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Running head: CUSTODIAL GRANDCHILDREN

Exploring the Experience of Grandchildren in Custodial Grandparent Care

by

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DISSERTATION

Submitted in partial fulfillment for the degree of
Doctor of Psychology in the Department of Clinical Psychology
at Antioch University New England, 2017

Keene, New Hampshire



Department of Clinical Psychology

DISSERTATION COMMITTEE PAGE

The undersigned have examined the dissertation entitled:

**EXPLORING THE EXPERIENCES OF GRANDCHILDREN IN
CUSTODIAL CARE**

presented on July 20, 2017

by

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Dedication

*For my grandparents—Nana, Grandma, Grandpa, and Pop—who did not raise me,
but nurtured and cared for me always*

Acknowledgements

I have many to thank for staying the course and accompanying me at some point or other on this journey. My beginnings at Antioch could not have found me with a better matched group of people. My original cohort was an amazing group of students I could learn with on Monday mornings, and laugh with on Monday nights. They became some of my first real friends in the profession, and even when my path diverged, they were supportive and encouraging, and have remained so to this day. When I was ready to return to Antioch, with a renewed sense of purpose and intention, I was welcomed back to a new cohort, who invited me in as one of their own, and embraced my joining them in the last leg of the journey. Thank you, Antioch friends.

My utmost gratitude and biggest thank you of all goes to Martha Straus, my dissertation chair—who instilled the passion for this project in the early years, sat with me in my uncertain years, and supported and encouraged me in my wandering year. Yet, she received me back with open arms and was ready to pick up the project upon my return, and has had endless patience for me in the longest, and at times most difficult part of this venture. Thank you for coaching me through this marathon even when I could barely walk it. I truly would not have finished without you. You are the psychologist I hope to be when I grow up. Thank you to my committee members, Barbara Belcher Timme and William Slammon, two psychologists whose clinical style and presence have impacted me and also benefited me greatly throughout this process. It has been a long road and your patience and continued interest and enthusiasm for this dissertation has played no small role in getting me to the finish line. Thank you for seeing this through to completion with me.

To my ‘kin’ outside of my academic life, thank you for always making me feel you were interested and invested in that part of my world, and for being the best cheerleaders from start to

finish. Special thanks to those who rode the ups and downs with me—Pattie B and Corey B—my musketeers, as well as a very special group of people in the DTL community. Em, who predicted I would be doing this work back in our hammock talk days, thanks for checking in on me. My coworkers at Lighthouse who saw me going off to grad school, and my coworkers at LUK who helped pull my weight when I couldn't do it all. Special thanks to Heidi and Linda, my rogue partner in crime (and a grandmother who has put in time raising a grandchild!). Thank you, Steph and Sarah, for being my sounding board many Thursday nights (and most days in between!) and to Mel and 'tones for being the soundtrack to my grad school years. You all make me feel most loved. Thanks for being my Person—love, your Peep.

Thank you to my extended family—my many loving aunts, uncles, and cousins who forgave me for not always making it to the party, but making sure I knew I was missed. To my grandmothers, who have said many, many prayers for my health and the completion of this project. Special thanks to Annie, for your help with this paper and your enthusiasm for it!

Mom and Dad: it is not at all lost on me that I have perhaps the most supportive and encouraging parents on the planet. Thank you for always believing in me. Maggie, my grad school guru, thank you for guiding me from application to dissertation, and being the best oldest sister to me in between. Sarah, thank you for navigating and advocating for my medical care to get me in a healthy place to do this...and being the best older sister to me. Michael, thank you for being the fun when I needed it, and engaging in late night talks about these topics I'm passionate about. You're my favorite brother and I'm glad we kept you! Tom, Steve, and Kelsey—my siblings by marriage and by heart—thank you. Owen, Jack, Quinn, and Cooper, my favorite boys in the whole world—thank you for the much needed play breaks. I love you all so much!

Thank you to the grandfamilies for sharing your experiences in hopes it may help others.
Yours is the greatest gift; your stories are the heartbeat that gives life to this paper.

Abstract

Grandparent-headed families are a growing trend as social policy has moved increasingly toward kinship care for children in out-of-home placements. While much of the current research focuses on the characteristics and potential causal factors in the formation of such families, there has been little qualitative research focusing on the lived experiences of the involved children. This study explores the subjective, meaning-making experiences of six latency-aged grandchildren between the ages of 6 and 11 being raised by their grandparents. This study utilized Interpretative Phenomenological Analysis methodology, and semi-structured interviews, to attain the personal accounts and experiences of these children. The findings are discussed in terms of the perceived benefits and challenges for children being raised by grandparents, and the implications for professionals working with them.

Keywords: custodial grandchildren, kinship care, grand-families,
youth voices, qualitative

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Exploring the Experience of Grandchildren in Custodial Grandparent Care

Family structures have shifted greatly over the past 50 years, requiring the mental health profession to alter and adapt services to meet the needs of different family systems. One such system is the foster family, which seeks to provide children care, within a family environment, when their own biological parents are unable to do so (Crosson-Tower, 2004). Recent social policy trends, emphasizing both preservation of families and permanency planning, have resulted in the increased use of kinship foster families, the majority of whom are grandparents over the age of 50 (Cox, 2007).

According to the 2015 U.S. Census Bureau, over 5.7 million children in this country were living in grandparent-headed households; 2.9 million of those children lived with grandparents who were their primary caregivers. This is more than double the number of grandparent-headed households just 30 years ago (Dolbin-MacNab, 2006; Edwards & Ray, 2010). Although the concept of grandparent care-giving is certainly not new, these numbers are associated with dramatic shifts in family structure and functioning in recent years. Today, grandparents typically become more involved during or after a crisis situation, when their adult children are unwilling or unable to parent (Cox, 2007; Goodman, 2003). The majority of the literature suggests that the precipitating events under which these families form often affect both grandparents and the children adversely; even before the new families form, both groups may manifest diminished physical and social-emotional well-being (Edwards & Ray, 2008).

Statement of the Problem

In the United States, policies such as the Fostering Connection to Success and Increasing Adoption Act of 2008, acknowledge the increasingly crucial role played by extended family in child welfare (Day & Bazemore, 2011). Researchers in the fields of gerontology, mental health,

and education are starting to catch up with these policy trends, as service providers attempt to understand and address the particular needs of this growing population. While several studies have investigated the physical, social, and emotional well-being of custodial grandparents (e.g., Daly & Glenwick 2000; Minkler & Fuller-Thomson, 1999; Neely-Barnes, Graft, & Washington, 2010), fewer have explored the functioning of the grandchildren. Notably, too, comparative data, focused more broadly on kinship care in general do not explore separately or sufficiently the unique multi-generational relationships of the custodial grand-family. Further, the results of available studies are mixed. While some suggest custodial grandchildren fare as well across health, academic, and social domains as children being raised in single, and two-parent families (e.g., Harrison, Richman, & Vittemberga, 2000; Solomon & Marx, 1995), others indicate that kinship custodial grandchildren are at greater risk for emotional, behavioral, and academic difficulties when compared to the general population of children (e.g., Edwards, 2009; Smith & Palmieri, 2007).

Overall, the research findings do not indicate that custodial grandchildren's difficulties are the direct result of being raised by grandparents. Rather, studies tend to conclude that the parent-child separation inherent in many of these cases, and the precipitating factors and events that lead to removal from parental care, have indirect adverse effects on children's social-emotional and behavioral functioning (Edwards & Benson, 2010). Many of the stressful and harmful circumstances under which the majority of these families form have been identified; however, it is also critical to look at the perceived benefits, strengths, and supports inherent in these alternative family systems, particularly from the perspective of the child.

