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Grandparents in Parental Roles with Grandchildren and Social Work Practice

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Walden University

College of Social and Behavioral Sciences

This is to certify that the doctoral study by

Anetrice Rogers

has been found to be complete and satisfactory in all respects,
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Walden University
2021

Abstract

Grandparents in Parental Roles with Grandchildren and Social Work Practice

by

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MSW, Delaware State University, 2006

BSW, Albany State University, 2003

Proposal Submitted in Partial Fulfillment
of the Requirements for the Degree of
Doctor of Social Work

Walden University

February 2021

Abstract

Over the last 30 years, there has been an increase of grandparents who are raising grandchildren. Grandparents often need social services such as case management, legal services, counseling, adoption, and custody services. Although grandparents feel it is rewarding to raise their grandchildren, there are also challenges. Participatory action research was used as the method of study. Bronfenbrenner's ecological theory was used to guide the participatory action research. Participants included social workers and social service workers from various social service agencies in Atlanta, Georgia. This study aimed to understand grandparents' needs and how prepared social workers and social service workers are to meet the needs of grandparents as well as resources needed for grandparents raising their grandchildren. Eleven individual phone interviews were conducted. Through coding and thematic analysis, four themes developed: grandparents raising grandchildren, the mental and physical impact and demands of grandparents raising grandchildren. Also, the services and benefits provided to grandparents raising grandchildren, and resources needed by grandparents raising grandchildren. The results of this study build upon the existing body of knowledge regarding grandparents who are in parental roles. Positive social change implications are included on a micro, meso, exo and macro level. Positive social change is the improvement of social conditions and society. Positive social change is guided by ideas and actions.

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Dedication

This project is dedicated to my son, Koron Shiloh. You are the love of my world. Always know that you matter, and you are worthy. With Jesus, dedication, a positive outlook, and action, you can accomplish anything you set your mind to do. When the going gets tough, and you begin to struggle at the time, in the words of Dr. Martin Luther King Jr., "if you can't fly, run. If you can't run, walk. If you can't walk, crawl. But whatever you do, keep moving!" You will achieve!

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Section 1: Foundation of the Study and Literature Review

The fastest growing primary caregivers of children in the United States are grandparents. Grandparents who are raising their grandchildren without the support of the parents often need social services such as case management, legal services, parenting education, counseling, adoption and custody services (Fruhauf, Pevney, & Bundy-Fazioli, 2015; Guastafarro, Guastafarro, & Stuart, 2015). With the increased population of older adults who are primary caregivers for children under the age of 18, who are their grandchildren in the United States, there is limited information about what specific services these grandparents may need from social services agencies and social workers in the state of Georgia. This study investigated the preparedness of social workers and social service workers regarding required resources needed to help support grandparents raising grandchildren in Georgia.

In Georgia, 64.6% (74,477) of grandparents who are raising their grandchildren are under the age of 60 years, and 41.3% (36,072) are not married, which limits their available support (American Community Survey Estimates, 2015). While 57.6% (66,381) of the grandparents are still employed, 23.7% (27,611) live in poverty and 26.5% (30,469) of the grandparents have a disability (American Community Survey Estimates, 2015).

In the state of Georgia, most grandparents raising their grandchildren are either White (non-Hispanic or Latino) 50.5% (58,199) or Black 41.9% (48,288). Only 5% (62,230) are Hispanic or Latino (American Community Survey Estimates, 2015). The

typical grandparent raising grandchildren in Georgia is a single grandparent who is either White or Black, under the age of 60 years, still working, and may have a disability. With the added responsibility of raising their grandchildren, grandparents are at risk and need additional support and services.

Problem Statement

There has been a rise in grandparents raising their grandchildren without the support of parents. These grandparents often need social services such as case management, legal services, counseling, adoption, and custody services (Guastaferrero et al., 2015; Westfall & Fleming, 2019). Social workers and social service workers working in various social welfare agencies do not adequately address the needs of these grandparents because these agencies work in silos and are often isolated (Westfall & Fleming, 2019). This study examined the preparedness of social workers and social service workers as well as needed resources.

Although grandparents feel it is rewarding to raise their grandchildren, there are also challenges such as financial constraints and lack of access to transportation (Kirby, 2015). Unexpected circumstances involved with caring for grandchildren as aging individuals can be difficult as they are often living on fixed incomes or in poverty, in need of resources to provide care for themselves (Lee & Blitz, 2014; Westfall & Fleming, 2019). Some have disabilities that prohibit them from driving and transporting their grandchildren to school and to other activities (Brown et al., 2017; Crowther et al., 2015). Before raising grandchildren, some grandparents did not report feelings of stress and

being overwhelmed, but once grandchildren were involved, grandparents' quality of life decreased, while their stress levels increased (Lee & Blitz, 2014). Grandparents' plans for the future are also delayed to having to raise their grandchildren. However, they still feel a sense of responsibility and obligation in raising their grandchildren.

Grandparents raising young children who are at least one to two generations younger may need supports such as case management, legal services, parenting education, counseling, adoption, and custody care services. Grandparents living in poverty may need help in understanding Temporary Aid for Needy Families (TANF), Social Security benefits, and the Supplemental Nutrition Assistance Program (SNAP). Grandparents who are also experiencing stress due to childrearing are also in need of service providers to find resources and services for the homeless. There is limited information about social workers who are working with this population and their assessment of grandparents' needs. Social workers working with grandparents in health and human services, mental health services, aging services, public health services, homelessness services, child services, and volunteer advocacy programs feel overwhelmed. In order to meet the needs of grandparents, social workers need to be knowledgeable and collaborative with other social workers from different social service agencies.

In Atlanta, Georgia, grandparents access local programs by contacting local schools, area agencies for older communities, community centers, faith-based organizations, and children's offices.

In Georgia, these services involve caring and providing for grandparents raising grandchildren. However, each agency does not work together, and there is a lack of coordination between services. Agencies' social workers are also overwhelmed by needs and may feel inadequate in terms of their skill sets to meet these demands.

Purpose Statement and Research Question

The purpose of this study is to understand grandparents' needs and how prepared social workers and social service workers are to meet the requirements, and what are the resources needed for grandparents raising their grandchildren. The overarching research questions addressed during this study are:

RQ1: What are the needs of grandparents raising their grandchildren?

RQ2: How prepared are the social workers in the social service agencies are to meet the needs of the grandparents in Atlanta, Georgia?

RQ3: What resources are needed for grandparents raising their grandchildren?

Nature of the Doctoral Project

A participatory action research (PAR) project is appropriate to address these needs of this study. The PAR involves participants and the researcher working in collaboration to identify the social problem and significant steps to improve systems and supports. There were 11 social workers and social service workers interviewed from various social service agencies in the community such as the Department of Family and Children Services, Georgia Department of Human Services, Division of Aging Services, Georgia Temporary Assistance to Needy Families, and SNAP. Social workers and social

service workers participated in individual telephone interviews discussing grandparents' information regarding raising grandchildren. This action research aims to better understand grandparents' needs and how prepared social workers and social service workers are to meet these needs as well as resources for grandparents raising grandchildren in Atlanta, Georgia.

Significance of the Study

Using information from social workers and social service workers who work at social service agencies will help grandparents raising their grandchildren when biological parents are unavailable. Information could be beneficial to practice in terms of how prepared social workers are to work with this population. This study's outcome could provide an opportunity for social change through practice and collaboration between social workers and social service workers and policies.

Theoretical Framework

Bronfenbrenner Ecological System Theory Framework

The ecological framework involves environmental as well as individual factors. This theory reflects a framework that examines personal relationships and interactions with the community, social service agencies, and broader society (e.g., government).

Urie Bronfenbrenner's ecological theory best fits the study of grandparents in parental roles because it highlights various systems and influences. Examples of systems are health, education, and economic systems. This theory also involves examining

personal factors. The ecological framework involves looking at the interrelatedness between personal and environmental factors.

The ecological theory comprises of four components: micro, meso, exo, and macrosystem. The microsystem consist of systems that impact an individual's home, siblings, parent, school, teachers, peers, neighborhood, or religious setting. Mesosystems consist of home, school, neighborhood, and religious settings. Exosystems consist of local industries, mass media, parents' workplaces, school boards, and the local government. Macrosystems consist of dominant beliefs and ideologies.

The ecological framework involves examining the relationship between systems and environments as well as stakeholders. It is also vital to look past the child's immediate home environment to evaluate friends or neighbors that may influence their behavior. The grandparent-grandchild relationship changes how the child will adjust directly (Attar-Schwartz, Tan, Buchanan, Flouri, & Griggs, 2009).

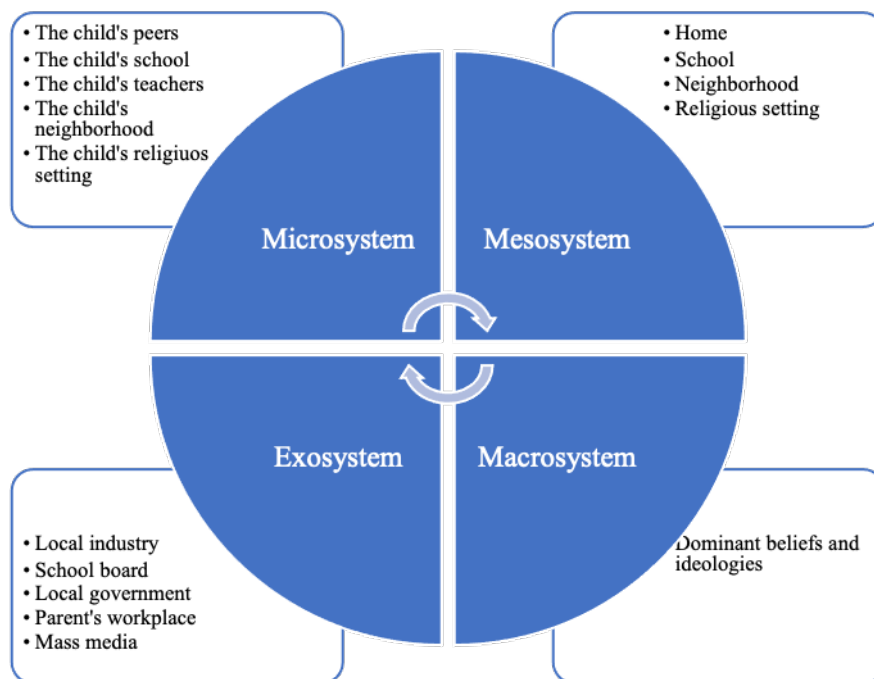


Figure 1. *Relationship of Ecological Systems 1.*

Review of the Professional Academic Literature

A review of the literature about kinship care pertaining to grandparents raising their grandchildren was completed. There was a review of rewards, challenges, and stressors involving raising grandchildren and government support in Georgia, including current social services, nongovernment agencies, laws, and policies.

