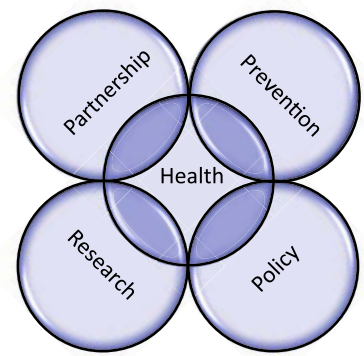


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Grandparents Raising Grandchildren: The Skipped Generation Family

by

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Research Brief

GRANDPARENTS RAISING GRANDCHILDREN

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EXECUTIVE SUMMARY

Families are an important influence on children. Over the past few decades, as family structures have become more varied, the number of children being raised by adults other than their biological or adopted parents has risen. One family structure increasingly seen in America is the grandparent-headed household, due in part to an increase in female substance abuse and incarcerations, HIV/AIDS, teen pregnancy, and parental neglect. Nationally, over 4.5 million children are living in grandparent-headed households, 2.5 million of which are in these households without the presence of any parent. In Texas, over half a million grandparents lived with grandchildren, and 46.7% of these grandparents were responsible for their grandchildren. Grandparents responsible for their grandchildren are a population of special concern. In the Dallas/Fort Worth area, about one quarter of these grandparents reported a disability, approximately 60% were female, and half were in the labor force. In addition, almost one fifth lived in poverty. Limited economic resources lead to stresses that can weaken the grandparent-grandchild family unit. Children living in a grandparent's home without the presence of a parent are twice as likely to be in poverty compared to children living in a grandparent's home with the presence of a parent. In addition, children living in a grandparent's home without the presence of a parent were at greatest risk of not having health insurance. Grandparents raising grandchildren are faced with many unanticipated costs related to raising a child, such as food, education, and healthcare. However, with limited economic resources, such expenses can be extremely burdensome for the family. In Texas, the Temporary Assistance to Needy Families (TANF) funds are designed to provide financial and medical assistance to qualified children and their related caregivers. In addition, some children are placed with grandparents or other relatives through the Child Protective Services (CPS) of the Texas Department of Family and Protective Services. Improvements to Texas' TANF policies and greater outreach and support for kinship care through CPS may aid grandparents and provide a much-needed resource for these families across the state and in the Dallas/Fort Worth area. The purpose of this research brief is to explore the social and financial situations associated with grandparents raising grandchildren across the United States, the state of Texas, and locally in the Dallas/Fort Worth area.

GRANDPARENTS RAISING GRANDCHILDREN

Over the past few decades, as family structures have become more varied, the number of children being raised by adults other than their biological or adopted parents has risen. Both the children and caregivers in these families have unique needs that must be addressed for the children to properly grow and develop.

One family structure increasingly seen in America is the grandparent-headed household. This trend has been affected by a rise in female substance abuse and incarcerations in America; in fact, 53% of children whose mothers are in prison are under the care of a grandmother (Ruiz, 2002). Other reasons for custodial grandparent care include HIV/AIDS, teen pregnancy, parental death, abuse, neglect, and abandonment (Joslin & Brouard, 1995). Some grandchildren also live with grandparents because the grandparents themselves need assistance; however, the focus of this report is on grandparents who are responsible for their grandchildren and thus presumed able to provide care instead of needing care themselves.

The majority of the research on this family type has focused on the needs and wellbeing of the grandparent caregiver, as well as their ability to care for their grandchildren. Custodial grandparents report having a lack of social support and feeling socially isolated, as they do not fit in with younger parents or others in “traditional” grandparent roles (Hayslip & Kaminski, 2005). They also report struggling with mixed feelings about their roles as grandparent caregivers—loving and wanting to care for their grandchildren, while feeling robbed of other life experiences, such as retirement; wanting to have the typical encouraging/spoiling grandparent role, but needing to fill the more structured, disciplining parental role; and knowing that they are their grandchildren’s best caregivers, but fearing that their children will take their grandchildren from them unless they get legal custody (Landry-Meyer & Newman, 2004). Custodial grandmothers also tend to experience more health problems, care for more children, be less educated, and be more likely to live in relative poverty and be on welfare/Social Security Income compared to mothers (Bachman & Chase-Lansdale, 2005).