This qualitative dissertation focuses specifically on American kinship care families where grandparents have obtained legal custody of their grandchildren. As noted, there are a greater

number of quantitative studies examining the structures and symptoms of this fast-growing family system (e.g., Montoro-Rodriguez, Smith, & Palmieri, 2012; Smith & Palmieri, 2007). The few existing qualitative explorations (e.g., Dolbin-MacNab, 2006; Robinson & Wilks, 2006) have primarily described grandparents' experiences providing primary care for their grandchildren. These studies offer insight into the perceived advantages and disadvantages of parenting a second time around, often under stressful circumstances. Common psychological themes identified in the literature are centered on health and aging concerns, identity and meaning-making in the parenting role, social support, intergenerational conflict, and grandparents' emotional bond to their grandchildren.

While this knowledge is beneficial in working with the caretakers of custodial grandchildren, it speaks to only part of the equation when working with custodial *grand-families*. Despite the growing numbers of involved children, their voices are less often heard, particularly those of younger children. While there are a few qualitative studies on grandchildren in custodial care, this dissertation begins to fill the gap in the literature by exploring the qualitative experiences of younger, latency-aged grandchildren being raised by their grandparents and the particular relationships and resources they identify as meaningful and positive in their lives, and how these factors may contribute to their resiliency.

An interpretive and phenomenological approach was utilized to gain an understanding of grandchildren's experiences of being raised by their grandparents. Kinship care is currently the preferred placement for children in the U.S. foster system. Quantitative research has provided us with some information regarding kinship placement, and outcomes related to mental health needs and academic functioning. However, the unique experiences and perceptions of being in such placement are lost in quantitative research; qualitative research has begun to capture the stories

of older children, yet the voices of younger grandchildren are noticeably absent from the extant literature.

Theoretical Framework

Given that the data available suggests many of the difficulties and challenges faced by custodial grandchildren stem from developmental trauma prior to removal and the distress inherent in separation from parents, and not as a direct result of being in kinship custody, it is critical to look at the functioning of the existing family system that is in place once grandchildren are in grandparent care. In particular, focusing on factors that contribute to resilience provides more insight into the benefits, strengths, and protective aspects of kinship care that may buffer against early adverse life experiences.

While acknowledging the complex or developmental trauma impacting these custodial grandchildren, this study attempted to gain a more balanced view beyond the adversity, and pays specific attention to the key factors associated with resiliency. In the resilience literature, resilience is defined as “good outcomes in spite of serious threats to adaptation or development” (Masten, 2001, p. 228) and is generally associated with three major protective factors: individual (i.e., temperament, competence, self-esteem), family (i.e., close bond with an emotionally stable person, structured home environment, and support and encouragement), and community resources (i.e., support from elders or peers in their community; Werner, 2005).

This framework aligned well with the research questions and helped guide the exploration into how the participants experienced and talked about themselves, their perceived skills and competencies, as well as talents and interests, and how they utilized these for joy, as strengths, or coping and/or connecting with others. This research delved deeply into how these grandchildren experienced and talked about their relationships, not only with their grandparent

caregivers, but also their parents, siblings, and other significant people in their lives whom they considered family. Lastly, I explored how they experienced and talked about their engagement and participation within their community and local culture—their involvement with school, extracurricular activities, and other resources and supports they had access to.

Review of Relevant Literature

Here, the relevant literature on kinship care, grand-families, and custodial grandchildren is reviewed before describing the rationale for research and research questions of the current study. Initially, I will discuss international and multicultural perspectives on custodial grandparent care, with the remainder of the review focused specifically on kinship care and grand-families in the United States.

Global Grand-families

Globally, grandparents around the world help provide for their families and commonly serve as surrogate parents to their grandchildren during times of family crisis and in response to issues such as poverty, disease epidemics, and migration (Dolbin-MacNab & Yancura, 2017). According to Uhlenberg and Cheuk (2010), “grandparenthood is a socially recognized category in every human society, but that the meaning and significance of grandparenthood is socially constructed” (p. 447). Grandparent involvement has existed throughout history and has played a formative role in human evolution; grandparents contribute to their grandchildren’s lives by providing familial and cultural ties, as well as social, emotional, and financial support, and, at the most intensive level, serve as parents when biological parents cannot (Dolbin-MacNab & Yancura, 2017).

There are an estimated 163 million children being raised by grandparents and other kin worldwide (Leinaweaver, 2014). As is the case in the United States, most of these family arrangements are informal and have no official involvement with welfare or government

agencies. According to an analysis conducted by Dolbin-MacNab and Yancura (2017), international studies on grand-families suggest that while grand-families look and function differently according to the cultural context within which they exist, many grandparents become primary caregivers under common circumstances, as impacted by historical and macro factors (e.g. economic problems, migration, oppression and discrimination, and disease epidemics) as well as micro factors such as family crises.

Dolbin-MacNab and Yancura (2017) looked at the international profiles of grandparents raising grandchildren in four countries: China, South Africa, New Zealand, and Romania. In some countries, such as China and Romania, modernization and population increase during economic hardships has led to significant numbers of parents migrating for work and leaving their children behind to be cared for by grandparents. In South Africa, a major factor in grandparents raising grandchildren is due to parental mortality stemming from the AIDS epidemic. In New Zealand, grandparents tend to assume the parenting role for reasons common to other Western countries, such as substance abuse, incarceration, mental health problems, abuse or neglect, death, and domestic violence.

Their review explored grandparent experiences and the resources and supports available to custodial grandparents in these four countries. As in the U.S., historical context, cultural norms, and degree of natural supports all impacted the successes and struggles of grand-families. For example, Maori grandparents, Native New Zealanders, were more likely to be raising grandchildren than their European counterparts, and struggled more financially. However, the Maori culture's emphasis on connection and commitment to extended family (whanau) buffered against the emotional stress of raising grandchildren, compared to European grandparents, whose caregiving role was experienced as less normative (Dolbin-MacNab & Yancura, 2017).

Access to support and resources also impacts how grandparents across the globe experience parenting their grandchildren. Resources such as public childcare, education, employment, housing and social assistance vary across cultures and are largely informed by sociopolitical contexts, geography (rural vs. urban areas), and global economics (Dolbin-MacNab & Yancura, 2017). Grandparents around the world become second-time parents for a myriad of reasons—for economic purposes, responsibility and obligation to family, to provide stability and support in times of crisis, and to maintain continuity and connection through the generations.

There is a significant amount of research on grandparenting and intergenerational bonds in non-U.S. countries, with western and eastern culture impacting the roles and relationships grandparents have with their kin. Similar to U.S. research, there is less data specific to custodial grand-families, with much of the existing research focusing on grandparents and little to no inquiry on the experiences of the custodial grandchildren. It may be that, where grandparents have typically and historically assumed a stronger presence in the lives of grandchildren in many other cultures, multi-cultural family research has been more inclusive of intergenerational family members, rather than distinguishing their roles and relationships, even when the dynamics shift from grandparent and grandchild, to second-time parent and child.