History of Kinship Care

Throughout history, extended family members have taken on the responsibility of caring for children in need. The child welfare system places children who are not living with their parents in relatives' care. Kinship care has become increasingly common. Kinship care involves raising and providing for children. Kinship care allows a child to be raised in an environment with family and decreases the number of children who enter

the child welfare system and are placed with strangers (Hegar & Maria, 2017; Westfall & Fleming, 2019).

Kinship care is in line with the cultural norms of American Indians, African Americans, and Latinos, because relatives in these cultures tend to be significantly invested in children living with a person of kin (Mooradian et al., 2013; Peterson, 2018). Many relatives will take on the role of caregiver without receiving any assistance. Traditionally, Native American families such as grandparents and other relatives take care of their grandchildren to avoid government placement in foster care (Mooradian et al., Cross, & Stutzky, 2013; Peterson, 2018). In African American culture, extended families are blood and nonblood relatives. Like Native Americans and African Americans, Hispanic relatives have often participated in kinship care (Goodman & Silverstein, 2002; Peterson, 2018). Caregiving is a critical facet of Hispanic grandparents' experiences.

The responsibilities associated with kinship care can be significant and unexpected. Thus, kinship care can be overwhelming when situations develop suddenly and unexpectedly. However, many relatives will take on the responsibility, regardless of the challenge, because they may feel obligated to protect the child's welfare.

Grandparents and Kinship Care

Parents may abdicate caring for their children due to various reasons such as parental drug use, teen pregnancy, parental abuse and neglect, unemployment, lack of

resources, failing health, and imprisonment (Edwards, 2009; Kelley, Whitney, & Campos, 2011; O'Leary, & Butler, 2015; Smith & Palmieri, 2007).

Grandparents raising grandchildren do so out of an obligation to the family. They may raise their grandchildren the way they were raised and how they were taught.

Therefore, they may not be prepared to raise children in modern environments.

Grandparents today are raising grandchildren in a different time from when they were parenting their children.

In Georgia, 64.6% (74,477) of grandparents under the age of 60 years raise their grandchildren, and about 66,381 (57.6%) of this group are still employed. Approximately 27,311 (23.7%) of grandparents live in poverty while 30,469 (26.5%) have a disability. Last, of the grandparents raising their grandchildren, 36,072 (41.3%) are not married (American Community Survey, 2015).

Table 2

Demographics of Grandparents Raising Grandchildren in Georgia

Demographics	Number of grandparents
White or Black	74,477 (64.6%)
Employed	66,381 (57.6%)
Living in poverty	27,311 (23.7%)
Disability	30,469 (26.5%)
Not married	36,072 (41.3%)

The ethnic composition of grandparents raising grandchildren in the state of Georgia; is 50.5% White (non-Hispanic or Latino), 41.9% African American/Black, 5.4% Hispanic/ Latino, 1.5% American Indian/Alaska Native, 0.4% Native American or other Pacific Islander, 0.8% mixed race, and 1.4% some other race (U.S. Census Bureau, 2015).

Table 3

Ethnic Composition of Grandparents Raising Grandchildren in Georgia

Ethnicity	Number of grandparents
White	58,199 (50.5%)
African American/Black	48, 288 (41.9%)
Hispanic/Latino(a)	6,223 (5.4%)
American Indian/Alaska Native	1,729 (1.5%)
Native American/Pacific Islander	461 (0.4%)
Mixed ethnicity/race	922 (0.8%)
Other	1,613 (1.4%)

Reasons why grandparents raise their grandchildren. Grandparents raise grandchildren for a variety of reasons. Causes of grandparents raising grandchildren include parental drug use, teen pregnancy, abuse and neglect, unemployment, HIV/AIDS, and imprisonment. Also, financial issues, chronic illness, mental health issues, and military deployment can cause parents to be absent (Edwards, 2009; Jang & Tang, 2016; Kelley et al., 2011; O’Leary & Butler, 2015; Smith & Palmieri, 2007).

The opioid crisis/parental drug use. There are 2.5 million grandchildren across the United States raised by grandparents because of parent addiction to opioids (Lent, 2018; Peterson, 2018; Wright, 2019). Displaced children lose their parents to addiction, imprisonment, or death due to opioid drugs (Westfall & Fleming, 2019). To address this issue, President Donald Trump signed bipartisan legislation in October of 2018 to help relieve the opioid crisis called the Supports for Patients and Community Act . The bill has five provisions. Provision one involves increasing recovery centers. The Department of Health and Human Services uses the grant to expand comprehensive recovery centers to improve job training, mental health services, and housing and addiction treatment. Provision two involves curbing illegal drug shipments and trying to prevent drug shipments into the United States. Provision three lifts treatment restrictions so clinical nurse specialists can prescribe medications to wean addicts off opioids for 5 years. Provision four permits research on new painkillers. This provision allows the National Institutes of Health to do research studies that involve drugs that are not addictive. Provision five includes changes in Medicare and Medicaid coverage. This provision increases coverage for opioid treatment under Medicare. The rule allows a state's Medicaid program to suspend as opposed to terminating an underaged individual's coverage if he or she is incarcerated. These provisions will help people with substance use disorders (SUDs) and improve pain management. The Act also increases follow up care for pregnant women, children, and people living in rural areas.

To increase access to treatment, recovery, and other essential services, \$2 billion in grants to states has been received. Medicaid is now allowed funds to pay for residential treatment facilities (Peterson, 2018). The Caring Recovery for Infants and Babies (CRIB) Act passed to expand treatment for mothers and their babies who are born dependent on opioids. The Act helps grandparents raising their grandchildren, who are addicted to opioids. The CRIB Act was passed into law in October of 2018.

Teen pregnancy. More than one in six girls in the United States is predicted to become pregnant before their 20th birthday (Mollborn & Jacobs, 2015). Because they are teenagers, they are often not prepared to take care of children, so grandparents may step in (Mollborn & Jacobs, 2015). In 2008, public spending on teen births resulting from unplanned pregnancies was estimated at \$12.5 billion nationwide (National Campaign to Prevent Teen Pregnancy, 2014). The number of pregnant teens in Georgia during 2017 for girls between the ages of 15 and 19 was 7,778 (see Table 4).

Table 4

Number of Teen Births by Race/Ethnicity in Georgia

Number of Teen Births by Race/Ethnicity	Number of Teen Births by Race/Ethnicity value
Non-Hispanic White	2,831
Non-Hispanic Black	3,181
Hispanic	1,393
American Indian/Alaska Native	N/A

Asian/Pacific Islander	80
------------------------	----

Table 5*Proportion of Teen Births by Age in Georgia*

Proportion of Teen Births by Age	Proportion of Teen Births by Age value
Girls Under 15	1%
Girls 15-17	24%
Girls 18-19	75%

Teenage mothers have a higher chance of living in poverty than girls who do not have a child (Gunaratne, Masinter, Kolak, & Feinglass, 2015; National Campaign to Prevent Teen Pregnancy, 2014). Teenage mothers often cannot afford to take care of the children because of financial strains. Because of pregnancy, many teens drop out of school to work, and as a result, obtain low paying jobs, and this continues throughout their lifetime with some exceptions.

To further add to the issue, Georgia's Governor Brian Kemp has signed into law the Fetal Heartbeat Bill, house bill 481. The law is now in effect. The Fetal Heartbeat Bill stops abortions in Georgia after a heartbeat is detected in an embryo. It is usually 6 weeks after conception before most women know they are pregnant. The limit on abortion is 20 weeks in Georgia. Exceptions are made in instances such as preventing death or harm to women if the woman was raped or there has been incest. Women can receive a life

sentence or the death penalty if the law is violated. The new abortion law could increase the statistics of teen pregnancies. More babies could be born to teens who cannot afford to care for them, thus increasing need for grandparents to help.

Abuse and neglect. Grandparents are raising grandchildren due to parental child abuse and neglect. Twenty-two point six percent of adults have experienced child maltreatment of physical harm, while 36.3% of adults have experienced emotional abuse as a child, 16.3% of adults have experienced neglect, and 18% of women and 7.6% of men have experienced sexual abuse as a child (Child Protective Services, 2015). If maltreatment is suspected, it must be reported to child protection welfare agencies by mandated reporters such as medical/healthcare professionals, social workers, and school counselors.

A mandatory reporting law was passed in 1963 requiring reporting child maltreatment. The legislation has been broadened to include physical, sexual, and emotional abuse as well. Neighbors, caregivers, and family members are required to report to child protective services agencies as well. If the violation is deemed significant by the agency and the child is removed from the home, they are placed in a foster care setting. Grandparents may step in and care for their children.