These issues all impact a grandparent’s effectiveness as a caregiver. Because many children are put into a grandparent’s care after suffering some traumatic abuse or neglect by their parents, these children are more likely to face academic, emotional, and physical challenges (Smith & Dannison, 2003). Thus, they are particularly in need of excellent care. Unfortunately, grandparents tend to experience a number of problems parenting their grandchildren. Custodial grandparents often describe feeling that there is a generation gap keeping them from fully connecting with their grandchildren (Robinson & Wilks, 2006). They also report having problems disciplining their grandchildren (Robinson & Wilks, 2006), sometimes because their older grandchildren are strong enough to fight back (Kosberg & MacNeil, 2003). Grandparent caregivers are also less likely than parents to observe and respond to their grandchildren’s emotional needs and are more likely to use their grandchildren to help fulfill their own physical, emotional, and social needs. These are considered to be poor parenting practices in general, but are exacerbated by the fact that the grandchildren who come to live with them are usually mourning the loss of a parent caregiver and have intense emotional needs (Hayslip & Kaminski, 2005). The emotional needs of children are especially

pronounced among children in public foster care compared to children in private care (Goodman, Potts, Pasztor, & Scorzo, 2004). On the positive side, however, grandparent caregivers tend to report lower levels of stress, especially as it relates to caring for children, compared to parents in general, possibly because they have more parenting experience from which to draw (Bachman & Chase-Lansdale, 2005; Harrison, Richman, & Vittimberga, 2000).

GRANDPARENT CAREGIVERS: THE GROWING TREND

Nationally, nearly 4.7 million children live in a grandparent-headed household, 47% of whom are under the age of six. There are varying degrees of responsibility in these households, such that grandparents who are responsible for grandchildren are a subset of grandparents who live with grandchildren. Of the 4.7 million children in grandparent-headed households, 2.4 million grandparents are the responsible party for nearly 2.6 million children. In 39% of these cases (or over 947,000) grandparents live without the assistance of a parent in the home. Of those grandparents responsible for their grandchildren, 37% have been doing so for 5 years or more (U.S. Census Bureau, 2006).

Children in grandparent-headed households represent 6.3% of all children under the age of 18 in the United States. It is difficult to know when this trend began to increase. Between 1990 and 2000 this phenomenon increased by 30% (AARP, 2007), but this increase was partly due to the increase in reporting based on added Census questions targeting self-reported grandparent caregivers (U.S. Census Bureau, 2003).

In Texas, over half a million grandparents lived with grandchildren, and 44.5% of grandparents living with grandchildren were the responsible party (U.S. Census Bureau, 2006). Of all children under the age of 18 in Texas, 7.6% live in a grandparent-headed household (AARP, 2007), a higher rate than for the United States as a whole. In 38% of grandparent-headed homes in Texas (or over 196,000), a parent was not present in the home. Of those grandparents responsible for their coresident grandchildren, over 35% had been responsible for their grandchildren for 5 years or longer, and one fifth of these responsible grandparents were in poverty (U.S. Census Bureau, 2006).

Dallas and Tarrant Counties demonstrate similar estimates. Of the over 100,000 grandparents living with grandchildren, approximately 40% in Dallas County and 50% in Tarrant County were responsible for the grandchildren, meaning that the grandparent was the primary caregiver and individual responsible for the wellbeing of the child.

Children in grandparent-headed households are not necessarily without a parent's presence, though. More than 41% of children who lived with a grandparent in Dallas County were not under the legal guardianship of the grandparent—the child was simply living with the parent or other primary caregiver in the grandparent's home. Even when they are not the primary caregiver, grandparents may still play a significant role in the family (Fields, 2003). Furthermore, 67% of children who lived with a grandparent who was their legal guardian still had at least one parent residing in the home (U.S. Census Bureau, 2006). It is difficult to know,

however, whether or not the presence of a parent who is not the legal guardian is of benefit to the child or family unit, considering the adverse circumstances in which the grandparent is usually given custody.

Almost 80,000 children under the age of 18 in Dallas and Tarrant Counties lived with grandparents. Grandparents were solely responsible for 61% (48,000) of these children, and 20% (or over 15,000) of these children lived with grandparents without the presence of a parent in the home (U.S. Census Bureau, 2006).

Grandparents responsible for their grandchildren are a population of special concern. In the Dallas/Fort Worth area, about one quarter of these grandparents reported a disability; approximately 60% were female, most were married, and half were in the labor force. In addition, almost one fifth lived in poverty. Detailed results by county are presented in Table 1 below.

