Informal Kinship Care in Minnesota: A Pilot Study

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Module Overview

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.

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.

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.

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.

Services Utilized

- The services most used by grandparents were health and mental health (38%), social services (35%), and legal services (19%). Grandchildren used social services and health and mental health services.
- The majority of grandparents did not use age-based services. Only 32% of them reported using these age-based services such as senior centers and meals on wheels.

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.

Services Needed

- The most frequent service needed is financial assistance. Grandparents reported needing money to supplement their income and support their grandchildren such as payment on par with foster parents or money from the biological parents.
- 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.

Concerns

- The three most pressing concerns as caregivers in order of importance were caregiving regarding parenting duties. For example, decisions related to discipline, 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.

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.

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. Grandparents were concerned about the quality of their parenting. Given that the major was coupled, providing ways that the couple can make

decisions and act as a unit may remove some stress regarding parenting responsibilities.
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.

Discussion Questions

- Given that the health status of older caregivers directly influence their role, should they be given free medical screening and services because of they have assumed the role of primary caregivers?
- This study found that education and income does not deter the need for social services, what is the role of the Board on Aging in addressing this new group of older adults who are highly functioning?
- Older caregivers in this study were concerned about their parenting skills and the future of their grandchildren, what services ought to be developed to integrate these concerns?
- What are some strategies that might increase the numbers of older caregivers as participants in research studies?
- In both formal and informal kinship care arrangements, older caregivers assume increased child caring responsibilities, which results in cost-saving to the child welfare system. As such, should child welfare develop policies to support these two arrangements on the same level? Provide your rationale.

Selected References for Additional Readings

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Resource List

- AARP: Grandparenting: http://www.aarp.org/life/grandparents
- Children's Defense Fund: Kinship Care Resource Kit: http://www.childrensdefense.org/childwelfare/kinshipcare/resourcekit/full.pdf
- Child Welfare League of America: Child Welfare: Kinship: http://www.cwla.org/programs/kinship/
- Generations United: http://www.gu.org/
- Minnesota Kinship Caregivers Association: http://www.mkca.org/

Potential Guest Speakers

- Priscilla A. Gibson, Ph. D., L.I.C.S.W.
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  BIO: Dr. Gibson is a licensed Independent Clinical Worker, has an extensive social work practice experience, and teaches social work practice courses. She has been conducting research studies on kinship caregivers since 1993 and has served as Principle Investigator for six research projects on relative caregiving. She is the author of numerous articles on kinship care. She is currently a member of the

Minnesota Kinship Caregivers' Board of Directors.

- Sharon R. Olson
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  BIO: Mrs. Olson is a grandmother caregiver and has vast knowledge about practical and legal issues in kinship. She worked towards the development and passage of the Minnesota Defacto Custodian Guardianship Bill. As an advocate for relative caregivers, Mrs. Olson is current with state and national social policies that affect relative caregivers. She holds members in the Minnesota Kinship Caregivers' Board of Directors and the National Committee of Grandparents for Children's Rights (Based in New York). She has presented at numerous state and national conferences about kinship care.