Unemployment or lack of resources. Grandparents are raising their grandchildren due to parents' unemployment status. The Great Recession has led to many family members living in the same household (Schneider, 2015). The unemployment rate is the percentage of people that do not have jobs and are looking for jobs. According to

(American Community Survey Estimates, 2015), 164,000 jobs were added, and the unemployment rate was at 3.9%, which is the lowest since 2000. The issue is that those jobs were related to analytics, machine learning, cloud computing, and cybersecurity. Many people do not have the skills to obtain these jobs. Therefore, unemployment is still an issue and parents' inability to care for their children financially leads them to turn to their parents for help.

Persistent health concerns. Grandparents also take on the role of caregiver when parents develop significant health concerns to the point where they can no longer care for their child. When a parent has an illness, it affects the child's mental state in some capacity (Chi et al., 2015; Lachman, Cluver, Boyes, Kuo, & Casale, 2014; Murphy, Armitage, Marelich, & Herbeck, 2015). A parent having a disease such as HIV has a significant impact on the child's psychological health. Due to antiretroviral therapy, parents live longer and can take care of their children in some cases, but, as HIV turns into AIDS, parents cannot take care of their children (Bulteel & Leen, 2019; Chi et al., 2015). Parents' income can be lessened due to parents' inability to continue working because of illness. Parents may begin to depend on others, such as family or paid caregivers, to care for them. In these situations, grandparents again may have to step in and raise children.

Imprisonment. Most parents' incarceration is due to drug possession, or addiction (Laub & Haskins, 2018; Lent, 2018; Taylor, 2016). Parents who are in the criminal justice system and are currently incarcerated may have to rely on grandparents to step in

and raise their children. Children who have a parent imprisoned and in foster care are at a higher risk of maladaptation and developmental challenges (Laub & Haskins, 2018; Smith & Palmieri, 2007). Nationwide, over 5 million children have had an incarcerated parent, and 4.5 million of these children have been placed in the foster care system (Andersen, & Wildman, 2014; Casey, 2016). Most of these children come from poverty backgrounds, and the majority are minorities (Laub & Haskins, 2018).

Rewards Associated with Raising Grandchildren

Grandparents enjoy raising grandchildren even with its challenges. Grandmothers feel happy when they show love through affection for their grandchildren. Some grandparents see this as a 'do-over' for raising their grandchildren the right way. Grandparents find it rewarding to tell family stories and provide life lessons to their grandchildren (Crowther, Hauang, & Allen, 2015; Taylor, Marquis, Coall, & Werner, 2018). Grandparents felt a greater sense of being satisfied (Crowther, Hauang, & Allen, 2015; Taylor et al., 2018). The negative aspects of raising a child again are the loss of friends. They also felt that the biological parent did not appreciate them, providing childcare (Kirby, 2015; Taylor et al., 2018).

Challenges and Stressors Associated with Raising Grandchildren

The Challenge grandparents face caring for their grandchild is feeling stressed and overwhelmed due to not having the financial stability to care for the grandchildren adequately (Crowther, Huang, & Allen, 2015; Doley, Bell, Watt, & Simpson, 2018; Purcal, Brennan, Cass, & Jenkins, 2014). Grandparents, at times, are forced to pay their

rent with credit cards, struggle with their debt, and may begin to slide into poverty (Pandey et al., 2019).

Challenges that grandparents face in caring for their grandchildren are psychological stress and feelings of loss (e.g., loss of their spouse) and depressive symptoms of being older (Jang & Tang, 2016; Peterson, 2017). Grandparents could relieve some stress if they had more social support.

Grandparents raising grandchildren with developmental, cognitive, neurological, behavioral, and emotional challenges require extra time and attention from their grandparents (Brown, Church, Laghaie, Ali, Fareed, & Immergluck, 2017). Grandparents who are raising grandchildren with special needs have some financial issues, less support, and an overall disruption in their lives. Grandparents may need a respite, a break without the child, as well as information regarding resources and services on how to handle challenges of their grandchildren with disabilities (Brown et al., 2017; Kresak, Gallagher, & Kelley, 2014).

Policies Affecting Grandparents Raising Grandchildren

On a macro level, policies such as the Collins, Casey Bill, Project GRANDD (Grandparents Raising And Nurturing Dependents with Disabilities), and the Kinship Care Act function as measures to make sure that grandparents are receiving the best resources and services. Thus, politicians and service providers need to be aware of grandparents' current needs in parental roles. National, state, and local government organizations provide funding to support service providers (Fruhauf, Pevney, & Bundy-

Fazioli, 2015). Council on Aging and the Department of Health Services can apply for funding programs that assist grandparent caregivers. Government policies dictate how to support funding that is allocated, restrictions on how it is used, and other important decisions that affect kinship care (Fruhauf et al., 2015). The following subsections will contain a review of influential bills and policies which affect kinship care.

Collins/Casey Bill. The Collins, Casey Bill passed unanimously (February 2018) assists grandparents who are raising their grandchildren. The Senate Health, Education, Labor, and Pensions (HELP) Committee passed the Supporting Grandparents Raising Grandchildren Act. A federal task force is going to be in place. This task force will be responsible for pointing out and distributing resources developed to assist the grandparents with the school and mental health system.

Supporting Grandparents Raising Grandchildren Act. This act is significant due to the Opioid crisis. 2.6 million grandparents are raising their grandchildren due to this epidemic (Westfall & Fleming, 2019). The Supporting Grandparents Raising Grandchildren Act came about due to grandparents needing information concerning resources for them to help with raising their grandchildren (Congressional Documents and Publications, 2018). This crisis is prevalent in Pennsylvania, with 100,000 children being cared for by grandparents. It is also an issue across the country (Congressional Documents and Publications, 2018). The Opioid crisis has caused more grandparents to provide care for grandchildren (Westfall & Fleming, 2019). With the Casey bill passed, this will be an excellent service for grandparents.

Kinship Care Act of 2007. The Kinship Care Act of 2007 assists grandparents and other relatives who are raising children. The Kinship Caregiver Support Act has a Kinship Navigator Program that will provide grants that assist with linking grandparents and other relative caregivers who are in the child welfare system and who are not in the child welfare system (Kinship Care Act, 2007; Schmidt, & Treinen, 2017; Testa, 2017). It will offer a spectrum of services and supports grandparents and grandchildren needs (Kinship Care Act, 2007; Smith & Beltran, 2003; Testa, 2017). Agencies will serve kinship caregivers better (Kinship Care Act, 2007; Schmidt, & Treinen, 2017; Testa, 2017).

The Act has a Kinship Guardianship Assistance Program that will guarantee a permanent home placement for some children living with relatives (Kinship Care Act, 2007). It will provide states with choices of using federal money for subsidized guardianship to caregivers to assist with their children who are in foster care homes and who are raising their grandchildren without support from the child welfare system (Kinship Care Act, 2007; Schmidt, & Treinen, 2017; Testa, 2017).

If a child is going to be removed from the custody of the child's parent, grandparents, and other relatives caring for the child; the child welfare agencies are required to provide a 60-day notice, with the exception the child being in imminent danger according to the Kinship Care Act (Kinship Care Act, 2007; Schmidt, & Treinen, 2017).

The Kinship Guardianship Assistance Program will ensure the permanent homes for some children living with relatives (Schmidt, & Treinen, 2017; Testa, 2017). It gives states the option to use federal funds for subsidized guardianship payments to relative caregivers on behalf of children they cared for in foster homes and is committed to caring for permanently outside of the formal child welfare system (Kinship Care Act, 2007; Schmidt, & Treinen, 2017; Testa, 2017). Under the Kinship Guardianship Assistance Program, children eligible for federal foster care, payments are available for them (Kinship Care Act, 2007; Testa, 2017). The program also reaches more broadly to cover children in foster care with relatives who meet state safety standards but do not qualify for IV-E only because they are not formally licensed (Kinship Care Act, 2007). In both bills, before making subsidized guardianship payments, state agencies must rule out return home or adoption for the children and ensure that placement with a legal guardian is the best permanency option for the child. Both bills also provide for entities other than a state (the kinship program makes clear that this includes a large metropolitan area) to provide guardianship assistance payments if the state does not opt to provide such assistance (Kinship Care Act, 2007). Currently, 39 states and the District of Columbia have subsidized guardianship programs, and the new federal support will help these programs reach more children (Kinship Care Act, 2007; Testa, 2017). The Senate and House bills make youths exiting from foster care to legal guardianship for federally-supported independent living services. Still, the Senate bill is after age 16 and in the House bill after 14. The House bill also clarifies that these same children exiting from

foster care at age 14 are eligible for education and training vouchers (Kinship Care Act, 2007).

The Kinship Care Act lets states set different licensing standards for relative foster parents and for those who are not; both measures protect the child by having parents complete a criminal background check (Kinship Care Act, 2007; Schmidt, & Treinen, 2017). This safety precaution identifies that particular licensing standards may not apply for non- relative foster parents, such as not needing a separate bedroom for each child, may not be necessary for adoptive parents who are relatives of the child (Kinship Care Act, 2007; Schmidt, & Treinen, 2017). A change could make some related foster parents qualify for an increased payment and may allow states to get federal support for more children living with relatives.

H.R. 2188 (Bill) includes two additional provisions, not in S. 661 (Bill), which would assist in making sure that grandparents and other relatives raising children get the assistance they need (Kinship Care Act, 2007; Schmidt, & Treinen, 2017). It clarifies that the reference to family support in the Promoting Safe and Stable Families Program includes services to help kinship caregivers and guardians in pinpointing and accessing services that they need (Kinship Care Act, 2007; Schmidt, & Treinen, 2017; Testa, 2017). It also includes a requirement that staff preparing case plans for children in foster care and families considering guardianship are aware of the full range of permanency options and supports for children and guardians (Kinship Care Act, 2007; Schmidt, & Treinen, 2017).

Project GRANDD. Project GRANDD originated in Atlanta, Georgia, where this study of grandparents raising grandchildren took place. Project GRANDD (Grandparents Raising And Nurturing Dependents with Disabilities) serves as a resource and support to grandparents raising their grandchildren with disabilities.