Table 1. Frequency of Grandparents Living with Grandchildren* and Frequency, Time Responsible, and Characteristics of Grandparents Responsible for Grandchildren*, Dallas and Tarrant Counties, Texas, 2006.

	Estimate	
	Dallas County	Tarrant County
Total Grandparents (n)	1,281,842	916,354
Grandparents living with grandchildren (n)	64,652	38,730
Grandparents responsible for grandchildren (n)	27,791	17,912
<i>Time responsible (n)</i>		
<1 year	7,575	3,575
1-2 years	6,832	5,159
3-4 years	4,392	2,256
5 + years	8,992	6,922
<i>Grandparent Characteristics (%)</i>		
Disabled	23.9	23.7
Female	64.3	59.6
Unmarried	28.0	23.4
In labor force	67.2	30.3
In poverty	17.8	14.1
Do not speak English "well"	27.5	21.8

* Includes children under the age of 18.

Source: U.S. Census Bureau, 2006 American Community Survey.

FAMILIES: RISK AND PROTECTIVE FACTORS

Families are arguably the most important influence on children. Families provide food and housing, make decisions regarding healthcare and education, maintain safety and security, and offer opportunities for development and learning. They are individuals that live together as a social unit.

Across different cultures and contexts, there are common characteristics that describe strong, healthy families. These qualities form the foundation of the Family Strengths Model, put forth by Stinnett and DeFrain in 1985 (Olson & DeFrain, 2006). While the strengths of a family are interrelated, there are three major themes. First, family cohesion describes commitment and time together. The family unit is committed to one another, devotes time and energy to family activities, and is honest. The family spends time together and invests in “quality time.” Second, family flexibility means that the family can adapt to changes. Flexibility allows the family unit to cope with stress and maintain spiritual wellbeing. It is important to note that strong families are not immune to crises; however, strong families are not typically as crisis-prone as dysfunctional families. Flexibility allows the family to meet the challenge efficiently, minimize damage, and create growth opportunities. Although spiritual wellbeing does not have one universal meaning, it forms the basis for sharing, love, compassion, and support in the family. Finally, family communication represents positive communication and expressions of appreciation and affection. Strong families listen to one another and participate in open-ended conversations. They regularly give and receive appreciation and let one another know they are appreciated.

The social system or context in which families live is important to the health of the family. Families that have limited economic resources at the lowest socioeconomic positions are negatively affected by their social context. The strains of poverty can adversely affect families through several different pathways: (a) health and nutrition, (b) the home environment, (c) interactions with children, (d) caregiver mental health, and (e) neighborhood conditions (Brooks-Gunn & Duncan, 1997). These adverse influences can take a toll on an otherwise strong family unit.

In addition to the aforementioned stresses of raising grandchildren, limited economic resources lead to stresses that can weaken the grandparent-grandchild family unit. Children living in a grandparent’s home without the presence of a parent are twice as likely to be in poverty compared to children living in a grandparent’s home with the presence of a parent (Fields, 2003). In addition, among all children in poverty, regardless of living arrangements, grandchildren living in a grandparent’s home without the presence of a parent were at greatest risk of not having health insurance (Fields, 2003). These economic indicators suggest that grandparents who are responsible for their grandchildren without the presence of the child’s parent(s) are at a distinct economic disadvantage.

In the United States, African Americans and Hispanics represent higher proportions of individuals in poverty compared to Whites. Poverty is of particular concern for minority grandparents raising grandchildren without the presence of a parent in the household. As of

2001, 9% of all African American children under the age of 18 were living in grandparent-headed households, compared with 6% of Hispanic children, 4% of non-Hispanic White children, and 3% of Asian children living in grandparent-headed households (Fields, 2003). While this disparity may be of note, Olson and DeFrain (2006) highlight the strong kinship and ethnic identity that is often found among minority family units. This sense of cohesion among minority individuals may be of special benefit to a nontraditional family unit, such as grandparents raising grandchildren. Frequencies of grandparents responsible for grandchildren by race for both Dallas and Tarrant Counties (combined) are presented below in Table 2.

Table 2. Race/Ethnicity of Grandparents Responsible for Grandchildren, Dallas and Tarrant Counties, Texas, 2006.