Kinship Care in the United States

Kinship care is an old-new theme in child placement. Kinship refers to the sense of family, and embraces the practice of placing foster-care children with their relatives or other significant figures in their lives. According to Hegar (1993), kinship care may also include fictive kin such as godparents and other close family associates, and sometimes also extends to those who share a sense of identity because of ethnic and cultural ties. However, most often kinship care foster children are placed with biological kin such as grandparents, aunts, uncles,

cousins, or older siblings (Grogan-Kaylor, 2000). More than half of all children in formal kinship-care are being raised by a relative over age 50, the majority of whom are grandparents (Cox, 2007).

While kinship care has existed informally across cultures and throughout history, it has only recently become a more formal and/or legal arrangement in the United States. Since the passing of the Adoption and Safe Families Act in 1997, kinship care is the first option considered when a child is in need of out-of-home care (Crosson-Tower, 2004). Support for kinship placement stems from the belief that children do better when placed with those who are biologically and culturally similar, may already be known to the children, and love them through a sense of deeper filial connection. Further, children who are placed with family are theoretically more likely to avoid the instability and insecurity faced by non-kin foster children who often end up in multiple placements (Holton, Ronning, Handegard, & Sourander, 2005).

Advantages of kinship care. According to Cuddeback and Orme (2002), children in kinship foster care benefit from remaining with their extended family in many ways. Placement with kin ensures continuity of family identity, familiarity of caretakers based on preexisting relationships, and access to family members other than the kinship foster parents. Foster children in kinship care are more likely to be placed with siblings and live within their ethnic, religious, and racial community of origin (Cuddeback & Orme, 2002). Further, it reinforces “the social status that comes from belonging to a family of one’s own and the sense of identity and self-esteem that is inherent in knowing one’s family history and culture” (Hegar, 1993, p. 370). With reunification or ongoing contact with birth parents as a goal, kinship care also ensures that children endure fewer losses if/or when they move again.

Perhaps one of the strongest arguments for kinship foster placement is the potential for

pre-existing attachment relationships to continue to serve as the secure base from which these children can continue to develop, grow, and explore the world in positive and healthy ways. Attachment, as described by Bowlby (1969), refers to the emotional bond infants form to their primary caregivers—most often mothers—which is established through social interactions and expectations between infants and caregivers. A child's confidence in the availability of attachment figures results in emotional security, which is built up gradually through early childhood experiences (Mitchell & Black, 1995). This sense of security and trust in the caregiver creates an environment that promotes child and personality development and affect regulation, and teaches individuals how to be in relationships with others.

Contemporary literature on attachment extends beyond early theories emphasizing the quality of the early parent-infant dyad, to include the multiple and simultaneous attachments children form with other significant people in their lives. According to the social network model, humans form concurrent attachments with multiple people in their lives, including family members and non-kin individuals who are close to them (Lamb 2005; Lewis, 2005; Takahashi, 2005). Since birth, humans are embedded in complex social groups, thus naturally having a variety of social relationships with others, the majority of whom are relatives, who often play a role in caring for, protecting, nurturing, socializing, teaching, and providing a source of connection for the infant (Lamb, 2005). Thus, early attachment needs may or may not be met by the mother, and relationships with a father, siblings, other relatives, and peers can serve the same functions that lead to secure attachments and foster resiliency (Lewis, 2005). Studies show that even after early life stressors occur, the availability of a responsive caregiver, regardless of whether the caregiver is a biological parent, in the context of a safe environment, can enhance resiliency (Cook, Blaustein, Spinazzola, & van der Kolk, 2003).

Attachment relationships affect social, emotional, and cognitive functioning and play a critical role in resiliency; they can serve as a buffer against mental health problems, as well as peer and academic difficulties. For grandchildren in general, grandparents often play a significant role early on and “exert a strong influence on children’s development if for no other reason than that they influence the parents” (Lewis, 2005, p. 19). For many custodial grandchildren, grandparents have often played a role in caring for them from the earliest stages of life. Thus, if the grandparent caregiver has been an available attachment figure, the custodial grandchild is more likely to have developed the emotional security necessary to bolster self-confidence, sociability, and capacity to cope in challenging circumstances (Willinger, Diendorfer-Radner, Willnauer, Jorgl, & Hager., 2005). Compared to children placed in non-kinship homes, this may give custodial grandchildren the advantage of consistent and continuous opportunities to grow and explore, while having a familiar foundation built on safe, secure, and meaningful long-standing relationships.

Disadvantages of kinship care. One argument against kinship foster placement posits that parents who did not provide adequate care for their children may have themselves been brought up by parents or relatives who were unable to provide appropriate and consistent care (Holtan, et al., 2005). A grandparent who was not an available attachment figure to her own child, may not have the resources or capacity to do so for her grandchild. For example, using data from the National Survey of America’s Families, Smith and Palmeiri (2007) found that children being cared for by relatives, compared with unrelated foster parents, were more likely to have caregivers with poorer mental health themselves. Kinship foster children are more likely than children in traditional non-kin foster care to be placed in homes where the caretaker is older (most often a grandmother), less educated, in poorer health, of lower socioeconomic status, and

the head of a single parent household (Cuddeback & Orme, 2002; Ehrle & Geen, 2002). Fewer resources and greater life stressors can increase psychological distress, which abundant research has shown, is associated with increased dysfunctional parenting (Smith & Palmieri, 2007).

Ehrle and Geen (2002) analyzed national data to look at the differences between children in kinship and non-kinship care arrangements. Findings showed that children in kinship arrangements faced more environmental hardship than those in non-kin care. Children in kinship care “more often lived in poor families, experienced food insecurity” (p. 15), and were more likely to live with a non-married caregiver who did not have a high school degree, or a job (2002). Similar to past research, despite these conditions, kinship foster families received less support, fewer services, and less contact with social workers than non-kin foster families (Berrick, 1998; Chipman, Wells, & Johnson, 2002; Ehrle & Geen, 2002). Children in kinship placements are also more likely to remain in the system longer (though have fewer placements), and are less likely to be adopted (Berrick, 1998, Scannapieco, Heger, & Alpine, 1997). While maintaining family ties is often considered one of the many benefits of kinship care, it may also continually expose children to ongoing family conflict, regular and frequent contact with an abuser, and enduring chaotic environments, as biological parents may come and go amidst struggling with their own afflictions.

Custodial grand-families also bring the unique dilemma of ‘divided loyalties’ between multigenerational relationships. The changing dynamics of power, position, and responsibility have an impact on family members at every level. For example, grandparents may feel torn between the rights and wellbeing of their own adult child, while bearing the responsibility of safeguarding and making decisions for their grandchild; this is particularly stressful in regards to contact with birth parents where abuse and neglect have been involved (Ziminski, 2007). Birth

parents may be, at times, resentful or grateful towards their own parents for stepping in; they may align with the grandparent caretaker, or cultivate an allegiance with their child (Pinson-Millburn, Fabian, Schlossberg, & Pyle, 1996). There may be an added sense of confusion and conflict for the grandchild, who is not only witnessing and/or partnering in these divides, but also struggling with his own loyalties to birth parents and/or grandparent caretakers. Feelings of loss, anger, blame, and resentment towards parents may coincide with fear that expressing love and respect for their grandparents will be perceived, by their parents whom they still love, as rejection; this can cause friction particularly when children resist the methods of care and discipline from grandparents (Edwards, 2003, 2009; Edwards & Ray, 2010; Glass & Huneycutt, 2002). Thus, resolving these feelings, finding balance, and navigating new avenues to honor and maintain old connections while adjusting to the new, would seem to be major tasks for the kinship care family. Notably, there are no qualitative studies that explore how children and families face and surmount such likely obstacles.