Project GRANDD is a means of determining if a family-centered case management model, which includes (telephone conversations, home visits from nurses, home visits from trained social workers, groups meetings monthly, and referrals where needed) had an influence on grandparent's view of their well-being and of their home environment (Brown et al., 2017). The impact of the program was studied by researchers who reviewed the case management documentation, as well as having participants fill out surveys to grandparents that participated in project GRANDD (Brown et al., 2017). Forty-six grandparents took part in the study. The outcome showed that the case management services Project GRANDD provided had a positive influence on grandparents and how they viewed their health and home environment conditions. Forty-four percent of grandparents in the program reported improvements concerning their health, and 39% reported improvements in their home conditions. The study outcomes revealed a need for grandparents to provide kinship care to focus on the home environment (Brown et al., 2017).

Taking care of a child with disabilities later in life may cause a lifestyle change on the grandparents (Brown et al., 2017; Kresak et al., 2014). Grandparents have to make the necessary adjustments and modifications to the home environment when raising their

grandchildren who have disabilities, which may cause a financial strain and emotional distress (Bourke-Taylor, Cotter, & Stephan, 2014; Brown et al., 2017). This stress may cause grandparents to feel alone and experience depression (Brown et al., 2017; Kresak et al., 2014). Also, grandparents may have health issues such as high blood pressure, heart disease, diabetes, and chronic pain (Brown et al., 2017; Kresak et al., 2014). These are common health issues among older adults characterized by doctor visits, medications, and less mobility for grandparents (Brown et al., 2017).

Trying to handle their health issues and manage the health issues of their grandchildren who have a disability has an influence that is not positive on the overall health of everyone in the family (Brown et al., 2017; Kresak et al., 2014). In these circumstances, many grandparents will place their health issues on hold and tend to their grandchildren's health issues with disabilities (Brown et al., 2017; Purcal, 2014). Because some grandparents are on a fixed income, there is no room to address the needs of the grandparents and grandchildren with disabilities (Brown et al., 2017; Kresak et al., 2014). The cost associated with treatment and transportation to doctor's visits takes away from funding to adjust the home to modify the grandchild needs (Bourke-Taylor et al., 2014; Brown et al., 2017).

Project GRANDD originated in Atlanta, Georgia, is a part of Innovative Solutions for Disadvantage and Disability (ISDD), a service organization that takes on a family-centered support model to assist with grandparents who are raising their grandchildren with disabilities. ISDD provides supports to children who have limitations or who are at

risk for disabilities, and are considered low income, and mainly minority and who are from communities that are not very well served (Brown et al., 2017; Kresak et al., 2014; Pandry, 2019). ISDD partner with leaders in the city and provide support for community-based participatory research that decreases health issues with children with disabilities (Brown et al., 2017; Purcal, 2014).

GRANDD's purpose is to "break the cycle" of the disadvantages that grandparents raising grandchildren with disabilities go through financial, mental, and physical issues by family-centered case management (Brown et al., 2017; Purcal). Project GRANDD, provides necessary assistance to grandparents who are raising grandchildren with disabilities. Services provided by GRANDD could result in improved child care and stress relief for grandparents (Pandry, 2019).

Government Support in Georgia for Grandparents Raising Grandchildren

In Georgia, the local programs that assist with support, resources, and assistance for grandparents, can be found by contacting the local schools, Area Agency on Aging, community centers, faith-based organizations, or children's office. The following government programs can provide significant relief to grandparents raising their grandchildren:

- **Relative Caregiver Legal Hotline.** If grandparents meet the requirements, legal representation in adoption or custody cases is provided for relatives who are raising children in the place of deceased or otherwise absent parent.

- **Clayton County Kinship Resource Center.** The center offers support groups, case management, information and referral, computer classes, a clothes closet, activities, and celebrations. Additionally, after-school programs, summer camp, day trips, tutoring, parent education, health and wellness, sports and fitness, and cultural and arts programs are offered.
- **Georgia Department of Human Services, Division of Aging Services – Grandparents Raising Grandchildren.** Provides support services through the National Family Caregiver Support Program, which include information and referrals, support groups, and community education. Some agencies offer respite, camp scholarships, tutoring, case management and counseling, and clothing and food vouchers.
- **Grandparents and Kin Raising Children (GKRC).** Provides support groups, case management, information and referral, education workshops, and family activities.
- **Project Healthy Grandparents (PHG) – Georgia State University.** Provides social work visits, nursing visits, grandparent support groups, parenting education classes, early childhood intervention, legal service referrals, educational support/tutoring, transportation to PHG meetings, and special events.

- **Rockdale County Kinship Care Program – Rockdale County Senior Services.** Provides Case management, support groups, information/referral, respite, recreation, and parent education.
- **Georgia Temporary Assistance to Needy Families (TANF).** Provides cash assistance may be available to eligible children and their relative caregivers through the Department of Human Services, Division of Family and Children Services.
- **Supplemental Nutrition Assistance Program (SNAP).** The new name for the federal Food Stamp Program is SNAP. It assists with low-income individuals and families buying the food they need to maintain good health.

In Georgia, these services are at the forefront of caring for and providing services for grandparents caring for grandchildren yet each agency work in silos, and there is a lack of coordination of services. The social workers of these agencies are also overwhelmed by the needs, and the demands of these family structures and some social workers may feel inadequate with their skill set.

Private Organizations Assisting with Grandparents Raising Grandchildren

Though the organizations mentioned above and programs provide significant relief for grandparents raising their grandchildren in Georgia, smaller private organizations also provide essential services. The following organizations are among the most beneficial:

- **The Potter's House.** The Potter's House is a Christian family and children's treatment center in Stone Mountain (Atlanta, GA) that offers a variety of services and resources for families who are in crisis. The Potter's House provides services for the child and the family. The Potter's House assists with (the Division of Family and Children Services) food stamps; to ministries where they can get food or clothing; and the Potter's House assist with (insurance) as Medicaid. The Potter's House Children and Family Treatment Center is a team of professional staff which includes: Behavior Analysts, Behavior Aids, Clinical Case Managers, Clinical Psychologists, Community Support Individuals/Consultants, Licensed Clinical Social Workers, Licensed Professional Counselors, Mental Health Professionals, Para Professionals, Physicians, Psychiatrists and Registered Nurses.
- **Families First Atlanta.** There are offices in Atlanta, Cobb, Gwinnett, and DeKalb counties, which offers residential assistance, foster care, family counseling and work assistance. Families First provide counseling services to metro-Atlanta families. The Counseling and Support Services program assists with children and youth in families facing chronic economic, social or health issues so that they can function in stable, nurturing homes with self-sufficient families. The counseling services at Families First are supported through grants and donations, such as the United Way of Greater Atlanta. Families First work with other agencies to assist with housing and other support services and training.

- **Atlanta Salvation Army Financial Emergency Services Centers.** Services can be found throughout the metro Atlanta area, assisting families with financial issues. Every day throughout Metro Atlanta, The Salvation Army Financial Emergency Services Centers provide emergency and help with food, clothing, rent/mortgage, utilities, school supplies and furniture to individuals and families facing financial challenges.
- **The Fulton Atlanta Community Action Authority.** Assists citizens of Atlanta and Fulton County (Atlanta, GA) to become self-sufficient by providing programs and services that help low-income individuals and families to escape from economic hardships, prevent homelessness and assist with educational goals to have a better life.
- **Gwinnett County Department of Community Service.** Atlanta, Georgia has a resource guide that provides a quick overview of services, programs and general information throughout the Atlanta area.
- **Suthers Center.** Provides food to families and individuals who are in need. Families and individuals must live in the area code of 30341 and 30041 (In Atlanta, GA). Services are provided on Tuesdays and Fridays. Families and individuals can receive food assistance ten times in a year.
- **Suthers Emergency Assistance Program.** Provides families with assistance of utility bills, and public transportation cards every Tuesday. This service can be used every six months. Also, a clothing voucher of twenty-five dollars is given to

individuals who need them. Individuals and families can use the clothing voucher in the thrift store (Suthers Center). Assistance is provided every six months.

Services and Resources Available to Grandparents Raising Grandchildren

Some grandparents are aware of the services they need to assist them, and others are not. Some grandparents who are aware do not know how to access the services. Grandparent caregivers need supports (Fruhauf, Pevney, & Bundy-Fazioli, 2015). Grandparents report that they need help from service providers with becoming knowledgeable and familiar with Temporary Aid for Needy Families (TANF), Social Security, and SNAP (Brooks, Mack, Chaney, Gibson, & Caplan, 2018; Hayslip & Kaminski, 2005). Grandparents need service providers' assistance in finding out the resources and services in the community available to them. Grandparents want to find out about the legal, medical, and school services (Cox, 2009; Gordon, McKinley, Stratterfield, & Curtis, 2003; Pandey et al., 2019). Service providers are aware of some of the needs of grandparents and ways to assist them (Lugaila & Overturf, 2004; Robinson-Dooley & Kropf, 2006). Some providers include aging services, family and child protective services, mental health, and spiritual health services (Doley et al., 2018; Wilmoth, Yancura, Barnett., & Oliver, 2018). These services could assist financially and mentally.

Some grandparents are at an advantage with services because they are already in the child welfare system. Grandparents who are raising grandchildren who are part of the child welfare system have a better chance of understanding resources because existing

service providers will provide them. These grandparents are more at an advantage than those grandparents who are not part of a system (Brooks, 2018).

The grandparents have to search and find out about resources and supports on their own because they do not have a caseworker to provide this information (Bundy-Fazioli & Law, 2005; Gordon et al., 2003). Some reasons grandparents do not receive services are due to not wanting to ask, they are hesitant to get involved with child welfare services, and grandparents do not know what services they are entitled to (Bundy-Fazioli & Law, 2005; Gladstone, Brown & Fitzgerald, 2009; Smith & Beltran, 2003). It is vital that grandparents feel comfortable with agencies that will assist them. This comfort should come from service providers. Grandparents should not think that their grandchildren will be in danger if the grandparent should ask for help.