Race/Ethnicity	Dallas County (n)	Tarrant County (n)	Combined (n)
White, non-Hispanic	7,590	8,487	16,077
Black, non-Hispanic	8,161	2,489	10,650
Hispanic	11,046	5,720	16,766
Asian	589	576	1,165
Other	4,222	3,192	7,414

Source: U.S. Census Bureau, 2006 American Community Survey

KINSHIP PLACEMENT

Kinship care occurs when care is provided full-time to a child by a blood or in-law relative. In the child welfare system, these arrangements have emerged as the preferred arrangement for foster children, and grandparents are an important source of kinship care. Several policies have reinforced kinship care (Pabustan-Claar, 2007), which in turn has changed the practice, policies, and protocols of child welfare services across the United States (Berrick, Needell, & Barth, 1999). In fact, the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 included policies aimed at reforming child welfare and specifically child placement preferences. The Act mandated that states give preference to relatives, as opposed to nonrelatives, when considering foster care for children. This increasing practice of *family-centered* social work, which supports the preservation of not only the traditional family unit, but also the extended family unit with relatives such as grandparents, is believed to provide a safer and more culturally competent environment for children compared to nonrelative foster placements. While there are numerous benefits, some research has suggested that kinship caregiver families are more disadvantaged than nonrelative placement families (Swann & Sylvester, 2006). Social service agencies generally perceive a more positive environment provided by the child's extended family, and thus may actually tend to provide less service to these families compared to service provided to nonrelative situations (Geen, 2004).

One area of special interest may be the difference between *publicly-initiated* and *privately-initiated* kinship care. Public kinship care is the result of official child placement by child welfare services, while private kinship care occurs when a child lives with a relative other

than the child's parent(s) without the assistance of child welfare officials (Swann & Sylvester, 2006). Swann and Sylvester (2006) reported that grandmothers in public kinship care arrangements were less likely to be married, likely to have more children in their care, and be more likely to care for children with behavioral problems. In addition, these grandmothers were likely to have assumed care due to parental substance abuse or neglect. Interestingly, though, grandparents appeared to be unwilling to seek child welfare services and instead preferred to care for their grandchildren privately.

In Texas, of the over 18,000 children in substitute care through the Department of Family and Protective Services (DFPS), 8,801 (47.7%) were placed in kinship care during fiscal year 2007 (DFPS, 2007). State law requires that, when possible, kinship care is the first placement option considered when out-of-home placement is required. When DFPS places a child in kinship care, the kin caregiver must meet the same requirements as any other foster care placement parent. Kin caregivers do receive additional support, however. The Texas Kinship Program provides families with training and support groups, case management services, information and referral services, family counseling, childcare to eligible children, and referral and assistance in applying for public assistance benefits (DFPS, 2006b). In addition, the Texas Kinship Program provides a one-time \$1,000 payment to qualified caregivers to purchase items that will support the placement of the child, and will reimburse some expenses incurred up to \$500 per child per year (AARP, 2007). Unfortunately, these benefits typically are not available to kinship families who are not part of the child welfare system, like grandparents who prefer caring for their grandchildren privately. However, for those grandparents who do utilize kinship resources, these support and financial benefits are especially important.

Racial disparities exist in kinship care arrangements. While kinship care placements occur within all racial/ethnic groups, African American children are overrepresented in the child welfare system as a whole and specifically in this kind of placement where grandmothers bear the burden of child care. In Texas, African American children comprise only 11.9% of the total population under the age of 18, yet they represent 30.1% of children in kinship care (see Table 3). Compared to Whites and Hispanics, African Americans are not only overrepresented in Texas' child welfare system, but also spend more time in foster care (DFPS, 2006a). While research does not elucidate definitive causes of this overrepresentation, poverty and single parenthood disproportionately affect African Americans, and research indicates that child abuse and neglect can be associated with economically vulnerable families (DFPS, 2006a). This increases the likelihood that African Americans may be disproportionately affected by the strains associated with the foster care system.

Table 3. Race/Ethnicity of Children under the Age of 18 by Total Population and Among those in Kinship Care, Texas, 2004.

Race/Ethnicity	Total Population		Among those in kinship care
	n	%	%
White, non-Hispanic	2,484,995	39.8	31.5
Black, non-Hispanic	742,389	11.9	30.1
Hispanic	2,710,306	43.4	34.5
Other	307,306	4.9	3.9
Total	6,244,967	100	100

Source: U.S. Census Bureau, 2004; Child Welfare League of America, National Data Analysis System, 2007.

