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Pathways into Caregiving for Rural Custodial Grandparents

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ABSTRACT. Although one-quarter (25%) of custodial grandparents live in rural areas, less is known about these families than their urban counterparts. This qualitative study was conducted to determine pathways into care with rural families; that is, the reasons and process into custodial grandparenting roles. Based upon interviews with fourteen grandparents, three major pathways were identified. The most common was *co-residential* where the parent generation exited a multi-generational household. In the *incremental* pathway, grandparents had attempted multiple strategies with the culmination of taking physical custody of the grandchildren. A final pathway, *immediate care*, was typically the result of a family crisis situation. Needs and challenges for custodial grandparents differ depending upon their unique pathway into this caregiving role. [Article copies available for a fee from The Haworth Document Delivery Service: 1-800-HAWORTH. E-mail address: <docdelivery@haworthpress.com> Website: <<http://www.HaworthPress.com>> © 2004 by The Haworth Press, Inc. All rights reserved.]

KEYWORDS. Rural families, custodial grandparents, co-residential care

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During the past decade, research on grandparents who are raising their grandchildren has increased dramatically due to the rising numbers of this family form. Bryson (2001) reports on current census data for grandparents who are raising their grandchildren in the United States. There are about 2,400,000 grandparent caregivers, and most of these grandparents are women (62%) who are in the labor force (57%). In addition, a significant percentage (19%) of these skipped generation families live below the poverty line.

Since grandparents are often past the child-rearing years, their lives are dramatically affected by assuming care of grandchildren. Many custodial grandparents face tremendous challenges within this role which can impact their health and psychosocial functioning (Bartram, 1996; Burton, 1996; Pinson-Millburn, Fabian, Schlossberg, & Pyle, 1996). Frequent consequences of custodial grandparenthood are decreases in physical and social well-being (Kelly, Whitley, Sipe, & Yorker, 2000; Minkler, Roe, & Price, 1992; Morrow-Kondos, Weber, Cooper, & Hesser, 1997). At the time of life when many grandparents have increased leisure and fewer responsibilities, custodial grandparents are required to reintegrate into a parenting role which can result in stress and social isolation.

To date, the majority of research has focused on grandparent caregiving in large urban centers. Though the preponderance of research has been conducted in metropolitan areas, significant numbers of custodial grandparents live in non-urban communities (Kropf & Burnette, 2003; Pebley & Rudkin, 1999). One estimate indicates that about 25% of skipped generation families live in rural areas (Fuller-Thomson, Minkler, & Driver, 1997).

Rural areas hold particular issues for grandparents, especially those who are in later life. Probably the most pressing problem is the access to quality health care (Botsford, 1993; Mitka, 2000). Many communities are without hospitals, physicians, ancillary services (e.g., home health care or long-term care options) or mental health services.

Poverty is another pervasive problem within rural areas. Coward and Dwyer (1998) report that the combined interaction of age and community residence are significant predictors of poor economic status. That is, older adults who live in rural areas have less income and lower quality of housing than those who live in urban areas (van Nostrand, 1993). In addition to fewer economic resources, families that live in rural areas may need to expend additional funds to perform the routine activities of living (Myers, Kropf, & Robinson, 2002). For example, the price of gasoline has increased which puts a strain on family budgets. Routine trips

in remote areas (e.g., grocery store, pharmacy, doctor visits) inflate the costs due to the amounts spent on fuel. The increased costs associated with travel may hinder the families' abilities to make purchases in other essential areas (e.g., food, heating).

Since about one-quarter of custodial grandparents reside in rural areas, the experience of raising grandchildren might be hindered by these challenges. In the limited research on rural skipped generation families, findings indicate that grandparents report alienation and a sense of disempowerment within their communities (Myers et al., 2002; Robinson, Kropf, & Myers, 2000). Regardless of location, custodial grandparenting involves many stressful experiences, but raising grandchildren in rural areas may have additional challenges due to the sense of isolation and lack of resources in rural communities.

FUNCTIONING OF CUSTODIAL GRANDPARENTS

Various studies have examined the impact of raising grandchildren on the health and functioning of grandparents. In research comparing caregiving and non-caregiving grandparents, those who were raising their grandchildren had poorer physical and mental health outcomes than grandparents in non-custodial roles (Bowers & Myers, 1999; Jendrek, 1993; Musil, 1998; Pearson, Hunter, Cook, Ialanga, & Kellam, 1997; Szinovacz, DeViney, & Atkinson, 1999). Compared with other types of care providers, such as spouses and adult children, grandparents experienced more health problems and stressful life events (Strawbridge, Wallhagen, Shema, & Kaplan, 1997). Although grandparents who assume care are "silent saviours" for many children (Creighton, 1991), the experience of care provision may compromise their overall health and well-being.

