

August 11, 1998

MEMORANDUM

To: Jennifer Klein
Cynthia Dailard

Fr: Debra Waxman

Re: Custodial Grandparents

The following is information I gathered on the growing trend of grandparent-headed households. While the number of children living in households maintained by grandparents has grown across-the-board over the past three decades (see attached table), the greatest increase since 1990 is seen, by far, in the number of grandchildren living with their grandparents only--with neither parent present. This finding is especially significant in the context of the Child Custody Protection Act, and the issue of a grandmother as a child's primary, and perhaps only, guardian.

I have attached information I received from the National Information Clearinghouse on Child Abuse and Neglect, the Census Bureau and the Administration for Children and Families.

According to the March 1997 Current Population Survey (CPS) of the Census Bureau, **3,894,000 children live in households headed by grandparents**. This is a 76 percent increase since 1970, when 2.2 million American children lived in a household maintained by a grandparent. Two-thirds of these households have one or more parent present, which leaves **1,309,000 children raised solely by their grandparents**. Between 1990-1997, families with both grandparents and no parents present grew by 31 percent. Families with a grandmother only and no parents present grew by 27 percent. Families with the children's parents present increased only by 13 percent.

Several studies from the early to mid-1990s have suggested several reasons for this pattern including: increasing drug abuse among parents, teen pregnancy, divorce, the rapid rise of single parent households, mental and physical illnesses, AIDS, crime, child abuse and neglect, and incarceration.

The attached studies go beyond our original question on the growing numbers and include information on income, public assistance, access to health insurance, ethnicity and other factors describing grandparent-maintained households. For example, these households are often low income, and studies have found high rates of depression and multiple chronic health problems for the grandparent care giver. In addition, grandchildren living with grandparents and no parents present are more likely to be uninsured and have health problems, including higher rates of asthma and weakened immune systems.

This is a sample of the information. I wanted to get this to you and outline more as needed. Please let me know.

CH-7. Grandchildren Living in the Home of Their Grandparents: 1970 to Present

Source: U.S. Bureau of the Census
 Internet Release date: July 27, 1998

(Numbers in thousands)

Year	Total children under 18	Grandchildren				
		Total	With parent(s) present			Without parent(s) present
			Both parents present	Mother only present	Father only present	
1997	70,983	3,894	554	1,785	247	1,309
1996	70,908	4,060	467	1,943	220	1,431
1995	70,254	3,965	427	1,876	195	1,466
1994	69,508	3,735	436	1,764	175	1,359
1993	66,893	3,368	475	1,647	229	1,017
1992	65,965	3,253	502	1,740	144	867
1991	65,093	3,320	559	1,674	151	937
1990	64,137	3,155	467	1,563	191	935
1980 Census	63,369	2,306	310	922	86	988
1970 Census	69,276	2,214	363	817	78	957

Source of CPS data: U.S. Bureau of the Census, Current Population Reports, Series P20-506, "Marital Status and Living Arrangements: March 1997 (Update)", and earlier reports.

Source of Decennial Census data: 1980 Census of Population, PC80-2-4B, "Living Arrangements of Children and Adults," table 1. 1970 Census of Population, PC(2)-4B, "Persons by Family Characteristics," table 1.

FOR MORE INFORMATION

Contact: Fertility and Family Statistics Branch
 301-457-2465

Co-resident Grandparents and Their Grandchildren: Grandparent Maintained Families

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The views expressed in this paper are solely attributable to the authors and do not necessarily reflect the position of the United States Bureau of the Census.

Abstract

Throughout the 1990s there has been increasing policy interest in the role grandparents play in raising and providing care for their grandchildren. In this paper, we use the newly released 1997 March Current Population Survey data in conjunction with data from past years to estimate how many grandparents maintain households for their grandchildren and how these numbers have changed since 1990. We focus on describing five types of grandparent-maintained families -- both grandparents, some parents present; both grandparents, no parents present; grandmother only, some parents present; grandmother only, no parents present; and grandfather only present -- and examine who these grandparents are, where they live, and how they fare economically. We also look at the characteristics of the grandchildren in these homes and use multivariate techniques to ascertain whether family structure affects grandchildren's economic well-being, health insurance coverage, and receipt of public assistance. We find that family structure does affect a grandchild's well-being. Grandchildren in grandmother only, no parents present families are the most likely to be poor and to have received public assistance, while those in both grandparents, no parents present families are the most likely to be uninsured.

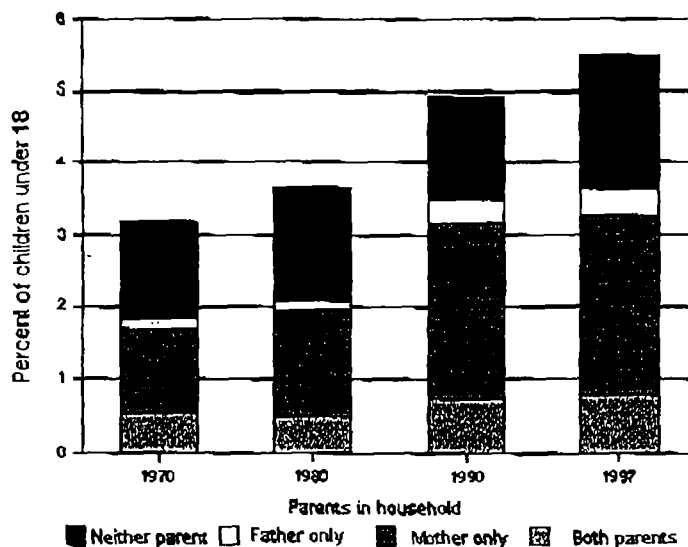
DISCLAIMER:

This paper reports the results of research and analysis undertaken by Census Bureau Staff. It has undergone a more limited review than official Census Bureau publications. This report is released to inform interested parties of research and to encourage discussion.

Introduction

According to the U.S. Census Bureau, in 1970, 2.2 million or 3.2 percent of American children lived in a household maintained by a grandparent. By 1997, this number had risen to 3.9 million or 5.5 percent, representing a 76 percent increase over the 27 year period (Lugaila forthcoming). Substantial increases occurred among all types of households maintained by grandparents regardless of the presence or absence of the grandchildren's parents, but were the greatest among children with only one parent in the household (Figure 1). The number of grandchildren living in households maintained by grandparents with just their mothers present increased by 118 percent from 1970 to 1997, while those living with just their fathers increased by 217 percent. In stark contrast, much smaller increases occurred among those living with both of their parents (53 percent) and those living with neither parent (37 percent). The majority of change for most households types occurred in the decade of the 1980s. However, since 1990, the greatest growth by far has occurred in the number of grandchildren residing with their grandparents only, neither parent present. Note that this number did not change in the 1980s.

Figure 1. Grandchildren in Grandparents' Homes by Presence of Parents



Source: Bureau of the Census, 1970 and 1980 Censuses and 1990 and 1997 Current Population Surveys as reported in *Marital Status and Living Arrangements: March 1994*, Table A-6 and *Marital Status and Living Arrangements: March 1997*, Table 4.

Researchers, public policy makers and the media first began to notice the huge increases in grandparent maintained households around 1990, prompting them to question why this was happening. A dramatic increase in analytical research occurred in the early to mid-1990s which focused on answering this question and examining the area of grandparent caregiving in general (Burton 1992; Chalfie 1994; Dowdell 1995; Dressel and Barnhill 1994; Jendrek 1994; Joslin and Brouard 1995; Minkler and Roe 1993; Fuller-Thomson, Minkler, and Driver 1997; Rutrough and Ofstedal 1997; Shor and Hayslip 1994). Several reasons have been offered for the dramatic increases in grandparents raising and helping to raise their grandchildren. Increasing drug abuse among parents, teen pregnancy, divorce, the rapid rise of single parent households, mental and physical illnesses, AIDS, crime, child abuse and neglect, and incarceration are a few of the most common explanations offered. (For a more thorough discussion of these causes see Minkler 1998).

At the same time that research on grandparents was on the rise, the media also began to focus attention on the growing number of children being raised by their grandparents (In Pittsburgh Newsweekly 1996; New York Times 1991; Philadelphia Inquirer 1994; Washington Post 1991). It wasn't long before federal lawmakers followed suit -- both the Senate and the House of Representatives recognized the importance of this trend as constituting a pressing issue for public policy by holding Congressional hearings on the matter in 1992. The Senate hearings focused on the causes of the trend (U.S. Senate, Special Committee on Aging 1992), while the House hearings focused on the new roles and responsibilities of grandparents (U.S. House of Representatives, Select Committee on Aging 1992). Both hearings also focused on policy deficiencies in the areas of grandparent rights and their access to public assistance.

