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Grandparents Raising Grandchildren: Case Management in a Rural Setting

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ABSTRACT. Estimates suggest that there may be over one million children in the United States who are being raised solely by their grandparents. Research in the area of grandparents raising grandchildren in homes where the parents are absent is still sparse, but researchers are beginning to see the importance of understanding these family forms, reasons for increasing numbers, and problems that are experienced by both the grandparents and grandchildren. In this article, the current literature on the issues surrounding this population is presented and the gaps in the literature are discussed. An outline for a case management model for grandparents raising grandchildren in a rural setting is then presented. These guidelines are organized into 10 areas of need that emerged during the intervention period, and include questions to cover during the assessment process, example interventions, and case vignettes.

KEYWORDS. Grandparents, case management, rural setting, raising grandchildren

The U.S. Census Bureau estimated that in 1970 there were 2.2 million (3.2%) American children living in a household maintained by a grandparent. By 1997, this number had increased an alarming 76%

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to 3.9 million children (5.5%) (Casper & Bryson, 1998; Lugaila, 1998). More than 12% of all African American children, 5.8% of Hispanic children, and 3.6% of Anglo American children live with their grandparents (U.S. Bureau of the Census, 1991). An estimate is that in approximately one-third of grandparent headed homes, neither parent is present (American Association of Retired Persons [AARP], 1994). If these percentages are still correct, there are over one million children being raised solely by their grandparents today. While research in this area is still sparse (Burnette, 1998; Fuller-Thomson, Minkler, & Driver, 1997), researchers are beginning to see the importance of understanding more about grandparent headed families.

The current article presents guidelines for providing case management services to grandparents raising grandchildren in a rural setting. The current literature on the issues surrounding grandparents raising their grandchildren are discussed, and two case management models that were used in developing the methods of service provision for this program are described: a strengths-based model (Whitley, White, Kelley, & Yorker, 1999) and a family case management approach (Greene & Kropf, 1999). Gaps in the literature in this area are then discussed. Finally, case management guidelines are offered, including questions to cover during the assessment process, example interventions, and case vignettes.

GRANDPARENTS RAISING GRANDCHILDREN

Researchers agree that there is a combination of factors that has led to the increase in children living with grandparents. Historically, grandparents have often cared for grandchildren when parents were no longer present. The pattern today, however, suggests an increase in ''dysfunctional parents who remain 'in the picture' but are unable or unwilling to nurture their own children'' (Pinson-Millburn, Fabian, Schlossberg, & Pyle, 1996, p. 548).

Several reasons are suggested for the increase in grandparent headed families. Crack-cocaine addiction is probably the most widely studied factor leading ''dysfunctional parents'' to place their children in the care of grandparents (Burton, 1992; Minkler & Roe, 1993; Minkler, Roe, & Price, 1992; Roe, Minkler, Thompson, & Saunders, 1996; Woodworth, 1994). Another is the increased rate of incarcerated women. Dressel and Barnhill (1994) estimate that there are 90,000

women who are in prisons and two-thirds have children under the age of 18. More than half of these children live with their grandparents during their mother's incarceration. The AIDS epidemic is a third reason that grandchildren live with grandparents. Health planners in New York City have estimated that 20,000 children will have been orphaned due to AIDS by 1995 in that city alone (Lambert, 1989). Other factors that cause grandchildren to enter the care of grandparents are infants being born drug-exposed or HIV-positive (Feig, 1990), child abuse or neglect (Kelley, 1993; Woodworth, 1994), mental illness (Dowdell, 1995; Kelley, 1993), and teenaged mothers (Woodworth, 1994).

The experience of the grandparents as primary caregivers is often mixed. Research suggests that grandparents show an extraordinary commitment and derive substantial emotional rewards from caring for their grandchildren (Burton, 1992; Minkler & Roe, 1993). However, a number of problems are also experienced, including increased risk for physical and mental health problems (Burton, 1992), lack of social supports (Burton, 1992; Kelley, 1993; Minkler, Roe, & Robertson-Beckley, 1994), legal obstacles (Morrow-Kondos, Weber, Cooper, & Hesser, 1997), and financial difficulties (Kelley, 1993).

