INFORMAL KINSHIP CARE IN MINNESOTA:
A PILOT STUDY

FINAL REPORT TO THE
MINNESOTA KINSHIP CARE ASSOCIATION
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INFORMAL KINSHIP CARE IN MINNESOTA: A PILOT STUDY RESEARCH PROJECT

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FINAL REPORT

EXECUTIVE SUMMARY

This is the final report to the Minnesota Kinship Care Association (MKCA) on the experience of kinship caregivers in the state of Minnesota aged 60 and over, who were providing primary caregiving to young relatives or non-related children of close friends through informal arrangements that were initially made among family members.

We define kinship care as caring for a dependent child by a non-parent relative or close friend when the biological parents are unwilling or unable to care and are absent. While there are two types of caregiving arrangements, formal and informal, this study focuses on informal arrangements, those begun informally among family members without child welfare involvement. Formal arrangements are facilitated by the child welfare system.

The experience with caregiving arrangements that were initially begun informal with caregivers, aged 60 and older has remained largely unexplored. The purpose of this study was to describe the experience of these older relative caregivers and make recommendations according to the findings. The areas selected for examination were caregiving arrangements, services utilized, services needed, knowledge about services, concerns, feelings about caregiving, quality of life of caregivers and the grandchildren in care, and demographic information.

Methods

The instrument developed for this study consisted of 63 items that contain both qualitative (open-ended) and quantitative (closed ended) questions. The sampling framework included the entire state. Written and oral announcements about the study were made with instructions that interested caregivers call the principal investigator. Callers were screened to determine eligibility criteria. When deemed eligible, callers were given additional information about the study regarding procedures, informed consent, limits of confidentiality, and compensation. If callers volunteered to participate in the study, their names, addresses, and telephone numbers were recorded. They were told to expect a call from an interviewer within three working days, at which time, an interview would be scheduled at their convenience.

Multiple approaches were used to publicize the study and to obtain volunteers to interview. Descriptions of selected efforts follow. MKCA informed its network of service providers about the study. Announcements were placed in newspapers and agencies' newsletters. Professionals placed statements about the study on their listservs. Several radio interviews were conducted. Letters announcing the study were mailed to relatives on the mailing lists of Legal Aid Society of Minneapolis and Lutheran Social Services.

Volunteers were screened for eligibility using the following criteria: (a) caring for a child of a relative or close personal friend, (b) the initial arrangement was informal, (c) the child (ren) was under the age of 18, (d) the parents of the child(ren) were not living in the household, and (f) either the volunteer or spouse/partner were age 60 or older. Those meeting the eligibility criteria were

given additional information about the study. If they volunteered to be interviewed, contact information was obtained, interviewers assigned, and interviews scheduled.

Of the 192 volunteers who called, 106 were found eligible, and 96 were interviewed. Interviews were conducted from May 2002 to March 2003. Generally, they took place in the homes of the interviewees, with the exception of those few who chose to be interviewed in the office of a local agency or in the School of Social Work. All interviewees were given a $20.00 Target gift certificate as compensation for their participation in the study.

This sample consisted entirely of grandparents. The age range of household was from 52 to 82, with a mean age of 64.4. These caregivers were predominantly White, from the Twin Cities area, married, and highly educated. They were caring for one to six grandchildren with an average of 1.5 grandchildren. Grandchildren in care ranged in ranged in age from under one year to 17 with an average age of 12.6.

Findings

The following summary lists the seven major areas and highlights their findings.

1. Caregiving arrangement:
    - The majority of caregiving arrangements (59%) came about because of parental request; although a small number of grandchildren also made the request.
    - Most of the grandparents did not have a disability, only 13% of the caregivers reported being disabled.
2. Services utilized:
    - The services most used by grandparents were social services, health and mental health, and legal services. Grandchildren used social services and health and mental health services.
    - The majority of grandparents did not use age-based services.
3. Knowledge about services:
    - A large number of grandparents did not know about services available. Those who could identify services, listed support groups, health and mental health, and child welfare.
4. Services needed:
    - The most frequent service needed is government financial assistance. It was followed by a need for support from social service agencies and services for grandchildren's mental and physical health.
    - The majority of the caregivers reported that they had to contact social service agencies in order to access services.
    - The need for legal documents was reported as the most important to get grandchildren into the service delivery system.
5. Concerns:

- The three most pressing concerns as caregivers in order of importance were caregiving, caregiver's health, and financial.
- Their most important concern as caregivers at their age was the demands of the role.
- Their most important concerns about their grandchildren were education, emotional well-being/mental health, and getting appropriate structure/discipline.
- Their concern about the safety of the grandchildren was in terms of the grandchild's ability to make good decisions.

6. Surprises and joys:
    - Grandparents were most surprised by the exhaustion and demands of being parents again.
    - Grandparents' greatest joy was having their grandchildren around and their greatest fear was normal safety concerns of parents.
7. Quality of life:
    - Grandparents rated their overall quality of life currently as very good and as the same before becoming a caregiver. They rated their grandchildren's overall current quality of life as very good, but as a lot worse before coming into their care. Caregivers rated their satisfaction with their role of caregiver as very good to good. They rated their grandchildren's overall physical health as good and their mental health as very good to good.

Recommendations

1. Supporting the couple sub-system may ease the adjustment in the new caregiver role as a couple.
2. Support grandparents without spouses as they might face other challenges that go unnoticed, thus are not addressed.
3. Facilitate receipt of health, mental health and social services for the grandchildren in informal kinship care.
4. Assisting caregivers to obtain governmental financial support.
5. Continuing to support as well as increasing the numbers support groups and mentoring programs are suggested.
6. For grandchildren, normalizing the use of counseling and develop support groups for them.
7. Educating grandparents about the need for appropriate documents when applying for services.
8. Provide services under a family-centered format, which would expand the kinship triad (grandparent, grandchildren and parent of grandchildren) to include other family members.
9. Assist grandparents to maintain their health status and enhance their parenting skills. For grandchildren, developing a model program for grandchildren helping other grandchildren ought to be considered just as grandparents are mentored by other grandparents.

INTRODUCTION

This is the final report on Informal Kinship Care in Minnesota: A Pilot Study. It was a one-year pilot research project, which began in the summer of 2002 and was completed during the summer of 2003. In commissioning this project, the Minnesota Kinship Caregivers Association (MKCA) joined other states and cities that are using research to examine the needs of kinship caregivers. This organization also forged a leading role by focusing exclusively on older caregivers and informal arrangements. The project was designed to capture a group that has little presence in the literature: older caregivers in caregiving arrangements that initially began informally among family members or close friends in the state of Minnesota. It is part of the grand-kin project funded by a grant from the Minnesota Board on Aging (MOA). It was undertaken to fill gaps in the knowledge about informal kinship caregiving by older (60 +) relatives and to test the methodology.

We define kinship care as caregiving for a dependent child by a relative or close family friend when the biological parents are unwilling or unable to care for the child or are absent. Kinship care has two types of caregiving arrangements: formal and informal. The Child welfare system facilitates formal caregiving whereas informal caregiving occurs through agreements among family members.

BACKGROUND

It is widely acknowledged that kinship care has both benefits and costs to kinship caregivers. It is assumed that age and caregiving arrangement result in unique challenges, especially for older kinship caregivers who are in informal arrangements. Yet little is known about their experience. The MKCA, in its advocacy role, became concerned about this group of caregivers. In an effort to begin to fill the knowledge gap, the organization, as part of its Grandkin Raising Grandkids Project, commissioned a pilot study to (a) describe informal kinship care provided by older caregivers in Minnesota, and (b) test the methodology of identifying and recruiting study participants in this type of caregiving arrangement. See Attachment A for the research proposal.

Four significant changes were made to the original proposal due to delays in funding and other challenges. First, rather than collecting data from the three school districts (Moundsview, Delano, and Rockford) that were originally selected, kinship caregivers from the entire state of Minnesota (locally and out-state) were sampled. This occurred because a delay in the beginning of the project until very late in the school year made it difficult to recruit in the three school systems. The delay resulted from a delay in funding for the larger project and from changes mandated by the Institutional Review Board (IRB), which approved the study on May 15, 2002. Thus it became difficult to recruit in the three school systems. Second, the timeline was expanded from five (5) months to one year because of having to recruit statewide. Third, additional topics were added to the original instrument. Fourth, low numbers of eligible kinship caregivers resulted in a reduction on the projected final sample from 140 to actual numbers in the study by December 2002 (96 respondents).

The growth of kinship care in the state of Minnesota has basically paralleled the increase nationwide. The United States Census reported that in Minnesota, there was a 65% increase in grandchildren living with their relatives between 1990 and 2000. It is estimated that up to 47,679 (U.S. Census, 2000) grandchildren live with their grandparents in Minnesota.

OVERVIEW OF THE REPORT

This report consists of five sections. The first section provides a review of the pertinent literature on older kinship caregivers, informal arrangements and services. The second section describes the study design and research methods. The third section presents results. The fourth discusses findings. The fifth section contains recommendations.

PERTINENT LITERATURE

The number of research studies on kinship care is growing but continues to be limited because of the complexities of identifying and recruiting families in informal kinship caregiving arrangements. Older persons are increasingly accepting different roles in family life (Force, Botsford, Pisano, Holbert, 2000). Grandparents are displaying a long-term commitment to the well-being of their grandchildren in their role as primary caregivers to them (Weber & Waldrop, 2000).

Grandparents who have the primary responsibility for raising their grandchildren experience a number of stresses and express concerns regarding their ability to parent and their grandchildren's well being (Janicki, McCallion, Grant-Griffin, & Kolomer, 2000; Sands & Goldberg-Glen, 2000; Waldrop & Weber, 2001). Grandparents report worrying about their ability to provide care over the long term as they and their grandchildren age, including feeling overwhelmed and worrying that public authorities could judge them to be incompetent and could remove their grandchildren from their home (Janicki, et al., 2000).