Service providers are unaware of some resources needed to assist grandparents, so they need to connect with other community providers to provide adequate services to grandparents raising grandchildren. Service providers need to be aware of the community supports and resources that are available. Service providers should be educated on the needs of grandparents to understand what is required clearly. Education and pieces of training should be done (Raphel, 2008).

This way, service providers can advocate because they will find the resources needed to help grandparents (Raphel, 2008). If the resources do not exist, service providers can support funding to put the necessary services in place (Fruhauf, Pevney, & Bundy-Fazioli, 2015). Service providers are vital to the assistance of grandparents. The

resources provided to grandparents need to be useful so that they are valid. If resources are not active, service providers should have the skills to advocate for what it needs to assist grandparents.

Service providers who assist grandparents raising their grandchildren have pointed out that they need flexibility (Fruhauf et al., 2015). Service providers have stated that some grandparents are employed and work during the day. Other grandparents have obligations during the day that pertain to work, school, etc. They cannot always make the day and times of the program hours for education and training, supports, and resources. Service providers need flexible hours to accommodate grandparent's schedules. Time frames need to be during the mornings and go through the late evenings. Also, the need for diverse backgrounds, such as grandparents who speak Spanish, needs to be better accommodated by having the staff relay Spanish (Fruhauf et al., 2015). These are some of the experiences of service providers that will help with services for grandparents.

Once grandparents access support services, the services need to be ongoing and without interruption. Grandparents pointed out that funding of specific positions and programs needs to be stable and kept in place for the grandparents' benefit. An example is the funding of the Kinship Care System Navigator Program (Kinship Care Act, 2007; Schmidt, & Treinen, 2017; Testa, 2017). This program provides emotional support, case management, and referrals. Kinship care informs the awareness of grandparents who are raising grandchildren and helps develop resources (Woodruff, Murray, & Rushovich, 2014). A program such as this needs to be sustained. Sustainability can be done through

grants and advocating for keeping it in place (Fruhauf et al., 2015). Stability is a crucial factor in maintaining resources for grandparents who are caring for grandchildren. Once there is no stability, the support cannot be used, and this is one less needed resource available to grandparents.

Evidence-based parenting programs (EBPPs) are another form of assistance that can help grandparents improve their caregiving skills to the benefit of the child or children in their care (Kirby, 2015; Kirby & Sanders, 2012). The child welfare system serves close to half a million families every year in America. Parenting services are the most commonly ordered service trying to remediate parental deficiencies and assist grandparents with skills. These programs are through the child welfare system. Parenting programs for grandparents require continued evaluation and improvement (Kirby, 2015). Even though there are a lot of support groups and programs around, there is a small amount of research studying how vital these programs are in the areas of parenting behavior, grandparents in distress, grandparent-parent relationship, and grandchild social, emotional, and behavioral results (Kirby & Sanders, 2012). With more research, it will be determined on how to modify the current EBPPs for enhancement. A comparison of a modified EBPP and the current EBPP would be helpful; this way, we would know which ones are best and achieve needed results (Kirby, 2015). Programs will be enhanced that are resources to grandparents. It is also vital to discuss financial assistance as an intervention and research concept. It will be essential to know if financial support will come from the parent or government (Jang & Tang, 2019). EBPPs aim to better parenting

skills and decrease skills that are not working for children through those skills. EBPPs focus on grandparents, which they see as the client, and are viewed as change agents for their grandchildren whom they provide care. Grandparents who have custody of their grandchildren may gain skills that teach about stress management (Kirby, 2015). Many grandchildren may be suffering from grief from a parent who may be in prison or may have passed away (Laub & Haskins, 2018; Smith & Palmieri, 2007). The clinician should decide if the grandparent and grandchildren should have interventions together, such as therapy sessions (Kirby, 2015). The main focus of grandparent interventions is to implement the interventions through parent programs and parents to enforce optimistic practice (Collins, Maccoby, Steinberg, Hetherington, & Bornstein, 2000).

Though some recent research has illuminated the services and support available to grandparents who are serving as caregivers to their grandchildren, some perspectives and factors are still not well-understood (Monahan et al., 2017). Researchers have explored the programs and support available to grandparents, but not social workers' preparedness for and approaches to cases involving grandparents being primary caregivers (Monahan et al., 2017). Existing literature has primarily centered on services and support grandparents can seek relatively independently or by recommendation. Still, the social workers' role in facilitating placement success when grandparents are primary caregivers requires further investigation (Kirby, 2015).

Summary and Transition

Section 1 included a statement of the problem concerning what social workers need to better assist grandparents raising grandchildren. The introduction, problem statement, purpose statement, research questions, nature of the doctoral project, significance of the study, theoretical framework, review of the professional academic literature, and summary were provided. Section 2 includes details about the proposed methodology.

Section 2: Research Design and Data Collection

Grandparent caregivers need supports. A small amount of information is known about what service providers needed to help grandparents. Section 2 includes the research design, methodology, data analysis techniques, validity, and ethical procedures. A summary concludes this section.

Research Design

A qualitative research design was used. I collected data through individual phone interviews. The instrument used during the phone interviews was designed by me, the researcher, using open-ended questions.

Methodology

This project used PAR as its method of study. The participants of the study included social workers and social service workers from various social service agencies such as the Georgia Division of Family & Children Services (DFCS), Georgia Department of Human Services (GDHS), Division of Aging Services (DAS), Georgia Temporary Assistance to Needy Families (TANF), and SNAP agencies. These participants were collaborators examining grandparents' needs, how prepared social workers and social service workers were in agencies to meet these needs, and what resources were needed for grandparents raising grandchildren in Atlanta, Georgia.

PAR is an ongoing organizational learning process that emphasizes co-learning and participation. PAR enhances problem formulation, hypothesis formulation, data acquisition, data analysis, synthesis, and application.

Individual phone interviews were used with open-ended questions. Participants were 11 social workers and social service workers. Facebook and snowball and purposeful sampling techniques were used to recruit participants. All participants were social workers or social service workers from various social services agencies in Atlanta, Georgia.

Data Procedures

Individual phone interviews were analyzed using inductive coding techniques, which included comparing and analyzing concepts and identifying central themes. To ensure data were transcribed correctly and provide an accurate account and interpretation of responses, member checking was used. I coded responses from open-ended questions. Themes were identified through making associations between findings.

Validity

A study's validity refers to how accurately it describes and represents the central research phenomena (Taylor et al., 2015). The theoretical validity of this research is rooted in Bronfenbrenner's social ecological theory. Bronfenbrenner's social ecological theory is used to explain why children develop differently and what aspects of development they can control. Using their perspectives may also lead to bias or a desire to represent their services and support as useful. Results are not generalizable to services

and support offered to grandparent caregivers in states outside of Georgia because the policies and structures that are responsible for such resources differ.

Ethical Procedures

There are no at-risk or vulnerable populations in this study. The Institutional Review Board (IRB) at Walden University exists due to federal regulations that protect human rights. The IRB process requires assessing potential risks such as physical harm or psychological, social, economic, or legal damage to participants in a study.

Social workers and social service workers from agencies such as the Georgia DFCS, GDHS, DAS, TANF, and SNAP were recruited to participate in individual phone interviews. Participation in the study was voluntary, which was explained to the participants.

Informed consent forms were developed and signed by participants before participating in the study. Elements of this consent form included identification of the researcher, sponsoring institution, how participants were selected, purpose of the research, benefits for participating, level and type of participant involvement, risks to participants, confidentiality, and assurance that participants could withdraw at any time.

Pseudonyms were used when referring to participants. Researchers have an obligation of duty to care to participants and must preserve their confidentiality.

Participants were ensured that their information was stored securely.

Summary

Section 2 included the research design, methodology, data analysis, validity, ethical procedures, and summary.

Section 3: Presentation of the Findings

This qualitative study involved understanding grandparents' needs and how prepared social workers and social service workers are to meet requirements and resources needed for grandparents raising their grandchildren. The research questions were:

RQ1: What are the needs of grandparents raising their grandchildren?

RQ2: How prepared are the social workers in the social service agencies are to meet the needs of the grandparents in Atlanta, Georgia?

RQ3: What resources are needed for grandparents raising their grandchildren?

Data collected were from social workers and social services workers from different social services agencies in the Atlanta area. Data were collected through phone interviews.

Chapter 4 includes the timeframe for data collection and actual recruitment and responses, informed consent, data analysis procedures, validation procedures, and limitations and issues encountered when conducting the study.

Timeframe for Data Collection

IRB approval was granted on March 23, 2020. Recruitment began the next day with a flyer on Facebook. It stated that there would be a study conducted by a Walden University student in the School of Social Work in pursuit of a doctoral degree asking potential participants to engage in individual phone interviews. Social workers and social

service workers who provided services to grandparents raising their grandchildren were asked to respond via Facebook. Also, snowball sampling was used.

Once messages were received from potential participants, details of the study were provided via inbox and telephone conversation, and consent forms were emailed to potential participants. The consent form was explained, and potential participants decided if they wanted to participate. Once they agreed, participants signed electronically or by hand. Dates and times were scheduled for phone interviews. For each person, a text message was sent 10 minutes before on the day of the phone interview to notify participants that the interview would be starting.

There were plans of recruiting a total of 10 participants; overall, 11 were recruited. Recruitment started on March 24 and interviews began on March 28. All 11 phone interviews were completed by April 4. As interviews took place, some social workers and social service caseworkers asked if more participants were needed.

Some of them knew of other social workers and social services caseworkers at different agencies who performed different roles assisting grandparents. Some participants were recruited this way. Each phone interview lasted about 35 to 45 minutes.