Grandchildren being raised by their grandparents are also at risk for problems. These children are at greater risk for developmental delays and emotional problems than children living in a two-parent home (Beardslee, Bempora, Keller, & Klerman, 1983; Dubowitz et al., 1994; Pinson-Millburn et al., 1996). These children are often dealing with the difficulties of facing parents who are neglectful, abusive, absent, incarcerated, or involved with drugs. There is a very high incidence of Attention Deficit Hyperactivity Disorder symptoms among children living with grandparents (Doucette-Dudman & La-Cure, 1996) and serious medical concerns (Dubowitz et al., 1994). Problems in school have also been reported and include poor attention and concentration, poor work study habits, and an increase in failed grades (Dobowitz & Sawyer, 1994; Solomon and Marx, 1995).

Due to the complexity in this caregiving role, programs have been developed to provide support. Currently, the most common service provided to help grandparent's cope is the self-help or support group. In 1993, The American Association of Retired Persons (AARP) created a National Grandparent Information Center (Solomon & Marx, 1995). The center currently lists 400 groups available around the country for

grandparents raising their grandchildren. Unfortunately, there is still little evaluative information available on the effectiveness of these groups. Only one study was found that offered outcome data on a group intervention for caregiving grandparents (Burnette, 1998). In addition, many communities do not have any type of support services that are available to grandparent headed families (Minkler, Driver, Roe, & Bedeian, 1993).

CASE MANAGEMENT MODELS

This article presents guidelines for case management that were developed while implementing a support project for grandparents who are raising their grandchildren. Unlike other models that exist, this project served grandparents who live in a rural community. Two models of case management were used in developing the methods of service provision: a family case management approach and a strengths-based model.

Greene and Kropf (1999) suggest that case management is an appropriate approach for families that experience multiple and complex problems. The goals of family case management are to ''mobilize a family's strengths, to marshal resources, and to maximize family functional capacity'' (p. 82). A service plan utilizing this approach includes goals for the individual family members, the parents or grandparents as a couple, and the family as a whole. Components of the approach include such features as: (a) writing a service plan with the family, (b) referring the family to needed services and entitlements, (c) providing counseling to ameliorate family emotional problems, (d) mediating between the client and service providers, and (e) advocating in behalf of the client to ensure quality of care.

Strengths-based case management is another model that focuses on discovering and utilizing the client's strengths and resources. The client is viewed as an active participant, with the ultimate goal to connect clients to the resources they need and help them become the managers of their own lives. On the contrary, problem-based models often fail to acknowledge and appreciate the client's strengths and thus diminish the client's ability to solve his/her own problems (Frankel & Gelman, 1998). Whitley et al. (1999) use a strength-based model for case management with grandparents raising their grandchildren. These authors state that '' . . . the strengths-based model appears to have

value in fostering a sense of independence and self-assurance among grandparents, as well as enhancing their level of confidence to nurture and support their grandchildren'' (p. 110).

There is a growing literature on the phenomenon of grandparents raising their grandchildren in this country, and there is a substantial literature on case management models. There is, however, very little literature on case management models designed to serve grandparents who are raising grandchildren. One notable exception is Whitley et al. (1999) who applied the strengths-based model to the grandparent caregiver population. However, the model was applied to an urban population. An area that has been completely overlooked is the population of grandparents raising grandchildren in rural settings. This paper addresses that gap and provides an assessment framework specifically addressing the problems and strengths of the rural environment.

GUIDELINES FOR CASE MANAGEMENT

The guidelines for case management services presented in this article were developed for *Project Healthy Grandparents (PHG)*, a program offering services to grandparent-headed families living in a rural setting. PHG was originally developed at Georgia State University and was implemented in urban Atlanta (Kelley, Yorker, Whitley & Sipes, in press; Whitley et al., 1999). The University of Georgia is one of three replication sites for PHG in the state and is funded through a grant by the Department of Family and Children Services (DFCS). The current project started in Fall 1998 and serves 23 client families with the majority of these clients living in a rural county.