As more recent data since 1990 have shown, the trend continues to grow. And although progress has been made in understanding the causes of this trend and in documenting the various hardships these grandparents and grandchildren face, the use of univariate and bivariate methods and nonrepresentative samples has limited our understanding of the relative importance of the factors related to the well-being of grandparents and their grandchildren as well as the generalizability of the findings. In this paper, we use the 1997 March Current Population Survey data to document the number of grandparents who maintain households for their grandchildren and to show how these numbers have changed in the 1990s. We focus on describing five types of grandparent-maintained households -- both grandparents, some parents present; both grandparents, no parents present; grandmother only, some parents present; grandmother only, no parents present; and grandfather only -- and examine who these grandparents are, where they live, and how they fare economically. We also look at the characteristics of the grandchildren in these homes and use multivariate techniques to ascertain whether the type of family a grandchild lives in affects his/her economic well-being, insurance coverage, and receipt of public assistance.

Previous Research

Research on grandparents raising and helping to raise their grandchildren has been conducted in four broad areas: analyzing the relationships between grandparents and their grandchildren, examining the mental and physical health of grandparents and grandchildren, profiling grandparent-maintained households and the grandparents or grandchildren living in them, and documenting the relatively poor economic situation of these families.

Research in the area of grandparent roles and grandparent-grandchild relationships has focused on how historical and experiential events shape the way the grandparent role is enacted (Cherlin and Furstenberg 1986; Hagestad 1985). Rossi and Rossi (1990) found that children who grew up in cohesive families with affectionate parents exhibit stronger feelings of obligation as mature adults when they are enacting the grandparent role. Childhood experiences with grandparents also influence how grandparents interact with their own grandchildren (King and Elder 1997). King and Elder (1995) also discovered that relations between grandchildren and grandparents depend on current relations between grandchildren and their parents, and more importantly, on relations between their parents and grandparents.

Most small qualitative studies have found significant health problems among grandchildren being raised by their grandparents and the grandparents raising them. Researchers have documented high rates of asthma, weakened immune systems, poor eating and sleeping patterns, physical disabilities and hyperactivity among grandchildren being raised by their grandparents (Dowdell 1995; Minkler and Roe 1996; Shore and Hayslip 1994). Grandparents raising grandchildren also appear to be in poorer health than their counterparts. Small scale studies have noted high rates of depression, poor self-rated

health, and multiple chronic health problems among grandparents raising their grandchildren (Dowdell 1995; Minkler and Roe 1993). On a national scale Minkler, Fuller-Thomson, and Driver (1997) found that grandparents raising their grandchildren were twice as likely to be clinically depressed when compared to grandparents who play more traditional roles.

Several studies using larger nationally representative data sets have focused primarily on describing the demographic characteristics of custodial grandparents, grandparent-maintained households, or the grandchildren residing in them (Bryson and Casper 1998; Chalfie 1994; Fuller-Thomson, Minkler, and Driver 1997; Rutrough and Ofstedal 1997; Saluter 1992). Additionally, other demographic research has examined the demographic correlates of care by grandparents within the larger context of kin care (Hardin, Clark, and Maguire 1997). These studies have shown that Blacks are more likely to raise their grandchildren (Bryson and Casper 1998; Chalfie 1994; Fuller-Thomson, Minkler, and Driver 1997; Rutrough and Ofstedal 1997) and that women are more likely to be caring for their grandchildren than are men (Bryson and Casper 1998; Chalfie 1994 and Fuller-Thomson, Minkler and Driver 1997). Hardin, Clark, and Maguire (1997) also found that kin care was more common among black and Hispanic children and that women were much more likely than men to be kin caregivers.

A number of studies have focused on the economic well-being of grandparents and their grandchildren, documenting their disproportionately high poverty rates (Bryson and Casper 1998; Chalfie 1994; Fuller-Thomson, Minkler and Driver 1997; Rutrough and Ofstedal 1997). In addition, children in kinship care families have been shown to be twice as likely to be receiving public assistance as other children (Hardin, Clark, and Maguire 1997).

While the demographic profiling and economic well-being studies have provided valuable information about the number and characteristics of grandparent families on a national scale, their usefulness has been diminished for a number of reasons. First, a number of these studies did not focus on the appropriate conceptual universe. The Hardin, Clark, and Maguire (1997) study, while providing many useful insights on kinship caregiving, did not consider grandparents separately. The Chalfie (1994) study only examined grandparent caregiver households in which no other adults were present -- the study failed to consider approximately two-thirds of the grandparent-maintained households with parents present. While it is true that grandparents who maintain a household for their grandchildren without the presence of a parent are more likely to be the sole caregivers for their grandchildren, grandparents maintaining a household for their children and grandchildren are at the very least contributing to the role of caregiving by providing shelter and should be included in any study at the national level. Using the National Survey of Families and Households (NSFH), Fuller-Thompson, Minkler and Driver (1997) provided very important information on the timing and duration of care and the characteristics of custodial grandparents who had raised a grandchild since 1990. However, the study was not structured to give us information about the numbers and kinds of grandparents who are currently maintaining households for their grandchildren.

A second problem is that to date, most of the profiling and economic well-being studies completed with national data sets have presented univariate distributions or bivariate comparisons of characteristics of custodial grandparents, grandparent-headed households, or the grandchildren living in them, limiting our ability to assess the relative importance of various factors relating to the disadvantage of different groups of grandchildren (Chalfie 1994; Rutrough and Ofstedal 1997). The one exception is the Fuller-Thomson, Minkler and Driver (1997) study which looked at the relationship between various social and economic factors and the likelihood of being a custodial versus noncustodial grandparent. However, their study did not use multivariate techniques to assess the well-being of these families. While these studies have provided valuable basic information, to get a clearer picture of the factors associated with the well-being of grandchildren, we argue that

multivariate methods should be employed.

A third problem with previous profile and economic studies is that they have tended to lump different types of families maintained by grandparents together despite the fact that economic characteristics are likely to vary by family structure. Chalfie (1994) and Fuller-Thomson, Minkler, and Driver (1997) documented the gender of the grandparent, but neglected to consider whether parents were present. Rutrough and Ofstedal (1997) considered presence of parent, but not the gender of the grandparent. We argue that information on the detailed family structure of these households -- including information on the marital status and gender of the grandparent, and the presence of parents -- is essential for understanding the types of problems different families are likely to encounter.

Why Should Family Structure Matter?

Research has shown that one of the most important factors affecting economic well-being is family structure (Bianchi 1995; McLanahan, Casper, and Sørensen 1995; McLanahan and Casper 1995; McLanahan and Sandefur 1994). Poverty and family income are family characteristics rather than individual characteristics. That is, people are defined as poor or nonpoor based on the economic status of the family in which they live. Two factors are particularly important in determining a family's economic status: (1) the total income of the family and (2) the ratio of dependents to earners in the family (the dependency ratio) (Sørensen and McLanahan 1990). Marital status, the number of adult members in the family, their gender, ages and their labor force participation influence both of these components (Casper, McLanahan, and Garfinkel 1994). Marital status, the number of adult members in the family, and their gender are all elements of family structure. Thus, if we want to study the economic well-being of grandchildren living in households maintained by their grandparents, it is imperative to include a measure of family structure.

Several studies have focused specifically on the importance of family structure in assessing well-being. However, they typically examined well-being among men and women or within married couple, single parent and, to a lesser extent, stepparent families (Casper, McLanahan, and Garfinkel 1994; McLanahan, Casper, and Sørensen 1995; McLanahan and Casper 1995; McLanahan and Sandefur 1994). To our knowledge, no study has been undertaken to specifically examine how family structure relates to well-being within grandparent-maintained families.

In this research we improve and expand on previous research in a number of ways. We use nationally representative data to document the change in grandparent-maintained families by detailed type. We use more recent data (1997) than any other study to profile grandparents in all households maintained by grandparents presenting characteristics by gender and family type and expand upon the number and variety of characteristics presented in past research. We also look at grandchildren in each of the family types and compare their characteristics to children in households maintained by parents. Finally, we use multivariate techniques to determine which types of grandparent households make children the most vulnerable, as well as to sort out which other factors are important.

Data and Analytical Samples

The majority of the analysis in this paper is based on data from the March 1997 Current Population Survey (CPS) conducted by the U.S. Bureau of the Census for the Bureau of Labor Statistics. The March CPS is a nationally representative household survey of the civilian noninstitutionalized population of the United States based on a complex sample design. In 1997, 50,000 households were sampled in 754 sampling areas across the United States. The main purpose of the CPS is to collect labor force information to estimate the monthly national unemployment rate and other employment statistics.

The March supplement, administered each year since 1947, collects additional information

on household and family composition, income sources and amounts, and other social and demographic information. Because relatively comparable data have been collected for over half of a century, the CPS is the best sample data for documenting changes in family type and living arrangements. In addition, the large sample allows for in-depth examination of relatively rare family types such as grandfather only families and grandmother only families, with no parents present.