Grandparents also express both positive and negative feelings about raising their grandchildren. While many grandparents express feelings of ambivalence about the change in their role from that of grandparent to parent, most express loving and positive feelings about their relationship with their grandchildren (Weber & Waldrop, 2000). Furthermore, despite the stresses associated with caregiving, grandparents also report finding meaning and satisfaction in being able to provide stability and security for their grandchildren (Waldrop & Weber, 2001). Grandparents also report rewards associated with caregiving such as enjoying the companionship of their grandchildren and feeling that their grandchildren have brought meaning back into their lives by making them feel younger and more useful (Rodgers & Jones, 1999).

Most studies on grandparents as caregivers do not report findings according to age, but other criteria such as caregiving arrangement (McLean & Thomas, 1996; Rodgers & Jones, 1999), grandchildren's disability status (Force, et al., 2000; Janicki, et al., 2000), and caregiver stress related to caregiving (Sands & Goldberg-Glen, 2000; Waldrop & Weber, 2001). Specifically there is a paucity of studies examining the experience of older caregivers and those in informal arrangements. This section presents a summary of the pertinent literature on older kinship caregivers, informal kinship care arrangements, and service needs.

Older caregivers in kinship care

Studies on caregivers lack information about the effects of age. Most do not focus on a specific age group, and while they report the age of participants in the sample, age is not used as an independent variable. There are some exceptions. Existing studies have found that the age of the relative caregiver influences caregiving because of the associated health and medical problems that accompany aging (Grant, 2000). However, research also indicates that grandparents tend to report high perceptions of their overall health and a low level of limitations on physical and role functioning (Janicki, et al., 2000). The lack of acknowledging health needs may be related to grandparents' concerns that they may be viewed as incapable of caring for their grandchildren, resulting in foster care intervention (Minkler, Roe, & Price, 1992)

In addition, studies have linked the age to various aspects of kinship caregiving. Hayden and Heeler (1997) found that older caregivers receive fewer services and have fewer expectations of the service systems than younger caregivers, yet older caregivers need more support than other caregivers. Grandmothers, who vary in age, seem to struggle with the types of services needed by their grandchildren unless prompted to seek these services by professional helpers. Dubowitz, et al., (1994) and Dubowitz, Feigelman, & Zuravin (1993) found that children living with older caregivers were found to have more difficulties in school functioning, and more mental health and physical problems. Billing, Ehrle, and Kortenkamp (2002), in a national overview of the well-being of children in relative care, recommended that area offices of aging provide respite care, transportation, or parenting training to older relative caregivers.

Informal arrangements in kinship care

Examination of informal kinship care has suffered a fate similar to that of aged caregivers. Researchers have ignored relatives in informal arrangements in favor of exploring those in formal kinship and especially foster kinship care (Altshuler, 1998). While kinship foster care is the largest growing form of child placement (Altshuler, 1998; Muller & Gibbs, 1997), informal kinship is also increasing (McLean & Thomas, 1996) but at an unknown rate. Kolomer (2000) notes the paucity of information on the numbers of grandparents in informal kinship care. Some of these arrangements are only captured if families are receiving Temporary Assistance to Needy Families (TANF).

The paucity of information occurs in part because many research studies are conducted using caregivers in, and administrative data from, the Child welfare or other social service systems. Given that informal kinship caregivers are not always in those systems, at least initially, they are often an invisible group. Informal arrangements have been the subject of research studies in specific cities or states such as in Philadelphia (Maryniak, 1993; McLean & Thomas, 1996); Maryland (Dubowitz, et al., 1993; Dubowitz, et al., 1994); and California (Berrick, et. al., 1993).

Families in informal kinship care arrangements experience similar challenges as those in formal arrangements, but they do not have the same access to services as those in the Child welfare system (McLean & Thomas, 1996). Demographic profiles reveal the average age of the caregivers as 50 (McLean & Thomas, 1996) and 48 (Berrick, et al, 1994; Dubowitz, Feigelman, 1993).

Service needs of relative caregivers

Researchers have found that relative caregivers and children in kinship care need services. McLean and Thomas (1996) found that the most frequent service need for caregivers was legal assistance followed by financial assistance (McLean & Thomas, 1996). The most needed service for children in care was medical care followed by mental health counseling (McLean & Thomas, 1996). Relative caregivers outside the Child welfare system have less access to resources. McLean and Thomas, (1996) found that caregivers in informal kinship care arrangements have the added responsibilities of identifying and coordinating the many services that they must interact with in order to get services for their grandchildren.

Grandparents raising grandchildren have varied service needs and ability to access appropriate services. Although grandparents identify a number of service needs, some research indicates that this population underutilizes services. In one study (Janicki, et al., 2000), grandparents in both formal and informal caregiving arrangements reported using few of the formal services listed (e.g., case management, support groups, assistance with housing). While grandparents generally reported using only one or two services, they reported needing four or five services.

Research indicates that access to services is impacted by a number of variables. First, grandparents in informal caregiving arrangements generally have significantly less access to needed services than those in formal caregiving arrangements (McLean & Thomas, 1996). Second, the demands of caring for a grandchild with a disability and the uncertainty in their lives makes it difficult for some grandparents to access sufficient formal and informal services (Janicki, et al., 2000). Third, Grandparents as heads of alternative families may have access to services limited by agencies' eligibility requirements that assume traditional family and guardianship situations (McCallion, et al., 2000). Additionally, many informal kinship caregivers must rely on TANF funds to support the children in their care, and they often need help obtaining public assistance due to the fear of stigma associated with receiving welfare (McLean & Thomas, 1996). Additional barriers grandparents face when seeking services include lack of transportation (Janicki et al., 2000; McCallion et al., 2000), lack of knowledge regarding eligibility for services and/or how to access services (Rodgers & Jones, 1999), and lack of necessary documentation (McCallion et al., 2000). Research indicates that grandparents need to be educated about available resources, services, and supports (Rodgers & Jones, 1999). Absence of funding for grandparent caregiver services and supports is also of critical concern (McCallion, et al., 2000).

Researchers have called for increased attention to the numbers of grandparents who are caring for their grandchildren informally and to the responsibilities and concerns that confront them (Kolomer, 2000). Fuller-Thomson, Minkler, & Driver, (1997) also note that knowledge is needed on the roles and circumstances of grandfathers who are primary or secondary caregivers.

STUDY DESIGN AND METHODS

This pilot study was designed to collect both qualitative and quantitative data via a 63-item instrument. The instrument consisted of open-ended, and closed-ended questions. This study was approved by the IRB at the University of Minnesota. See Attachment B for approval letter from the IRB. This section described recruitment, eligibility, screening procedures, the instrument, selection and training of interviewers, and the interviewing process.

Recruitment

The recruitment process incorporated a variety of approaches aimed at reaching the older relative caregiving population and their service providers to inform them about the study. MKCA informed its network of service providers about the study. This was done basically via announcements at community meetings about kinship care. In addition, announcements about the study and its eligibility criteria were placed in newspapers and agencies' newsletters. Announcements targeting service providers were mailed to the county social service directors, members of the Family Service Collaborative, and Grandparents and Relatives as Parents Programs. Professionals placed statements about the study on their listservs. Announcements about the study were mailed to local media groups and resulted in several radio interviews with the principal investigator. During those interviews, information about the study was presented. Letters announcing the study were also mailed to relatives on the mailing lists of Legal Aid Society of Minneapolis, Lutheran Social Services, and Volunteers of America's Senior Resource Center. See

Attachment C for a letter announcing the study. Presentations about the study were made to the staff of the Senior Linkage Line and two MKCA committees, the public policy committee and the program committee.

While a variety of recruitment approaches were used, it is important to note limitations to them. All except one approach were associated with agencies or social service systems. This association meant that the relative caregivers had to have a connection to professional service providers. The exception was local newspapers and radio stations. Although these also reached a select audience, no service connection was required.

Eligibility

Eligibility requirements were structured to capture caregiving experiences according to age, connection to the public Child welfare system, and level of responsibility. Therefore, volunteers were required to meet specific eligibility criteria in order to participate in the study. Eligibility criteria included the following:

1. The volunteer was currently caring for the child of a relative or close personal friend.
2. The initial caregiving arrangement was informal (was not made in conjunction with child welfare services).
3. The child (ren) was age 18 or younger.
4. The parents of the child (ren) were not living in the volunteer's household.
5. The volunteer or his/her spouse/partner was age 60 or older.

Screening procedures

Caregivers willing to volunteer as respondents for the study were asked to contact the research staff if interested in participating in the study. Professionals in the community also called requesting information about the study, wanting to refer relative caregivers who were their clients, or wanting to comment on the study. While their names were not recorded, they were given additional information and encouraged to have the relative make a direct call to the principal investigator.

Kinship caregivers who called were screened over the telephone to determine their eligibility using a screening tool specifically developed for this research project. See Attachment D for Screening Instrument. Of the 192 volunteers who called, 86 did not meet the eligibility criteria. Reasons for ineligibility were age (27), providing daycare/babysitting services to grandchild (21), biological parents living in the household (6), initial arrangement was facilitated by child welfare (11), not caring for grandchild currently (6), grandchild over 18 (5), wanting information about the study (6), and others (4). These relatives were given an explanation for the determination of their ineligibility.

After eligibility was established, additional information regarding the details of the study and requirements of participants was discussed. Specifically, the purpose of the study, plans for use of findings, the interview process, exceptions to confidentiality, and compensation for participating were explained to the volunteers. Of the 106 that were found eligible, 10 decided not to participate in the interviewing process. Most did not provide the reason for their decisions. Those who did share their rationale for not participating cited as reasons lack of time, wanting more compensation, and no longer being interested after several delays in the interviewing process. Those eligible volunteers who agreed to participate in the study were assigned an interviewer, who contacted the volunteer within three business days to schedule an appointment for the interview.

Instrument

The instrument was developed from a review of the literature and suggestions from caregivers, staff, and board members of MKCA. It was pilot tested in an interview with a caregiver who met the eligibility criteria. The instrument was then revised and tested with two other caregivers. The final instrument contained 63 items structured into open-ended and closed-ended questions. In the process of working on the instrument, the procedures to follow during data collection process and forms needed were developed. See Attachment E for interview instrument.