PHG is based on a multidisciplinary program, including social work case management, grandparent support groups and parenting education classes, nursing visitations, and legal consultation. While the program was aimed primarily at meeting the needs of grandparents raising their grandchildren, the needs given by the grandparents were typically those of their grandchildren. Grant, Gordon, and Cohen (1997) state that when their grandparents were asked to list their most pressing service needs all initially prioritized assistance for their grandchildren. Therefore, since the client played a very active role in defining the problem areas on which the case manager focused, problems were often directly related to the child (i.e., educational issues, behavior and emotional problems).

Case management is clearly at the core of the services provided through Project Healthy Grandparents. It is through the case managers that all services are decided upon, planned, and carried out. In working with these grandparents, eight areas of need emerged throughout the year: (a) basic needs, (b) financial circumstances, (c) legal concerns, (d) child behavior/parenting skills, (e) physical health and mental health, (f) educational circumstances, (g) social support and leisure activities, and h) spiritual/religious life.

As these guidelines were developed, the tenets of both the family case management approach and the strengths-based model were incorporated. More specifically, the family case management approach encouraged the social workers to always consider the needs of both the family as a whole and the individual family members. The strengths-based model helped the social workers and other members of the staff to be cognizant of and utilize the strengths of the family unit as well as the strengths of the individual members.

Two overriding factors that cut across all areas of need were also discovered through the process of defining the case management approach used to help these clients. The importance of the social worker's personal relationship with the client was discovered almost immediately. While this is the basic component of all social work practice, it seemed that an even greater emphasis may be placed on the trust and closeness developed in their relationship with the workers. This possibly is due to the rural environment and the families' minimal experiences with social programs. However, other researchers have emphasized the importance of earning and building trust with the grandparents (Grant et al., 1997).

The second factor that cut across all areas of need was the importance of the referral function. Again, this is a significant part of many social services. Because of the rural setting and the social isolation of these families, the referral function seemed to take on a more vital role. Whitley et al. (1999) found that "one of the primary areas where the functions of social work staff are most valued by grandparents is helping them maneuver various bureaucratic institutions . . . " (p. 115). Within the rural community, this need may be compounded due to the lack of understanding and awareness of the resources that are available.

In the remainder of the article, each of the identified areas of need will be looked at individually. Questions are presented that may help

the case manager uncover needs in each of the areas. Interventions in each area are given to suggest the diversity of needs presented by the clients. Finally, a case vignette is included to provide a deeper understanding of the population's strengths and needs.

Basic Needs

In case management, it is sometimes easy to become overwhelmed by a client's basic needs, such as housing, nourishment, and transportation. Nevertheless, if there are unmet needs, it is difficult to help clients in other important areas, such as health, education, and employment. While basic needs are often intertwined with financial hardships, they should be considered separately and assessment should include both needs and resources. The following information should be gathered when assessing the client's basic needs:

- Does the grandparent(s) own a home, rent, or live with someone else?
- Does the home have adequate heat during cold months? Cooling during summer?
- Does the home need any serious repairs (i.e., roof, door, flooring, etc.)?
- Does the home require extermination from insects? rodents?
- Does the grandchild(ren) seem adequately and appropriately dressed?
- Do the grandparent(s) and grandchild(ren) seem well nourished?

Interventions in this area involve helping secure resources for shelter, food and clothing. In addition, the case manager may provide education about how to take care of these resources, such as basic home repairs, laundering or storing clothing, and shopping. In PHG, case managers have worked with local businesses to get home repair material, furniture, food, and clothing donated; identified volunteer groups through churches to assist families with home repairs; acted as a liaison with utilities to avoid disconnection; and researched community grants for major home repairs for clients.