Grand-families

Grand-families are comprised of grandparents and the grandchildren for whom they are primary caregivers; sometimes this is a more informal custody arrangement, while occasionally grandparents assume legal custody. In some grand-families, the mother or father may still live in the home, but have relinquished responsibility for their child(ren) to the grandparent(s). In other grand-families, the parents remain out of the home but continue to have a relationship with their children. For still other custodial grandchildren, there is limited to no contact with their biological parents. Thus, while custodial grandparents and grandchildren are the key members in this family structure, the role of the birthparent varies, and may change over time.

Prevalence. The Census 2000 was the first time questions on grandparental caregiving were included and tabulated. Results showed that, at the time, 5.8 million grandparents were living with grandchildren, and 2.4 million were responsible for meeting their grandchildren's basic needs (i.e., food, shelter, clothing, etc.; U.S. Census Bureau, 2000). By 2015, over 7 million grandparents were living with grandchildren, and 2.6 million were primary caretakers for their grandchildren (U.S. Census Bureau, 2015).

Comparing estimates between the 2010 and 2015 American Community Surveys, the number of children cohabitating with grandparents rose from 5.4 million to 5.9 million (U.S. Census Bureau, 2010, 2015). In 2015, there were about 2.9 million children being cared for primarily by their grandparents. Notably, the presence of birth parents living in the household has decreased; in 2010, an estimated 918,453 grandchildren lived solely with their grandparents without a parent present (U.S. Census Bureau, 2010). However, by 2015, the number of custodial grandchildren living in parent-absent households jumped to an estimated 977,568 grandchildren (U.S. Census Bureau, 2015). This is a trend worth continuing to investigate, as parent-presence can be a major factor in the economic and emotional stress for grand-families, and may have a complicating effect on our understanding of reunification and permanency planning.

Causes of grandparent-headed families. Although custody arrangements may differ in length, and legal status, grandparents typically become responsible for their grandchildren when parents are not able to do so. Grandparents may gain custody of their grandchildren because of the death of their adult children, their children's divorce, unemployment, or teenage pregnancy. More commonly, parental alcohol or drug addiction, incarceration, mental instability, neglect, and physical and emotional abuse are involved (Dolbin-MacNab, 2006; Edwards & Daire, 2006; Smith & Palmieri, 2007). In fact, the majority of kinship placed children entering the formal care

system have been exposed to numerous recurrent adverse early childhood experiences such as abuse, domestic violence, and most frequently, neglect (Greeson et al., 2011).

When trauma experienced is caused by abuse or neglect from a primary caregiver, in an environment that is supposed to be the source of safety and stability, normal development of secure attachment is disrupted, resulting in immediate and long-term consequences (Becker-Weidman, 2009; Cook, Blaustein, Spinazzola, & van der Kolk, 2003). This chronic, often simultaneous or sequential relational trauma caused by caregivers—often called complex or developmental trauma—results in a constellation of risk factors which impact emotional, behavioral, social, biological/physiological, and cognitive functioning (Blaustein & Kinniburgh, 2010; Cook et al., 2005). Thus, as is true for most children placed in foster family situations, kinship care families often form quickly and under very stressful circumstances. By the time of placement, most involved children have already sustained a difficult history of relationships with their birth parents. Children are usually pulled from their homes after a situation has become dire; they've generally had limited access to other protective resources. Even if they have a positive relationship with grandparents, in most instances this move constitutes a major developmental transition following significant misery.

Grandparents. Grandparents may have complex and often competing feelings about their new role, their adult children, and their newly dependent grandchildren. Feelings of grief and loss may arise as the grandparents put their own lives on hold in order to fulfill a role they were most likely not expecting (Cox, 2007). The stress and responsibility of functioning in multiple roles may be exacerbated by overlapping parental roles (i.e., birth parents are in and out of the picture; Goodman, 2003), role overload (i.e., grandparent is required to play parent to both adult children and grandchildren; Cox, 2007), and role confusion (i.e., grandparent is unsure of

how or when to play grandparent vs. parent; Dolbin-MacNab, 2006).

Unlike unrelated foster parents, grandparents who are coming into this new role amidst a crisis may further find themselves surrounded by family conflict (Cox, 2007). They must deal with their own feelings about the changing family system, as well as their adult children, including siblings of the impaired parent, and grandchildren's reactions to these transitions and losses. The roles of authority and responsibility are in flux, and ambiguous (Goodman, 2003). Further stressors can include legal, housing, and financial problems, minimal knowledge about current child development issues, and modern parenting strategies, long-standing and exacerbated difficulties with adult children, other familial responsibilities and relationship demands, social isolation, a myriad of ongoing/increasing health concerns, and psychological distress (Dolbin-MacNab, 2006). Grandparents who once struggled to raise their own children may also continue to have problems that were not resolved the first time around.

Though custodial grandparents may face untold stressors, many of these caregivers also benefit from and cherish their caretaking role. For some grandparents, there is a feeling of being 'needed' or a greater purpose for living (Edwards & Daire, 2006). According to Dolbin-MacNab and Targ (2003), the opportunity to raise the beloved grandchild more effectively than the child's parents, as well as the prospect of establishing a deeper relationship with the grandchild are some distinct advantages of the custodial grand-parenting role. Compared to the care of a foster parent who is a stranger to the children, grandparents may enter the parenting role with a loving relationship already in place.

Biological parents. Parents whose children reside in grandparent-headed homes often struggle with multiple problems of their own that may lead them to voluntarily or involuntarily surrender their parental responsibilities (Edwards & Ray, 2010). Parents may reside in the

grandparents' home on a full- or part-time basis and have varying degrees of involvement in their children's lives (Hayslip & Patrick, 2003). The degree of presence and level of involvement, as well as the reasons for being unable to raise their children independently, can have an impact on the way all three generations experience and cope with their changing relationships.

Parents may either give up or lose custody; they can be unable, or unwilling to sustain their role as primary caretaker. In most cases, they are likely to experience great distress when the time comes; consequently, they often feel isolated, disappointed, guilty, overwhelmed, anxious and/or depressed (Pinson-Millburn et al., 1996). Apart from losing their role as the primary provider for their children, many of these parents are struggling with alcohol or drug addictions, mental illness, and/or incarceration. While some parents freely give grandparents custodial rights to the child(ren), most others may have extreme feelings of guilt or failure. They may harbor feelings of resentment toward their children and/or towards their parents concerning their own upbringing; some may bitterly believe that the fault lies in the intrusive child protection system, not in their problematic behavior. Still, parents typically struggle with their own feelings of inadequacy, compounded by the knowledge that they may be implicated in the suffering of their children, or burdening their aging parents (Pinson-Millburn et al., 1996).

Grandchildren

Children who are raised by their grandparents are in a unique situation, affording them both opportunities and challenges. According to Crosson-Tower (2004), these children have the benefit of being raised by people they know and trust which may ease sometimes-sudden separation from their parents. In addition, connection to extended family, family history, community, and culture can be shared and maintained; this can have a positive impact on the

child's sense of identity and self-esteem (Crosson-Tower, 2004). Thus, children raised by their grandparents have some distinct advantages.