Selection and training of interviewees

Thirteen trained interviewers conducted interviews. They were selected based on their interviewing skills and understanding of kinship care. They included two grandmother caregivers, nine MSW-level social workers, and two MSW students. The MSWs and MSW students had taken a social work practice class taught by the principal investigator, attended several lectures on kinship care, and were actively practicing social work in the state of Minnesota. The grandmother caregivers were active in the kinship care community and served on the MKCA board of directors. Interviewers were trained in the use of the interview schedule and pertinent forms and procedures in a half-day training session. Upon completion of the training, interviewers were assigned interview subjects based on their availability and the location of the interview. One feedback session was held after each interviewer had completed at least one interview to resolve problems or concerns encountered during the interviewing process. All interviewers had access via telephone and email to the principal investigator or a research assistant for help if a problem surfaced.

Interviewing process

Interviews lasted between one and two hours and were conducted from May 2002 to March 2003. Generally, they took place in the homes of the interviewees, with the exception of those few who chose to be interviewed in the office of a local agency or in the School of Social Work. All interviewees were given a $20.00 Target gift certificate as compensation for their participation in the study. See Attachment F for a packet of other forms used during the interview process.

RESULTS

Demographic characteristics

Data were successfully collected from 96 households. While one of the caregivers in each household had to meet the age criteria of 60, in the case of a couple, only one person provided demographic information. Couples (56%) were asked to decide which would provide this information regardless of age. The age of the respondents ranged from 52 years to 82 years. The average age was 64.4 years. Seventy-six respondents (79%) were white, 14 respondents (15%) were African American and 6 (6%) were Native American. All of the respondents were grandparents of their care-receivers. The number of years as caregivers ranged from one year to 17 years and the average was 6.9 years. The number of children in care ranged from 1 to 6 and the average was 1.5 children. Table 1 summarizes the demographic backgrounds of the respondents.

Table 1 Demographic Characteristics of the Respondents

Race	**Frequency**	**Percentage**
African American	14	15%
Native American	6	6%
White	76	79%
Marital Status		
Married	54	56%
Divorced / Separated	22	23%
Single	5	5%
Widowed	15	16%
Education		
< high school	13	14%
High School graduate	21	22%
Some College	35	36%
College degree or above	26	27%
Missing data	1	1%
Work status		
Retired	43	45%
Working full time	24	25%
Working part time	20	21%
Not working	4	4%
Disabled	3	3%
Missing data	2	2%
Number of kids		
One	62	65%
Two	27	28%
Three	4	4%
Four or more	3	3%
Other adults 60+ in household		
No	50	52%
Yes	38	40%
Missing data	8	8%
Other caregiving responsibility *		
No	59	61%
Yes	29	30%
Missing data	8	8%
Income		
Less than $10,000	10	10%
$10,000 to $14,999	4	4%
$15,000 to $24,999	14	15%
$25,000 to $34,999	16	17%
$35,000 to $49,999	20	21%
$50,000 or above	22	23%
Missing	10	10%

* Do not add to 100% due to rounding.

Initiation of caregiving arrangement

Forty-seven respondents (49%) became primary caregivers of their grandchildren at the request of the children’s parents. Thirty respondents (31%) became primary caregivers because of negative parental lifestyle, such as drug problems. Twelve respondents (13%) became the primary caregivers to deter foster care. Three respondents became the primary caregivers because the children's parents were not available due to abandonment, parental death, migrating to United States without mother. Four respondents became primary caregivers at the request of the children. Fifty-nine respondents (61%) received permission to become primary caregivers by the children's parents; 23 respondents (24%) received permission from courts. Three respondents received permission from county governments and nine respondents did not receive permission from anyone. Thirteen respondents had a disability that affected their ability to care for their grandchildren. Table 2 below summarizes the findings.

Table 2. Caregiving arrangement

Arrangement		
Parental request	47	49%
Parental lifestyle	30	31%
Deter foster care	12	13%
Parents unavailable	3	3%
Grandchild's request	4	4%
Permission *		
Parents	59	61%
Court	23	24%
County government	3	3%
No one	9	9%
Missing	2	2%
Disability of Caregivers		
No	82	85%
Yes	13	14%
Missing	1	1%

*Do not add to 100% due to rounding.

Services utilized

Formal services utilized by grandparents. Twenty-nine respondents used formal services **before** they became primary caregivers. Fifteen of them used two or more services and four of them used three or more services. They were asked the types of services and up to three answers from each respondent were entered into the database. For respondents who gave more than three services, only the first three services were entered. Altogether, the respondents mentioned 48 services. Thirty-eight percent of these services were health and mental health services and 35% were social services.

The number of respondents using formal services increased to 66 **after** they became primary caregivers. One hundred fifty five services were mentioned by the respondents. Forty-seven percent of these services were social services and 32% were health and mental health services. Table 3 summarizes the findings.

Table 3. Services respondents used before and after becoming primary caregiver

Services before	1st Services	2nd Services	3rd Services	Total	%
Social services (e.g. child welfare, support group)	12	3	2	17	35%
Health & mental health services (e.g. counseling, medical clinic)	9	8	1	18	38%
Legal	6	2	1	9	19%
Others (church, helpline)	2	2	0	4	8%
Total	29	15	4	48	100%
Services currently					
Social services	27	25	21	73	47%
Health and mental health services	26	16	8	50	32%
Legal services	12	10	5	27	17%
Other services (County Custody Mediator, Grandparent weekend camp)	1	2	2	5	3%
Total	66	53	36	155	100%

Services utilized by grandchildren. Sixty-three respondents reported that their grandchildren were using formal services before the kinship care arrangement. Nineteen of them had grandchildren who used two or more services and seven of them had grandchildren who used three or more services before the arrangement. A list of 89 services was used by these children before the kinship care arrangement. Most of these services were social services (69%), followed by health and mental health services (29%).

After the kinship care arrangement, 75 respondents reported that their grandchildren were using formal services. Thirty of them reported that their grandchildren used two or more types of services and 10 of them reported that their grandchildren used three or more services. A list of 115 services was used by these children. Forty-six percent of these services were social services, 47% were health and mental health services. Table 4 summarizes the findings.

Table 4. Use of formal services by grandchildren before and after entering kinship care

Service used by kids before kinship care	1st Services	2nd Services	3rd Services	Total	%
Social services	38	18	5	61	69%
Health & mental health services	25	0	1	26	29%
Others (Free school lunch program, scholarship for education)	0	1	1	2	2%
Total	63	19	7	89	100%
Current service used by kids					
Social services	29	18	6	53	46%
Health and mental health services	40	10	4	54	47%
Other services (Grandparent weekend camp, church group)	6	2	0	8	7%
Total	75	30	10	115	100%

Use of health care services. For caregivers, seventeen respondents had not seen any health care providers during the six-month period before the interview. Sixty-three respondents had routine physical examinations in the six-month period before the interview and 25 respondents had non-routine physical visits.

On average, they had 1.63 routine visits and one non-routine visit. Reasons for non-routine medical visits were coded into four categories: chronic, acute, mental health and age-related. Examples of chronic conditions were diabetes, arthritis, congestive heart failure, and high blood pressure. The acute category included: hospitalization, infection, bladder infection, dental and finger cut. Examples of mental health problems were stress check-up and panic attack. The age-related category had only one example, which was reported as "age-related" by the respondent.

For grandchildren, eighteen had not seen a health care provider during the six-month period before the interview. Sixty-one grandchildren had seen a health professional for routine care.

Thirty-five grandchildren had seen a health care professional for non-routine visits. Non-routine visits were coded into five categories: routine (that were erroneously reported as non-routine by respondents), acute, chronic, mental health, and dental/eyes/ears. The routine category included: okay, none, check-ups, and booster shot. Examples of acute conditions were asthma, broken limbs, emergency room, and stomach pains. Chronic conditions included knee problems, diabetes, allergies, and back problems. In the mental health category were psychological problems, depression, counseling, and psychiatrist. Dental/eyes/ears contained those exact terms without the term" check-up" included.

Use of aging services. Thirty-one respondents (32%) used aging services and 63 (64%) respondents did not use aging services. Two respondents did not answer this question. The services they used included support groups for grandparents as caregivers (8 respondents), discounts from AARP (9 respondents), senior centers, and others. Eleven respondents learned about the services from professionals, six found out about the services from marketing materials such as newspapers, radio, websites, and brochures. Five were told about the services from friends. They started accessing these services in a variety of ways, including making phone calls and going to meetings.

Service needs

Services generally needed by people of "your age" (older) who are primary caregivers of their grandchildren. Respondents were asked about the service needs of grandparent caregivers in an open-ended question. Up to three responses from each respondent were entered into the database. Altogether, respondents gave 188 needs. These needs were then categorized into nine areas. Among all the needs identified, 23% were related to financial assistance, 16% were related to support group and mentoring services, 15% were related to legal services, 14% were related to health insurance, 8% were related to in-home respite services, and 7% were related to mental health counseling. Table 5 summarizes the findings.

Table 5. Services needs of kinship caregivers who are older (Question 12)

	1st Need	2nd Need	3rd Needs	Total	%
Government financial assistance	22	14	8	44	23%
Support groups / mentoring	14	9	8	31	16%
Legal	16	9	4	29	15%
Health insurance / Medical coverage	13	9	5	27	14%
In-home support services/respite care	10	3	2	15	8%
Counseling / mental health	3	7	3	13	7%
Affordable daycare	2	0	2	4	2%
Housing (more space)	2	2	0	4	2%
Others (easier access to services and transportation)	3	13	5	21	11%
Total	**85**	**66**	**37**	**188**	**100%**

Specific services needs of the respondents. Respondents were asked about their service needs in an open-ended question. Up to three answers from each respondent were entered into the database. Altogether, respondents identified 124 needs. These needs were then categorized into nine areas. Among all the needs identified, 21% were financial needs, 15% were related to health insurance and medical coverage, 14% were related to support groups, 11% were related to in-home respite services, 10% were related to legal services, and another 10% were related to counseling. Table 6 summarizes the findings.