Case Vignette. Mr. and Mrs. Johnson live in an old trailer which required substantial repairs. The floors were bare wood, the door would not close securely, the roof leaked, and there were some plumbing problems. Their grandson, Tony, who had lived with them since he

was born prematurely at one-and-a-half pounds, did not have enough clothes for school nor did they have enough money to buy necessary cleaning products and personal hygiene products. While there were many other important issues on which we worked with this family, these basic needs were the ones that were first expressed by the client. After they were assisted to meet these needs through church volunteers and private donations, the case manager and Mr. and Mrs. Johnson formed a very close and trusting relationship which enabled them to move on to solve more difficult problems.

Financial Circumstances

With children being the poorest population in the country, followed closely by adults over 65, grandparent-headed families are likely to be poor and to become even poorer. In fact, AARP suggests that 39% of grandparent-grandchild families have an income below $20,000 per year (Peters, 1999). Often the grandparents are unfamiliar with negotiating the public welfare system and can become easily frustrated and overwhelmed. The following questions should be answered in assessing the families financial strengths and needs:

- What is the family's annual income? What are the sources of these funds? Is this enough for basic necessities (e.g., utilities, food, shelter, clothing, medications)?
- How much equity is in the home? What is the worth of the property that is owned by the grandparents?
- Have the grandchild(ren)'s parents ever given money to help support the child?
- Can the grandparent(s) pay for adequate family entertainment? for toys and educational products? for childcare?

There are several ways that case managers can assist families with financial concerns. Some objectives are to identify resources that the family, grandparent or grandchild are eligible to receive, to assist in navigating the "public welfare maze," and to construct financial goals and plans to meet the families' needs. Some examples of interventions that were performed with clients of PHG were to secure TANF, Medicaid, and Social Security benefits; help families construct home budgets; and identify sources of affordable child care.

Case Vignette. Mrs. North is a 59-year-old African-American grand-

mother raising two grandchildren. She also cares for a disabled adult son and an adult daughter with a developmental disability. Her grandson and granddaughter had both received financial assistance and Medicaid until approximately a year prior to joining PHG. At that time, her grandson's check and Medicaid had been discontinued. Mrs. North explained that he had started receiving support from his father at that time. In addition, the benefits for her granddaughter had not been received one month and Mrs. North had been unable to straighten it out on her own. She had also been told that she could probably qualify for additional medical assistance to help cover costs not covered by Medicare. A few phone calls got the lost benefit check re-mailed, one phone call to DFCS got Medicaid reestablished for her grandson, and completing a form got needed medical assistance underway. These tasks, while not difficult, can be overwhelming to someone who has poor health, does not drive, and does not read and write.

Legal Concerns

The major legal concerns experienced by the grandparents have been custody and adoption issues and the need for wills. The following questions can help the case manager recognize client concerns in this area:

- Does the grandparent(s) have any type of custody of the grandchild(ren)? Temporary guardianship? Adoption?
- Are the grandchild(ren)'s parents involved in the child's life? If so, how?
- Are their any legal issues regarding a parent who wants to regain custody of the child(ren)?
- Does the grandparent(s) have a current will?
- Has the grandchild(ren) been involved with juvenile court? Are the grandchild(ren)'s parents involved with the court system? Is the grandparent(s) involved with court system?

The case manager can become involved in legal issues with these families in several ways. One is to help grandparents learn about various types of custody, including adoption, and help them decide what option should be pursued. The case manager can also assist families with estate planning, including wills and transfer of property. In addition, the court system may already be involved with the family

if the parent is incarcerated or the grandchild has been in the juvenile justice system. In these instances, the case manager can assist the family in learning about the legal system and help prepare for any additional involvement (e.g., pending trial date, parole hearing). Some interventions that have been included in PHG are finding attorneys in the area who are willing to work with grandparents on a sliding fee scale and have expertise in this area of family law; getting law students to provide legal education to families; and helping collect documents needed to create a will.

Case Vignette. Mrs. Marks is a divorced grandmother raising her 11-year-old grandson, Johnny. She has legal custody of her grandson. Her daughter, Johnny's mother, is a drug addict, and his father is in prison. Mrs. Marks has had many health problems over the past five years, including breast cancer and bone cancer. She wanted to write a will so that Johnny would inherit her home and other belongings in case of her death. Since she has never adopted Johnny, however, it was not clear how the case would be handled. The question of custody would return to the court, and Johnny could potentially be returned to his mother, an idea that was unacceptable to Mrs. Marks. This knowledge has encouraged Mrs. Marks to pursue adoption.

