for your grandchild(ren) in an informal (i.e. having no judicial involvement) or formal arrangement (i.e. having judicial involvement)? (Circle one)
yes   no

Have you been caring for your grandchild(ren) for at least six consecutive months? (circle one) yes   no

___________________________________________
Participant Signature
Appendix D
(Demographic Informational Sheet)

Informal Caregiving: Factors Grandmothers Associate With Challenges of Caring for Their Grandchild(ren)?

ID Number: ___________________ Date: ___________________

What is your address? __________________________________________

What is your age? ____________ years, DOB: ________________

What is your marital status? (Circle one)
Never Married Married / Living as Married
Divorced / Separated Widowed

How would you describe your racial/ethnic background? ______________________________

How many years of formal education do you have? _______________ years
(12 = high school; 16 = graduate from college, etc.)

How long have you resided in the state of Ohio? _______________ years

Are you employed, if so, how long? _______________________________ years

Have you been caring for your grandchild(ren) for at least six consecutive months? yes no
(Circle one)

How long have you been providing care for your grandchild(ren)?
______________________ years

How many grandchild(ren) do you currently provide care for?
____________________ number

What are the ages of the child(ren) you are caring for? _____________________________

During the course of caring for your grandchild(ren), have you had any judicial involvement? (Circle one)
Limited Guardianship Legal Guardianship Legal Custody
Temporary Custody Adoption Power of Attorney
Caregiver Authorization Affidavit
If so, when ______________________________ if applicable, specify dates

Do you receive OWF/Medicaid for the child(ren) in your care? (Circle one)
Appendix E (Informed Consent)

Dear ________________,

Grandmothers raising grandchildren is not a new concept; however, what is new is the rapid growth in this phenomenon and the increasing interest concerning the challenges of caring for a child in an informal arrangement. As someone who is concerned with issues related to kinship care, your perspective in regards to current situation is of particular interest.

The purpose of this research project is to explore and understand the challenges that grandmothers caring for their grandchild(ren) in an informal arrangement experience on a regular basis. Therefore, I am searching for grandmothers who have been providing care for their grandchild(ren) for at least six consecutive months or longer in an informal arrangement.

If you choose to participate and become involved in this research project, please review the following information outlined below:
*If you feel this project does not apply to you, please pass this letter onto someone whom you feel may be interested.
*Your participation is strictly voluntary and there will be no penalty if you refuse to participate.
*If you feel uncomfortable at any point during the interviews you are free to stop at anytime.

You and other participants may be facilitated with me through the Clinton County Job and Family Services, Child Protection Unit Kinship Care Program (CJFS, CPU) and/or the Ohio Grandparent Kinship Care Coalition (OGKCC). Therefore, confidentiality is of utmost importance to me. First, upon receiving notification of your interest to participate, you will complete a demographic informational sheet and scheduled interviews will be held accordingly. Second, throughout your participation all your interviews will be audiotaped and all information pertaining to this study will be coded numerically. Third, all coded data will be kept in a locked file until completion of my analysis at which point they will be destroyed. Lastly, three doctoral committee members and myself will be the only individuals with access to information provided during the course of your participation. Upon completion, your name will be placed in a drawing for an opportunity to receive a $100.00 gift card to Wal-Mart.

If you have any questions regarding your participation in this study, please do not hesitate to contact me at 1-937-382-5935, ext. 1345 or my faculty advisor, Dr. Elise Radina at 513-529-3639. Questions about your rights as a subject of a research project are directed to the Office for the Advancement of Research and Scholarship at 513-529-3734. Your involvement is an essential piece to this project’s success.

Sincerely,
Kris Scherer, Miami University Graduate Student
Appendix E1 (For Your Reference)

The interview involves research intended to explore the factors grandmothers associate with challenges of caring for their grandchild(ren). Your participation in this interview is voluntary. There is no penalty if you refuse to participate in any or all portions of this interview. Also, you may discontinue your participation at any time before or during the interview. The interview consists of questions concerning challenges that mostly impact you when caring for your grandchild(ren). The interview may take up to two hours to complete.

If you are familiar with the interviewer and feel uncomfortable participating in this study at any time, please do not hesitate to stop your interview. Again, you will not be penalized for discontinuing the interview. Risks to you in participating in this interview are minimal, however, some participants may experience distress in discussing their experiences. There are no direct benefits to participation. However, you may find it beneficial to discuss these issues and enhance your visibility in society. In addition, the study will provide information that may later be used to help other grandmothers caring for their grandchild(ren) and/or social service providers to implement or enhance a program(s) designed for kinship care.

Your interview will be audiotaped and transcribed. At the time of transcription your interview will be given a code number that will serve as the interview’s identification throughout the research process. Only members of the thesis committee will have access to information linking code numbers to participants’ names, which will be kept safely in a locked cabinet. In return for your participation your name will be placed in a drawing for the opportunity to receive a $100.00 gift card to Wal-Mart.