Table 6. Services needs of Respondents (question 13)

Respondents' services needs	1st Need	2nd Need	3rd Need	Total	%
Government financial assistance	20	6	0	26	21%
Health insurance / Medical coverage	11	4	4	19	15%
Support groups / mentoring	8	8	1	17	14%
In-home respite services	7	4	3	14	11%
Legal services	9	2	1	12	10%
Counseling / mental health services	10	0	2	12	10%
Education / schooling services	4	1	0	5	4%
Housing services	3	2	0	5	4%
Other services (Transportation, case management)	2	9	3	14	11%
Total	**74**	**36**	**14**	**124**	**100%**

Service needs of grandchildren. Respondents were asked about services that were helpful to their grandchildren in an open-ended question. Up to three responses from each respondent were entered into the database. Altogether, respondents identified 98 services. These services were then categorized into 11 areas: eighteen percent (18%) of these services were counseling services, followed by medical insurance or other health services (14%), support groups (10%), financial support (10%), school and educational services (9%), mentoring services (7%) and housing services (7%). Table 7 summarizes the findings.

Table 7. Services that were helpful to the grandchildren (question 14)

Services helpful to kids	1st	2nd	3rd	Total	%
Counseling services	14	4	0	18	18%
Medical care / health insurance	10	3	1	14	14%
Support group	5	3	2	10	10%
Financial	8	1	1	10	10%
School / education	7	2	0	9	9%
Mentoring	7	0	0	7	7%
Housing	3	2	2	7	7%
Legal	5	0	0	5	5%
Dental care	5	0	0	5	5%
Day care	3	0	0	3	3%
Others (Identifying non-system resources, tutors for school work)	6	4	0	10	10%
Total	73	19	6	98	100%

Knowledge of services available and access procedures

Knowledge about Services. Respondents were asked about what services are available to kinship caregivers. Thirty-four respondents reported that they did not know what was available. Another 10 respondents reported that no service was available for kinship caregivers. Fifty-two respondents were able to identify at least one service available to kinship caregivers. Up to three services from each respondent were entered into the database. Altogether, respondents identified 106 services. Twenty-two percent of these services were support groups, followed by health and medical services (14%), child welfare services (13%), and government financial assistance. Table 8 summarizes the findings.

Table 8. Knowledge about Services Available

Knowledge about Services	1st	2nd	3rd	Total	%
Support group	17	3	3	23	22%
Health and medical services	5	9	1	15	14%
Child welfare	7	6	1	14	13%
Government financial assistance	7	3	1	11	10%
Counseling / mental health services	3	3	2	8	8%
Educational support	3	3	1	7	7%
Age-based services	1	3	2	6	6%
Legal	3	1	2	6	6%
Respite	2	3	1	6	6%
Others (power of attorney, vocational training)	4	3	3	10	9%
Total	52	37	17	106	100%

Must do to access services. Twenty-six respondents reported that they had no idea about what they "must do" in order to access services. For those who responded positively to this question, we collected up to three answers from each respondent. A total of 108 "must do" was identified. Among them, "check with county government" was the most mentioned "must do" (30%), followed by "actively looking for services" (14%), "have proof of guardianship and other legal documents" (11%) and "help from other people or organizations" (10%). The other category reflected responses such “scream and holler, threaten”; “calls never returned”; and “fight like chickens.” Table 9 summarizes the findings.

Table 9. What the respondents must do to access services for their grandchildren (question 16)

Must do	1st	2nd	3rd	Total	%
Check with county government	29	3	0	32	30%
Actively looking for services	4	9	2	15	14%
Have proof of guardianship / Legal documents	7	4	1	12	11%
Help from other people / organizations	4	3	4	11	10%
Prove needs	6	3	0	9	8%
Go to support group	3	3	2	8	7%
Be assertive and persistence	5	0	0	5	5%
Apply	4	1	0	5	5%
Others	8	2	1	11	10%
Total	70	28	10	108	100%

<u>Documents needed</u>. We asked the respondents what kinds of documents (identification papers) they needed to have in order to get services for their grandchildren. Eight respondents said they did not know and five respondents said no document was needed. For other respondents, we collected up to three responses from each of them that generated a total of 157 documents. Among them, proof of guardianship was mentioned 51 times (or 32% of all responses), followed by birth certificate (48 times or 31% of all responses), and child’s social security card (22 times or 14% of all responses). The other category included responses such as “daughter’s divorce papers,” picture identification,” and “death certificate of child’s mother.” Table 10 summarizes the findings.

Table 10. Documents needed to get services for grandchildren (question 17)

Documents	1st	2nd	3rd	Total	%
Proof of guardianship	30	14	7	51	32%
Child birth certificate	35	11	2	48	31%
Child's social security card	7	13	2	22	14%
Medical record / card	5	7	3	15	10%
school record	1	2	2	5	3%
Notarized statements from parents	2	0	0	2	1%
Others	3	6	5	14	9%
Total	83	53	21	157	100%

<u>Organizations to be contacted</u>. We asked the respondents what organizations/agencies they must contact to get services to their grandchildren. Seventeen respondents said they did not know and four respondents said they did not need to contact any organization. For other respondents, we collected up to three responses from each of them and that process generated a total of 122 organizations. Among them, child welfare agencies were mentioned 46 times (or 38% of all responses), followed by social services agencies (mentioned 39 times or 32% of all responses), and school districts (mentioned 16 times or 13% of all responses). Table 11 summarizes the findings.

Table 11. Organizations must be contacted to get services for grandchildren

Organizations	1st	2nd	3rd	Total	%
Child welfare (county/state)	36	9	1	46	38%
Social services (e.g. LSS)	25	8	6	39	32%
School district	6	7	3	16	13%
Others (Church, state politicians, crisis line)	6	8	7	21	17%
Medical professional	0	4	2	6	5%
Total	73	32	17	122	100%

Most helpful person. We asked the respondents to identify who had been most helpful to them in their role as caregivers. Six respondents reported that no one had been helpful to them. For other respondents, we collected up to three answers from each of them and that process generated a total of 103 responses. For respondents who reported more than three helpful people, the first three helpful people only were coded into the database. Among them, family members were mentioned 53 times (or 51% of all responses), followed by school teachers (mentioned 12 times or 12% of all responses), and friends (mentioned 9 times or 9% of all responses). Table 12 below summarizes the findings.

Table 12. People who had been most helpful in their role as a kinship caregiver (question 19)

Total	1st person	2nd person	3rd person	Total	%
Family members (e.g. spouse)	50	2	1	53	51%
School teachers	11	1	0	12	12%
Friends	5	4	0	9	9%
Social worker / Case Manager	7	0	1	8	8%
Church	3	1	1	5	5%
Support group	3	1	0	4	4%
Others (County officer, day care provider)	8	2	2	12	12%
Total	87	11	5	103	100%

Applying for services. We asked the respondents whether they would apply for services if they could get help from the government or service providers. Sixty-five respondents (67%) reported that they would apply for services; nine respondents reported that they would not apply for services (9%); and 22 respondents (23%) reported that it depends.

Feelings about caregiving

Surprise. Respondents were asked about surprises they had as caregivers. Twelve respondents (13%) reported that they were surprised by the exhaustion and demands of being parents again, followed by the joy and other positive experience of being parents again (11 respondents or 12%), the fact that they became parents again (8 respondents or 9%), and the behavioral and attitude problems of their grandchildren (7 respondents or 7%). Table 13 below summarizes the major findings.

Table 13. Surprises mentioned by the respondents about their caregiving experience (question 21)

Surprises mentioned by the respondents	Frequency	%
Exhausting, demanding	12	13%
Joy & other positive experience	11	12%
Became a parent again	8	9%
Behavioral & attitude issues of kids	7	7%
Became a better parent	5	5%
Generational gap	4	4%
Amount of work and attention	4	4%
Conflict with expected retired lifestyle	4	4%
Financial burden	3	3%
None	14	15%
Others (Change in attitude of young people, need patience)	22	23%
Total	**94**	**100%**

Concerns as caregivers. We asked the respondents to list their concerns as kinship caregivers. We collected up to three responses from each respondent. A total of 234 concerns were identified. Among them, quality of caregiving was the number one concern (mentioned 55 times or 24% of all responses), followed by health conditions of caregivers (37 times or 16% of all responses), financial needs (26 times or 11% of all responses), and education of their grandchildren (mentioned 21 times or 9% of all responses). Table 14 summarizes the findings.

Table 14. Concerns of Kinship Caregivers (question 22)

Concerns	1st	2nd	3rd	Total	%
Quality of caregiving	31	15	9	55	24%
Caregiver's health	20	10	7	37	16%
Financial	5	13	8	26	11%
Education of grandchildren	8	10	3	21	9%
Emotional well-being of grandchildren	6	10	3	19	8%
Generational gap	6	5	1	12	5%
Grandchildren staying out of trouble	4	3	4	11	5%
Problems with biological parent	3	4	4	11	5%
Safety of grandchildren	5	3	2	10	4%
No life of your own	2	3	1	6	3%
Future of kids	0	0	4	4	2%
Others (not being a burden on kids, teaching religious base)	6	6	10	22	9%
Total	96	82	56	234	100%

Concerns about grandchildren. We asked the respondents about their concerns for their grandchildren. We collected up to three responses from each respondent. A total of 225 concerns were identified. Among them, education was the number one concern caregivers had (mentioned 36 times or 16% of all responses), followed by emotional well-being and mental health of their grandchildren (mentioned 33 times or 15% of all responses), whether the grandchildren were receiving appropriate structure and discipline (mentioned 31 times or 14% of all responses), and succeeding in life (mentioned 31 times or 14% of all responses). Table 15 summarizes the findings.

Table 15 Respondents' concerns for their grandchildren

Concerns for grandchildren	1st	2nd	3rd	Total	%
Education	16	15	5	36	16%
Emotional well-being / mental health	17	13	3	33	15%
Receiving appropriate structure / discipline	17	7	7	31	14%
Succeeding in life	12	11	8	31	14%
Diagnosed conditions	6	4	3	13	6%
Facilitating relationship with biological parents	3	7	4	14	6%
Anti-social behavior	6	5	1	12	5%
Choice of friends	5	3	3	11	5%
Safety	4	1	5	10	4%
normal teenage concerns	1	4	2	7	3%
Finance		2	2	4	2%
Health	3	0	1	4	2%
Racial prejudice	1	0	3	4	2%
Others (help understand why here, no maternal role model)	3	7	5	15	7%
Total	94	79	52	225	100%

Concerns about being a parent at their age. We asked the respondents about concerns they had being in a parent role at their age. Eleven respondents reported that they did not have any concerns. For other respondents, we collected one response from each of them. A total of 85 concerns were identified. Among them, the demand of the caregiving role was the number one concern identified by the respondents (mentioned 43 times or 51% of all concerns), followed by their physical and mental health (mentioned 21 times or 25% of all concerns), and the lack of support (mentioned 9 times or 11% of all responses). Table 16 summarizes the findings.