Child Behavior/Parenting Skills

Grandparents sometimes have difficulty adjusting to the daily task of parenting a young child or teenager. In addition, children who are being placed away from their parents often have experienced a great deal during their young lives. These circumstances often lead to difficult behaviors, and the need for skillful parenting. Answering the following questions can help assess the grandchild's behavior and the parenting skills of the grandparents:

- How does grandparent(s) react to their caregiving role (e.g., overwhelmed)?
- Does grandchild(ren) obey grandparent(s) during home visits by the case manager?
- Does grandparent(s) use appropriate discipline tactics in caseworker's presence?
- Does the grandparent(s) use excessive language or threaten with physical punishment?
- Does the grandparent(s) seem frustrated in discipline attempts?

- Does the grandchild(ren) act afraid of any adults in the home?
- Does the grandchild(ren) seem appropriately talkative with and interested in the caseworker during visits (consider age of child)?
- Is there a child or teenager in the home that the grandparent(s) seems unable to control?

Since many grandparents have not been in a parenting role for many years, interventions in this area can help promote caregiving competence. The case manager can assist with strengthening the relationship between the grandchild(ren) and grandparent(s), and provide support with challenging issues such as discipline and difficult behaviors. Some sample interventions in this area are helping a grandparent understand behavior modification methods for use with a child with Attention Deficit Disorder; suggesting possible ways to foster communication with the grandchild; and providing information about developmental phases and children's behaviors.

Case Vignette. Mr. and Mrs. Jamison are raising their 9-year-old grandson, Sam. Sam was diagnosed with Attention Deficit Disorder (ADD) when he was seven. Sam's grandparents have had difficulty getting Sam to complete his homework, do chores around the house, and obey other simple commands. The case manager helped Mr. and Mrs. Jamison develop a behavioral contingency plan using a point system. Sam was given points for completing homework and his chores each day. He was given additional points for obeying other commands from his grandparents. At the end of each week, Sam was able to participate in certain activities based upon the number of points earned. The plan was successful in helping the grandparents gain a sense of control over the situation and helped Sam function more acceptably at home and at school.

Physical and Mental Health

Health issues are one of the major concerns of grandparents raising grandchildren. In many cases, grandparents have underutilized medical services because they sense a lack of respect on the part of the medical providers, especially when clients have Medicaid insurance. The assessment of physical and mental health of the family members is an extensive and very important task. The following questions may help in determining health needs of both the grandparents and grandchildren:

- What type of health care coverage do the grandparent(s) and grandchild(ren) have (Medicaid, Medicare, private)? Is coverage adequate?
- Does anyone in the family have any ongoing health problems, either physical or mental health? If so, is there ongoing treatment for this problem? Does the individual get the necessary medications? Are medications or treatment covered by insurance?
- Does anyone in the family have a developmental or physical disability? If so, are the appropriate services and supports being used (e.g., handicap sticker, school accommodations)?
- When were the last medical examinations for the grandparent(s) and grandchild(ren)? Is the grandchild(ren) immunized?
- Do all family members have regular physician, dentist, and other health providers?

The case manager can work with the family to promote and maintain healthy lifestyles. With the aging process of grandparents, particular attention needs to be given to preserving functioning and early detection of any potential problems. In addition, the mental health status of the family members is also important, including screening for any alcohol or drug addictions and social isolation of the family. Some example interventions that are appropriate in this area are securing Medicaid coverage for grandchildren; getting referrals for complete health screenings for both grandparents and grandchildren; assisting grandparents in dealing with guilt and anger over ''failures'' of their own children to provide adequately for the grandchildren; and providing support to grandchildren regarding issues, such as abandonment, grief, and anger.