If you have any questions regarding this research, please contact:
Kris Scherer      Dr. Elise Radina, CFLE
Miami University Graduate Student   Chairman of Thesis Committee
937-382-5935, ext. 1345    513-529-3639
krisscherer1@aol.com    radiname@muohio.edu

Written Consent

I understand that my participation in this study is strictly voluntary and I may discontinue my participation at any time without prejudice or penalty. I understand my participation in this study is to explore the subject and factors that Grandmothers Associate With Challenges of Caring for Their Grandchildren in an Informal Arrangement. I understand that any information about me that is collected during this study will be held in the strictest of confidence and will not become part of my permanent record. I also understand that in order for this research to be effective and valuable certain personal identifiers need to be collected. I further understand that the strictest of confidentiality will be maintained throughout this study and that only the interviewer and three doctoral members of the thesis research team will have access to the confidential
information. Lastly, I understand that at the conclusion of this study all records, which identify individual participation, will be destroyed.

Signature of Participant: __________________________ Date: _______________
Printed Name of Participant: __________________________

Oral Consent (Phone Contacts)

Do you have any questions regarding this statement, what to expect in the interview, or your participation?

Would you like to continue with the interview?

(Affirmative response = consent; negative response = non consent, discontinue interview)
Appendix E2 (Documentation of Informed Consent)

Informal Caregiving: Factors Grandmothers Associate With Challenges of Caring for Their Grandchild(ren)?

Participant’s Name: _________________________________
Date: _____________________________________________
Interviewer’s Signature/Initials: _______________________

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Participant’s Name: _________________________________
Date: _____________________________________________
Interviewer’s Signature/Initials: _______________________

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Participant’s Name: _________________________________
Date: _____________________________________________
Interviewer’s Signature/Initials: _______________________

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Participant’s Name: _________________________________
Date: _____________________________________________
Interviewer’s Signature/Initials: _______________________

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Participant’s Name: _________________________________
Date: _____________________________________________
Interviewer’s Signature/Initials: _______________________

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Participant’s Name: _________________________________
Date: _____________________________________________
Interviewer’s Signature/Initials: _______________________

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68
Appendix F
(Face-to-Face Interview )

Informal Caregiving: Factors Grandmothers Associate With Challenges of Caring for Their Grandchild(ren)?

Interview #1: Personal Life History and Kinship History

I appreciate your willingness to talk to me as part of a research study involving grandmothers caring for their grandchild(ren) in an informal arrangement. Your participation will better able to provide useful information to individuals in your similar situation.

The participant’s number _______. According to your screening questionnaire and your demographic informational sheet you have been providing care for your _______ grandchild(ren) for _______ months/years. Is that correct? #

Here, I will listen for and possibly probe for the following:

I want to inform you that when I use the term Kinship Care, I am referring to your situation, grandparents caring for their grandchildren when the biological parent is unable, which, in this case is what you are providing for your grandchild(ren).

Participant (Information also is obtained in demographic informal sheet)

First, describe to me your ethnic background (i.e. family of origin, where you are from individually, with your family, and within the community)

What is your level of education?
GED, High School, Associates Degree, College, and so forth.

Tell me about previous marriages and/or significant relationships. If separated, divorced, or widowed, how long?

Discuss how your former marriage or significant relationship has impacted your decision to provide kinship care?

Background of Kinship Care Experience

I’m interested in hearing about how you came to care for your grandchild(ren).

Describe to me what your family situation was when you agreed upon placement of your grandchild(ren).

How did you decide to care for your grandchild(ren)?
Appendix F1
(Face–to-Face Interview)

Whose initial idea was it to provide kinship care?

How did people within your family unit impact your decision to provide kinship care?

How did people outside the family unit impact your decision to provide kinship care?

Discuss what your expectations were before agreeing upon the placement of your grandchild(ren).

How do you feel parenting another person’s birth child?

**Family Relationship with Biological Parents**

What sort of relationship do you have with your grandchild(ren)’s biological parents?

How often do you see and/or visit your grandchild(ren)’s biological parents?

How often do the children see and/or visit their biological parents?

Who holds custody of your grandchild(ren)? Describe your definition of custody.

**Challenges of Caring for Their Grandchild(ren)?**

**Finances**

What are your sources of income? (Probes) For example: Social Security, SSI benefits, AARP, etc.

Please discuss your overall financial situation.

Describe what your financial situation was like prior to kinship care?

Is your current income sufficient to meet the needs of your current family household members?

How are financial decisions made?
Appendix F2
(Face–to-Face Interview)

Are you employed, if so, what are your hours?

If not employed, the following three questions do not apply:

Were you employed prior to providing kinship care? If no, tell me the reasons for obtaining employment.

What types of paid leave or other benefits does your employer offer?

Are you likely to use this to take care of your grandchild(ren)?