Table 16 Respondents' concerns about being parents at their age (question 24)

Concerns of being parents at their age	Frequency	%
Demands of the caregiving role	43	51%
Own physical / mental health	21	25%
Demise of support	9	11%
Financial	2	2%
Lifestyle	2	2%
Generation gap	2	2%
Others (why me, Too old to enjoy free time later on)	6	7%
Total	85	100%

Concerns about the future of grandchildren. Four respondents reported that they did not have any concern about the future of their grandchildren. For those who have concerns, we collected one response from each of them and identified a total of 92 concerns. Among them, succeeding in life was the number one concern identified by the respondents (mentioned 37 times or 40% of all concerns), followed by education (mentioned 22 times or 24% of all concerns), and care of their grandchildren after their death (mentioned 8 times or 9% of all responses). Table 17 summarizes the findings.

Table 17 Concerns about the future of their grandchildren (question 25)

Concerns about the future of grandchildren	Frequency	%
Succeeding in life	37	40%
Education	22	24%
Care after caregiver's death	8	9%
Eliminating ant-social behavior	7	8%
Relationship with biological parents	5	5%
Health	3	3%
Safety	3	3%
Others (foster care and being separated, safety of grandchild in correction program)	7	8%
Total	92	100%

Biggest fears about raising their grandchildren. Nineteen respondents reported that they did not have any fears about raising their grandchildren. For those who had fears, we collected one response from each of them and identified a total of 77 fears. Among them, their grandchildren's participation in antisocial behaviors was the number one fear identified by the respondents (mentioned 16 times or 21% of all fears). Examples in this category were "granddaughter will become pregnant." "social pressures - drugs, alcohol, sex," and "will discontinue education." The next category, being an ineffective caregiver (mentioned 15 times or 16% of all fears) included: "will run away because of rules," "having an ineffective caregiver," and "parenting will bring sorrow." The third largest category was grandchildren might lose their caregiver (mentioned 10 times or 10% of all responses). Table 18 summarizes the findings.

Table 18. Biggest fears about raising their grandchildren (question 26)

Fears	Frequency	%
Participate in anti-social behavior	16	21%
Being an ineffective caregiver	15	16%
Their grandchildren lose caregiver	10	10%
Repeat destructive behavior of parents	6	6%
Successful in life	4	4%
Safety	3	3%
teenage issues	3	3%
Remain healthy	2	2%
Health and mental problems of grandchildren'	2	2%
Emotional well being of kids	2	2%
Others (grandchildren torn between parents and grandparents, resent for being taken away from parent)	14	15%
Total	77	80%

Greatest joy in raising their grandchildren. One respondent reported that there was no joy raising his/her grandchild. For the remaining 95 respondents, we collected one response from each of them. Among those joys reported, just having grandchildren around was the number one joy identified by the respondents (mentioned 24 times or 25% of all joys reported), followed by the good quality of their grandchildren (mentioned 17 times or 18% of all joys) and the grandchildren's accomplishments (also mentioned 17 times or 18% of all responses). The good quality of their grandchildren included: “he is a great kid, so pleasant and polite,” “delightful kid,” and “she is a wonderful kid.” The grandchildren’s accomplishments included: “granddaughter going to college,” “an ‘A’ student,” and “pride we feel when he succeeds in church.” Table 19 below summarizes the findings.

Table 19. Greatest joy in raising their grandchildren (question 27)

Greatest Joy	Frequency	%
Having grandchildren around	24	25%
Grandchildren's good quality	17	18%
Grandchildren’s accomplishments	17	18%
Watching grandchildren grow	12	13%
Keep the caregivers young	7	7%
Affectionate behavior	6	6%
Kid appreciative	3	3%
Better parent	3	3%
Progress grandchild has made with them	2	2%
Others (no joy at all, expected joy)	4	4%
Total	95	100%

Explanation of safety concerns. Seventy-one respondents explained why they were concerned about their grandchildren’s safety. Thirty-eight (54%) gave explanations that were general concerns of parents. Examples were “worry when they were out of the household”, “general safety”, and “normal concerns as a parent.” Seven respondents (10%) were concerned that their grandchildren might be involved in a car accident. Another seven respondents were concerned about the threats from their grandchildren’s parents. Table 20 summarizes the findings.

Table 20. Explanation of safety concerns by caregivers (question 28)

Specific safety concerns	Frequency	%
General safety concerns of parents	38	54%
Car accidents	7	10%
Threats from parents	7	10%
Abduction & kidnapping	4	6%
Antisocial behavior	4	6%
Gangs	4	6%
Bad peer influence	3	4%
Drug	2	3%
Specific Health	2	3%
Total	71	100%

Quality of life

Respondents were asked to rate the quality of life for themselves and for their grandchildren on a five-point scale (1 – poor, 2 – fair, 3 – good, 4 – very good, 5 – excellent). On average, the caregivers gave themselves a 3.7, between good and very good. They also gave an overall 3.9 (very good) for the quality of life of their grandchildren. They were asked to rate the quality of life for themselves and their grandchildren **before the kinship** care arrangement using a five-point scale (1 – a lot worse, 2 – worse, 3 – the same, 4 – better, 5 – much better). On average, the caregivers reported that their quality of life was a little bit better before the kinship care arrangement (average rating

=3.3, between “the same” and “better”) than after becoming primary caregivers for their grandchildren.

They reported that their grandchildren’s quality of life **before** the arrangement was a lot worse than their **current** quality of life (average = 1.6, between “worse” and “a lot worse”). Respondents were also satisfied with their ability to provide effective care to their grandchildren (mean=3.8).

Health and mental health

On average, respondents rated their physical health condition between good and very good (mean=3.5) and their mental health condition very good (mean=3.9). Respondents also rated their grandchildren’s physical health and mental health conditions (up to 4 grandchildren). On average, they rated their grandchildren’s physical health very good (mean=4.0 from 141 children). They rated their grandchildren’s mental health between good and very good (mean=3.4 from 138 children).

Characteristics of grandchildren

We collected data for up to 4 grandchildren from each respondent. Data from 141 children were entered into the database. The age of these children ranged from less than one year to 19 years and the average age was 12.6 years. Sixty percent of the children were white, 20% were African American and 16% were more than one race. Ninety percent of them were enrolled in elementary school or high school.

Seventy children did not have any medical condition. Among those who reported medical conditions, the three most common reported medical conditions were asthma (11 children), followed by ADHD (9 children) and other mental health problems (9 children).

Forty-two children were not involved in any social program. For those who were involved in social programs, most of them were involved in sports activities, church activities, and uniform groups. Sport activities included softball, tennis, football, and gymnastics. Examples of church activities were choir, church youth group, and church leader. Groups were Big Brother/Big Sister, Alateen, and girls club.

Forty-seven children received financial assistance from their caregivers. Eighty children received financial assistance from the government. Only eight children received financial support from their parents. Sixty-eight percent of the children in the study were eligible for free or reduced-price school lunches.

Seventeen percent had been involved with foster care. It is unknown whether this involvement was prior to or after the kinship care arrangement. Fifty-one percent did not have contact with their fathers at the time of interview. Regarding the children who had contact with their fathers, 78% of the children’s caregivers reported that the contacts were helpful and 22% reported that the contacts were not helpful. Twenty-one percent of the children did not have contact with their mothers at the time of interview. Regarding those who had contact with their mothers, 63% of the children’s caregivers reported that the contacts were helpful and 37% reported that the contacts were not helpful.

DISCUSSION

We know very little about kinship caregivers who entered that role informally rather than through the Child welfare system. Unfortunately, this hinders both service delivery to this unique group of caregivers as well as development of policies, which are sensitive to their needs. The findings from this study begin to fill this gap in knowledge. Findings from this pilot research study provide rich documentation on the experiences of 96 Minnesota caregivers, aged 60 and over, in kinship care arrangements that were informally initiated. This discussion section highlights the significant findings of the research project.

Demographically, the sample in this study was unusual. All the caregivers in this study were in the role of grandparents and most lived in the Twin Cities area (64) rather than out-state (32). The grandparent caregivers were predominately white, coupled, and highly educated. They were evenly divided into retired (45%) and working (44%). Their average age was 64.4. They were represented in all income ranges with the largest percentage (23%) at the $50,000 and above range. Ten percent had an income of less than $10,000. Their demographic profile differs decidedly from the profile of grandparent caregivers nationally, who are more diverse racially, less educated, and have a lower income. Because this is a unique sample, the findings must be viewed with caution when extending them to a more diverse sample. Nevertheless, the study contributes important information on the group of older kinship caregivers who entered the arrangement informally.

The study found that older kinship caregivers who entered the arrangement informally have a significant need for services, regardless of income or education. It is generally thought that a high level of education and income reduces the need for social services and governmental assistance, but this was not found to be the case with older informal kinship caregivers in Minnesota. Study respondents identified the need for governmental financial assistance, health insurance and medical coverage, support groups, mentoring, in-home respite services, legal services, and mental health services. Sixty-seven percent of respondents said they would apply for services if they could get help from the government or service providers, and another 23 % said they may, “depending.” In addition, the number of respondents using services increased from 29 to 66 after they became primary caregivers.

Their high need and desire for services, despite a high level of education and income, probably reflects the complex demands of the older kinship caregiver role. The caregivers are at a developmental age where they no longer expect to fill the role of primary parents. It changes their relationship with both their grandchildren and their own children, and they sometimes have continuing problems with their grandchildren’s parents. Several respondents in this study reported that they were concerned about threats from their grandchildren’s parents. Older caregivers are also parenting children who have experienced the loss of parents, and parenting children in a social environment that has changed markedly from the one that existed when they were parents themselves. Thus it becomes important to provide appropriate services and advocate for policies that support the complex needs of older kinship caregivers.