Case Vignette. Ms. Webb has raised her 9-year-old grandson, Sammy, since he was 3-years-old. Ms. Webb has suffered several bouts with cancer and was still going strong. Soon after she joined the program, however, Ms. Webb fell and broke her ankle on both sides. She had surgery and was hospitalized for over a week. After her return home, she needed around the clock care for several weeks. Her caseworker helped Ms. Webb obtain housekeeping services, home health care and physical therapy, and arranged to have meals delivered to her home. The case manager also kept in close contact with Ms. Webb during her convalescence to decrease feelings of isolation and despair since she lived in a remote area of the county. In addition, private

donations were found to purchase food items that Sammy could cook for himself and for his grandmother.

Educational Circumstances

Poor school performance has been found to be one of the major problems experienced by grandchildren being raised by grandparents. The following questions can assist the case manager in understanding the educational strengths and needs of the client:

- What grade did the grandparent(s) complete? Does the grandparent(s) read? Write?
- In what grade/school is the grandchild(ren) currently enrolled? Has the grandchild(ren) ever repeated a grade in school? Does the grandchild(ren) read at grade level?
- Has the grandchild(ren) been diagnosed with ADHD or a learning disability? If so, does he/she take medication? Are the medications covered by insurance?

Many of the grandparents in PHG have low levels of education and are only marginally literate. This situation makes it difficult to support the educational needs of their grandchildren. Interventions can help grandchildren get additional support, if necessary. In addition, some grandparents are also interested in increasing their own levels of education. Some examples of interventions are linking grandchildren to tutoring and mentoring programs; securing funds for educational products in the home (e.g., tape recording, books); acting as a liaison with school system; and assisting grandparents in taking GED classes.

Case Vignette. Torey, an 11-year-old boy, is in the third grade, having repeated first and third grade. His grandparents each completed the third grade. While neither Torey nor his grandparents can read, Torey is an enthusiastic student and is well-liked by his teachers. It was decided after speaking with several teachers and his grandparents that the most helpful way to improve Torey's educational circumstances would be to help him improve his reading skills. A student intern began to tutor him twice a week after school. He was signed up for a special Summer school class designed for high risk students. Efforts will continue to help him catch up so he can have a fulfilling educational experience.

Social Support and Leisure

Grandparents raising grandchildren often experience weaknesses in their social support network, including social isolation, lack of or few friends, and family problems. In addition, the grandparent may give up hobbies or leisure pursuits to provide care to their grandchild. Because of the added stresses being placed on the grandparents and the significant problems that usually lead to the grandchildren being placed with the grandparents, it is especially important for these families to experience fun activities (Minkler & Roe, 1993). The following questions can help assess the strengths and weaknesses of the client's social support network and leisure time:

- If there are two grandparents in the home, how do they support each other in the task of raising the child and in other aspects of their lives? Do they spend time together as a couple away from the grandchild(ren)?
- Are there any other adults living in the home? Do they provide support and assistance?
- Are there other family members who live nearby? Do they provide support and assistance to the grandparent(s)? How do more distant family members provide support?
- Does the grandparent(s) have close friends? Does the grandparent(s) seem isolated from other adult companionship? Does the grandchild(ren) have friends?
- Is the family involved in community support systems (e.g., welfare or aging services)?
- Do the grandparent(s) and grandchild(ren) have hobbies or belong to organizations?

In general, grandparent-headed families experience social isolation which may be especially acute for those who live in rural areas. Case management goals involve helping these families establish more functional support systems, both for the grandparents and grandchildren. In addition, goals may include having the family engage in activities, both individually and as a family, that make their relationships more meaningful. Some examples of particular interventions that have been included in PHG are establishing a monthly support group for grandparents, including transportation and child care; assisting grandparents with linkages to other sources of community support; and identifying

social outlets that are appropriate for the grandchildren (e.g., Little League, scouting).