GRANDPARENT CAREGIVERS: AVAILABLE RESOURCES

Grandparents raising grandchildren are faced with many costs related to raising a child, such as food, education, and healthcare. However, with limited economic resources, such expenses can be extremely burdensome for the family. In Texas, Temporary Assistance to Needy Families (TANF) funds are designed to provide financial and medical assistance to children and their related caregivers. Households eligible for TANF can receive monthly cash and Medicaid health benefits (Health & Human Services Commission (HHSC), 2006), and a grandparent who is caring for their grandchild can receive a one-time supplemental payment in the amount of \$1,000 if the child is eligible for TANF and meets certain criteria. This assistance is a good start toward providing relief for the many grandparent-headed households in Texas. But with about half of grandparent caregivers being out of the labor force and about one third of grandparent caregivers providing 5 or more years of care to their grandchildren, more than a one-time payment is needed to alleviate the economic burden of this care.

Grandparents who do not seek services from public child welfare agencies may have many problems related to financial resources. Caregivers who are not the legal guardian or who care for children not placed in their home by child welfare officials may experience a lack of family resources, which is a major barrier to kinship care (McCown, 2004). On the other hand, many grandparents who are interested in services do not qualify. Under the present Texas guidelines, a grandparent with minimal income but a reliable and decent car may not qualify for the TANF supplemental payment (McCown, 2004).

RECOMMENDATIONS

The Center for Public Policy Priorities (CPPP), a nonprofit, nonpartisan research organization committed to improving public policies that affect low- and moderate-income Texans, released comments to the Texas Health and Human Services Commission regarding its 2007 TANF budgetary decisions. In light of the decreased funding for TANF, CPPP offered several recommendations to the Health and Human Services Commission:

- Increase eligibility limits and the grant amount;
- Expand the earned income disregard from 4 to 6 months;
- Repeal the policy that terminates adult Medicaid when a family is sanctioned for failure to comply with work rules;
- Exercise the option to provide TANF to legal immigrants after the 5-year bar; and
- Expand the solely state-funded program to provide assistance to families who are exempt from working under state rules or who need services that do not satisfy the federal work requirement (Hagert, 2007).

These recommendations could greatly improve the assistance offered to grandparents raising grandchildren, as TANF funds are one of the few forms of financial assistance available to these families.

Currently, there also is a federal movement to provide more support to kinship families. The bipartisan Kinship Caregiver Support Act (S. 661/H.R. 2188, 110th Congress, 2007) would assist children raised by their grandparents and other relative caregivers by:

- Establishing a Kinship Navigator Program that will help connect relative caregivers to needed services and supports through competitive grants available to eligible agencies and tribal organizations;
- Providing a Kinship Guardianship Assistance Program to help kinship foster parents who are committed to caring for these children outside of the child welfare system;
- Requiring that child welfare agencies notify all grandparents and other adult relatives within 60 days of the child's removal from the custody of the parent(s); and
- Allowing states to establish separate licensing standards for relative foster parents, provided the standards protect children and include criminal background checks (Children's Defense Fund, 2007).

Although both the House and Senate versions of the bill were still in committee at the time of publication, the Act holds great promise for advancing the opportunity for and support of kinship placements by decreasing many financial and administrative barriers.

The American Association of Retired Persons (AARP) provides a list of state-specific programs designed to assist grandparents raising grandchildren, specifically regarding social support needs and financial resource and referral. State-wide and North Texas-specific available resources are described below (see Table 4).

Table 4. Selected Programs for Grandparents Raising Grandchildren, State of Texas and North Texas area, 2007.

Organization	Service	Contact Information
The Texas Department of Aging & Disability Services, Access & Assistance	Information, Referrals	http://www.dads.state.tx.us/combined.cfm 512-438-4120
The Texas Department on Aging & Disability Services	Texas KinCare Taskforce, Legal Assistance, Service Availability	http://fcs.tamu.edu/families/aging/grg/ 512-477-6000
Elder Options of Texas	On-line Information, Referral Resource, Support Groups	http://elderoptionsoftexas.com
Children's Connections	Information, Resources, Referrals	806-745-7995
The City of Dallas Office of Senior Affairs	Resources, Referrals	214-670-7882
The Urban League of Greater Dallas	Support Network, Services, Referrals	214-915-4609
The Dallas County KinCare Network	Support Groups	214-670-0965 214-670-6446
The Collin County Children's Advocacy Center	Support Groups	972-633-6688
La Voz Del Anciano	Outreach, Support, Referrals	214-741-5700
AARP Grandparent Information Center	Information, Resources	http://www.aarp.org.grandparents 888-687-2277

Source: AARP, 2007.