In this paper, we examine the social and economic characteristics of grandparents who maintain households for their grandchildren and the grandchildren living with them. While the CPS doesn't permit us to look at the day to day activities of the grandparents and grandchildren, it does permit us to determine co-residence within the grandparent's home. We argue that providing a home is certainly one of the key components of caregiving and may be used as a proxy for the number of grandparents raising or helping to raise their grandchildren.

In their studies, Bryson and Casper (1998) and Rutrough and Ofstedal (1994) included households maintained by parents with grandparents present. We argue that this is inappropriate for the purposes of this study because although these grandparents may be babysitting for their grandchildren while the parents are working, they are unlikely to be providing much economic support and instead are more likely to rely on their children for support. In fact, parent households with grandparents present are qualitatively different from grandparent-maintained households -- parent households with grandparents present are much less likely to be poor, the grandparents are less likely to work and are more likely to be ill (Bryson and Casper 1998; Rutrough and Ofstedal 1997).

Based on the four elements of family type described above -- marital status, the number of adult members in the family, their gender, and their relationship to the child -- we define five family types for analysis: both grandparents, some parents present; both grandparents, no parents present; grandmother only, some parents present; grandmother only, no parents present; and grandfather only.¹ To estimate the number of grandparents in each family type, we ascertain the gender, marital status and living arrangements of the grandparents in all family households in which a grandparent is the householder -- maintains a household for at least one grandchild under 18.² Three family household types emerge: married couple grandparent family households (both spouses present), grandmother only family households (no grandfather present), and grandfather family households (no grandmother present). We then use these three types to calculate the number of grandparents maintaining households for their grandchildren:

$$\text{Grandparents} = (2 \times \text{Grandparent FH}) + (\text{Grandmother FH}) + (\text{Grandfather FH})$$
$$\text{Grandmothers} = (\text{Grandparent FH}) + (\text{Grandmother FH})$$
$$\text{Grandfathers} = (\text{Grandparent FH}) + (\text{Grandfather FH}).$$

where FH is family households.

We then use the "parent" variable to determine whether the parents of the grandchildren are present in the household. The married-couple grandparent and grandmother only family households are then further categorized by presence of parent, yielding the five category typology outlined above.

We constructed two files to examine the characteristics of grandparents and grandchildren in each of the family types. The grandparent file consists of records containing the family characteristics and social, demographic, and economic information for each grandparent. The grandchild file contains records for each grandchild residing in their grandparent(s) household. This record contains information about the grandchild, the family, and the grandparent.

Descriptive Results

FAMILIES

In 1997, 6.7 percent of families with children under 18 were maintained by grandparents. Of these families, 34 percent were both grandparents, some parents present; 17 percent were both grandparents, no parents present; 29 percent were grandmother only, some parents present; 14 percent were grandmother only, no parents present; and 6 percent were grandfather only (Figure 2A). Slightly over half of these grandparent-maintained families were maintained by both grandparents, 43 percent were maintained by grandmothers only and 6 percent were maintained by grandfathers only. About two-thirds of the families maintained by grandparents had parents present.

In the 1990's, the number of grandparent-maintained households increased 19 percent from 2,051,000 in 1990 to 2,444,000 in 1997. Each type of grandparent-grandchild family increased in size between 1990 and 1997 (Figure 2B). Grandfather only families grew by an astounding 39 percent. Families with the children's parents absent also grew rapidly: both grandparents, no parents present families grew by 31 percent and grandmother only, no parents present families grew by 27 percent. Families with children's parents present grew only 13 percent. This is consistent with other Census Bureau data (presented in Figure 1) which shows the most growth among children residing with their grandparents with neither parent present.

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Figure 2A. Types of Grandparent-headed Families: 1997

Thousands of Families

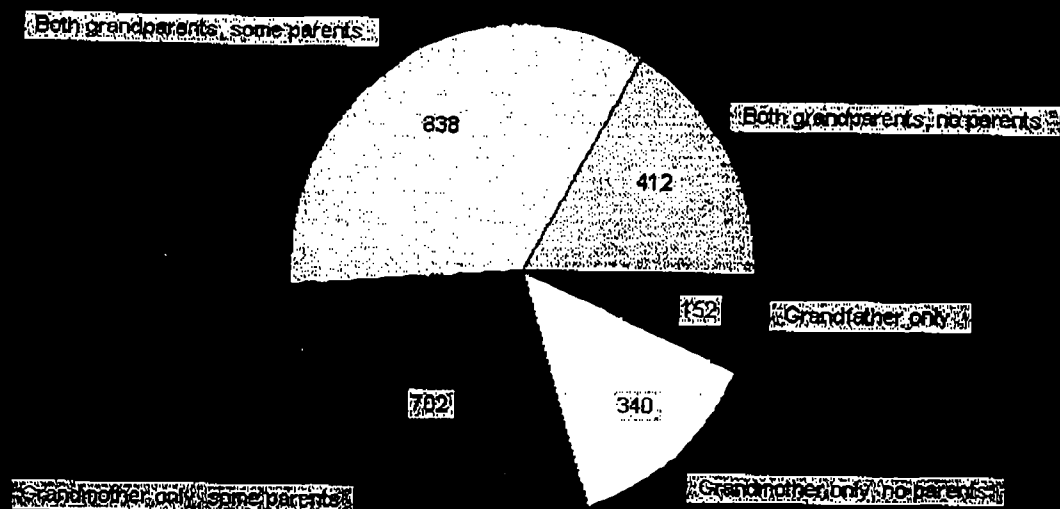
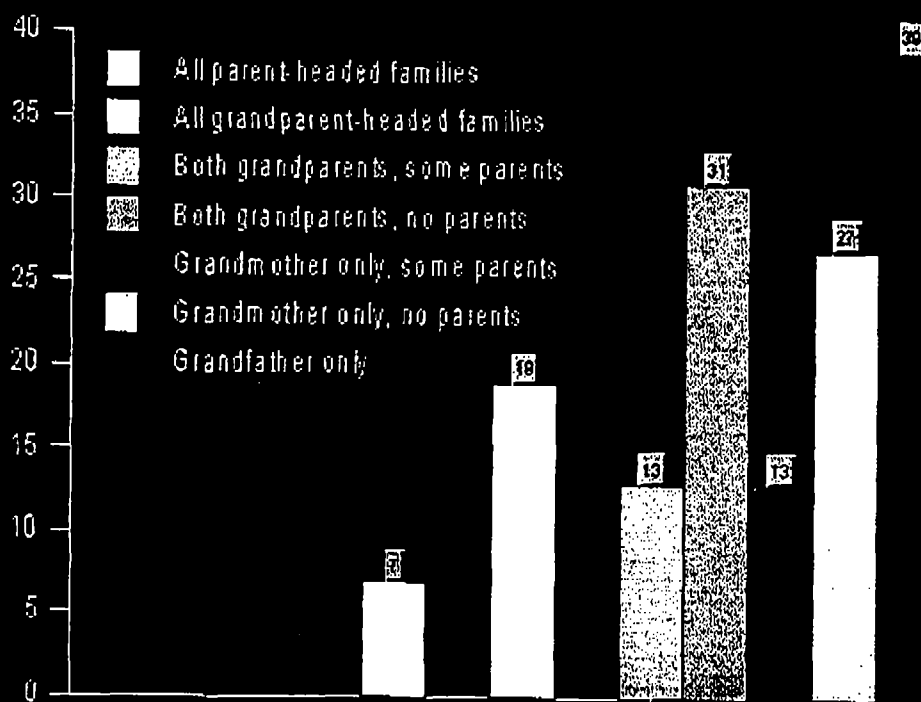


Figure 2B. Increase in Parent-headed and Grandparent-headed Families

Percent Increase: 1990 to 1997



Source: U.S. Bureau of the Census

GRANDPARENTS

In 1997, there were 3.7 million grandparents maintaining households for their grandchildren, the majority of whom were grandmothers -- 1.4 million grandfathers compared with 2.3 million grandmothers (Table 1). When compared with grandmothers, grandfathers who maintain households for their grandchildren are more likely to be White. In general, grandfathers are more actively involved in the labor force and are less likely to be poor than grandmothers. For example, 66 percent of grandfathers are currently employed compared with 51 percent of grandmothers, and 55 percent of grandfathers were employed full time/full year in 1996 compared with only 37 percent of grandmothers. Grandmothers are also almost twice as likely as grandfathers to be poor (23 percent versus 12 percent). Grandfathers are also more likely to have accumulated capital; they are more likely to own their own homes (81 percent versus 69 percent).

Table 1 (8k)

Substantial differences exist among family types for both grandfathers and grandmothers. Among grandfathers, those with no spouse present are less likely to be employed or to have worked full time/full year in 1996, more likely to be renting a home, more likely to be Black, and more likely to be poor when compared to other grandfathers. Similarly, grandmothers in grandmother only, no parent present households are less likely to have graduated from high school, less likely to be employed or to have been employed full time/full year in 1996, more likely to rent their home, more likely to be Black, and more likely to be poor when compared to other grandmothers.