Case Vignette. Torey was very small for his 11 years, but seemed very active and coordinated. Torey and his grandparents lived a very sheltered and isolated existence in a very rural area. Torey was constantly asking his grandfather to play with him outside, but because of poor health, his grandfather could seldom keep up with Torey. With the idea of getting Torey some outside activity, the case manager asked if he would be interested in playing little league baseball. He was enthusiastic and his grandparents were agreeable but hesitant. The case manager found scholarship money to pay his entrance fees and a private donation to purchase cleats and a glove. She helped the grandmother move through the entire registration process, something she found extremely intimidating. Now Torey is the fastest (and smallest) player on his team, regularly hits home runs, and can throw the ball a mile. He beams when any of our staff go to watch him play. Torey's grandparents attend every practice and every game and cheer him on. After getting Torey signed up, the grandmother told her case worker that "This is the first person in our family that has ever done anything." The sport has not only given Torey a healthy outlet for his energy, it has given his grandparents an exciting event to attend two to three times a week, and an opportunity to get out and meet other parents.

Religious/Spiritual Life

Another area that is often overlooked in literature on this population is the importance of religious or spiritual life. Many of the grandparents in the current project are either actively involved in church activities or have encouraged their grandchildren's involvement. This can be an important personal strength and a significant resource, so the case manager should include the following questions in the assessment process to better understand the client's religious and/or spiritual life:

- Does the grandparent(s) attend church? If so, how often? What church? Does the grandparent(s) have a leadership role at the church?
- Does the grandchild(ren) attend church? If so, how often? What church?

- Is spirituality or religious life important to the grandparent(s)? Do the grandparent(s) and grandchild(ren) share the same religious and spiritual values? Are there conflicts?

Since the church is an important institution in rural areas, this can be a significant source of support for the family. The case manager can determine if families are involved with a church and can potentially help preserve or strengthen these ties. Some examples of interventions are helping find transportation for clients to church activities; exploring different forms of religious expressions and feelings between grandparents and grandchildren; and identifying ways that churches in rural communities can provide outreach and assistance to grandparent-headed families.

Case Vignette. Mrs. Donner has raised her 14-year-old granddaughter, Jackie, since she was 5-years-old. Mrs. Donner is a very devout Christian, and wants Jackie to attend church, believe in Christ, and act as a ''good Christian girl.'' These beliefs have created stress between them since Jackie entered adolescence and started to rebel against her grandmother's ''old-fashioned'' ideas. Jackie started bringing home books on witchcraft, wearing black, and treating her grandmother very rudely. Mrs. Donner was in a panic mode when she entered the PHG project. The case manager listened to Mrs. Donner as she considered boarding school, counseling, and home schooling. Normal adolescent development was discussed at length to help Mrs. Donner understand why Jackie might be rebelling from the church simply because it is so important to her grandmother. Jackie is now attending church with her grandmother again, and they are together considering the benefits of home schooling as Jackie feels it is very difficult for her to deal with the pressures of the local high school.

DISCUSSION

The number of grandparent-headed families is increasing, and this type of family is often struggling with challenging issues relating to finances, relationship and supports, and health. Case managers are a vital source of support in securing resources and assisting with problem solving and decision making. To this point, the literature has predominately described the experiences and services to grandparents who live in urban areas. The current program has developed a model

that has been instituted with a group of primarily rural families that have a unique set of issues for service provision. The eight practice areas that have emerged in the Northeast Georgia PHG provide a framework for assessment and intervention specifically with families in more rural communities. As in all areas of practice, the relationship between practitioner and client is the foundation of intervention. This principle is extremely critical in work with rural grandparent care providers. Due to the circumstances that precipitated this family form, such as drugs, health problems or incarceration, the grandparent may be reluctant to become involved with formal services as they fear a possible outcome might be losing their grandchildren to foster care.

In summary, the family case management approach in this project is based upon identifying goals and resources for individual members and the family as a unit. For rural families, the goals that appear to promote a stable and supportive family system include meeting basic needs, promoting good mental and physical health, and providing various forms of social support. The challenges of raising a child can be stressful for any parent. For grandparents who are often struggling with their own age-related changes, these demands can often seem overwhelming, especially in rural areas which may have limited resources for the families. The case manager has a major role in providing support, information, and referrals that can reduce the stress and increase the rewards in this caregiving relationship.

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