Custodial Grandparents Raising Grandchildren

Lack of Legal Relationship Is a Barrier for Services

Deborah Van Etten, MS, GNP-BC, PMHCNS-BC; and Ramraj Gautam, PhD

ABSTRACT
In the United States, the majority of custodial grandparents are raising their grandchildren without a legal relationship. The lack of a legal relationship (i.e., foster care, custody, adoption) is a barrier for obtaining services and has resulted in limited access to information and public services, inadequate financial assistance, and difficulty providing medical and educational consent. This situation arises not only as a consequence of eligibility criteria, but also because children being raised by custodial grandparents remain outside the child welfare system. Federal and state policies were not designed for this population; subsequently, the majority of grandparent caregivers remain without access to services and support. In this article, perceptions of custodial grandparents concerning family obligations and the child welfare system as a barrier to pursuing a legal relationship are reviewed. Challenges with existing financial and health services, educational needs of grandparents and providers, and suggestions for policy changes are presented.
In the United States, grandparents raising grandchildren are the fastest-growing segment of the population (U.S. Census Bureau, 2011). The 2009 American Community Survey reported 2.7 million grandparents as caregivers (providing basic needs such as food, shelter, and clothing) to their grandchildren (U.S. Census Bureau, 2011). Parental substance abuse, death, child abuse and neglect, divorce, teen pregnancy, unemployment, HIV/AIDS, and parental incarceration are the primary reasons grandparents begin caring for their grandchildren (Copen, 2006; Hayslip & Kaminiski, 2005; Lumpkin, 2008). Custodial grandparents are more likely to live in poverty (Bratteli, Bjelde, & Pigatti, 2008); predominately ages 45 to 64 and often raising their own minor children (Reynolds, Wright, & Beale, 2003); more likely to report a number of mental health issues (Park & Greenberg, 2007); and at increased risk for activity limitation, diabetes, hypertension, cardiovascular disease, and insomnia (Baker & Silverstein, 2008; Hayslip & Kaminiski, 2005; Kicklighter, Whitley, Kelley, Lynch, & Melton, 2009).

The literature includes inconsistencies about the definition and nomenclature of grandparent terminology (White, 2009). For the purpose of this article, we use the term custodial grandparent to define a living arrangement where (a) grandparents provide care without assistance from the grandchild’s parents, that (b) often involves full responsibility for long-term care of grandchildren in a parental role (Erbert & Alemán, 2008), and (c) occurs without legal authority (Hayslip & Panek, 2002). Most public policies and social services are created for families within the child welfare system (Copen, 2006; Cox, 2009). However, in the United States, the majority of grandparents provide care to their grandchildren in an informal, private arrangement (Brandon, 2005). Custodial grandparents are not in the system (Baker, Silverstein, & Putney, 2008) and tend to avoid it (Cox, 2009).

Many custodial grandparents do not have adequate financial assistance or information about services because of the lack of a legal relationship (i.e., foster care, custody, adoption). This denies them the ability to give medical or educational consent. Eligibility for services is based on the legal relationship between grandparent and grandchild, and regulations vary from state to state (Strutton & Leddick, 2005). This article discusses how the lack of a legal relationship between grandparents and grandchildren is a barrier to accessing public and social services and how grandparents’ perceptions concerning family obligations and the child welfare system act as a barrier for pursuing a legal relationship.

ABOUT THE AUTHORS
Ms. Van Etten is Clinical Assistant Professor of Nursing, and Dr. Gautam is Lecturer, Department of Nursing, School of Health and Environment, University of Massachusetts Lowell, Lowell, Massachusetts.

The authors have disclosed no potential conflicts of interest, financial or otherwise.
Address correspondence to Deborah Van Etten, MS, GNP-BC, PMHCNS-BC, Clinical Assistant Professor of Nursing, Department of Nursing, School of Health and Environment, University of Massachusetts Lowell, 3 Solomont Way, Lowell, MA 01854; e-mail: Deborah_VanEtten@uml.edu.
Posted: May 18, 2012
doi:10.3928/00989134-20120509-02

GRANDPARENTS’ PERCEPTIONS OF THE FAMILY AND THE SYSTEM
Attitudes toward family obligations, termination of parental rights, fears related to the child welfare system, and distancing their own children may all hinder custodial grandparents from pursuing guardianship or legal custody and accessing services. Even among those who are eligible for assistance, only 29% of grandchildren in grandparent care receive foster care or child-only payments (Leos-Urbel, Bess, & Geen, 2000). The literature suggests that the stigma associated with receiving public assistance to care for their grandchildren may result in custodial grandparents avoiding public services and the welfare system (U.S. Department of Health and Human Services [USDHHS], Administration for Children and Families, 2007). Grandparents already consider themselves family, are often ambivalent about involvement of the state in the care of grandchildren, and may feel that family matters should be kept private.