On the other hand, these children have often been taken from their parents after being exposed to traumatic or inadequate living conditions. Grandchildren often come to their grandparents with trauma, anxiety, grief, sadness, anger, and guilt (Goodman, 2003). Children whose parents continue to abuse drugs or engage in illicit behavior may have a great deal of worry about the welfare of their parents, as well as their own future; they continue to experience shame and stigma associated with the troubled parent (Cox, 2007). In cases where grandparents forbid the parents from their home (or are legally restricted from such contact), the children may resent their grandparents and view them as a barrier to reunification (Cox, 2007); thus, grandchildren may experience both positive and negative aspects of living with their grandparents, as well as conflicting feelings and loyalties towards both parents and grandparents.

It is vital to acknowledge these factors, and the early life experiences of custodial grandchildren, because developmental tasks build on themselves, and "skills grow in response to the input our environment gives us" (Blaustein & Kinniburgh, 2010, p. 10). While the loss of a parent and the transition into care can have a profound impact on a child's functioning, for most custodial grandchildren, the disruption of those early attachment relationships has often begun before the child comes into care due to a history of maltreatment occurring within the child's original home. According to Blaustein and Kinniburgh, these children are often deprived of opportunities and experiences in which they learn to understand, communicate, and cope with their emotions effectively, form and engage in trusting and healthy relationships, develop an awareness of, and means to meet and regulate physiological needs, and develop the "cognitive abilities to act meaningfully on the world" (p. 11). Considering such developmental deficits in

the context of early trauma is critical in understanding some of the difficulties and challenges custodial grandchildren face in different areas of functioning—often even before they become custodial grandchildren.

Many studies suggest that children of grandparent-headed households are at an increased risk for emotional, behavioral, academic, and social problems when compared to children in the general population (Edwards & Daire, 2006; Smith & Palmieri 2007), and display emotional and behavioral problems similar to their non-kin foster-care peers (Dubowitz, 1994; Kelley, Whitely, & Campos, 2011, Leslie et al., 2002). One meta-analysis of 62 studies comparing outcomes for children in kinship and traditional foster care, however, concluded that children in kinship care may do better than children in traditional foster care in terms of their behavioral development, mental health functioning, and overall well-being (Winokur, Holtan, & Valentine, 2009).

It is widely recognized that grandchildren often enter these living arrangements under disadvantageous circumstances; however, children display a broad range of adjustment over time. It is important to discern those developmental and environmental factors that may contribute to greater resiliency for children coming into care, particularly if they are already bearing the effects of developmental trauma.

It is well established that early attachment relationships impact development and later functioning in all areas of life. However, research on resilience suggests that most children are able to adapt, and can still have good outcomes, “earning” attachment security by adulthood, in spite of early adversities that can threaten healthy development (Masten, 2001; Roisman, Padron, Sroufe, & Egeland, 2002). As previously mentioned, it is generally accepted in the resilience literature that there are three major protective factors associated with positive outcomes: individual temperament, family relationships, and community resources (Werner, 2005). Of

course all of these factors are embedded in the cultural and contextual aspects of children's lives (International Resilience Project, 2005).

Grandparents who have already played an active role in their grandchildren's lives, may already be that child's connection to a competent and caring adult, who has been providing a safe and stable environment, and a continued sense of security; this connection and atmosphere promotes cognitive and self-regulation skills, healthy personality development and self-esteem, as well as motivation to learn and engage with the environment (Masten, 2001). A child's well-being can be greatly impacted by maintaining close contact with relatives and ties to their cultural heritage. In a comparative study by Metzger (2008), children in kinship families were visited by parents more frequently than children in non-kin foster care, had better overall adjustment to placement (based on affective and behavioral reactions to placement), and had caregivers who had positive attitudes of parenting these children. Overall, Metzger (2008) found that children in kinship foster care had more protective factors and greater well-being outcomes than children in non-kinship foster care. Thus, many of these factors associated with resiliency would seemingly be readily nourished within a loving grand-family.

Social and emotional well-being. As is true for all children with developmental trauma, custodial grandchildren manifest higher levels of hyperactivity, anxious and/or aggressive behavior, withdrawal from peers and family, and regression to immature behaviors (such as bed wetting and thumb sucking) than children who aren't in placement (Edwards & Ray, 2010). As noted, children being raised by grandparents, and other foster children, often experience multiple adverse events that place them at increased risk for emotional and behavioral problems, in contrast to the general population (Kelley, Whitley, & Campos, 2011). According to Smith and Palmeiri (2007), the circumstances under which many custodial grandchildren go into the care of

their grandparents are highly associated with subsequent emotional and social difficulties.

Custodial grandchildren may have been exposed to prenatal toxins, early childhood trauma, poor attachment with their parents, family conflict, uncertainty about the future, and the social stigma that may be related to any and all of these issues.

These factors also impact the quality and experience of attachment relationships among the children and their caregivers. By the time that birth parents are no longer able to provide care, children will likely have experienced significant disruptions in key attachment relationships, which are critical to later social and emotional development (Poehlmann, 2003). Early separation and the removal of a child's primary caregiver disrupt the child's relational connection, causing attachment difficulties and emotional distress (Edwards & Ray, 2010). These cascading losses lead to difficulty learning to trust peers and other adults in their lives, creating unfulfilled needs and frustration, and conflicted social relationships (Belsky & Pasco Fearon, 2002). Thus, custodial grandchildren who have been removed from their biological parents' care, often face challenges establishing and maintaining satisfying relationships with classmates, teachers and other adult figures (Edwards & Ray 2010). However, as previously discussed, custodial grandchildren do have the benefit of being raised by family members with whom they likely have preexisting relationships. Enduring attachments between grandchildren and grandparents can, over time, serve as a buffer to the disrupted parent-child relationship, and even provide the safe haven and secure base that kinship-fostered children may have lacked in their original home.

Another major reason custodial grandchildren experience adverse social and emotional outcomes may be associated with the challenges their grandparents face as caregivers (Smith & Palmeiri, 2007). Children may consciously—or unconsciously—be aware that their grandparents

are not completely thrilled and confident about taking on a role that is off-time, unplanned, and ambiguous. This may impact grandchildren's perceptions and/or acceptance of the emotional and relational support provided by their grandparents, and how they use this support to cope with difficulties they may face at home, at school, and with peers. Custodial grandparents are more likely to have inadequate financial resources, increased psychological distress, poorer physical health, lack of social support and greater isolation than non-relative foster parents (Kelley et al., 2011). These factors not only exacerbate parenting stress, but also, to the extent that grandchildren are aware, can create added stress and anxiety for the grandchildren. Grandparents engaged in child care activities that distance them from their age peers, may find themselves socially isolated. Given the relatively minimal social support many grandparents receive from social service agencies, they may feel overwhelmed and alone managing the stress of raising grandchildren, many of whom may already have emotional and behavioral challenges that would be very tough for anyone to manage (Edwards & Benson, 2010).

Grandparents may have needs and expectations for help from their grandchildren that were not a part of their past experience that may further add to the stress in the home. For example, custodial grandchildren may be given additional responsibilities, such as cooking, cleaning, caring for grandparents, and attending to other chores grandparents may not be able or willing to carry out, due to stricter child-rearing practices, the grandparents' age, increasing physical frailty, and new financial burdens (Edwards & Ray, 2010; Kelley et al., 2011).

All of these factors can have a deleterious impact on the quality of care the grandparents can provide, and greatly hinder the ability to create and maintain a supportive environment for the children. This is particularly salient because, as might be expected, children in foster-care (like all children) manifest fewer problems when in better quality and more nurturing homes than

those in lower quality and less nurturing environments (Kelley et al., 2011). If grandparents take on more than they can manage economically, psychologically, physically or socially, their ability to parent will be compromised, and lead to greater social, emotional, and behavioral problems for the grandchildren.