The 10th participant had to cancel their interview, so another potential participant whom an interviewee suggested was contacted. The potential participant agreed to schedule an interview after learning what the study was about and the consent form was emailed to this participant. The consent form was discussed, and the potential participant

signed the consent form. A day later, the initial participant who canceled asked if she could still do the interview, and she was participant number 11.

Informed Consent

The consent form was discussed with potential participants, and questions were answered. The purpose of the study and benefits were explained. Participants were told they had no obligation to answer any question if they did not feel comfortable. All participants responded to each question. Three participants gave names and phone numbers of other potential participants, of which one was contacted. Confidentiality was explained. Participants were told these were not paid interviews. It was explained if the participant wanted to stop the interview, it was their right to do so.

Coding

During the data analysis process, individual phone interviews were transcribed into a Word document from handwritten notes. Transcribed interviews were hand-coded using highlighters. Hand coding interviews allowed familiarity in terms of participants' responses to open-ended questions. Each of the 11 interviews was analyzed for commonalities and differences. Similarities were highlighted, and codes were written next to them. The coded unique similarities were grouped into four main themes: grandparents raising grandchildren, mental and physical impact and demands of grandparents raising grandchildren, services and benefits provided to grandparents raising grandchildren, and resources needed by grandparents raising grandchildren. Themes

specifically involved grandparents' needs and how prepared social workers and social service workers were to meet these needs, as well as resources needed.

Summarized Validation Procedure

Member Checking

While interviewing participants, responses were handwritten. After handwriting answers to each question, responses were repeated back to participants for accuracy. After verifying accuracy, interviews were transcribed into a Word document.

Debriefing

After each interview was completed, the participant had the opportunity to share any thoughts and feelings concerning the interview. Most of the participants were passionate about the questions asked, and they were eager to answer the questions. Most of the participants wanted to express their feelings and the feelings of the grandparents, which were feelings of passion for what they do and the resources they provide for grandparents. Others wanted to express the feelings of the grandparents and what grandparents go through when raising their grandchildren. The participants were allowed to express themselves and were assured that it was safe to do so.

Limitations/Encountered Problems

One limitation was not seeing the participants' facial expressions as they responded to the interview questions. Even though the participants were not seen, the passion in their voices was heard. One problem encountered when conducting the first interview was not being able to type fast enough as the participant answered the

questions. The participant was repeatedly asked to state the response. After that first interview, starting with the second interview, the responses were handwritten (short hand), which was much more comfortable. After handwriting the responses, they were transcribed into a word document.

Initially, a focus group was going to occur at a common location where business meetings are held. There was a notification from the dissertation chair and the Institution Review Board that there could not be a focus group due to COVID-19 (Coronavirus disease). The governor of Georgia also enforced a shelter in place and stay at home order for the state of Georgia. This changed everything. Changes had to be made to the consent form, recruitment flyer, and proposal stating that there will be individual phone interviews instead of a focus group.

Demographics

Eleven participants were interviewed. Their names were coded as Participant 1, 2 etc. The participants were social workers, having a social work degree or a social service caseworker in a related field of social work but does not have a social work degree. All participants are labeled by their agency as social service caseworkers despite of their degree or lack of social work degree. All the participants assist grandparents raising their grandchildren at a social service agency. The participants' length of time in their positions ranged from 8 months to 14 years.

Of the 11 participants, four (36%) had an MSW (Master of Social Work) degree, two (18%) had a BSW degree, and five (45%) held a degree in a related field.

Table 6*Participant Demographics*

Code Name	Title	Length of time at agency
Participant 1	social service case worker	3 years
Participant 2	social worker/MSW	5 years
Participant 3	social worker/MSW	4 years
Participant 4	social worker/BSW	10 years
Participant 5	social worker/MSW	8 months
Participant 6	social service case worker	1 year and 2 months
Participant 7	social service case worker	2 years
Participant 8	social service case worker	5 years
Participant 9	social worker/MSW	1 year and 3 months
Participant 10	social worker /BSW	14 years
Participant 11	social service case worker	2 years

Table 7*Theme 1.*

<p>Grandparents raising grandchildren</p> <p>1a. Kind/ Types/length of time</p>	<p>Responses:</p> <p>Mid to late 30s. The oldest 90 years old. Raising grandchildren since birth, and some since age four or five.</p> <p>Elderly (late 60s and older), widowed, and disabled. Chronic illnesses. Some have heart disease, high blood pressure,</p>
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	<p>and some are diabetic. Raising grandchildren from age two or three and for others, middle school age (since age 11).</p> <p>Military retirees: it is common for the grandparents to be younger. Some of the grandparents may retire from the military around age 40 and they have started raising their grandchild (ren) since birth.</p> <p>Grandparents are 50 to late 50s. Some are single. The older grandparents are married. Retired, and retired military. Grandparents have been raising grandchildren since age one to three years old.</p> <p>Grandparents are in their 40s and single. Grandparents are dating and the mate is living in the home, if this is the situation the mate has to get a background check done if he/she is going to be in the home around the grandchild. Grandparents started raising the grandchild since age two or three and up.</p> <p>Grandparents are retired educators, and single. Ages range from mid 50s through 60s. They start raising their grandchildren from the age of five or six.</p> <p>Grandparents are African American. Most of them are single. They have been raising their grandchildren since middle school age (11 years old).</p> <p>Grandparents are younger and single. They have been raising grandchildren since age</p>
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	<p>one or two.</p> <p>Grandparents are older and divorced. They start raising their grandchildren from age five or six years old.</p>
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Table 8*Themes and Subthemes*

Themes and subthemes	Responses
<p>1b. Financial effects of being on a fixed income</p>	<p>It is a financial strain.</p> <p>Grandparents do not have extra money to buy clothing or Christmas gifts.</p> <p>Grandparents are taking care of multiple grandchildren which is a strain.</p>
<p>1c. Exploration of legal guardianship</p>	<p>Pursuing legal guardianship is encouraged by social service case workers.</p> <p>The child is first placed with the grandparent as a safety resource or they are placed in kinship care with a family member.</p> <p>To obtain legal guardianship there has to be evidence that the parent is unfit and reasonable cause has to be evident.</p> <p>The majority have gone through legal aid for this process because they cannot afford it financially.</p>
<p>Theme 2.</p> <p>The mental and physical affects and demands of GPRGC</p>	<p>It is stressful. Grandparents worry about what happens to their grandchildren if something happens to them; who would take care of the grandchildren?</p> <p>Raising grandchildren makes grandparents have anxiety and makes them feel nervous and some become depressed and feel hopeless.</p> <p>Some grandparents are dealing with children that have</p>

	<p>behavioral issues, which makes the situation even more stressful.</p> <p>It is limited to what the grandparents can do depending on their age and the shape they are in.</p> <p>Grandparents worry because they cannot help the grandchildren with their homework.</p> <p>When grandparents become overwhelmed they need a respite.</p>
<p>2a. The relationship of GP with the biological parents.</p>	<p>Some are close relationships and others are strained.</p> <p>The grandparent and parent may not get along depending on the situation.</p> <p>The relationships are not good because the parent may be on drugs.</p> <p>The grandparents whose children have some kind of mental health issues; those are the relationships that are very strained and stressful.</p>
<p>2b. The effects of the opioid crisis on GPRGC</p>	<p>This is one of the reasons why grandchildren are in care and with other family members and being raised by grandparents because the parents have addictions of Meth and cocaine.</p> <p>Grandparents do not want the cycle to continue and have the grandchildren going down the same path as their parents.</p>
<p>Services and Benefits provided to GPRGC</p> <p>3a. SNAP (supplemental nutrition assistance program).</p>	<p>SNAP helps with a better diet.</p> <p>SNAP provides food assistance so grandparents can grocery shop and make sure grandchildren have nutritious and healthy foods.</p>

These are the demographics of grandparents seen by social workers and social service case workers and the time frames they begin taking care of their grandchildren.

- Some grandparents are mid to late 30s. The oldest have been 90 years old.

Sometimes the grandparents are caring for their great-grandchildren.

Grandparents in some cases have been raising the grandchildren since birth, and some since age four or five.

- Some grandparents are elderly (late 60s and older), widowed, and disabled. Some grandparents have chronic illnesses. Some have heart disease, high blood pressure, and some are diabetic. Some grandparents have been raising their grandchildren from age two or three and for others, middle school age (since age 11 in some cases).

- Some grandparents are military retirees; it is common for the grandparents to be younger.
- Some of the grandparents may retire from the military around age 40 and they have started raising their grandchild (ren) since birth.
- Some grandparents are 50 to late 50s. Some are single. The older grandparents are married.
- Some are retired. Some grandparents have been raising their grandchildren since age one to three years old.

There is a mixed group. Some of the grandparents are in their 40s and single.

- Some are dating and the mate is living in the home, if this is the situation the mate

has to get a background check done if he/she is going to be in the home around the grandchild.

The agency wants to make sure the child is safe as possible. The background check is done before the grandchild is placed with the grandparent. The grandparent may start raising the grandchild around age two or three and up.

- Some grandparents are retired educators. Some are single. Ages range from mid 50s through 60s. They start raising their grandchildren from the age of five or six.
- Some grandparents are African American and are single. They have been raising their grandchildren since middle school age (11 years old).
- Some grandparents are younger and single. They have been raising grandchildren since age one or two.
- Some grandparents are older and divorced. They start raising their grandchildren from age five or six years old.

Financial effects of being on a fixed income

It brings on stress, but being that it is the grandchild, the grandparent does not want their grandchildren to be in the court system therefore, they take on the responsibility and the stress that comes along with it. They are not taking care of just one grandchild, they are taking care of two, three and four grandchildren. Grandparents feel that they have raised children once and now are having to do it again. It is starting all over again for the grandparents.