Among all family types, grandmothers maintaining households alone are much more likely than grandparents in other family types to face economic hardship. For example, the mean household income of grandmother only, no parents present households is only \$19,750, compared with \$61,632 for households with both grandparents and a parent or parents of the grandchildren present. Grandmothers maintaining households alone, with no spouse or parents present, are also much less likely than other grandparent householders to be in the labor force.

GRANDCHILDREN

In 1997, there were 3.9 million grandchildren living in households maintained by their grandparents -- 32 percent in both grandparents, some parents present families; 15 percent in both grandparents, no parents present families; 29 percent in grandmother only, some parents present families; 17 percent in grandmother only, no parents present families; and 6 percent in grandfather only families (Table 2).

Table 2 (5k)

Children living in homes maintained by their grandparents differ greatly from those living in households maintained by their parents. One striking difference is that children living with grandparents are more likely to live with caregivers who have not graduated from high school. One-third of grandchildren living in their grandparents' homes are in households where no grandparent has a high school diploma. In contrast, only one-eighth of the children in parent-headed households have parents who have not finished high school. When compared to children living in a home maintained by their parent(s), those living in a home maintained by their grandparent(s) are more likely: to be younger, to have a household head who is older and who did not work in 1996, to live in the South and in central cities, and to be poor.

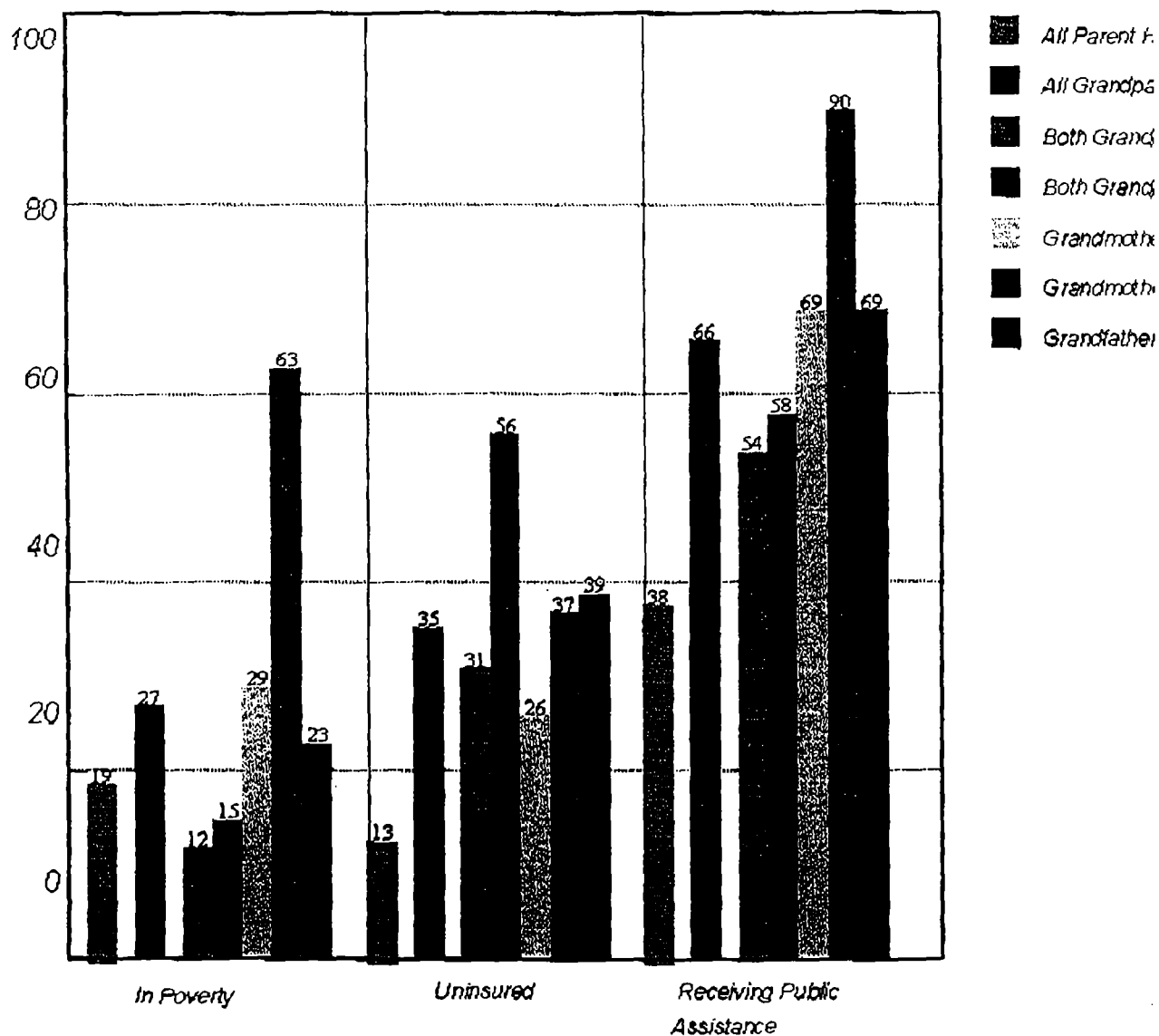
Characteristics of grandchildren living in different types of grandparent-headed households also differ. Overall, half of the grandchildren living in their grandparents' homes are younger than 6. When a parent or parents of the grandchildren are present in grandparent-headed households, it is more likely that the grandchildren will be preschool age. When parents of the grandchildren are not present, it is more likely that the grandchildren will be older. Grandchildren living with grandmothers only, regardless of whether or not a parent is in the home, are much more likely than those in other family types to be Black, and to be living in the central city of a metropolitan area.

A grandchild living in a grandmother only, no parent family is relatively uncommon among grandchildren living in their grandparents' homes -- only 669,000 of the 3,894,000 grandchildren live in families of this type. However, the profile of a grandchild living in this family type comes closest to the much sensationalized popular stereotype of grandparents who raise their grandchildren: a poor, undereducated, single, nonemployed, grandmother caring for a black grandchild in a central city.

But how are grandchildren living in different types of families faring? Grandchildren in grandmother only, no parents present families are substantially more likely to be poor and

to be receiving public assistance than children in any other family type, but especially compared to those living in households maintained by their parents (Figure 3). However, grandchildren in both grandparents, no parents present families are the most likely to be uninsured.

Figure 3. Percent of Children Residing in Different Household Types Who Are in Poverty, Uninsured, and Receiving Public Assistance



Source: U.S. Bureau of the Census,
1997 March Current Population Survey

In the next section, we use multivariate techniques to establish if family type is still significantly related to poverty status, health insurance coverage, and receipt of public assistance when other socioeconomic and demographic variables are taken into account.

Multivariate Methods

We specify three logistic regression equations to examine three facets of the well-being of grandchildren residing in their grandparents' households: poverty, health insurance coverage, and receipt of public assistance. Our sample includes all grandchildren living in households maintained by grandparents except those in grandfather-only families. We eliminate these grandchildren from the analysis because there are too few cases.

For the logistic regressions shown in this paper, the observations were first weighted, then divided by the average weight of the sample to approximate the actual number of cases in the regression. The CPS has a complex sample design, involving clustering, multistage sampling, and stratification. As a result, standard errors produced by SAS tend to be underestimated. To adjust for these sample "design effects" we multiply the standard errors produced in SAS by 1.87 for the poverty model and 1.52 for the health insurance and public assistance models (the square root of the design effects), and recalculate the significance levels based on the adjusted standard errors. Because the CPS is a sample of households, this adjustment is particularly important when estimating individual characteristics from family or household traits such as poverty, health insurance, and receipt of public assistance.

DEPENDENT VARIABLES

Family Income Below Poverty Level

We use a dichotomous variable to indicate whether or not a grandchild is living in a family whose income in 1996 was below the poverty level. The 1996 poverty thresholds are adjusted for the size of the family and the age of the members.³ A family income of \$16,036 is the average threshold for a family of four, but, for a family consisting of a grandparent and two grandchildren, the poverty threshold would only be \$12,641 (Lamison-White, 1997, Table A-2).

Grandchild Without Health Insurance

This is a dichotomous variable indicating whether or not a grandchild was without health insurance at any time in 1996. Both private (employer-provided and privately purchased) and public (Medicaid, CHAMPUS/Tricare, and other government health care) insurance are included. Private insurance may have been provided on behalf of or purchased by grandparents, co-resident parents, or by parents or others living outside the household. If the grandchild had health insurance at any time during 1996, he or she is considered to have been insured.

Receipt of Public Assistance

This dichotomous variable indicates whether or not a grandchild was living in a household that received any public assistance during 1996. We include as public assistance free or reduced price school lunches under the Federal School Lunch program; residence in a public housing project; rent subsidies from federal, state, or local government; food stamps; energy assistance from federal, state, or local government; and cash assistance from AFDC/ADC/TANF, or any other welfare payments. If anyone in the household received any of these benefits at any time during 1996, the grandchild is considered to have received public assistance.