Custodial grandchildren also face the difficult task of managing stressful and often conflicting emotions. While struggling to accept the loss, or uncertain availability of their parents, these children must also learn to adapt to the new family structure and understand the changing roles and relationships with their grandparents (Edwards, 2003). Custodial grandchildren often have ambivalent feelings towards both their parents and grandparents; they may be angry with their parents, yet fear that expressing love and respect towards their grandparents will seem like rejection or betrayal of their parents (Edwards & Ray, 2010). In families where grandparents don't (or legally can't) allow contact with the biological parents, grandchildren may also feel resentful (or guilty), and resist their grandparents' methods of care and discipline. This adds extra stress to the caregiver role, and has an impact on both family relationships and the home environment.

Among peers, custodial grandchildren may feel anxiety or embarrassment about their alternative family structure, and being raised by older individuals. They may also have fewer social opportunities to connect with friends outside of school or participate in extracurricular activities, due to lack of transportation, lack of resources, or added responsibilities at home, perhaps resulting in feelings of isolation, poor self-esteem, and resentment. Notably, too, many children come into care with delayed and disrupted social development. Even when grandparents support social opportunities and afterschool activities, grandchildren contending with the legacy of developmental trauma, will have compounded difficulty forming and sustaining friendships,

and handling the challenges of working and playing in organized groups.

Developmental and Physical Health. According to Simms, Dubowitz, and Szilagyi (2000), many children enter foster care with chronic health, developmental, and psychiatric disorders; this may reflect neglect and abuse experienced before placement, and the trauma of separation from their parents. Poor health often “reflects exposure to poverty, poor prenatal care, prenatal infection, prenatal maternal substance abuse, family and neighborhood violence, and parental mental illness” (Simms, Dubowitz, & Szilagyi, 2000, p. 911). Despite a documented higher level of vulnerability, research shows that children in kinship care have the same physical and mental health needs as those in non-kinship care, yet are less likely to receive services (Leslie et al., 2002; Simms et al., 2000). Custodial grandchildren are less likely to access assessment or services because of family functioning, insurance status, financial and transportation difficulties, and decreased supervision and involvement in family support by social work officials compared to children in non-kinship foster-care (Berrick, 1998; Chipman et al., 2002; Ehrle & Geen, 2002, Horwitz, Owens, & Simms, 2000). Custodial grandchildren are also at higher risk for developmental delays in language, cognition, and fine and/or gross motor skills, than children in general (Leslie et al., 2002); this risk may be associated both with early neglect and having substance abusing biological parents.

The formation of grandparent-headed homes is often precipitated by the parents’ inability to care for their children because of serious drug and alcohol abuse. In 2012, nearly a third of children placed in foster care were removed from homes due to parental alcohol and drug use (National Data Archive on Child Abuse and Neglect, 2012). According to Weinstein and Takas (2001), the primary reason for a child’s removal from home and placed with a relative was due to substance abuse by an abusing parent; particularly maternal substance use. Indeed, parental drug

abuse is the greatest risk factor for a host of disabilities and behavior problems among children (Pinson-Millburn et al, 1996.). Perinatal exposure to drugs can impact low birth weight, smaller head circumference, and premature births; each of these problems have been linked to developmental delays, impacting physical growth, cognition, language and motor skills, as well as behavior and attention (Boardman, Powers, Padilla, & Hummer, 2002). Grandchildren being raised by their grandparents may be born with birth defects and fetal alcohol syndrome, and have pre- and postnatal complications which can also result in learning disabilities, significant cognitive deficits, and disabilities such as cerebral palsy (Boardman et al., 2002; Pinson-Millburn et al., 1996). Custodial grandchildren also have a higher incidence of Attention-deficit Hyper-activity Disorder (ADHD), as there is an increased predisposition among children of substance abusing parents (Pinson-Millburn et al. 1996), and other early adverse life experiences, such as poverty, domestic violence, incarceration, family mental illness, death and divorce (Brown, 2015). Developmental delays compound and interact with these other vulnerabilities children face, and are increasingly linked with mental health problems throughout life (Leslie et al., 2002).

Educational and academic functioning. A major focus of extant research with these families explores grandchildren's school-related functioning. Rogers and Henkin (2000) suggest that these children may struggle academically not just because they have emotional and learning problems, but also because grandparents may have less time, patience, or energy to assist with homework, or may lack knowledge in current school subjects. Poverty, poor physical health, and older age may also prevent grandparents from being able to provide transportation, attend meetings with teachers and counselors, and from becoming actively involved in the child's education (Edwards, 1998).

According to research by Edwards and Daire (2006), children being raised by relatives evidenced more academic and school related difficulties and display lower academic scores when compared to their non-placed peers; they exhibit more grade failures, learning disabilities, and cognitive deficits likely due to an insidious interaction among pathogenic care, poverty and trauma. Their elevated levels of emotional and behavioral problems are also associated with impaired academic performance and social development at school (Edwards & Daire, 2006). Comparative research on school functioning in kinship care versus traditional foster care children is less conclusive, though the evidence suggests there is no difference in academic functioning between the two comparison groups (Benedict, Zuravin, Stallings, 1996; Conger & Rebeck, 2001; Scannapieco, Hegar, McAlpine, 1997; Winokur et al., 2014).

Children in foster care arrive at school with fewer personal and environmental resources for academic achievement. The disruption and trauma in their lives can lead to survival strategies that are fundamentally incompatible with the regulated emotion and attention required for school success. The chaos and upheaval in their lives leads them to feel powerless, out of control, devalued, and disconnected. As a result, they may react to demands and novel situations—and even well intentioned others—with aggression, defeat, freezing, or hyperactivity (van der Kolk, 2005). It may be that they are not acquiring important learning skills for myriad reasons: these children have limited background knowledge, dissociatively miss out on instruction, are removed from the classroom for disruptive behavior, and generally struggle to learn in the face of significant emotional and behavioral problems (Edwards & Ray, 2010). Many custodial grandchildren continue to live under impoverished conditions, receive minimal social and psychological support, and lack educational resources in the home (Edwards & Ray, 2010). They are also more likely to struggle with maintaining appropriate and satisfying relationships with

teachers and classmates.

Youth Voices

While quantitative research is starting to capture some of the consequences of kinship placements, qualitative inquiry has lagged behind. We know relatively less about how young children in foster care understand and make sense of their experiences transitioning to new homes and families. It has been well established that both kin and non-kin foster care children are more likely to face adversities in multiple areas of life; yet these children have fewer opportunities to communicate their thoughts and feelings underlying their struggles, and/or their successes, despite these adversities. Children must endure all the upheaval and change, but are given precious little say in decisions about placement, visitation, and other matters concerning them. However, the qualitative studies that do exist show us a lot about what these children are experiencing, give voice to their needs and concerns, and have implications for further research.

In 2003, Whiting and Lee conducted a qualitative study of foster children's stories, using semi-structured interviews with twenty three children between the ages 7 and 12 years. Although this study did not include kinship foster children, many of the inquiries were the same as in kinship research; children were asked about their families, their transition into care, and their thoughts and feelings about their current situation as well as their speculation about their future. Many children had both positive and negative recollections about their families, and most shared stories of abuse or neglect. Common themes were feelings of confusion, loss, fear, and anger. According to Whiting and Lee, all children expressed a desire to see their mothers more; a major concern for most children was the loss of access to siblings, and the reliance they had on these connections. Many children were confused about their reason for being in foster-care, with a number of children blaming themselves. All children were vague, or uncertain about their future.