Not being able to take the grandchildren to the movies or skating due to being on a fixed income is stressful. Grandparents do not have the extra money. It is a strain on grandparents because they cannot afford to buy school clothes, and Christmas gifts. Some agencies provide resources called give-away bashes to help grandparents with additional expenses. These agencies give grandparents resources for clothing donations, and extra food. Some grandparents depend on the SNAP (Supplemental Nutrition Assistance Program), food stamps and any other resources that can assist that is given to them by their caseworkers.

Many grandparents who live on a fixed income live in a retirement community, this causes stress because grandchildren cannot live in the retirement community, therefore, the grandparents have to move if they are going to continue raising their grandchildren. Many grandparents are paying rent which is most of their social security check. Grandparents are spending more money because now they have their grandchildren as before, they did not have to spend as much.

1c. Exploration of legal guardianship

Pursuing legal guardianship is encouraged by social service case workers. In most cases grandparents have adopted or obtained legal guardianship over their grandchildren. The majority have gone through legal aid for this process because they cannot afford it financially. Some have the funds to hire a lawyer to push it forward.

The child is first placed with the grandparent as a safety resource or they are placed in kinship care with a family member. A case plan has to be completed and cannot be closed

out until there is permanency. In some cases, depending on the parent's situation, the grandparent will move forward with obtaining guardianship. In some cases, the parent will go before the judge and state that the grandparent should be the legal parent. In these cases, custody is granted right away.

To obtain legal guardianship there must be evidence that the parent is unfit and reasonable cause has to be evident.

On the other hand, grandparents will not pursue legal guardianship because they fear the children will be taken from them and placed in foster care with a stranger. These grandparents do not have a case with the family and children services.

Theme 2.

The mental and physical affects and demands of GPRGC

A mental toll is placed on grandparents when raising grandchildren. It is stressful.

Grandparents worry about what happens to their grandchildren if something happens to them; who would take care of the grandchildren? Grandparents worry about their grandchildren going down the wrong path and fearful of them taking drugs.

Raising grandchildren makes grandparents have anxiety and makes them feel nervous and some become depressed and feel hopeless. Some grandparents feel guilty and blame themselves because they feel that they have done something wrong when raising their children. Some grandparents are easily annoyed and are irritable. This causes some grandparents to overeat. Breathing exercises are done with grandparents to relieve stress.

It is a constant weight on grandparents because they live in fear of the system taking their

grandchildren. They feel that someone will report them to the Department of Family and Children services and someone from the agency will take the children.

Grandparents are encouraged to talk with behavioral health. Some grandparents are dealing with children who have behavioral issues, which makes the situation even more stressful. Grandparents were not prepared for this at this point in their lives. They felt robbed of their time; not being able to travel and enjoy themselves in some cases.

It is a stressor taking on more than the grandparent can handle but, they do it anyways. For other grandparents, it keeps them active, and they feel that they have some companionship raising their grandchildren.

Grandparents are mostly older and experience aches, pains, and not having enough energy. It is limited to what the grandparents can do depending on their age and the shape they are in. For some grandparents, their age has taken a toll on their bodies and they cannot function as well as they use to. Some older grandparents have high blood pressure, mental health issues that prevent them from interacting with their grandchildren at the level the grandparent would like. Some grandparents use a walker, have dementia, cannot drive; some are too old to drive, some need transportation, and are blind. Some grandparents are on dialysis, are diabetic, and some are amputees.

Many grandparents cannot do extracurricular activities, getting the children to after school practices and participating with physical activities. Many grandparents do not

drive, and this is another barrier. Some of the grandparents with smaller grandchildren cannot play with them because they have health issues such as mobility.

Grandparents worry because they cannot help the grandchildren with their homework and sometimes assignments are on-line and some grandparents do not use computers at all. If there is an open case with the department of family and children services, the grandparent can have a behavioral health aide to assist. The aide can help with transportation, and with the child's homework.

When grandparents become overwhelmed they need a respite. Respite is when grandparents are relieved from their grandchildren to have some "me" time.

2a. The relationship of GP with the biological parents.

The relationships of grandparents and their adult children varies. Some are close relationships and others are strained. The grandparent and parent may not get along depending on the situation. Sometimes the relationship are good when the parent willingly allows the grandparent to keep the children while the parent is working on their case plan. Some of the parents do not do their part as far as following their case plan and this puts a strain on the relationship. Some of the parents feel that their mom (the grandparent) is a good support system. The parent feels grateful to the grandparent. In other cases, the relationships are not good because the parent may be on drugs and the children have been taken and placed with the grandparent, and the grandparent pursue custody of the child(ren) and this causes stress on the relationship. In some cases the parents will leave the grandchild(ren) with the grandparent and abandon them.

Grandparents are saying they are helping their child out by raising the grandchildren until mom gets back on her feet. The grandparent feels that they are “saving” their grandchildren. Grandparents want to help because they do not want anyone else taking care of and raising their grandchildren.

The grandparents whose children have some kind of mental health issues; those are the relationships that are very strained and stressful. It becomes stressful when the parent is not taking their medications like they are supposed to and this causes a delay in the family preservation process of the children returning home.

2b. The effects of the opioid crisis on GPRGC

The opioid crisis has affected grandparents in a major way. This is one of the reasons why grandchildren are in care with other family members or being raised by grandparents, because the parents have addictions of Meth and cocaine. In Fulton county (Atlanta, Georgia) it is prevalent.

Grandparent’s children are on drugs and grandparents do not want their grandchildren in that environment. Grandparents do not want the cycle to continue and have the grandchildren going down the same path as their parents. The biological parents are completing treatment programs for opioids and grandparents step in and raise the grandchildren to help the parents out.

In many cases, the grandchildren are born with disorders because the parent was on drugs while pregnant. Some parents continue to be addicts and the grandparent ends up raising the grandchildren. In some cases the child has seen the parent as an addict and the child will act out and need counseling. This causes the grandparent to have issues as well because the children are acting out and has problems.

Theme 3.

Services and Benefits provided to GPRGC

3a. SNAP (supplemental nutrition assistance program).

SNAP provides food assistance so grandparents can grocery shop and make sure grandchildren have nutritious and healthy foods. Some children have food allergies and cannot eat certain foods. SNAP helps with a better diet. Many of the grandparents are on fixed incomes and cannot buy fresh healthy foods. SNAP prevents grandparents from using their own money to buy food and it is tax free.

3b. TANF (temporary assistance for needy families)

The only way grandparents can receive TANF is if they have custody or guardianship, or if the parent has TANF and is sharing it with the grandparent while the grandparent is caring for the grandchildren. TANF benefits can be limited if grandparents are receiving SSI and it also depends on how many children are in the home.

TANF can include a monthly voucher, clothing voucher, and financial support.

Grandparents can also request funds for the children's field trips and extracurricular activities.

There is a grandparents raising grandchildren program to assist with the needs of grandparents, but grandparents cannot receive TANF for grandchildren.

Theme 4.

Resources Needed by GPRGC

4a. Most needed resources.

The resources grandparents need most are food, cash, and medical assistance. The first question grandparents ask when raising their grandchildren is "How am I going to feed these children?"

Food assistance is needed most, then Medicaid so the grandparents and grandchildren can go to the doctor. Transportation is also needed because many grandparents do not drive and they have to take public transportation. Transportation for grandparents are provided through the department of family and children services. Grandparents can take the mobility transportation service to and from their doctor's appointments. Through this service grandparents can call the transportation services three days before their appointment and set up transportation. Grandparents are also provided transportation

vouchers for public transportation to get their grandchildren to and from their appointments.

Cash assistance is needed. Some grandparents are on fixed-incomes and have only enough money to pay their bills and when they take on the grandchildren this is an added expense.

Grandparents need child care. Some grandparents are still working and need child care during the day if the child(ren) are not school age.

Grandparents need therapy concerning PTSD (Post-traumatic stress disorder). A lot of them have anxiety issues. This comes from the stress of having to raise their grandchildren unexpectedly.

Grandparents need school resources. They need help with assisting the grandchildren with homework. Tutoring is needed. Grandparents need to be computer literate so that they understand their grandchild's generation more. There needs to be computer classes for grandparents. On the other hand, some grandparents may not be willing to attend the classes/sessions because they are not willing to learn something out of their comfort zone concerning computers.

Grandparents need their health monitored. Many of the grandparents are older adults and have health issues. There needs to be a case management program that assists grandparents overall; with their health and resources for the entire household.

Grandparents need information on legal matters concerning the process of gaining custody or guardianship of their grandchildren.

4b. Mental Health Resources available to the grandchildren

There is group therapy for the children and/or individual counseling. If the children have behavioral health issues and has been diagnosed and is on medication, they are monitored and follow ups are done every three months.

Mental health resources come from the school counselor, churches, camps and Toys for Tots. They provide activities and counseling for the children.

If there is an open case with the department of family and children services and the child has Medicaid, mental health evaluations can be ordered. Referrals can be made depending on the results from assessments.

Through Medicaid, the children can get counseling and become a part of different programs that fit their needs such as mentoring programs, Big Brother/sister programs that provides counseling and activities.

There are after school programs available. Some non-profit organizations assist with services such as behavioral health services. Some of the programs will follow the child from the sixth grade on up.

Analysis, Synthesis, and Findings

This section details the data analysis of the study and provides a brief account of the responses of the eleven participants who participated in this study. Themes and subthemes are noted that emerged the analysis and synthesis of open coding and the results categorized accordingly.

Summary

Participants of this study provided detailed responses to the open-ended questions on grandparents who are in parental roles. The participant's responses answered the research questions.

Chapter 4 opened with data analysis techniques, a summarized data analysis procedure, a summarized validation procedure, demographics, and unexpected findings from the interviews. The following chapter will present an application for the professional ethics in social work practice, recommendations for social work practice, implications for social change, and a summary of the chapter.