It is interesting to note that most grandparents (over 50%) found that family members were most helpful to them in their role as a kinship caregiver. This included spouses. The fact that the majority of respondents were living with a partner and the majority found family members most helpful highlights the need for family-centered support services.

Another finding of significance is that many older caregivers lack knowledge, access, and information regarding service availability and utilization. Barely over half (52%) of respondents were able to identify at least one service available to kinship caregivers. Twenty-six respondents reported that they did not know what to do to access services, and 13 lacked knowledge about the need for documents or which documents were required. The study also found that 64% of these older grandparents did not use aging services, such as American Association of Retired People (AARP) discounts and senior centers.

The grandchildren being cared for by older kinship caregivers also needed a significant amount of services. Respondents reported a list of 115 services used by the grandchildren. The majority used services within the categories of health, mental health, and social services, and 80% of the grandchildren received governmental financial assistance. Respondents also identified their grandchildren as needing support groups and mentoring.

The respondents also expressed concerns about themselves and their grandchildren. Many grandparents were surprised by their exhaustion and the demands of their new role. They reported concerns about parenting, about their health, and about finances. Concerns expressed by the respondents about their grandchildren included education, emotional well-being/mental health, giving them appropriate structure and discipline, and their ability to succeed in life. Grandparents reported that their three biggest fears were grandchildren participating in anti-social behavior, being ineffective caregivers, and their grandchildren losing them as caregivers. This again highlights the need for services for both caregivers and care receivers.

Along with needs, concerns and fears, the older kinship caregivers in this study showed strengths and expressed pleasure in their roles. The majority of respondents said they experienced joy in having their grandchildren around, in the good quality of their grandchildren, and in their accomplishments. They reported an overall quality of life for themselves between “good” and “very good,” and an overall quality of life for their grandchildren as “very good.” They noted only a slight lowering in their overall quality of life after they became caregivers again, but noted a significant increase in the quality of life for their grandchildren. They reported their physical health as being between “good” and “very good” and their mental health as “very good.” They also reported their grandchildren’s physical health as “very good” and their grandchildren’s mental health as being between “good” and “very good.” It is interesting to note that the overwhelming majority of the 141 children in the study were enrolled in school. This suggests that the families have a strong connection with the school system and points to the school system as an excellent resource to reach these families.

There are a number of findings, which point to the need for more research. While this study gives us some rich information on older informal caregivers, more research is needed on younger informal kinship caregivers. It became clear through this study that many are willing to participate in such research. Twenty-seven of the 192 volunteers who called about the research project were ineligible because they were younger than 60 years of age. Yet, most said they wanted to participate in the research project. Their needs and opinions ought to be known, and replication of this study with informal caregivers under the age of is advised. This would allow comparisons across age groups and help us to further hone our knowledge of kinship caregivers.

While research has found that parental contact with children in foster care has been disruptive to their well-being, contact with biological parents of children in kinship care has not been fully explored. Most grandchildren in this study had contact with at least one biological parent. Seventy-nine percent had contact with their mothers. Grandparent reported that 37% of these contacts were not helpful. Fewer grandchildren had contact with their fathers (49%) with 22% being described as not helpful. Several grandparents reported concerns about threats from their grandchildren’s parents. It may be valuable to consider assisting these families in this area.

There was also a small but nevertheless surprising percentage (4%) of grandchildren who had initiated the informal kinship care arrangement. Fifty percent of the grandparents were selected by the parents of their grandchildren to be the primary caregiver. It would be interesting to gather information on the reasons that grandchildren initiate informal kinship care arrangements.

More information is needed on the concerns about medical care and health insurance. Questions such as the following need to be addressed: Is it a problem of access, lack of, or affordability? Since 80% of the grandchildren are receiving governmental assistance, do grandparents know about the accompanying medical benefits?

Finally, there is a need to broaden the research sample of older kinship caregivers to capture the diversity of caregivers in the state of Minnesota. Collaboration with agencies and organizations including churches might provide access to a more diverse group of caregivers.

RECOMMENDATIONS

This study found that even its sample of relatively well-educated, higher-income, predominantly white, older kinship caregivers need significant health, mental health, and social services, as do the grandchildren for whom they care. They also need a variety of other services, from legal to in-home respite care. Yet many of these older caregivers, in part because they came into the arrangement informally, do not know about the services available to them or how to access them. They have found, however, that family members are the most helpful to them. Many older kinship caregivers also lack of information about the complexities of re-entering the parenting role at an advanced age.

These findings seem to call for services that include education, mentoring, and support. They also suggest the need to advocate for continued and increased services as well as governmental policies that are sensitive to the needs of older kinship caregivers, especially those who come into the arrangement informally. Finally, the findings suggest some directions for further research. The recommendations are as follows:

Services for older kinship caregivers in informal arrangements

- Increase the number of support groups and mentoring groups available to older kinship caregivers.
- Offer support and information on the challenge of building new relationships and seeking out informal support from friends or relatives. Kinship caregivers may face a disruption in social relationships with peers who have not returned to the role of parenting. In addition, a small, but substantial number of grandparents have experienced relationship disruptions such as divorce, separation, and widowhood, and now must form new relations in their role as caregivers.
- Provide services under a framework that ensures involvement of both partners in the couple relationship. Supporting the couple sub-system may ease the adjustment of both partners in their new caregiver roles.
- Provide family-centered services, which would expand the kinship triad (grandparent, grandchildren and parent of grandchildren) to include other family members. For instance,

one idea would be to include significant others (adult children or other family members) in support groups designed to accommodate such relationships.

- Provide education on parenting issues. The older kinship caregivers find themselves parenting in an environment decidedly different than that in which they raised their own children and have many concerns about their grandchildren.
- Provide education to older kinship caregivers about services available to them, including government financial assistance.
- Provide education on eligibility guidelines for obtaining governmental services.
- Provide education on the need for appropriate documents when applying for services and help in identifying and obtaining the needed documents, and help in their proper storage.
- Advocate to social service agencies for more sensitive policies that would consider the predicament of grandparent regarding the lack of documents.
- Facilitate the use of legal services that could assist grandparents to obtain such documents when all other avenues have been exhausted.
- Provide education about respite care, self-care, and counseling services in order to help older kinship caregivers retain good physical and mental health.
- Provide education about aging services. Aging services are becoming increasingly sensitive to the needs of grandparents as caregivers; recommendations from this report could serve as a guide for the development of aging services targeted at grandparents.
- Advocate for increasing sensitive governmental policies that would take into account the needs of older caregivers and their grandchildren.

Services for grandchildren in informal kinship care

- Advocate for an increase in health, mental health, and social services for children in informal kinship care and consider providing or funding such services. While it could be a part of support groups for grandchildren, it may need to be moved into an individual modality or with the caregiver.
- Normalize the use of counseling for grandchildren in kinship care.
- Establish support groups for grandchildren.
- Develop a model program for grandchildren helping other grandchildren similar the way in which grandparents are mentored by other grandparents. Using some grandchildren as mentors for grandchildren who may need extra social support would be beneficial.

Changes in research design and further research

- Broaden the research sample to capture the diversity (younger age and racial/ ethic groups) of caregivers in the state of Minnesota in subsequent research on kinship caregivers who are in arrangements that were initiated informally. Collaboration with agencies and organizations including churches might provide access to a more diverse group of caregivers

- Conduct research regarding the group of kinship caregivers under the age of 60 who are in arrangements that were informally initiated. This would allow comparisons across age groups and help us to further hone our knowledge of kinship caregivers.
- Conduct research on the effects of contact with biological parents on children in kinship care.
- Gather additional information on the nature of caregivers’ concerns regarding medical care and health insurance to determine if it is a problem of access, lack of care, or affordability.

CONCLUSION

Older grandparents as caregivers do not have a strong presence in the literature, thus targeting and providing adequate services and supports to them are difficult tasks. Yet in Minnesota, there were more than 96 such caregivers who were interested in sharing their experiences. Findings from this pilot research study and the resulting recommendations were delineated to assist caregivers and their grandchildren with specific accompanying needs.

Generally, MKCA has been called upon to take a strong advocacy role to educate the service providers and policymakers on behalf of caregivers. In addition, MKCA might wish to educate caregivers about service availability and access procedures. MKCA may also wish to assist with the many needs of this group, MKCA might consider providing some direct services or funding direct services, especially mental health and counseling/mentoring for both grandparents and their grandchildren. Using a family-centered approach in service delivery is suggested since grandparents generally receive support from other family members. Developing support groups and mentoring programs for grandchildren are strongly suggested.

Considering the aforementioned recommendations, acting on these recommendations will require collaboration with other agencies that can assist MKCA. Given that aging services seemed to be underutilized by grandparent caregivers, joining with an agency that addresses aging issues may prove useful. This is especially the case in light of the Minnesota Board on Aging financial support of the grand kin project, which speaks to an interest in older relative caregivers.

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APPENDICES

ATTACHMENT A:
Research Proposal

Informal Kinship Care in Minnesota

Pilot Study

A proposal for the

Minnesota Kinship Caregivers Association

Submitted by the

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University of Minnesota

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Introduction

Approximately two million children in the United States are being raised solely by relatives other than their parents. Less than 200,000 of these children are in the formal child welfare system (Generations United, 2000). The remaining children are in "informal kinship care." Their relative caregivers may not even have formal custody and many have limited knowledge about the resources that are available to them and the children in their care.

While kinship care continues to increase, research on caregivers and the children in their care is in its infancy. For example, information is lacking on the influence on age (Kelley, Yorker, Whitley, & Sipe, 2001). We know very little about (a) how older caregivers' cope with their new responsibilities, (b) their social service needs as well as those of their chargers, and (c) the basic well-being of both (Kelley, et al, 2001). Many kinship caregivers are in their 60s and 70s with some in their 80s (Burton, 1992; Dowdell, 1995; Joslin & Brouard, 1995; Kelley, 1993; Minkler Roe, Robertson-Beckley, 1994).