INDEPENDENT VARIABLES

Family Type

Based on our earlier discussion we assume that family status matters, not only in predicting poverty, but also in predicting public assistance because poverty status is used in determining eligibility. Family status should also affect health insurance coverage because private health insurance coverage is associated with parent presence, and poverty status is used in determining eligibility for MEDICAID. Our measures of family type are a set of dichotomous variables indicating whether or not the grandchild is living in one of these types of grandparent-headed families: both grandparents, some parents present; both grandparents, no parents present; grandmother only, some parents present; or grandmother only, no parents present. Both grandparents, some parents present is the omitted category.

We expect that grandchildren in those family types with the fewest adult members will be the most disadvantaged because, all else being equal, they tend to have fewer adult members in the family who can earn money or provide child care while other members work. That is, we expect grandchildren in grandmother only families, regardless of the presence of parents, to be more likely to be poor and to be uninsured than grandchildren in both grandparents families. This is because both grandparents families have at least one more adult (the spouse) who can either contribute to earnings or care for the grandchild(ren) while the other grandparent works. Grandchildren living in grandmother only families should also be more likely to be receiving public benefits, because they are more likely to be poor and thus, to qualify. Similarly, and for the same reasons, we would expect grandchildren in families with no parents present to be more likely to be poor, to be uninsured, and to be receiving public assistance than those with one or both parents present.

Women, especially older women, earn less, are less likely to be employed, and tend to have fewer assets than men (Bianchi 1995). For this reason we would expect grandchildren in grandmother only families to be worse off than grandchildren living in both grandparents families, all else being equal.

Taken together, this set of hypotheses suggests that grandchildren living in both grandparents, some parents present families should fare the best, and those in grandmother only, no parents present families should fare the worst. Furthermore, to the extent that a parent, or parents contribute more economically to the family than a grandfather does, we would expect grandchildren in grandmother only, parent present families to fare better than grandchildren living with both grandparents, no parents present families. On the other hand, if the grandfather contributes more than the parent or parents, grandchildren in both grandparents, no parents present families should fare better.

Other Factors

In addition to the family type variables, we include in our models several sets of dummy variables representing race and Hispanic origin, age of the householder, age of the grandchild, number of children in the household, grandparents' education, grandparents' employment in 1996, region of residence, metropolitan status, and for the uninsured and public assistance models, income relative to poverty level.

We expect that black and Hispanic grandchildren will be more likely to be poor, uninsured, and receiving public assistance than white grandchildren. Furthermore, we expect those grandchildren with younger grandparents, more children in the home, less educated grandparents, and nonemployed grandparents to be more likely to be in poverty, to be uninsured, and to be receiving public assistance. We expect grandchildren who are poor to be less likely to be insured. We also expect that grandchildren who are poor will be more likely to be receiving public assistance, again because they are more likely to qualify.

Multivariate Results

FAMILY INCOME BELOW POVERTY LEVEL

Family type does affect the probability that a grandchild will be in poverty (Table 3). We find that in support of our hypotheses, grandchildren in grandmother only, no parents present families are more likely to be poor than those in both grandparents, some parents present families, even when controlling for the other factors in the model. The odds ratio (not shown in Table 3) indicates that these grandchildren are 5.6 times more likely to be poor than grandchildren in both grandparents, some parents present households. However, children in both grandparents, no parents present families and those in grandmother only, some parents present families are no more likely to be poor than those in both grandparents, some parents present families (the omitted category). These

findings support the bivariate results presented in Figure 3 and indicate that the relationship between family type and poverty holds up even when controlling for other factors.

Table 3 (5k)

Several other factors are also significant in this model. Our results support the bivariate results in other research all else being equal, black and Hispanic grandchildren are more likely to be poor. Grandchildren in households with three or more members under 18, or whose grandparents do not have a high school diploma are more likely to be poor than those with one child in the household and those whose grandparents are better educated. Grandchildren with at least one grandparent who worked during 1996, or whose grandparents are 55 or older are less likely to be poor than those whose grandparents were not employed or are younger than 45.

GRANDCHILDREN WITHOUT HEALTH INSURANCE

Family structure is also significant in predicting whether a grandchild had any health insurance in 1996. Grandchildren in both grandparents, no parents present families were much more likely to be uninsured for the entire year of 1996. Other things being equal, grandchildren in these families are 2.7 times more likely than those in both grandparents, some parents present families to have been uninsured. These results partially confirm our hypotheses in that the more adults there were in the family type, the less likely children were to be uninsured. But this is only true for both grandparent family types. Grandchildren in grandmother only families, regardless of the presence of parents, are no more or less likely to be uninsured when compared to both grandparents, some parents present families. The results of this model also support the findings in the bivariate analysis and indicate that even when controlling for the other factors, family structure matters.

Only two other factors are significant in predicting health insurance coverage in this model. Grandchildren in families with incomes 150 to 199% of the poverty level are more likely to be uninsured than are those in families with incomes 200% of the poverty level and over. Also, grandchildren in the South are less likely to be uninsured.

In contrast to what was expected, black and Hispanic grandchildren were no more likely to have been uninsured in 1996 than were white children. Once poverty level and other factors are controlled for, black and Hispanic children do not appear to be more disadvantaged than white grandchildren when it comes to being covered by health insurance.

RECEIPT OF PUBLIC ASSISTANCE

Family structure also works as we hypothesized in predicting grandchildren's receipt of public assistance. Net of the other factors in the model, grandchildren in grandmother only, no parents present families are more than twice as likely as grandchildren in both grandparents, some parents present families to have lived in a family that received assistance during 1996. However, grandchildren in both grandparent, some parent families and grandmother only, some parent families, were no more likely to be receiving assistance than those in both grandparents, some parents present families. These results also confirm the bivariate results shown in Figure 3, and suggest that the relationship between family structure and receipt of public assistance continues to exist even when other factors are taken into account.

As expected, other factors are also significant in predicting receipt of public assistance. The family income relative to poverty indicators are all significantly related to the likelihood that grandchildren received assistance in 1996. Grandchildren in poor and near-poor grandparent- headed families are more likely to receive assistance than those in more well-to-do grandparent- headed families, all else being equal.

Grandchildren who live in households with three or more children are more likely to have received assistance than those who live in households with only one child. All else being equal, grandchildren with older grandparents and those where at least one grandparent worked full time throughout 1996 are less likely to have received assistance, compared with those with younger grandparents and those with grandparents who were unemployed in 1996.

Our race results differ from those presented in other studies. Race and Hispanic origin do not significantly affect the likelihood that grandchildren have received assistance -- minority grandchildren are no more likely than others to receive public assistance, net of the effects of family structure, income level relative to poverty, and other factors in the model.

Discussion

Our results indicate that children who live in grandparents' homes do not fare as well economically as those who live in their parents' homes. To a certain extent, this is to be expected since grandparents tend to be older than parents and therefore past their prime earning years. Yet, even within grandparents' homes some grandchildren fare better than others because different types of family structures afford different advantages. We hypothesized that grandchildren residing in grandmother only families without any parents would fare the worst. The results indicate that this is indeed the case grandchildren residing in grandmother only, no parents present families are much more likely than grandchildren in any other family type to be in poverty. Furthermore, we expected that grandchildren in both grandparents, some parents present families would be doing the best. However, these grandchildren were no less likely to be poverty than those in both grandparents, no parents present, and grandmother only, some parents present households.

These findings suggest that the family structure disadvantage for grandchildren does not stem solely from the marital status of the household heads, nor from the number of adult family members, nor even from the gender of the householder, but rather from a combination of the three. Grandmothers in grandmother only, no parents present families suffer the disadvantages associated with each of the three elements we used to define family structure -- the marital status of the grandparents, their gender, and the presence of parents in the household. They suffer because they have no spouse or parents of their grandchildren in the household to help shoulder the burden of providing care and financial support. In addition, they suffer because of their low earnings and labor force participation relative to grandfathers -- grandmother householders earn on average about \$13,000 less a year and are 15 percentage points less likely to be employed than grandfather householders. It appears that only when these three detrimental factors of family structure are combined that grandchildren are more likely to be in poverty.

We found that grandchildren in both grandparents, no parents present families were much more likely than other grandchildren to be uninsured. Family structure in this case poses a different set of disadvantages because of its special relationship to the dependent variable. A primary source of insurance coverage for children is through their parents' employers. This type of coverage is more unlikely among grandchildren in this family type because they don't have parents residing with them. In addition, those grandparents who are employed may not be able to obtain coverage for their grandchildren under their employer-provided health insurance, forcing them to purchase an individual policy which may be prohibitively expensive. Moreover, relative to grandparents in other family types, grandparents in both grandparents, some parents present families may have incomes too high to qualify for public health insurance, but not high enough to enable them to purchase private health insurance for their grandchildren.