Social well-being also may decrease due to the responsibility of raising grandchildren. As a result of the demands of care, grandparents experience isolation and lack social connection (Minkler, 1999; Roe, Minkler, Saunders, & Thomson, 1996). For example, grandparents report feeling alone within this role and dissimilar from peers within their social cohort group (Woodworth, 1996). Social isolation and alienation are partially a function of feeling "different" from other families. For example, grandparents report embarrassment participating in typical social functions such as PTA meetings or other school programs where they could potentially meet similar families (Minkler, 1999). The constraints and demands of caregiving decreases the degree of contact be-

tween the grandparent and his or her established social network which increases the sense of alienation (Burnette, 1999; Jendrek, 1993; Minkler, Roe, & Robertson-Beckley, 1994). Social isolation may also be the result of managing stigmatizing situations, such as the HIV status of a grandchild (Caliandro & Hughes, 1998; Poindexter & Linsk, 1999).

On the other hand, grandparents who are raising their grandchildren consistently report that the experience adds joy and meaning to their lives. Additional benefits include companionship, and a purposeful social and familial role. In addition, their caregiving role serves an important kin-keeping function for their family and the larger society (Morrow-Kondos et al., 1997; Poindexter & Linsk, 1999).

The existing research on custodial grandparents documents the stresses and challenges associated with this role. The limited research on the process of assuming the care of grandchildren, however, indicates that differences exist based upon both family and environmental circumstances (Jendrek, 1994). The goal of the present study was to identify various pathways into care, and the experience of caregiving for rural custodial grandparents.

METHOD

During 1999-2000, grandparents were recruited to participate in this qualitative study through their case managers in a service delivery program for custodial grandparents, Project Healthy Grandparents¹ (PHG). PHG is funded through the State Division of Family & Children's Services under the Promoting Healthy and Stable Families initiative. PHG was started through a university/community partnership in a large, metropolitan area (Gaines, Kelley, & Spencer, 1997). Since inception, PHG has been replicated at three sites throughout the State of Georgia. This program is founded upon a strengths-based case management model that works to empower grandparents in their caregiving roles.² Three of the four PHG sites are located in rural areas of the state, and participants were recruited from the three rural sites.

After being given basic information about the study, case managers forwarded interested participants' names and contact information to the research team. A member of the team contacted the grandparents to provide more detailed information, and to establish an interview time if their interest was sustained. The study was approved by the researchers' university institutional review board, and all participants signed informed consent forms.

Fourteen grandparents agreed to participate and were interviewed within their home or an alternate location (e.g., restaurant), if that was more comfortable. Two doctoral students performed the interviews, with each lasting about 60-90 minutes. Interviews were tape recorded and transcribed. After completing the interview, the grandparents were awarded a small honorarium (\$25) for their time and involvement.

Interviews

Overall, the interviews had the purpose of identifying various pathways into care for the grandparents. Two basic questions were answered as part of this overall goal. The fundamental question was about circumstances which precipitated custodial grandparenting. For this question, the interviewers invited the participants to talk about how they assumed the responsibility for raising their grandchildren. A second question queried participants about the impact of caregiving on their social network and family relationships. Grandparents provided information about how the caregiving role has had an impact on their lives and relationships. Interviews were open ended, and grandparents were able to provide information and “tell the story” of their experience of raising grandchildren.

After transcription, the interviews were analyzed using ORS NUDIST software by identifying key terms within the interview transcripts. Next, the data were organized into themes that described the reason and process for caregiving which was conceptualized as the pathway into care. Themes were organized into subcategories which identified various dimensions within a pathway. For each pathway identified, data were excerpted to provide examples of the grandparents’ experience in assuming care of their grandchildren.

Description of the Sample

As stated, fourteen grandparents participated in this study. The three rural areas that were included were located in the northeast, mid central, and southern area of the state. All of the participants were currently involved in the statewide support program for custodial grandparents and agreed to participate in this study.

The grandparents represented a heterogenous sample. The mean age of the grandparents was 55 years, with an age range of 39-71 years. Nine of the grandparents were African American, and the remaining five were white. Two of the participants were grandfathers, and the

other twelve were grandmothers. Four of the grandparents were currently married.

Descriptive information was also collected for the grandchildren within the home. A total of 22 children were in these families. Most commonly, the grandparents were raising one child; however, the number within the household ranged from one to six grandchildren. The mean age of the children was 8.36 years, with an age range of 3-17 years. The sample was equally split between grandsons and granddaughters ($n = 11$ each).