Tell me about the positives of being employed while providing kinship care.

Tell me about the negatives of being employed while providing kinship care.

What do you perceive as challenges to care for your grandchild(ren) in regards to your income level?

While providing kinship care, what financial resources have you sought?

Where have you looked or what organization has assisted you to find this information?

Has your search for financial assistance been satisfying for you?

If not, what would have made your assistance more satisfying?

How did the assistance help you?

In regards to kinship care, have you personally needed financial assistance, if so, please explain.

Legal

Please restate how long you have been caring for grandchild(ren) without judicial involvement (i.e. having no juvenile court and/or children services involvement or limited to Power of Attorney, Caregiver Authorization Affidavit, or limited guardianship).

Describe what you perceive to be the positives of providing kinship care in an informal arrangement.

Describe what you perceive to be the challenges of providing kinship care in a formal arrangement.
Appendix F3
(Face-to-Face Interview)

While providing kinship care, what, if any, legal assistance have you sought?

Where have you looked or what organization has assisted you to find this information?

Has your search for legal assistance been satisfying for you?

If not, what would have made your assistance more satisfying?

How did the assistance help you?

In regards to kinship care, have you personally needed legal assistance, if so, please explain.

Support System

Describe and discuss your family’s support system. Include both informal and formal resources, such as: family, friends, church, counselor, clubs, support groups, etc. Include historical and current supports and also whom you plan to use for support in the future.

Who do you go to for advice?

If so, what specifically did you talk about?

Describe for me the extent to which you have found this to be helpful to you.

What were the reported opinions of extended family and close friends regarding your intent to provide kinship care?

Currently, what were the reported opinions of extended family and close friends regarding your intent to provide kinship care?

Who in your family would best understand your willingness to care for your grandchild(ren)?

Tell me about a long-term personal relationship outside of your family (contact: how often and what type)?

While providing kinship care, what, if any, support network have you sought?

Where have you looked or what organization has assisted you to assist you with support?
Has your search for a support network been satisfying for you?

If not, what would have made your assistance more satisfying?

How did the assistance help you?

What do you perceive as challenges to care for your grandchild(ren) in regards to a support network?

**Brief Description of Grandchildren**

What are the ages of the children in your care?

Describe each grandchild to me (i.e. personality).

Does the child(ren) have any limitations; if so, what are they and why do you consider it a limitation?

Tell me about the positive impact that your grandchild(ren) have had on your life and others.

**View of Placement**

What do you perceive to be the most difficult challenges in providing kinship care?

What are some of the hardships or disappointments you have experienced while raising your grandchild(ren)?

What are some of the hardships or disappointments you have experienced while raising your grandchild(ren) in an *informal* arrangement?

What are some of the positive experiences you have experienced while raising your grandchild(ren)?

What are some of the positive experiences you have experienced while raising your grandchild(ren) in an *informal* arrangement?

What are the some of the satisfactions your have experienced while raising your grandchild(ren)?
Appendix F5
(Face-to-Face Interview)

Wrap-up

Is there anything else you would like to share with me?

Thank you for agreeing to assist me in this research study.
Definition of Terms

CAA = Caregiver Authorization Affidavit

CWLA = Child Welfare League of America

Convenience Sampling = A strategy to converse with whoever is available that may be able to offer insight to the project being researched.

Ethnographic Method = A process intended to reveal common cultural understanding related to the phenomena understudy.

Focus Groups = Informal technique and form of qualitative research in which a group of people are asked about their attitudes towards a service, concept, or idea that can help researchers assess the feelings of the participants both before interface design and long after implementation.

Formal Arrangement = Kinship care arrangements, which involve assistance from or contact with child welfare workers.

Informal Arrangement = A category of public kinship in which children appear to be delivered from the public system. A living arrangement that occurs without assistance and/or knowledge of child welfare officials.

Interview Protocol = A protocol for recording information during a qualitative interview.

Kinship Care = Refers to relatives or non-relatives providing full-time parenting to children when the biological parent is unable.

KPI = Kinship Permanency Incentive

Latent Content Analysis = data analyzed manually, reviewing transcripts line-by-line.

Member Checking = To determine the accuracy of the qualitative findings through taking the final report or specific descriptions or themes back to the participants and determining whether these participants feel that they are accurate.

OGKCC = Ohio Grandparent Kinship Care Coalition

OJFS = Ohio Job and Family Services

OJFS, CPU = Ohio Job and Family Services, Child Protection Unit

POA = Power of Attorney
Continuation of Definitions of Terms

**Prolonged Time Engagement** = The researcher develops an in-depth understanding of the phenomenon under study and can convey detail about the site and the people that lends credibility to the narrative account.

**Qualitative Research** = Interviewing participants and using a natural setting that is interactive and humanistic.

**Snowball Non-probability Sample** = Is a method that occurs when previously identified members identify members of the same population.

**TANF** = Temporary Assistance for Needy Families