We expected that grandchildren in grandmother only, no parents present households would

be the least likely to be insured, but this was not the case. These grandchildren may not be any more likely to be uninsured than those in the two types of parents present families because they are more likely to be poor and to qualify for MEDICAID. In fact, a higher percentage of grandchildren do receive MEDICAID in grandmother only, no parents present families (72 percent) compared with those in both grandparents, parents present and grandmother only, parents present families (45 percent and 55 percent respectively).

The fact that there are very few significant factors in this model and many plausible explanations for the family structure effect suggests that it may be necessary to use a multinomial logit model to look at MEDICAID, private insurance, and no insurance separately to adequately explain the effects of family structure.

Despite the fact that grandchildren in grandmother only, no parents present families are more likely to be poor, they are also more likely to be receiving some type of public assistance than grandchildren in other family types. This is what one might expect, given that in order to qualify for many benefits, families must be poor. This finding is encouraging in so much as public assistance does seem to go where it's most needed. It is important to note that family structure has an effect independent of the ratio of family income to poverty. This suggests that something about this particular family type makes these grandmothers more able to secure the benefits they need. Perhaps these grandmothers were single mothers who themselves received public assistance and therefore are better able to negotiate the system.

Although there were not enough cases to meaningfully include grandchildren living in grandfather only families in the multivariate analyses, the bivariate results regarding grandparents point to additional family structure differences. Grandfathers in grandfather only families are much more likely to be in poverty and much less likely to be active in the labor force than grandfathers in married-couple families. This underscores the fact that marital status, one of our defining elements of family structure, makes a difference among grandfathers as well.

It is interesting to note that race is only significant in the model predicting poverty. All else being equal, black and Hispanic grandchildren are more likely than white grandchildren to be in poverty. However, they are no more likely to be uninsured or to be receiving assistance, once other factors such as income relative to poverty level are taken into account. This suggests that benefits are being distributed fairly -- that is, according to need, rather than race. The fact that black and Hispanic children are still more likely to be poor even though they are equally as likely to have received benefits, may mean the benefits are not enough to raise them out of poverty, or that their coverage tends to be more sporadic than white grandchildren's coverage.

Conclusions

The data we present in this study indicate a great increase in the number of grandparent-maintained families since 1990. Our research has shown that the most disadvantaged grandparent-maintained families are growing the fastest: grandfather only families, and families with no parents present. These continued increases are particularly troublesome because the development of programs and policies to address the special needs of grandparents and their grandchildren has not kept pace.

We find that many grandparents and the grandchildren they are raising or are helping to raise are in dire economic straits. Family structure -- the marital status of the grandparents, their gender, and the presence or absence of parents in the home-- is related to the economic well-being of grandparent-maintained families. Overall, 27 percent of children living in homes maintained by their grandparents are in poverty. Almost two-thirds of children in grandmother only, no parents present families are in poverty. In contrast, 19 percent of children living in homes maintained by their parents are in poverty. In addition,

the vast majority of grandparents who provide homes for their grandchildren are women, and grandmothers are more economically disadvantaged than grandfathers.

Grandparents and their grandchildren would benefit greatly if policies and programs intended to help traditional parent-child families in times of need could be uniformly extended to grandchildren. Moreover, many grandparents are still in the labor force and with the advent of welfare reform, many more could be required to get a job, especially those in families with no parents present. As more and more grandparents find themselves raising children, the need for employer-based or subsidized child care and family-friendly policies for grandparents and their families can be expected to grow.

Endnotes

1. We do not distinguish among grandfather families with and without parents present, because the sample is too small to allow for accurate estimates of these two sub-groups.
2. In this sample, we omit a small number (2 sample cases) of ever married grandchildren under 18.
3. Family members are those persons who are related to the householder by blood, marriage, or adoption.

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Source: U.S. Census Bureau

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INFORMAL AND FORMAL KINSHIP CARE

VOLUME I. Narrative Reports

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A report submitted in two volumes:

Volume I: Narrative Reports
Volume II: Tables and Figures

June 20, 1997

ASPE Task Order HHS-100-95-0021,
Delivery Order #4
Characteristics of Informal Kinship Care

Copies of this report may be requested in writing from:

United States Department of Health and Human Services
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Division of Children and Youth Policy
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This report will also be posted on the Internet site: <http://aspe.os.dhhs.gov>

EXECUTIVE SUMMARY

FORMAL AND INFORMAL KINSHIP CARE

Report for ASPE Task Order HHS-100-95-0021 "Characteristics of Informal Kinship Care"

The Urban Institute and Chapin Hall Center for Children

This report presents the results of work pursued by analysts at two separate research institutions in a collaboration designed to describe the population of American children living in kinship care arrangements.

The Task Order was to examine existing national data sources in order to describe the characteristics of children in kinship living arrangements, and to identify recent trends in the pattern of kinship caregiving. Particular importance was attached to developing information that could support comparison between formal kinship care arrangements (i.e. care provided by relatives as foster care under auspices of the state) and informal kinship arrangements (all other caregiving provided by relatives in the absence of a parent).

Kinship foster care has attracted much attention in recent years within the context of the child welfare system. The extensive placement of children with relatives has created a new, rapidly growing, and poorly understood segment of the child welfare caseload that has great impact on the size and nature of the foster care population in many states. Children in formal kinship placements can be viewed as a subgroup of a broader category of family-based alternatives to parental care -- the population of all children living in kinship care settings across the country. Most American children who live in kinship care arrangements are not foster children. We cannot yet determine whether most current kinship foster care placements are "formalizations" of kinship arrangements that would likely exist without agency intervention, or whether these are mostly new arrangements created as a result of recent child welfare practices. But it is clear that children in informal kinship settings are potentially of crucial importance for the child welfare system -- as a reference group, as a potential "feeder" population, and as an alternate model of caregiving.

By virtue of the similarity between formal and informal kinship arrangements, any policy actions directed towards one of these groups is likely to affect the other in a parallel or reactive manner, whether or not this is intended by those who frame these actions. Even though our understanding of the recent interdependence between these two kinship subgroups is weak, the importance of anticipating their future interrelationship becomes increasingly apparent -- especially as our questions move from the strict realm of child welfare policy into the broader arena of family supports and welfare reform.

This report presents the results of four separate, and relatively independent, research tasks, each approaching these questions with a different set of information tools. Taken as a whole, they provide us with a greatly improved picture of kinship care in the United States, and provide an enriched context for discussing these issues. The first task was produced by the Urban Institute, the remaining three by the Chapin Hall Center for Children at the University of Chicago. A brief

description of each task and a summary of substantive findings from each follows.

I. National Patterns and Trends in Kinship Care:

Section I describes the population of children in kinship care settings in the United States, the characteristics of these children and their caretakers, and trends that have been observed since 1983. These descriptions are based on information drawn from 12 years of the Current Population Survey (CPS), a large and ongoing national sample of the full United States population. At the national level, the CPS provides the richest and most reliable information available about children's living arrangements and households -- including identification of kinship care relationships. Information is collected about the children, their relative caretakers, and the families which they share. The following are among the key findings reported in this section.

About Children in Kinship Care:

- In 1994, approximately 2.15 million children, or just over 3 percent of all children in the United States, were estimated to live in the care of relatives without a parent present.
- Nationally, the prevalence of kinship care probably increased between 1983 and 1993, and it certainly did not decrease. There is no evidence of any increase in kinship care among the white (non-Hispanic) children in recent years; all observed growth in kinship care has been among white Hispanic and non-white sectors of the population.
- Non-Hispanic white children are substantially less likely to live without their parents in the care of relatives than are the children of any other racial/ethnic group. African American children are most likely to live in kinship care settings, at levels four to five times as great as those for white non-Hispanic children. The gap between African Americans and the other ethnic groups widened throughout the 12 year period examined.
- Kinship care has been more prevalent in the South, for children living outside of Metropolitan areas, and for older children, although the size of the differences due to each of these factors has diminished gradually over the 12 years studied.

About Kinship Caregivers:

- Roughly two-thirds of kinship caregivers are the child's grandparent . About half of the kinship caregivers are currently married, while over 85 percent of the single kinship caregivers are female.
- The kinship caregiver population is much older than the parent caregiver population. Although over 95 percent of the parents who live with their own children are below the age of 50, over one-half of all kinship caregivers are 50 years of age or greater.
- Compared to parents who live with their own children, kinship caregivers tend more often to be currently unmarried, to be less-educated, to be unemployed or out of the labor force, to live in poverty, and to receive benefits through government social welfare programs.

The portrait of kinship care that emerges from the CPS is of a population of children that live in arrangements with strained resources of many types. This population is disproportionately

composed of minority children being cared for by relatives that, as a group, show fewer advantages than own-parent caregivers.