Yet, services and other resources are particularly important to these families. The 1997 U. S. Census reports the following statistics (U.S Bureau of Census, 1998).

- 15% of grandmothers and 20% of the grandfathers in grandparent-headed households were over age 65
- 51% of all children living in grandparent- headed households were under 6 years old
- 27% of children living in grandparent-headed households were living in poverty, compared to 19% of the children who lived with their parents

Needs might include, for example, child care, educational services, physical and mental health services for the child, housing and legal services. The needs of the children often expand and intensify issues already faced by the caregiving family. For example, an apartment or home that would suffice for two adults may not be at all appropriate (for example in size, safety, access to schools) once children join the family. Generations United reports obstacles to services are more significant if the relative caregiver does not have a legal relationship to the children, e.g., legal custody; and there is usually a great difference between financial support and other services available to caregivers who are formally recognized foster parents, and those who are not. These issues are not easily resolved. Many families do not want government services that might result in the state taking custody. In addition, the state cannot simply make all these homes foster homes due to the inordinate cost of such an approach and the inappropriate level of intervention for children who are not abused or neglected.

Minnesota is no less affected by these issues than the nation at large. In Minnesota, 23,000 children are being raised by their grandparents. In Ramsey County alone, 5,968 children are reported to be living with their grandparents; and this figure does not include those living with other relative caretakers. At the same time, little is known about the actual circumstances of the families that constitute this informal kinship care network.

Need for a Pilot Study

One of the difficulties in ascertaining the need of these families and children is the degree to which they are "hidden" from view. Because there is no one organization with which these families may have contact, identifying them is a great challenge. One possible means of reaching relative caregivers who have children of school age is to work directly with the school districts to identify the families and request their participation in such a study. By piloting this approach, it would be possible to determine whether such a study could be conducted statewide.

Research Questions

The questions to be answered by this study include the following.

1. What are the problems faced by these families; what are the assets that aid them in succeeding?
2. What do relative caregivers report as barriers to providing adequate care?
3. What are the unmet service needs of these children and families?
    a. Medical care
    b. Mental health care
    c. School services
    d. Child care
    e. Housing
    f. Financial aid
    g. Legal services
4. For what services are these families eligible but not receiving? What are reasons for absence of services, e.g., choice, lack of knowledge?
5. What services are they most likely to receive? How did they "get connected" to these services?
6. What is their current custody arrangement? Is this satisfactory? Why or why not?
7. What is the impact of relative caregiving on the psychological, physical, and economic well-being of the caregivers?

Pilot Study Method

The Minnesota Kinship Caregivers Association and the University of Minnesota propose to survey a sample of caregivers in the Moundsview, Delano and Rockford School Districts. These school districts are willing to identify the children they know to be living solely with relative caregivers. The schools will contact the families to request their participation in the study. If the caregivers consent to participate, an interviewer will contact them to arrange an in-person interview. These interviewers will also be relatives taking care of children. They will be selected for their ability to understand the families' situation, but also be highly trained in research interviewing to enable them to accurately elicit and record the families' experiences and concerns.

Using the Census data and school enrollment figures to estimate the potential number of such children, it is possible that the number of children in relative caregiver homes in Moundsview is approximately 895-1194, or 400-500 families. Delano and Rockford may have about one-tenth that number. After the sampling frame is determined with the school districts, a sample of 140 will be randomly selected. This size sample will enhance affordability of the pilot but also provide a sufficient number of subjects to test the viability of the method and to provide aggregate information to these communities on relative caregivers' needs.

Data collection will be done through a semi-structured interview. A questionnaire will be developed by the research team to collect information on demographics, family structure, services utilization, and unmet needs. The semi-structured survey format will also allow interviewers to collect detailed information on the interaction between these families and the formal service delivery system and the impact of relative caregiving on the well-being of the children and the caregivers. This combination of the quantitative and qualitative research approaches will yield information that are, on one hand, broad enough to develop insight for policy changes, and on the other hands, rich enough to inform refinement of existing programs or to develop new programs.

The study is projected to begin in May 2002 and be completed by September of that year. Interviews will be conducted during the school year; data analysis and report writing will require about three months after the last interview is completed.

Cost

The cost for this project is estimated at $50,000. This will include time for one doctoral level researcher, travel funds for the interviewers, funding for research assistants to aid in project logistics, analysis and report writing.

Results

This project will provide information about the needs of relative caregivers and the children in their care for these three school districts. In addition, it will provide information about the feasibility of conducting such a study on a larger scale in the State of Minnesota. The results will be available quickly and will be useful as group information about concerns and experiences of these families. By more clearly identifying their needs, it will be possible to more effectively connect them with the services that they require to provide at least a minimum standard of care for these children.

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ATTACHMENT B:
Approval letter from IRB

UNIVERSITY OF MINNESOTA

Twin Cities Campus

Research Subjects' Protection Programs
Institutional Review Board: Human Subjects Committee (IRB)
Institutional Animal Care and Use Committee (IACUC)

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May 24, 2002

Priscilla A. Gibson
SOCIAL WORK, SCH OF
105 Peters Hall
Saint Paul Campus

Re: "Informal Kinship Care in Minnesota: An Exploratory Study"
Human Subjects Code Number: **0204S21627**

Dear Dr. Gibson:

The IRB: Human Subjects Committee received your response to its stipulations. Since this information satisfies the requirements set by the IRB, final approval for the project is noted in our files. Upon receipt of this letter, you may begin your research.

IRB approval of this study includes the consent form received May 21, 2002.

The IRB would like to stress that subjects who go through the consent process are considered enrolled participants and are counted toward the total number of subjects, even if they have no further participation in the study. Please keep this in mind when calculating the number of subjects you request. This study is currently approved for 140 subjects. If you desire an increase in the number of approved subjects, you will need to make a formal request.

For your records and for grant certification purposes, the approval date for the referenced project is May 15, 2002 and the Assurance of Compliance number is FWA00000312 (Fairview Health Systems Research FWA00000325). Approval will expire one year from that date. You will receive a report form two months before the expiration date. If you would like us to send certification of approval to a funding agency, please tell us the name and address of your contact person at the agency.

As Principal Investigator of this project, you are required by federal regulations to inform the IRB of any proposed changes in your research that will affect human subjects. Changes should not be initiated until written IRB approval is received. Adverse events should be reported to the IRB as they occur. Research projects are subject to continuing review and renewal.

The IRB wishes you success with this research. If you have questions, please call the IRB office at (612) 626-5654.

Sincerely,

Cynthia McGill

Cynthia McGill
Executive Assistant

CLM/sh

CC: Lum Yat-Sang

ATTACHMENT C:
Letter Announcing the Study

Volunteers Sought for Study on People Raising Grandchildren, Other Young Relatives

Volunteers are being sought to participate in a study on people 60 years of age and older who are raising their grandchildren and other people's children. All information will be confidential. Participants will not be identified, and their names will not be used.

It involves only a single interview, one-to-two hours in length. Interviews will be conducted face-to-face in your home or at a local community agency. Each participant will receive a $20 Target gift card as compensation immediately after the interview.

To be eligible for participation you must be:

- 60 or older (or your spouse must be 60 or older)
- A Minnesota resident
- The primary caregiver (child's parents must not be living in your household)
- In a caregiving arrangement that initially began as an agreement among family members. When the child entered your care, there was no involvement from the child welfare system.
- Caring for a child who is 18 or younger

To volunteer for the study for additional information, contact Priscilla Gibson, the University of Minnesota School of Social Work at 612-624-3678 or 1-800-779-8636. Dr. Gibson will provide additional information or answer any questions about the study.

The study, funded by the Minnesota Kinship Caregivers Association (MKCA) through a grant from the Minnesota Board on Aging, is part of a larger "Grand Kin serving Grand Kids Project." The study will evaluate the barriers and issues confronting people who are raising their grandchildren or children of other relatives**.** The results will assist MKCA to advocate for needed changes in legislation, public policies, and administrative rules and procedures.

ATTACHMENT D:
Telephone Screening Instrument

SCRIPT FOR RETURN TELEPHONE CALLS TO INTERESTED RELATIVES

Hello, my name is (name will be supplied), I'm the research assistant for informal kinship care research project. May I speak to Ms. (last name of relative)? I'm returning your call regarding your interest in participating in this study. Is this a good time for you to talk?

[If no], may I call you at a more convenient time or can I return the call later.

[If yes] **Thanks for your call. Do you have any questions at this point? Are you interested in participating in the study?**

[If no] **How can I help you?**

[If yes] **Let me ask you a few questions:**

1. **Are you caring for a non-biological child (ren) of a relative or close personal friend?**
2. **Was the caregiving arrangement initially conducted by a professional in the child welfare system?**
3. **Are you caring for a child(ren) under the age of 18?**
4. **Are the parents of the child (ren) living in your household?**
5. **Are you or your spouse/ partner age 60 over older?**

[**If relative does not meet the study criteria**], Thank you for your time. If you know of other relatives who meet these criteria, consider referring them to me at (612) 624-3678. Good bye and have a good day.

[If yes] **continue with script**

Thanks for answering these questions. Since you fit the study criteria and are interested in participating, let me review the study with you. **The purpose of this study is to obtain the experiences of relative caregivers who are 60 or older. We plan to use this information to advocate for more sensitive policies and increase services to caregivers.** This study involves your participation in one face-to-face interview with an interviewer who will come to your home or **arranged to use an office in your community**. A questionnaire will be used to ask questions and record your answers to them. Questions are asked about the caregiving arrangement, services utilized, services needed, knowledge about services, concerns, and quality of life. Examples of the questions are: (a) How did you arrange to become the primary caregiver of your grandchild (ren), What services did you use before becoming a caregiver, What services are available to relatives like you, What are the three most important concerns that you have about being a caregiver?

All of the information you provide is strictly confidential and your name will not be used in any publications. **There is one exception to the promise of confidentiality. If information is revealed concerning suicide, homicide, or child abuse and neglect, the social worker is required by law to report this to the proper authorities**. Before the interview, a consent form specifically designed for the interview will be read to you or you can read it to yourself. You can ask any questions about it and then will need to sign it. An information sheet will be completed on you and the child (ren) in your care. It will ask for basic information such as age and educational levels. The interview will last for about one and a-half hours. It will be scheduled at a time and day that are convenience to your schedule. For your participation, you will be given a $20.00 gift certificate from Target. **Your participation is totally voluntary**. You may refuse to answer any question and discontinue the interview at anytime.