PATHWAYS INTO CARE

Based upon the interviews, three major pathways into custodial grandparenting were identified. The most frequent, *co-residential*, occurred when the parent exited a multigenerational household. Within the *incremental* pathway, grandparents had attempted multiple strategies with the culmination being physical custody of their grandchildren. A final pathway, *immediate care*, was typically the result of a family crisis situation where the parent was unable or unavailable to raise the children.

Co-Residential Pathway

The most common pathway reported was the co-residential, which was described by seven of the grandparents. As stated, this pathway occurred when there was a multigenerational household consisting of grandparents, parents, and grandchildren. For various reasons, the parent generation left the household with the grandchildren remaining with the grandparents. The major factors in the dissolution of the household were parents seeking new opportunities, family conflict, or the belief that the grandparents' household would be more stable for the grandchildren.

New opportunities. In some families, the decision of the parent to leave the household was based on presenting opportunities or new possibilities. One of these opportunities was marriage, where the grandchildren were left to live with the grandparent. The grandchildren may have wanted to stay with grandparents to remain with their friends or school, or they did not have a good relationship with the parent's new spouse. One 55-year-old white grandmother stated, "She [daughter] got a job in a distant town, met another man, an older man, and they mar-

ried. He had older children already. But [granddaughter] did not like him and did not want to go and live with them.”

Other parents left the household to pursue educational, employment or other opportunities. In some of the communities, there were limited job prospects and the parent left the area for a more urban setting. One 39-year-old African American grandmother described how she got custody of her seven- and six-year-old grandchildren, “She [daughter] had the opportunity to go to the university. She said, ‘I don’t want to leave my children.’ But I thought, ‘Ha! I’m raising them now anyway. . .’” Another parent left the household because she was bored living in a rural area. A 65-year-old African American grandfather reported that he was raising his five-year-old grandson because, “My daughter got sick of living in this little town and wanted bigger things. She left her baby with me and went to Florida to live with her mother.”

Child stability. In other situations, stability for the children was a primary reason for the grandchildren remaining in the home. Factors associated with stability within the caregiving situation included remaining at the same school, keeping friends, or being accustomed to the household. In the following example, an ill parent moved back to her mother’s home so the children would not have such an abrupt transition when her health deteriorated. As this 56-year-old African American grandmother raising six grandchildren describes, “My daughter was diagnosed with HIV about eight years ago. We were living in New Jersey and I moved here [Georgia] in ’94. During that process, she took sick and realized that she wasn’t doing what she was suppose to for the children. Like getting up, cooking, and cleaning and sending them to school. So she came down in January of ’95 and they’ve been with me ever since. When she came here, she wasn’t bedridden but she could get around. Then all of a sudden she got sicker and sicker, so she stayed here with me and this is where she died.” When asked about her experience raising six children, she replied, “Feels like I deserve to have my own grandkids than to have strangers take care of them.”

Family conflict. Discord within the family was another factor for having the grandchildren remain within the grandparents’ households. Conflict over child-raising practices, dating or re-partnering, or other life choices precipitated household changes for some families. One 67-year-old white grandmother describes the problems between her husband and daughter, and how an unknown pregnancy caused a rift between the two, “My daughter had [grandson] when she was fourteen. We didn’t know that she was pregnant until we got her to the doctor. About 1:05 the doctor came down and said, ‘Come and see your new

grandbaby.' And I said, 'What?' And I was scared to death to put him somewhere, and I'd never see him. And I wanted him, that was my blood too. And there was a misunderstanding between my husband and [daughter] and she didn't come back home." This grandmother suspects that the child was conceived from a rape, as her daughter left the hospital without ever seeing the baby.

The three subthemes within the co-residential pathway were associated with changes within a multigenerational household. Within this pathway, the change may be based upon a positive experience for the parent, such as re-marriage, better employment, or educational opportunities. However, the break-up of the multigenerational household can also be a result of problems that are threats to a child's well-being such as family conflict or a parent's illness. Regardless, a major shift occurs within the family subsystems when the parent exits the household.

Incremental Pathway

A second pathway, described by four grandparents, was an incremental process. These grandparents had attempted numerous strategies to enhance or stabilize the care of their grandchildren such as providing money, taking the children for periods of time, or even reporting to child protective services. At some point, an incident took place where the grandparent had to decide that these strategies were ineffective and made the decision to assume care of the grandchildren. For some families, the incident was the realization that care of the children would not get any better within the current situation. In other cases, the grandparents believed that the children would have better access to resources or opportunities if they resided with them.