II. Living Arrangement Patterns by State: 1990

Section II describes the living arrangement patterns for all children state by state. This analysis is based on data made available from the 1990 Census of Population. The census does not provide as much substantive detail as the Current Population Survey, but the estimates it provides are reliable for much smaller geographic areas.

- The national pattern of child living arrangements in 1990 showed most American children living with at least one of their own parents. Over 70 percent lived with two parents, 20 percent with their mother only, and 4 percent with their father only. Just over 2 percent of all children lived with relatives (parent absent), and just over 2 percent in the care of unrelated persons.
- Although this fundamental pattern persists across all states, substantial variation in the distributions is seen between states. The percentage of children living with two parents varies from under 62 percent to over 83 percent. For kinship care, state percentages varied from under 1 percent of all children to well over 3 percent. Much of this variation follows regional lines, with the southern states consistently showing the highest levels of kinship care arrangements.
- In every state, older children (6-17) are more likely to live in kinship care settings than are younger children (0-5).
- In general, kinship care levels across states tend to be positively associated with levels of mother-only care, and weakly or negatively associated with father-only and unrelated care. The levels of kinship care and mother-only care also each vary directly with the total percentage of children not living with two parents, while father-only and unrelated arrangements do not.

A tentative argument is developed that higher levels of mother-only care and relative care appear to be direct products of higher levels of social disruption and family disorganization, because they consistently vary strongly and inversely with the proportion of children living within a traditional two-parent family structure.

III. Formal and Informal Kinship Care Patterns: Four States

Section III introduces data developed directly from administrative foster care records in four states: California, Illinois, New York, and Missouri. Kinship foster care counts obtained from these child welfare records are used to split the census-based counts of children living with relatives into the separate categories of formal and informal kinship care. This information becomes available in the form of aggregate counts for the four states and certain sub-state places.

Findings include the following:

- Informal kinship care is far more common than formal kinship care. In the four states combined, only 15.5 percent of all kinship children were in a formal foster care placement.
- Levels of informal kinship care are rather similar across each of these four states, while the levels of formal kinship foster care vary dramatically.
- Younger children in kinship care are more likely to be in foster care than are older kinship care children. Formal kinship levels were 58 percent higher for 0-5 year olds than for 6-17 year olds, while informal kinship levels were over twice as high for 6-17 year olds as for 0-5 year olds.

Within each state, the analysis compares the "primary urban place" (i.e. Los Angeles County; Chicago City; St. Louis City; and New York City) to the "balance," or remainder, of the state.

- In two states, New York and Missouri, formal kinship foster care appears almost exclusively in the primary urban place, and is virtually absent across the balance of the state. In California and Illinois, formal kinship is still concentrated in the primary urban place and a few other counties.
- Informal kinship care is also consistently higher in the primary urban places than in the balance of each state, although it is distributed far more evenly than formal kinship care.
- In larger cities, where formal kinship care is most common, there appears to be an inverse relationship between the levels of formal and informal kinship care. This might suggest that the children in the two types of kinship care are drawn from the same pool of children, and that the observed differences in formal versus informal care levels between cities are mostly due to different agency practices involving the use of formal kinship care.

Looking only at formal kinship foster care:

- In each of the four states, African American children are more likely to experience kinship foster care than are children from other racial or ethnic groups. Overall, African American children are about eight times as likely as all others to be in formal kinship placements. The racial effect holds across regions and across age groups.
- This racial effect and the "primary urban place" effect become compounded because of the high representation of African American children in the primary urban places in each state. The interaction can be huge: for example, African American children in New York City are one hundred times more likely to be in a kinship foster care placement than are non-African American children in the remainder of New York State.
- In California and Illinois, the race appears to be a stronger predictor of kinship foster care levels than primary urban place. In New York, the "urban place" factor appears to be a stronger predictor of kinship foster care than race.

IV. Formal and Informal Kinship Care Dynamics in Illinois

To gain at least one "window" for comparing characteristics of children in formal and informal kinship care settings, information was accessed from the Illinois Child Multiservice Database that

is being developed at Chapin Hall. Individual-level records were examined for all recent (1990-95) child AFDC grant recipients and all foster children in the state. The population of AFDC children living in kinship care arrangements is treated as a biased sample of all Illinois children in informal kinship care -- sort of a "semi-formal" kinship group.

Looking at characteristics of these groups:

- Compared to the AFDC/Relative group, the formal kinship care group is younger, overrepresents African Americans, and is disproportionally comprised of children from Cook County (Chicago). No gender differences are apparent. Both of these groups are younger and more likely to live in Cook County than the remainder of Illinois's informal kinship care population.
- Compared to AFDC/Parent cases, the AFDC/Relative cases are more likely to have two or more adults present and the caretaker is more likely to be currently married. But, the relative caretakers are significantly older, and four out of five are the child's grandparent.
- The Illinois formal kinship care group more than tripled (from 8,000 to 27,000) between 1990 and 1995, while the AFDC/Relative group remained constant at 16,000 children.
- Within each racial category, the prevalence of AFDC/Relative cases is similar for children from Cook County and children from the remainder of Illinois, while the prevalence of formal foster care is more than twice as high in Cook County than for the balance of the state. For both types of care, the prevalence of kinship care for African American kinship exceeds that of "all others" combined by ten times or more.

It was possible to track movements of individual children between these statuses across the 5-year time period (via annual snapshots).

- Most children "stay" in their current status from year to year. Over 70 percent of AFDC/Relative children and 80 percent of formal kinship children can be expected to remain in their current status after a given one-year period.
- Viewed as a transition from their current status, AFDC/Relative children are about twice as likely to move into formal kinship care as are AFDC/Parent children, although the likelihood of such a change was small (less than 2 percent per year) for both groups.
- Viewed as sources of transition into formal kinship care, a new entrant to kinship foster care is ten times more likely to have moved from an AFDC/Parent setting than from an AFDC/Relative setting. The apparent anomaly between this and the previous finding is explained by the fact that the AFDC/Parent population is more than twenty-five times as large as the AFDC/Relative population.
- Even though less than 1 percent of AFDC/Parent children are expected to move into kinship foster care in the course of one year, over one-half of all new children in kinship foster care moved into this status from AFDC/Parent settings.
- Children who move between the different AFDC and kinship settings tend to be younger, while children who "stay put" or who leave the system entirely tend to be older.

V. Summary, Observations, and Potential Next Steps

A final section summarizes these findings, describes some of the data limitations that acted as obstacles in the production of this report, discusses some conceptual issues in the study of kinship care, and proposes certain paths for future data gathering and analysis.

Some of the issues discussed include:

- The difficulty of clearly defining family relationships, as opposed to just the relation of members to the household head, in much data collected through surveys. Presence or absence of a child's parent is often not identifiable for complex households.
- Kinship care arrangements are relatively uncommon, so only censuses, very large population surveys, or specially targeted surveys can enumerate a sufficient number of kinship care cases to support a meaningful comparative analysis.
- Having access to individual-level data is extremely important in order to allow observed relationships to be controlled for such key variables as race/ethnicity and poverty status.

Some possible next steps include:

- Maintaining a baseline of information on kinship care by continuing to monitor the annual CPS results and by supporting more detail in the analyses created from them.
- Extending the aggregate reporting from census data to provide more detailed information on the living arrangements of children, particularly to classify reported data by race/ethnicity.
- Extending the work in formal kinship care to more than four states, possibly by accessing the new AFCARS data being reported directly to HHS by the states.
- Continuing new efforts to create linked and integrated information resources describing the full range of children's contacts with social services and other public systems. This information is potentially rich for describing process, child needs, and outcome indicators.

The discussion concludes by arguing that kinship care arrangements should be studied within a framework that emphasizes their role in ongoing child and family processes. It is the context in which the need for kinship care occurs, and not the fact that relatives are providing care, that carries the information that has the most ongoing relevance to social policy formulation.

A much more refined body of information would be needed to support an effort to examine these processes, observe causes, track movements, classify kinship care cases, compare subgroups, and evaluate trends and changes. Information of this quality could only be gathered through a survey that is longitudinal and comprehensive in scope.

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Volume One of the Informal and Formal Kinship Care Report summarizes the findings of a study of the characteristics of kinship care in the United States.

Data from the Census Bureau and state child welfare programs were analyzed to identify national kinship care trends; living arrangements in each state; formality of arrangements in California, Illinois, New York, and Missouri; and characteristics of kinship care in Illinois. Slightly more than 3 percent of all children in the United States were living with relatives apart from a parent in 1994. The majority of kinship caregivers were the grandparents of the child. Compared to non-kin foster parents, kinship providers were more likely to be older, African-American, poorer, less educated and unemployed. No significant differences were found between kinship and non-kin foster children. Informal arrangements were more common than official foster care arrangements certified by the state. Tables and figures are provided in Volume Two of the report.

Descriptors:

kinship care; statistical data; prevalence; family characteristics; state surveys

12244

CD-22252

It's Not the Same the Second Time Around: Grandparents Raising Grandchildren.

Woodworth, R. S.