To ensure that I have been clear in my explanation of the study and your understanding of it, would you please repeat back to me in our own words the purpose of the study and your role in it?

Thanks for your time. The interviewer will call you to schedule the date of the interview within the next three working days. If you know of anyone who meets our criteria, we would appreciate your referring them to this study by asking them to call Priscilla Gibson at: (612) 624-3678.

ATTACHMENT E:
Interview Instrument

INFORMAL KINSHIP CARE:

Semi-**S**tructured **Q**uestionnaire

ID code ________ Date _______________ Interviewer's initials __________

Caregiving Arrangement:

1. How did you arrange to become the primary caregiver of your grandchild (ren)?

2. Who gave you permission to care for your grandchild (ren)?

3. Do you have a disability that affects your ability to care for your grandchild (ren)? If so, what is it? How does it affect your caregiving?

Services Utilized:

4. What services (social, medical, counseling, financial. legal etc) did you use before becoming a caregiver? (if couple, asked each)?

5. What services (social, medical, counseling, financial. legal etc) have you used since becoming a caregiver?

6. What services (social, medical, counseling, financial, legal etc) was your grandchild(ren) using when he/she came to your home? (If more than one child, asked about each separately)?

7. What services (social, medical, counseling, financial, legal etc) does your g**randchild(ren) currently** use? (If more than one child, asked about each separately)

8. In the past six months, how many times have **you** seen a health care professional? Was it for a routine checkup, if not, specify reason.

9. In the past six months, how many times has your **grandchild (ren)** seen a health care professional? Was it for a routine checkup, if not, specify reason (if more than one child, asked about each separately)

10. Have **you** used services that are **designed for people your age**? If so, please identify?

11. If **you** are receiving **age-based services**,

    a. How did you find out about it/them?

    b. How did you go about accessing it/them?

<u>Services Needed:</u>

12. In your opinion, what services (social, medical, counseling, financial, legal etc) are needed by people **your age** with your **caregiving responsibilities**?

13. What services (social, medical, counseling, financial, legal etc) **would be** of help to **you** (as caregiver) now?

14. What services (social, medical, counseling, financial, legal etc) would be of help to **your grandchild (ren) now?**

<u>Knowledge About Services:</u>

15. What services (social, medical, counseling, financial, legal etc) **are available** to relative caregivers to help with your grandchild (ren)?

16. What must a relative caregiver do to access services for their grandchild(ren)?

17. What kinds of **documents** does a relative caregiver need to get services for their grandchild(ren)?

18. What agencies/community groups/organizations must a relative caregiver contact to get services for their grandchild(ren)?

19. Who has been most helpful to you in your role as a caregiver?

20. If you could get help from the government, organization or agency would you apply?

<u>Concerns:</u>

21. What was surprising to you about your caregiving experience?

22. What are the three most important concerns that you have about being a caregiver?
    A.

    B.

    C.

Informal Kinship Care: Semi-Structured Questionnaire

23. What are the three most important concerns that you have about your grandchild(ren)?
    A.

    B.

    C.

24. What are your concerns about being a parent at your age?

25. What are your concerns about the future of your grandchild (ren)?

26. What is your biggest fear about raising your grandchild (ren)?

27. What is your greatest joy in raising your grandchild (ren)?

28. If you are concerned about the safety of your grandchild(ren), please explain?

<u>Quality of Life:</u> On a scale of 1 to 5 (1-poor, 2-fair, 3-good, 4-very good, 5-excellent), answer the following questions:

29. How would you rate your overall quality of life **currently**?

1	2	3	4	5
Poor	Fair	Good	Very good	Excellent

30. How would you rate your quality of life **before** becoming the primary caregiver of your grandchild (ren)?

1	2	3	4	5
A lot Worse	Worse	The Same	Better	Much Better

31. How would you rate your grandchild (ren)'s **current** quality of life?

1	2	3	4	5
Poor	Fair	Good	Very good	Excellent

32. How would you rate your grandchild (ren)'s quality of life **before** coming to live with you?

1	2	3	4	5
A lot Worse	Worse	The Same	Better	Much Better

33. Which number would describe your satisfaction with your ability to provide effective caregiving?

1	2	3	4	5
Poor	Fair	Good	Very good	Excellent

34. How would you rate your overall physical health?

1	2	3	4	5
Poor	Fair	Good	Very good	Excellent

35. How would you rate your overall mental health?

1	2	3	4	5
Poor	Fair	Good	Very good	Excellent

36. How would you rate your grandchild (ren)'s overall physical health? (if more than one child, asked about each separately)

A. 1 2 3 4 5
Poor Fair Good Very good Excellent

B. 1 2 3 4 5
Poor Fair Good Very good Excellent

C. 1 2 3 4 5
Poor Fair Good Very good Excellent

D. 1 2 3 4 5
Poor Fair Good Very good Excellent

37. How would you rate your grandchild(ren)'s overall mental health? (if more than one child, asked about each separately)

A. 1 2 3 4 5
Poor Fair Good Very good Excellent

B. 1 2 3 4 5

Poor Fair Good Very good Excellent

C. 1 2 3 4 5
Poor Fair Good Very good Excellent

D. 1 2 3 4 5
Poor Fair Good Very good Excellent

Informational Sheet

Caregiver

38. Age ______39. Education level _____40. Marital status _______ 41. Race ______42. Work Status _______
39. 43. Relationship to child(ren) in care ______ 44 Years as caregiver ____45. Number of children in care ____
40. 46. Who listens/helps or provides social support to you: Relatives ____ Friends ____ Others ____ (specify)
41. 47. Describe permanency of the caregiving arrangement:

Young Relatives

	Child A		**Child B**		**Child C**		**Child D**	
48. Age								
49. Race								
50. Grade								
51. Medical Condition(s)								
52.Involvement in social programs								
53. Source of financial support								
54.Eligible for free or reduced price school lunches								
55.Involvement with foster care (yes or no)								
56. Current contact with **Father** 57. If **YES**, Helpful or Unhelpful	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**
	Helpful		Helpful		Helpful		Helpful	
	Unhelpful		Unhelpful		Unhelpful		Unhelpful	
58. Current contact with **Mother** 59. If **YES**, Helpful or Unhelpful	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	
	Helpful		Helpful		Helpful		Helpful	
	Unhelpful		Unhelpful		Unhelpful		Unhelpful	

60. Are there other adults over age 60 in household: Yes __ No __ 61. If yes, identify relationship __________
62. Do you have other caregiving responsibilities: Yes __ No __
63. What is the range of your families income:
64. ____ $5, 000or less than __$15, 000 to $24, 999 __ $50, 000 to $74, 999
65. ___ $5, 000 to $9, 999 __$25, 000 to $34, 999 __ $75, 000 to $99, 999
66. ___ $10, 000 to $14, 999 __ $35, 000 to $49, 999 __ $100, 000 or more

ATTACHMENT F:
Packet of other interview forms

DATE: _______________

To Whom It May Concern:

Name____

Address____

was interviewed for the Informal Kinship Care Research Project. She received a stipend of $20.00 for this interview.

____
Signature of Recipient

CONSENT FORM FOR INTERVIEW

Informal Kinship Care in Minnesota: An Exploratory Study

You are invited to be in a research study about informal kinship caregiving. You were selected as a possible participant because of your expressed willingness to participate and your experiences as a relative caregiver in an informal arrangement. We ask that you read this form and ask any questions that you may have before agreeing to be in the study.

PROCEDURES

Priscilla Gibson and Terry Lum, faculty members in the School of Social Work at the University of Minnesota, are conducting this study. If you agree to participate in this study, an interviewer will be interviewing you in your home. It will be face-to-face and take about two hours.

BACKGROUND INFORMATION

The purpose of the interview is to explore your circumstances in informal kinship care. You will be asked to respond to a series of questions. The topic areas to be examined are caregiving arrangement, services utilized, services needed, knowledge about services, concerns, and quality of life.

RISKS AND BENEFITS

Although the questions have been designed to reduce any risk to you, they are of a personal and probing nature. You may refuse to answer any question. If you need assistance because of discomfort resulting from your participation in this study, you should contact your county's mental health services. The telephone number for Hennepin County Mental Health Services is (612) 348-8010 and Ramsey County Mental Health Services is (651) 523-7999. There are no direct benefits to participation in this study.

CONFIDENTIALITY

The information you provide will be kept confidential and your name will not be used in any publication. None of the participants will be identified. **There is one exception to the promise of confidentiality. If information is revealed concerning suicide, homicide, or child abuse and neglect, the social worker is required by law to report this to the proper authorities. Information revealed about illegal drug use will not be reported, unless it results in child abuse or neglect.** Research records will be kept in a locked file; only the research staff will have access to the records. The records will not be used for educational purposes. They will remain under lock and key in the possession of the researcher for two years after the completion of the study.

VOLUNTARY NATURE OF THE STUDY

Your decision whether or not to participate will not affect your current or future relations with the University of Minnesota or the School of Social Work. If you decide to participate, you are free to withdraw at any time without affecting those relationships. Compensation will be handed to you after the interview.

CONTACT AND QUESTIONS

The researchers conducting this study are Drs. Gibson or Lum. Dr. Gibson can be reach at (612) 624-3678 and Dr. Lum, at (612) 624-4722. Both may be contacted at the School of School Work, 105 Peters Hall, 1404 Gortner Avenue, St Paul, MN 55108, Phone (612) 624-3678. **They will be available to answer your questions. If you have any questions or concerns regarding this study and would like to talk to someone other than the researcher(s), contact Research Subjects' Advocate line, D528 Mayo, 420 Delaware Street Southeast, Minneapolis, Minnesota 55455; telephone (612) 625-1650.**

STATEMENT OF CONSENT

I have read the above information or someone has read it to me. I have asked any questions I had, and have gotten answers. I agree to participate in the study.

Signature _______________________________________ Date _____________

Signature of Interviewer______________________________ Date _____________