Section 4: Purpose and Nature of the Study

The purpose of this study was to understand grandparents' needs and how prepared social workers and social service workers are to meet requirements, as well as resources needed for grandparents raising their grandchildren.

The PAR project involved asking social workers and social services case workers to identify the social problem and effective steps to improve systems and supports. This study involved interviewing 11 social workers and social service case workers from various social service agencies in Atlanta, GA. Social workers and social service case workers participated in individual telephone interviews, discussing their experiences with grandparents raising grandchildren. This study involves better understanding needs of grandparents and how prepared social workers and social service case workers are to meet these needs as well as resources needed for grandparents raising grandchildren in Atlanta, Georgia.

Kind/Types/Length of Time

Demographics of grandparents seen by social and social service case workers varied. Ages ranged from middle 30s to 90. Participants were dating, single, divorced, married, and widowed and employed, retired, or living on fixed incomes. Participants were on fixed incomes and did not have extra money for food, clothing, and extracurricular activities.

Legal guardianship was pursued and obtained by participants through the court system, and this was encouraged by social workers and social services case workers. Participants used legal aid during these processes because it can be expensive. They did not want their grandchildren in foster care or living with strangers.

Mental and Physical Effects and Demands of GPRGC

Grandparents can find it stressful raising grandchildren. They can have feelings of depression, anxiety, and nervousness. Some grandparents are older and cannot physically keep up with their grandchildren. Others have high blood pressure, use a walker, have dementia, or cannot drive. Some are too old to drive and some need transportation or are blind. Some grandparents are on dialysis or diabetic, and some are amputees.

In some cases, biological parents are addicted to opioids and can no longer care for their children. Grandchildren are taken out of the care of the parent, and grandparents often step in to assist.

Services and Benefits Provided to GPRGC

Many children have diet restrictions and allergies. SNAP provides a healthier diet for children. SNAP benefits allow the purchase of fresh fruits and vegetables tax free.

TANF can include a monthly voucher, clothing vouchers, and financial support. The only way grandparents can receive TANF is if they have custody or guardianship, or if the parent has TANF and is sharing it with the grandparent while the grandparent is caring for grandchildren.

Resources Needed by GPRGC

Resources grandparents need most are food, cash, and medical assistance. Medicaid, transportation, childcare, therapy, school resources, case management, and legal aid are also needed.

Mental health resources come from school counselors, churches, camps, and Toys for Tots. If there is an open case with the DFCS and the child has Medicaid, mental health evaluations can be ordered. Mentoring and Big Brother/sister programs can provide counseling and activities. There is also group and individual counseling.

Key findings inform and extend social work practice and knowledge by providing additional resources and expertise to social service agencies and other organizations that play a part in the raising of grandchildren. There could also be the improvement of dialogue between providers so communication will not occur in silos. Enhancing communication between agencies and providers enhances the discipline overall.

Application for Professional Ethics in Social Work Practice

Service/NASW Code of Ethics

Service is a value according to the NASW Code of Ethics. Social workers serve through social service agencies that promote the health and wellbeing of individuals by assisting them to become more self-sufficient, making family relationships stronger, and restoring individuals, families, groups, and communities to function socially and efficiently. Social workers and social service caseworkers work with grandparents in parental roles. They provide a service and should be nonjudgmental and nonbiased. They have ethics and opinions, but values and ethics should not influence services.

Importance of Human Relations/NASW Code of Ethics

The importance of human relations is another value of the NASW Code of Ethics. Social workers recognize the central importance of human relationships. Social workers know that relationships between and among people are vital in terms of change. Social workers strive to make relationships stronger to promote, restore, maintain, and enhance the wellbeing of individuals, families, social groups, organizations, and communities. Services can include but are not limited to Medicaid, cash and food assistance, transportation, individual and family therapy, and counseling.

Recommendations for Social Work Practice

Action Steps

Grandparents raising grandchildren need various services from social services agencies that includes resources to behavioral health services. Clinical social work practitioners working with grandparents who are raising their grandchildren, take action and focus on assessments, diagnosis, treatment, and prevention of mental illness, emotional, and other behavioral health issues. Individual, group and family therapy are commonly used treatment modalities.

Future research should focus on grandparents receiving aid as a biological parent would. From a policy standpoint, grandparents are entitled to certain rights when raising their grandchildren, but they are limited. As advocates, social workers can advocate at the macro level for adding policies that provide grandparents with more rights when raising their grandchildren.

Transferability

Future scholars could expand this research by recruiting participants throughout Georgia or nationwide to provide additional transferability. Other scholars increase the size of the study. This researcher would recommend that future research professionals use purposive or convenience sampling until there are more social service agencies included, and a comparative analysis could be done. Interviewing the actual grandparents raising grandchildren throughout the state of Georgia or nationwide and comparing their shared experiences could capture the difference in data that was not collected among the social workers and social services caseworkers. Finally, future research could identify the resources grandparents need while raising their grandchildren, from their perspectives, which could increase resources and their ability to parent.

Trustworthiness

Measures were implemented to maintain credibility, dependability, and confirmability. Credibility included confirmability and reflexivity. Confirmability was achieved through the committee review process and IRB process. The committee review made sure that all guidelines were followed correctly. The IRB process ensured that the study was ethical. Member checks also occurred, making sure that the transcriptions were accurate. Dependability was addressed using the same protocol with each interview, the same interview questions, and explanation of any questions that interviewees may have had regarding the questions or processes.

Recommendations for Future Research and Limitations of the Current Study

Phone interviews with social workers and social services caseworkers revealed the resources and most needed resources that grandparents need to raise their grandchildren better. Grandparents needed food assistance, Medicaid, financial assistance, and transportation. Behavioral health was also necessary. Grandparents were dealing with stress and depression. Some of the grandchildren had behavioral issues that could have stemmed from the transition from home to grandparents' homes, causing trauma.

Future research could involve the actual grandparents and allow them to tell their needed resources and express their emotions concerning raising their grandchildren. The social workers and social service caseworkers, and grandchildren could be involved in studies as well. The social workers and social service caseworkers can share what their particular services at their agencies offer, and it can be compared to what grandparents' needs are.

Preliminary studies suggest that trauma across generations can affect those who were not directly exposed to the initial event can still be affected emotionally and physically (Lev-Wiesel, 2007). This research could be particularly useful for grandchildren as they become adults, dealing with the challenges of their biological parents and grandparents' experiences with them as they become older.

Future research also could include the entire state of Georgia instead of being confined to Atlanta, Georgia. Each county in Georgia has its social service agencies. It would be interesting to know if all the social service agencies provided the same

resources and services, and if their processes or procedures are the same or different.

There were no limitations to the study.

Dissemination of Information

Grandparents who are in parental roles with grandchildren and social work practice are dependent upon disseminating results through outlets that will engage and reach them. The plan is to share the results of this study with the local social service agencies such as the Department of Family and Children Services. The findings will also be presented at the local Atlanta chapter of the NASW.

Implications for Social Change

Potential Impact for Positive Social Change

Grandparents in parental roles with grandchildren and social work practice potentially impact positive social change on a micro, meso, and macro level. On a micro level, grandparents are interacting with their grandchildren. The interaction is a reflection of ecological relationships between systems. Researchers have found that the grandparent-grandchild relationship changes how the child will adjust directly (Attar-Schwartz, Tan, Buchanan, Flouri, & Griggs, 2009). Grandparents are raising their grandchildren and have formed a relationship with them. Having this grandparent-grandchild relationship is a learning experience. There may need to be interventions in parenting and communication. Positive social implications suggest that there is behavioral health involvement for therapy.

On a meso level, there is a relationship with the Department of Family and Children's services and other social service agencies. Grandparents need food assistance, financial assistance, transportation, Medicaid, TANF, legal aid, and behavioral health services, to name a few. Positive social implications suggest that grandparents work with and have a relationship with the social workers and social service caseworkers at the social service agencies to accomplish providing the needed resources of the grandparents raising their grandchildren. Positive social implications suggest that the agencies work together and have good communication between the agencies, providing resources, and making referrals depending on the need.

On the macro level, some policies support grandparents who are raising their grandchildren. More policies need to be passed specifically tailored to grandparents' needs. Within these policies, the criteria should not only be for grandparents who have legal guardianship of their grandchildren but for any grandparent who is taking care of their grandchild. This positive implication for social change will start with advocating for grandparents' rights as grandparents caring for their grandchildren.

Summary

The findings of this qualitative action research study contribute to the current literature regarding grandparents who are in parental roles with grandchildren and social work practice. This study's results provide positive social change implications within the grandparent-grandchild relationship, the grandparent-social worker and social service caseworker relationship, and the grandparent- social service agency relationship, and

social welfare policy. Further, this study's findings contribute to advancing knowledge of grandparents in parental roles as well as policy refinement and change.

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Appendix A: Interview Questions

Grandparents in Parental Roles with Grandchildren and Social Work Practice: An Action Research Study

1. What is your position at the agency? How long have you been in your position?
2. What services do you provide for grandparents raising grandchildren?
3. What kind of grandparents do you see, discuss the types of grandparents you see?
How long have they been caring for their grandchildren?
4. What is your understanding of their relationship with their children?
5. What resources do grandparents need most to assist in raising their grandchildren?
6. What are the benefits of the SNAP (supplemental nutrition assistance) program?
7. What benefits are grandparents receiving through the TANF (temporary aid to
needy families) program?
8. Have grandparents explored legal guardianship of their grandchild(ren)?
9. How has being on a fixed income and rearing grandchild(ren) affected
grandparents way of living financially?
10. How has the opioid crisis affected grandparents?
11. What kind of resources are available for children concerning emotional support,
and mental health?
12. What are some of the physical demands of grandparents raising their
grandchild(ren)?
13. How has rearing grandchild(ren) affected grandparents mentally?

Please feel free to provide additional information.