In a related qualitative study conducted by Schwartz in 2010, eighteen pre-adolescent African American children between the ages of 11 and 14 years old were interviewed: nine of these children were in kinship care (five of whom were in the custody of their grandparents), and nine were in non-kin foster care. Similarly, questions about family relationships, transition to placement, and their perceptions of their current and future circumstances were asked of them. All children expressed feelings of sadness and anger, and experienced a great degree of loss. Children in kinship care experienced greater continuity in care, with fewer disruptions in placement, and perceived fewer losses than non-kin foster care children. That is, kinship foster children perceived a great deal of loss around losing their mother and siblings, while non-kinship foster care children perceived more generalized loss beyond family, such as friends, communities, and possessions. Although kinship care children sometimes suffered similar losses, living with family seemed to serve as a buffer to experiencing them as such. Kinship children saw their mothers more often than those in foster-care, though all subjects expressed a wish to see their mother more still; few subjects expressed any desire to see their fathers. Again, reports about the loss of sibling relationships were extremely poignant for both groups, and both experienced similar feelings of sadness. When asked about their future, kinship care children experienced more feelings of permanence and certainty, though children who are being raised by grandparents, in particular, worried about what would happen if their caregiver passed away. Overall, however, non-kinship care children expressed more fear and instability, and less certainty about their future. According to Schwartz (2010), the relational context of kinship care seems to promote more emotional permanence along with greater physical permanence.

In a qualitative study that included custodial grandchildren, Messing (2006) interviewed forty children between the ages of 11 and 14 years placed in kinship care; 30 of the subjects were

placed through the welfare system, 10 were placed informally. Thirty-three of the subjects were custodial grandchildren. Focus group questions touched upon transition into care, family relationships, stigma of being in care, and placement stability. Many of the subjects had been in the care of a family member since before they were old enough to remember; their stories were generally brief and factual. Still other interviewees had prior experience living with a relative, which they said made the transition easier to adjust to. Kinship children reported a mixture of feelings—some happy and relieved, others frustrated, confused, and angry. Most children had regular contact with their mothers, but all were generally disappointed with the quality of this relationship (i.e., frequency of visits, role mother played). The majority of children described their relationships with their mothers as “sibling-like” rather than parent-child.

Kinship children often held out hope that they would be reunited with their mothers, and their mothers’ efforts towards reunification seemed to impact the level of resentment and/or forgiveness they were willing to show. As in other studies, there were minimal expectations put on fathers; Messing (2006) noted that when fathers were brought up, girls expressed more anger towards their father figures, while boys expressed more sadness about lacking a male figure to look up to. All subjects expressed a genuine appreciation for their kinship caregiver, and few felt ostracized or stigmatized because of their living situations. Most children expressed feelings of stability, but not necessarily permanency; kids were often divided about wanting to return home and wanting to remain with the caregiver. Children in custody of their grandparents or older caretakers were more likely to worry about the permanency of their placement, and more likely to express a desire to live with both generations of caretakers (i.e., both parent and grandparent).

In a study seeking to understand adolescent experiences of being in custodial grand-families, Dolbin-MacNab and Keiley (2009) interviewed 41 custodial grandchildren

between the ages of 11 and 19 years of age. Semi-structured interviews were used to inquire about how subjects navigated their relationships with their grandparents vs. their parents, and to explore connections between caregiver context, development, and experiences of interdependence (defined as “the mutual influence of individual family members, such that the behavior of one family member impacts all other members of the family” (p. 164)). Findings from this study are similar to those previously mentioned, in that the majority of subjects expressed a desire to spend more time with their parents, most often mothers, and considered their parents to take on more of a friend or older sibling role in their lives. Common emotions expressed were feelings of distrust, loss, fear, sadness, and anger. These feelings were often triggered by a parent’s unpredictability, inability to change, perceived lack of interest in them, and inability to keep them safe.

The adolescents interviewed expressed significant feelings of gratitude and respect for their grandparents, and most described having close emotional bonds with them. About eighty percent of subjects acknowledged that their life trajectory was better for having been under the care of their grandparents. Many of the themes were dependent on context of care (i.e., the longer a child has been raised by grandparent, the more parent-child like the relationship, and greater the emotional closeness), the quality of the relationship with the birth parent (i.e., grandchildren in regular contact with parent were more likely to view grandparent caregiver as playing the traditional grandparent role), and developmental level of the child (i.e., older teens showed greater awareness of the realities of their parents’ struggles, and greater acceptance of the permanency of placement). Dolbin MacNab and Keiley (2009) also identified common stressors, often related to the generation gap: feeling misunderstood by grandparent, strict rules, and issues around age and physical health (which they perceived as limiting contact with friends,

participation in extracurricular activities, etc.). As in other qualitative research, participants with older grandparents expressed concern over their health, and identified this as an ongoing source of anxiety.

In summary, the results from quantitative data have been mixed, some suggesting that children in kinship care fare as well as their non-placed peers, while other studies suggest that these children are at greater risk for emotional, behavioral, health, and academic difficulties. Some research suggests that kinship foster children evince many of the same developmental challenges as children in non-kin foster care; others conclude that there are tradeoffs between these two types of placement, with some advantages for mental health and stability for children in kinship care. Despite well-documented challenges faced by all fostered children, those in kinship care receive far fewer services and resources than children in typical foster care.

Qualitative data, too, are rich with similar themes between kinship and non-kin foster children, as well as some notable differences. Feelings of loss, fear, and anger were evident in most stories, though custodial grandchildren seem to experience less loss given their prior connection to their caretakers. Children in all custodial situations expressed a desire to improve the quality of the parental relationship. Though custodial grandchildren tend to have more access to their parents, these relationships were typically perceived as “sibling-like” or similar to a friendship. Noticeably absent were stories of fathers, though sibling connections were identified in both groups. For custodial grandchildren, the relationship with the grandparent caregiver was often portrayed as a loving one, and varied based on the relationship with the biological mother, plan for reunification, and developmental understanding of reason for placement. Some of these factors may be dependent on the age of the children interviewed, as many of them were early to late adolescents; latency age children likely have a different understanding and story to tell about

their family relationships.

This qualitative study focused specifically on the narratives of six latency age children and how they experience being raised by their grandparents. It complements the existing literature, in that the thoughts and feelings of these young grandchildren are similar to other children and young adults in kinship care; the relationship with the caregiver is perceived as positive, the longing for connection to the biological parent is salient, and sibling relationships play a major role in their lives. The results of this study shed new light on other important relationships and bonds, particularly the role of extended family, which in several cases included a very involved uncle. The subjects in this study also communicated the support and joy they felt through these relationships, their routines and rituals, and the community resources they were connected to. This differs from earlier studies because it shifts the focus from the existing problems associated with kinship care, to the existing prosocial factors that may contribute to the positive experiences and resiliency of the grandchildren.

Rationale for Research

The number of foster children being placed in kinship care with their grandparents is increasing significantly, as social and economic policy shifts toward greater reliance on family relationships for children in need of alternative placements. While quantitative research has better documented the implications of this trend, the majority of qualitative studies have served to highlight the experiences and meaning making processes of the grandparent population. Much less is known about the quality of lived experience for younger, latency-aged grandchildren in grandparent custodial care. Although they often enter care suffering from symptoms of attachment trauma, it's also possible that moving in with grandparents could offer these children unique opportunities for healing. It will be helpful for all involved adults to learn about how

children are experiencing these transitions and relationships; gaining their perspective and feelings about their own role in the family system (as children/grandchildren) and the larger systems around them. In particular, this research has implications for mental health providers, educators, and social workers/social policy.