Custodial grandparents may fear temporary foster care and the risk that their grandchild could be removed from their home and placed for adoption in a more permanent home (Cox, 2009). Becoming a foster grandparent may cause conflict with the child’s parents, who may hope to eventually regain custody of the child (Cox, 2009). Legal adoption of grandchildren may not be practiced by many grandparents because of the hope that their children will at one point resume their parental responsibilities. For example, in a study by Murphy, Hunter, and Johnson (2008), one grandmother expressed:

I don’t really think I want to adopt them [the grandchildren] legally because I have to believe the parents might step back in, might want to step back in or get able at some point, be
able one day to step back in. And, you know, they’re welcome, even though I am mad at them [the adult child] right now, I wouldn’t want to take [legally adopt] their kids because you know, I know they love their kids, but they are just young [immature] [but] I’m here. (p. 81)

Custodial grandparents may not be involved with the system because they are unaware of their options and may lack confidence in the ability of agencies to respect their cultural values (Smith & Beltran, 2001). There may be cultural reasons why eligible grandparents do not access the help that is available. In a study of 99 African American custodial grandmothers, Ruiz (2008) found that most of the participants enjoyed caring for their grandchildren and felt an obligation to provide care and keep their grandchildren out of the child welfare system. Letiecq, Bailey, and Porterfield (2008) reported that the benefits and rewards of grandparenting, mostly in racial and ethnic minorities, are that they are able to provide their grandchildren a sense of cultural values, extended families, and individual family history.

While African American grandmothers expected that their relationship with the child welfare system would be a partnership in which their role as grandmothers would be respected and valued, they instead felt as though they were treated like nonkin caregivers. African American grandparents are likely to report their caregiver role as an extension of their cultural values and the timing of their caregiver role to be appropriate (Murphy et al., 2008).

FINANCIAL SUPPORT AND HEALTH INSURANCE

State policies require caregivers to complete a foster care licensing process to receive supportive services such as financial assistance and health services (Bratteli et al., 2008). As a result, many custodial grandparents will not have knowledge about available supportive services. The two major programs for financial assistance for grandparents are Temporary Assistance to Needy Families (TANF) and the foster care system. In 1996, Aid to Families with Dependent Children was replaced by TANF as a public assistance program for families. TANF is financed by federal grants to states (Cox, 2009). Two types of TANF grants available are the family grant and the child-only grant. The family grant provides financial support based on the income of the whole family, but has work requirements for the grandparent as part of the eligibility criteria (Copen, 2006; Cox, 2009). The more attainable source of funding for custodial grandparents is the child-only grant, which offers financial support based solely on the resources of the child (Cox, 2009). Unfortunately, only 6% of eligible children receive funds from TANF, and this low participation is thought to be secondary to lack of knowledge by both the grandparents and agency workers (Murray, Macomber, & Geen, 2004).

Another factor that may hinder grandparents from accessing this grant mechanism is related to child support. To receive the child-only grant, grandparents are required to work with the state to collect child support from the adult parent (Cox, 2009). Supplemental Security Income (SSI) or Social Security benefits are available to any grandchild who meets the state’s eligibility criteria (Murray et al., 2004).

Although grandparents are unable to add grandchildren to their health insurance plan, children are eligible for Medicaid, yet only 45% are enrolled (Main, Macomber, & Geen, 2006). Custodial grandparents can enroll their grandchildren for Medicaid or the state’s Children’s Health Insurance Program (CHIP) (Child Welfare Information Gateway, 2010). Obstacles to obtaining health insurance are the grandparents’ lack of knowledge on how to obtain health benefits, and the mistaken belief that legal custody is required (Copen, 2006).

DISCUSSION AND RECOMMENDATIONS

With the continued rise in grandparent-headed households, gerontological nurses should be familiar with the relevant issues and specialized needs of grandparent caregivers. Gerontological nurses can play a significant role as caregiver, educator, researcher, and advocate. They can specifically assess the extent of the grandparents’ caregiving role and relationship with their grandchild, provide information about existing services, teach others about grandparents’ perceptions of their family and fear of the system, conduct research, and advocate for policies and programs that more effectively provide for the needs of custodial grandparents.
Educational Needs of Providers and Grandparents

Health care professionals, agency workers, and policy makers should be educated about grandparents’ perceptions of their family responsibility and the welfare system. Increased awareness and sensitivity about grandparents’ viewpoint of their role may be useful in establishing rapport and building trust, as well as understanding the pertinent issues that may be a barrier for seeking assistance or pursuing legal custody.