Inadequacies in current care. Although some grandparents had tried multiple strategies, at some point they reached a conclusion that their grandchildren were living in inadequate circumstances. In addition, grandparents did not hold out hope that the situation would improve without a drastic change in the children's living environment. One 58-year-old white grandmother described how she would take her granddaughter for short stays to get away from a chaotic family situation, and finally concluded that the situation would not improve. "Her mother just could not handle her—she had a nervous breakdown when the child was two—and she had an older daughter who lives with her father . . . Her other grandparents, I wouldn't let my dog or cat stay there. They belong to a nudist colony, and there ain't no way that I would let [granddaughter] stay there." The event that precipitated the grandchildren's moving

into the household was when the parents were found hitchhiking around another state with their two young children. At this point, the grandmother believed that her son and daughter-in-law were inadequate parents.

Problems within the family also may have come to a crisis situation with the last resort being custodial grandparenting. One 52-year-old African American grandmother described how she tried to help her drug addicted daughter who was neglecting the granddaughter. The grandmother feared that the child would be placed in foster care, and decided that she would take over custody instead, "And the reason that she [granddaughter] came to live with me was because her mother was not taking care of her. And the doctors said that either somebody in the family take her or the family children's service will take her, you know, keep her." In this situation, the choice was out-of-home placement, or co-residence with the grandmother.

Child betterment. Families also decided that a child would have increased opportunities if she/he resided with the grandparent instead of the parent. In this situation, the resources or opportunities available to the family were greater if the child lived with the grandparent. In one family, proximity to a major children's hospital was the deciding factor for co-residence as one 48-year-old African American grandmother described, "When his mom stayed in Kentucky, she used to bring [grandson] back home [Georgia]. And he would sleep the whole time, and never responded. I told her to take him to the doctor in Kentucky, because there is something wrong with that baby. Every time she would take him, they would say he's ok. And so I told her that she needed to bring him back home to me. And we started taking him to [hospital] because I knew that there was something wrong with him." After traveling back and forth from another state, the family decided that the child should permanently reside closer to his needed health care. In addition, the grandmother expressed concerns about her daughter's ability to parent a sick child, "My daughter ain't . . . she ain't very patient. She wants things in a hurry. And with his [grandson's] medical problems, she didn't have the patience to deal with them."

The two subthemes of this pathway portray various attempts by the grandparent to provide support and resources to the parent and child household. Some grandparents reported that the decision to raise their grandchildren was the final effort to keep the children within the family and avoid the foster care system. In other families, a child's or parent's condition became more severe and residing with the grandparents provided the most stable environment.

Immediate Care Pathway

A final pathway, *immediate care*, was reported by three of the grandparents. Like custodial grandparents in urban areas, rural grandparents also had to deal with unexpected and crisis situations. As a result, these grandparents assumed the care of grandchildren without any prior preparation. In some cases, the children's parents abandoned them in the care of the grandparent. Sudden death through accidents, illnesses or suicide are also reasons that grandparents become caregivers for their grandchildren.

Abandonment. Two of the grandparents described how their grandchildren were left with them unexpectedly. Although the grandparents assumed that they would be watching their grandchildren for a limited amount of time, the parents did not return. In one situation, the daughter unexpectedly left for another state, "Her granddaddy lent her \$1,400. She bought her a car" She left. I have no idea where she is. She was suppose to see us. "We haven't heard a thing from her. So after that car, we'll never see her no more." This 59-year-old white grandmother came to realize how bad the child's care had been only after he moved in with her. After being more comfortable with his grandmother, the four-year-old boy told about his experiences living with his drug-addicted mother. The grandmother recounted his story "You know what happened to me granny? We went to [expletive] town to get some dope. Mama didn't have enough money so she rolled it all up real tight. He [drug dealer] stuck the dope in and undone the money real quick and saw it wasn't enough. And a gun came through the window, right in my face." Clearly, the child had been subjected to the dangerous drug-related lifestyle of the mother before she left town.

In another situation, a parent who was supposed to reassume caregiving did not re-enter the grandchild's life. In this family, a prison sentence separated the father and child but the parent did not return after release. The 42-year-old African American grandfather reported, "When he [son] was incarcerated, we had contact with him all the time. But then he got out in January and now we haven't had any contact with him about his daughter. It's been like three months since he got out of jail and he hasn't called about his daughter."