FUTURE STEPS

In the absence of a parent, grandparent caregivers are an important source of care for grandchildren. While the grandparent-grandchild family unit is often viewed as “nontraditional,” grandparents can provide a strong family structure in spite of the adverse events in which they usually become caregivers. However, the added financial needs of grandchildren can create economic hardship for grandparents. There are many social support groups that can provide emotional assistance to grandparents raising grandchildren, but financial assistance is currently limited. Improvements of Texas’ Temporary Assistance for Needy Families may aid grandparents and provide a much-needed resource for these families in the Dallas/Fort Worth area. In addition, Texas may wish to consider guardianship assistance programs, which could provide financial subsidies to grandparent caregivers. Future research may wish to focus on issues surrounding legal guardianship of grandchildren, privately-initiated kinship placements, and the long-term effects of grandparent caregiving on grandchildren. Researchers may also wish to focus efforts on the more distal causes of children in relative caregiver situations. Ultimately, changes in social forces and institutional-level factors, like poverty, substance abuse, female incarcerations, and education are better long-term solutions. However, research indicates that there is a growing need for short-term relief to grandparents already raising grandchildren such as improvements to kinship assistance programs.

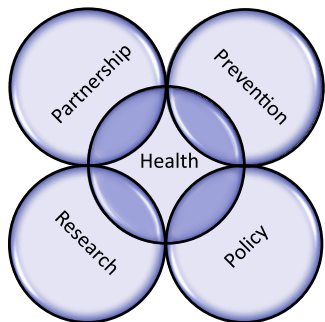
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The vision of the Center for Community Health is to foster healthy, vibrant communities. In partnership with community organizations, we conduct policy-relevant health research and enhance community capacity to promote health. The Center strives to translate research into practice and policy, eliminate health disparities in the North Texas area, and create replicable models of change to improve population health in our nation. The Center for Community Health is a partnership between the J. McDonald Williams Institute and the University of North Texas Health Science Center.



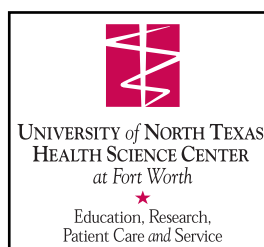
The J. McDonald Williams Institute takes a holistic approach to understanding and examining the complex issues faced by the residents of distressed urban communities. Our atypical

research strategy is centered around the concept of quality of life. We utilize the interdisciplinary perspectives of six focal areas—Education, Crime and Safety, Health, Housing, Social Capital, and Economic Development—to underpin our research initiatives. Yet we recognize that the many strands woven into the fabric of community do not exist independently, and so we must study them as they are—linked to one another in ways we do not fully appreciate. Because quality of life is multi-dimensional, we know that the solutions that will improve it must also be multidimensional. The Institute not only seeks to better understand the mechanisms by which indicators of quality of life interact with each other, but also to apply that understanding to generate lasting revitalization across all dimensions of quality of life in distressed urban neighborhoods. www.thewilliamsinstitute.org

The J. McDonald Williams Institute was established by the Foundation for Community Empowerment (FCE) in 2005



as a source of objective research and policy recommendations relevant to urban revitalization and quality of life. www.fcedallas.org



The University of North Texas Health Science Center, Fort Worth's medical school and more, is one of the nation's distinguished graduate academic health science centers, dedicated to educa-

tion, research, clinical care and community engagement. It comprises the Texas College of Osteopathic Medicine (TCOM), the Department of Physician Assistant Studies, the Graduate School of Biomedical Sciences, the School of Public Health, and the School of Health Professions. UNT Health, the TCOM faculty practice program, provides direct patient care in 33 clinics across Tarrant County.

In 2007, TCOM was named a top 50 medical school in primary care by U.S. News and World Report for the sixth consecutive year. The institution contributes almost \$500 million to Tarrant County and Texas economies annually. www.hsc.unt.edu

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