Journal Article

Copyright February-March 1996

Zero to Three.

16(4):21-26.

This article focuses on the phenomenon of grandparents raising their grandchildren. Statistical data on grandparent-grandchild families are provided. These families are frequently living in or near poverty and may often be headed by caregivers with limited education. In addition, grandparent caregivers may not have legal custody of their grandchildren. The problems facing grandparents who are raising their grandchildren are identified, focusing on obtaining medical insurance and qualifying for and using public programs. The interrelationship between these two problems is highlighted, and the impact

of a grandparent caregiver's limited education and resources on these two problems is considered. The assistance provided to grandparent caregivers by the American Association of Retired Persons Grandparent Information Center is also discussed. 6 references and 3 photographs.

Descriptors:

grandparents; child rearing; insurance; federal programs; resource centers; eligibility; welfare services

18158

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You're Not Alone...You're One in a Million.

Woodworth, R. S.

Journal Article

Copyright September-October 1996

Child Welfare.

75(5):619-635.

This article presents a profile of grandparent caregivers based on the records of 479 grandparents who called the Grandparent Information Center of the American Association of Retired Persons (AARP) for information. They voluntarily provided the center with demographic information and descriptions of their situations. Demographic data indicate that grandparent caregivers were rearing grandchildren in every part of the United States and that they ranged in age from the 30s to over 70. There was almost a 50-50 split between grandparents who were working and those who were on a fixed income. Two-thirds of the grandparents were married, the average household size was three persons, and the majority of grandparent caregivers were Caucasian. The most frequently cited reason for rearing a grandchild was a substance abuse problem of the parent, and most grandparents believed that their role as the primary caregiver for the grandchild was permanent. Other findings are that grandparents were more likely to be rearing elementary-school-age children than children of other ages, the most likely sources of financial and other assistance for grandparent-headed families were federally supported public benefit programs operated by State agencies, and the most frequent request was for information on or referral to a grandparent support group. Legal, financial, and medical issues confronting grandparent caregivers are also discussed. 7 references. (Author abstract modified)

Descriptors:

grandparents; kinship care; substance abuse; child placement; support groups; substance abusing parents; multigenerational household

11892

CD-21966

Kinship Care Survey: Summary of Initial Findings.

Child Welfare League of America, Washington, DC.

Unpublished Paper

6 pp.

1995

This paper summarizes findings from a kinship care survey of Child Welfare League of America agencies. The survey collected data on types of kinship care programs, administrative design, program funding, client population, permanency planning, program evaluation, and program effectiveness. Results indicate that most kinship caregivers were grandparents, private, nonprofit agencies

/ LEVEL 1 - 1 OF 1 STORY

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HEADLINE: Rising Stress of Raising a Grandchild

BYLINE: BY SUSAN GILBERT

BODY:

HAVING grandchildren is supposed to be a storybook experience: snapshots of laughter and hugs, the license to indulge the little ones with gifts and extra helpings of dessert before returning them to Mom and Dad. But for growing numbers of grandparents, joyful dates with the grandchildren have been replaced by the responsibility of full-time child care. And doctors and other health care professionals are just now beginning to see that the demands are taking a toll on many grandparents' health.

It is not just that grandparents are exhausted from chasing after 2-year-olds and juggling after-school activities. They are suffering from problems like depression, anxiety, high blood pressure, alcoholism and strokes that doctors link in part to the stress of being parents all over again, this time under far more difficult circumstances than the first time around.

"For many, dreams of the golden years aren't so golden," said Dr. Ronald Adelman, director of the Irving Wright Center on Aging at New York Hospital-Cornell Medical Center.

The newly recognized problem of stress-related illnesses in grandparent care providers was the subject of an article last month in Internal Medicine News, a newspaper for doctors.

"I am amazed at the need," said Susan Silverstein, a social worker in Great Neck, N.Y., who counsels grandparents and the grandchildren they are raising. "A huge percentage of the grandparents describe feelings of depression and problems with eating and sleeping. Most attribute those problems to stress, but whether they are purely due to stress or to a combination of stress and physiological problems is difficult to ascertain."

Grandparents have always helped rear their grandchildren. But it is when they are bringing up their grandchildren full time that they are most likely to develop stress-related illnesses, Dr. Adelman and others say. About four million children in this country live in households headed by a grandparent, a 41 percent increase since 1992, according to the Census Bureau. Research by the American Association of Retired Persons attributes this rise mainly to high



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rates of substance abuse by parents; child abuse, neglect or abandonment, and divorce.

These social problems leave their mark on children in the form of depression, grief, learning disabilities and other special needs, which add to the grandparents' financial and emotional strain. Last fall, social workers at Mount Sinai Medical Center conducted a survey of the health of elementary school children in East Harlem who were struggling academically and their grandparent care providers. The survey found that 39 percent of the children suffered from depression, 36 percent had a disorder that involved excessive opposition to and defiance of authority, and 25 percent had developmental problems. Over half of the grandparents had stress-related illnesses, such as high blood pressure and depression.

Though they may be more common among the poor, such problems are by no means isolated to impoverished areas. They are prevalent among the middle-class and upper-middle-class grandparents who seek help from Grandparents Reaching Out, a support and advocacy group for those caring for children that is based in Patchogue, N.Y., says Mildred Horn, the founder.

A 68-year-old Long Island woman sobbed as she discussed the trouble she and her husband have had raising their 17-year-old grandson off and on since he was 3.

"My doctor says I'm on the verge of a nervous breakdown," said the woman, who requested anonymity. "My grandson's mother and father were in the Marines, and his mother used drugs and took off with another Marine when he was 2. My son took care of him for a while, but he couldn't do it, so we took him to our house."

Her grandson had been caught stealing and was in danger of failing at school, she said, attributing the problems to the physiological effects of the mother's drug abuse during pregnancy and the emotional fallout of her abandonment. "We've had him to psychiatrists," she said. "My doctor wants me to go to a psychiatrist, but I can't, moneywise."

It is common for grandparent care providers to neglect their own health when, like the Long Island woman, they are living on fixed incomes, said Margaret Hollidge, director of the Grandparents Information Center, a national resource service based in Washington. The center was established in 1993 by the A.A.R.P. in response to hundreds of calls and letters from grandparents desperate for information and emotional support on raising grandchildren, Ms. Hollidge said.

"Grandparents will often minimize their own health problems, especially when it comes down to money," she said. "Sometimes the situation is, either I go to the dentist or my grandchild does."

Even when money is not an overriding factor, many grandparents deny or play down their own symptoms for legal reasons, Ms. Horn said. Grandparents who are seeking custody of a grandchild because the parents are drug addicts often fear that if they admit to health problems they will be denied custody.

On the other hand, some grandparents are so driven to survive until their grandchildren are grown that they take better care of themselves than they did before becoming care providers.



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"They take on their health problems with a new desire to get well," Ms. Silverstein said.

As a means to this end, some grandparents said they would like more help from their doctors in controlling stress. When Mildred Horn suffered two minor strokes last year, she said, her internist never discussed the possible connection with her home life and the difficulty of supporting the two grandchildren she has been rearing ever since her daughter was killed in a car accident 13 years ago.

But, according to Dr. Adelman, some doctors are starting to notice grandparent care providers as a group with special health risks. "This is a new phenomenon, and geriatricians and internists are just becoming aware of it," he said. "We need to ask our patients more questions about their home situations."

The biggest source of help for grandparents rearing grandchildren has come from the virtual explosion in support groups in recent years. Ms. Hollidge of the Grandparents Information Center estimated that there were 600 such groups around the country, up from virtually none five years ago. These groups provide grandparents with a wide range of information, including updates on discipline techniques ("What do you mean they don't spank anymore?" she said, was a typical question from many grandparents) and legal aspects of custody and guardianship, as well as a place to vent their feelings.

Ms. Silverstein, the Great Neck social worker, runs separate support groups for grandparents and grandchildren on Long Island through Grandparents Reaching Out. She said that the main issues that grandparents raise were their feelings of guilt at not having the energy or the knowledge to give their grandchildren all that their friends have.

"They feel a tremendous amount of incompetence," she said. "They can't help their grandkids with their homework because they don't understand computers or the type of education the kids are getting today. Along with that, a lot of grandparents struggle with a sense of isolation."

But most of the grandparents Ms. Silverstein sees are able to overcome these obstacles because they are determined to do a good job bringing up their grandchildren.

She said the support groups help grandparents tap their inner strengths. "They say they feel better, stronger," she said. "I see a lot of grandparents coping effectively."

GRAPHIC: Photos: Dr. Ronald Adelman said grandparent care providers often develop stress-related illnesses. (Nancy Siesel/The New York Times); Susan Silverstein, above, a social worker in Great Neck, N.Y., counsels grandparents and their grandchildren. Mildred Horn, right, founded Grandparents Reaching Out, a support and advocacy group. (Linda Rosier for The New York Times)

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