Violence. Social problems that are mostly associated with urban areas also touch the lives of rural custodial grandparents. For some, sons and daughters who have left to live in the city are affected by crime and violence. In the situation of one 63-year-old white grandmother, she had to deal with an attack on her own daughter as well as assume care of her

new grandson, "Two weeks before [grandson] was to be born, my daughter was beaten and stabbed three times in the back by her husband while he was high on crack. My daughter's condition was so serious I had to be prepared to take care of her and [grandson] for a while, if they made it you know. They had to do a radical C section to get [grandson] out. They didn't know if she would live." Although both the daughter and grandson survived, the mother has numerous health problems and is suicidal. Another consequence of her trauma is her inability to visit or spend any time with her son.

In this final pathway, the grandparents experienced some type of crisis situation within the family that required immediate action. Suddenly, grandparents found themselves in the role of raising children again. In these situations, grandparents reported shock or grief as well as concerns about care of the grandchildren.

DISCUSSION

For rural custodial grandparents, like their counterparts in many urban areas, assuming the role of raising grandchildren is based upon various factors and experiences. For some, the caregiving role was assumed quickly and without much preparation. For others, there were numerous steps involved in the process. The majority within this study were in the same household with the grandchildren and parent, and became the primary caregiver when the children's parent moved away.

Depending on the pathway into care, custodial grandparents face various challenges and stresses. In the co-residential pathway, a major issue that transpires is renegotiation of roles, boundaries, and subsystems within the household. A grandparent who now assumes the primary role in caregiving must take on additional tasks and responsibilities with the children. These changes are often confusing for both the grandparent and grandchildren who initially may have a different type of relationship. One 56-year-old African American grandmother describes the difficulty that her four-year-old granddaughter had in understanding the new role in her life, "One day at school, I was correcting my granddaughter about something. And she said, 'I'm going to tell my mama on you.' And I said, 'Look, I'm your mama's mama. So what.'"

Grandparents in the incremental pathway also have role changes. Grandparents report having torn loyalties between their adult child and grandchildren. Based upon a specific incident or episode, the grandparents tipped the delicate balance in the direction of the grandchildren.

The grandmother whose son and daughter-in-law were hitchhiking with their young children describes the realization that she had about her son's ability to be a parent, "As long as his daddy is alive, he's not going to get his life together." Another grandmother reported the sadness that she had when she saw the devastation that her grandson felt about his mother, "When my grandson first moved in, he would lay across the bed and cry. He'd say, 'Granny, why don't she love me? Why did she go off and leave me? Why does she love him [her new boyfriend] more than she loves me?' And I kept telling him that it wasn't him, it was the drugs." The decisions that these grandparents face are not easy ones, and they struggle with feelings of lost hope for their own children and guilt about whether they pursued the correct course in having their grandchildren reside with them.

In addition to these psychosocial stresses, there are also practical problems that arise such as having grandchildren change schools or leave friends. In addition, rural custodial grandparents may have to deal with stresses of grandchildren relocating from more urban areas to a rural community. One grandmother, for example, did not know how to handle her teen age granddaughter's bright pink-dyed hair. In a the metropolitan area where the grandchildren previously lived, this style was at least tolerated. In the small, more conservative rural community, it was intolerable and stigmatizing.

In the final pathway, immediate care, grandparents may be emotional, financially and socially unprepared to assume care of their grandchildren. As one grandparent stated, "it's one thing to have them visit, but another to have them live with you." In either abandonment or parental sudden death, the grandparent and grandchildren are dealing with trauma and loss as well as attempting to establish roles, boundaries, and norms within the family system. In rural areas, the lack of resources and supports may compound the sense of isolation that a family feels after this type of trauma. In a larger community, for example, groups exist to help the children and/or grandparents cope with loss and grief issues (c.f., Burnette, 1998; Kolomer, McCallion, & Overendyler, 2003; Strom & Strom, 2000). However, Cohen and Pyle (2002) state that rural grandparents often do not have groups available in their communities, or "the effort of travel, adequacy of transportation, and financial cost are issues that could prevent support group participation" (p. 242). Grandparents who assume care via this pathway have limited time to prepare to assume this role, and may need assistance in learning about child-related factors such as the school system, health services, etc. Although grandparents in non-rural areas face this as well, the geo-

graphic distance may create additional burdens on the families' time and finances to access services that do exist.

In summary, rural custodial grandparents assume caregiving roles for their grandchildren for various reasons. Based upon the particular pathway, the family may experience specific challenges or stresses that can compromise family well-being and functioning. While this study focused on the pathway into care, an interesting future study would be comparing the outcomes between rural and non-rural families. Regardless of community type, however, social workers, teachers, and other professionals need to be sensitive to the issues that grandparents and grandchildren face when they live in this type of household.

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