Outreach efforts should be focused on targeting grandparents who are not receiving services. Health care institutions, schools, and churches are potential sites where grandparents can be identified, given information, and referred for further information (Cox, 2009; Ehrle & Geen, 2002). Providers who serve this population should be knowledgeable about existing local and state programs and have resources available on where to obtain assistance. Different states have distinct rules regarding eligibility criteria and how public programs are administered. AARP has informative “GrandFacts” sheets that are specific for each state and can be accessed on their website: http://www.aarp.org/relationships/friends-family/grandfacts-sheets. Another useful website is Grandfamilies (http://www.grandfamilies.org), a collaborative effort between Generations United, the American Bar Association Center on Children and the Law, and the Casey Family Program. This is a valuable resource that provides up-to-date information on state laws and policy issues pertaining to grandparents. Generations United, a national organization that supports public policies for intergenerational families, is also informative and accessible at http://www.gu.org.

Grandparents older than 55 can obtain free information and assistance with services, individual counseling, support groups, and respite care from local National Family Caregiver Support Programs (NFCSP). This program was added to the Older American’s Act of 2000 and is administered by states through local Area Agencies on Aging (Generations United, 2011).

Studies have suggested that workers in community agencies may not be aware of available assistance and may have denied services to custodial grandparents that should have been granted (Cox, 2009; Scarcella, Ehrle, & Geen, 2003; Storm & Storm, 2011; USDHHS, Administration for Children and Families, 2007). Since policies can only be executed through programs that have trained staff, agencies should ensure that workers understand the eligibility criteria and programs that can be accessed by custodial grandparents (Cox, 2009).

Implications for Policy

Federal and state policy makers need to recognize that current public policies do not support custodial grandparents. Public policies were not designed to assist grandparents who are not part of the child welfare system (Baker, Silverstein, & Putney, 2008; Cox, 2009). This lack of policy support results in custodial grandparents who do not have the authority to obtain adequate financial, medical, or educational services for their grandchildren (Pew Commission on Children in Foster Care, 2004). Baker, Silverstein, and Putney (2008) have suggested that for grandparents to be included in policies, a redefinition of the family—one based on function and reality rather than biology and residence—should be considered. This change in definition would help eliminate the barrier that eligibility criteria embody in today’s policies.

To improve financial compensation for custodial grandparents, states may want to reassess how the TANF family and child-only grants could be modified to more realistically meet their needs. For example, state policy makers should take into account that although the child-only grant is available, grandparents may not access the grant because they have to collaborate with the state to obtain support from their own adult child (Cox, 2009). With the TANF family grant, states could consider an exemption from the work requirements for grandparents who are incapacitated, older than 55, ill, or disabled (Copen, 2006). The lack of a legal relationship between custodial grandparents and their grandchildren interferes with medical and educational consent. To provide for the educational and health needs of grandchildren, every state should authorize a medical and educational consent law that allows custodial grandparents to seek health care for their grandchildren and allow them to enroll in school. Many grandparents are not free to provide fully for the grandchild’s needs without legal custody (Glass & Huneycutt, 2002).

Custodial grandparents have to navigate the convoluted system of social services on their own to obtain assistance. Two policy-driven programs that would assist grandparents with connecting to resources is the NFCSP (http://www.aoa.gov/AoA_programs/HCLTC/Caregiver/index.aspx) and the Kinship Navigator Program. Generations United (2011) recommends including requirements in the Reauthorization of the Older Americans Act for states to use the allotted 10% of NFCSP funding available for grandparents and relatives raising grandchildren. Currently, some states spend the entire 10%, some use some, and some use none (Generations United, 2011). Generations United also proposes that more states consider establishing Kinship Navigator Programs to provide statewide information to grandparents about available programs and services. The Foster-
CONCLUSION

Federal and state policies were not designed for grandparents raising grandchildren without a legal relationship. Custodial grandparents will remain without access to adequate financial, health, and social services until policy makers revise eligibility criteria and create policies geared toward this family structure. To design more effective policies, policy makers should have greater awareness and sensitivity of grandparents’ perceptions of their family obligations and their fears about accessing the child welfare system. Although many gaps in services exist, gerontological nurses can improve access and use of available services by providing education, improving outreach strategies and service delivery, and advocating for policies that support custodial grandparents.

REFERENCES