Mental Health Professionals. Quantitative research suggests children being raised by their grandparents are at greater risk for emotional, social, and behavioral difficulties than the general population (Edwards & Daire, 2006; Smith & Palmieri 2007). Mental health professionals working with these children have much to gain from understanding the child's perceptions and experiences of the interchanging and evolving roles custodial grandparents play in their lives. To this end, qualitative research can assist in identifying stressors and challenges that are common within this unique family dynamic, as well the strengths and supports children describe as helpful. These findings may support the creation and implementation of comprehensive treatment plans (i.e., identifying and utilizing existing supports, developing goals, and providing strength-based interventions), improving outreach and therapeutic services for children and families.

School Systems. Those working in the school system come into contact with foster children on a daily basis, and are often the first to witness the impact of placement on a child's functioning. They see the emotional, behavioral, and academic problems first hand. Of particular relevance to schools are findings that kinship care foster children living with grandparents may not be getting the academic support or encouragement they need to succeed. For some of these families, grandparents may not be well educated themselves, and lack the information, energy, time, and resources to assist and advocate for them (Edwards & Daire, 2006).

Through this qualitative inquiry, I gained firsthand accounts of the children's experiences, and their own ideas about what might contribute to any difficulties, as well as what might be helpful; the results of this study may offer teachers and other school officials some additional insight to address the particular challenges and concerns of custodial grandchildren.

Foster Care System. The changing trends toward kinship care are based, in part, on a theoretical notion that children requiring placement will benefit from living within their biological family more than being placed with strangers. Recent evidence seems to be supportive of this supposition, particularly in regards to behavioral development, mental health, well-being, and placement stability (Winokur, Holton, & Batchelder, 2014). Findings from this research may have implications for all levels of professionals within the foster system, including those making social welfare policy. The qualitative data gathered through the children's narratives may benefit the social workers who come in direct contact with these families, contributing to a better understanding of the reactions and behaviors of the grandchildren as they are placed with their grandparents; this new information may help social workers support all members of the family to adjust to this transition. At the greater policy level, information gained from the experiences described by young custodial grandchildren may provide additional data about the advantages and challenges identified by children in this particular kinship arrangement.

Research Questions

The increase in grandparent-headed households raises myriad questions concerning the formation and functioning of these families. Research suggests that situations leading up to kinship placement with grandparents are often stressful, and result in a number of adverse outcomes for both grandparents and grandchildren. However, research also suggests that there are many advantages to this type of kinship placement. Some information has been gathered on

grandparent experience, but little is known how children experience this changing relationship, and how it, in turn, has an impact on the other relationships and systems involved. The following questions pertain to general areas of inquiry this research explored (see Appendix E for the interview schedule containing specific participant questions) and include:

1. There are all different kinds of families. What does it mean to be raised by a grandparent?
2. How does it feel to be raised by a grandparent?
3. How is your relationship with your parents different from your relationship with your grandparents?
4. What is special/unique about your family?
5. What is hard about living in your family?
6. Who are the other important people in your life?
7. What activities do you like to do at school and after school?
8. What do you think grown-ups working with kids should know about what it's like to be raised by your grandparent?

Methodology

The methodology employed in this research was Interpretative Phenomenological Analysis (IPA). This form of research aims to explore participants' personal lived experience and how they make sense of that personal experience (Smith, 2004). While participants are trying to make meaning of their personal worlds, "the researcher is trying to make sense of the participant trying to make sense of their [sic] personal and social world" (Smith, 2004, p. 40). This is often done through the use of interviews, which are then transcribed, and explored for themes. This chapter will outline the specific methods utilized in this study.

Ontology

The ontological perspective taken in this investigation is phenomenological and subjectivist. It is subjective in that reality is believed to be constructed subjectively, and contextually bound, rather than absolute (Wilding & Whiteford, 2005). From a phenomenological standpoint, it is believed that the individual's account or perception of an event can be explored and understood within the context of his personal experience of the phenomenon, but is not used to make general or objective statements about the event itself (Smith & Osborn, 2008). Thus, there are no facts, only the meanings that participants make of their personal and social worlds.

Epistemology

While ontology addresses the question of "what really is", epistemology "examines how or whether what is real can be known" (Williams, retrieved April 26, 2009, p. 225). The epistemology of this research involves a double hermeneutic; it is phenomenological in that it is concerned with the participant's perceptions of objects and events, and interpretative in the sense that the researcher plays a central role in making sense of these personal experiences (Smith, 2004). An individual's experience is seen as the basis for knowledge; however, since one cannot directly or completely take on an "insider's perspective," the researcher must engage the participants in a dialogue about their experience. Understanding is gained both through obtaining rich and detailed descriptions of the phenomenon, and interpretation of the participants' personal account.

Interpretive Phenomenological Analysis

Interpretative Phenomenological Analysis (IPA) aims to explore personal lived experiences, through collaboration with the participant in a meaning-making process. Meaning

making of the data is central in IPA and the goal of the researcher is to “understand the content and complexity of those meanings rather than measure their frequency” (Smith & Osborn, 2008, p. 66). IPA assumes a connection among a person’s language, thought, and affect; it is the position of the researcher to interpret the participants’ mental and emotional states through what they say (Smith & Osborn, 2008). IPA research involves interviewing participants to explore in detail how they make sense of their world (Smith & Osborn, 2008). Depending on the type of interviewing, a select group of participants are asked questions tailored to the research question. This study utilized a semi-structured interview, in which initial questions were modified at times to probe interesting and important details in the participants’ responses (Smith & Osborn, 2008).

Following the transcription of the interview, I first noted interesting or significant details from the participants’ responses, and then reread the transcripts multiple times in order to become familiar with the story. Space was made in the left-hand margin of the transcript to note interesting and significant details the participant shared. These comments sometimes summarized or paraphrased while others included associations, connections, or preliminary interpretations (Smith & Osborn, 2008). Ultimately, emergent themes were listed and connections were made. Through this process “one should be able to learn something about both the important generic themes in the analysis, but also about the life world of the particular participants who have told their stories” (Smith, 2004, p. 42).

After this first stage was complete, I went back through the transcript for emerging theme titles. These themes sometimes contained more abstract or psychological terminology from the original response and were examined for theoretical connections within and across cases (Smith & Osborn, 2008). In the next stage of analysis, emergent themes were listed in a separate document and were again explored for connections. This is an important stage in the analysis as

it requires the researcher to make interpretations while “constantly checking one’s own sense-making against what the person actually said” (Smith & Osborn, 2008). Next, themes were organized into tables and clustered into particular topics. This process was completed for each participant. Themes were selected across cases based on their prevalence, richness, and the ways in which certain themes helped illuminate other aspects of the story (Smith & Osborn, 2008). In both the results and discussion, I exemplify themes by excerpting quotes (see Appendix I).

Qualitative research with children ultimately has the same goal as with adults, that is, to enable children to give as rich and detailed narratives of their individual perceptions and experiences as possible (Smith & Dunworth, 2003). When using IPA methods with children, Smith and Dunworth recommend interviewing children in an environment where they can feel safe and comfortable with the researcher; meeting in the child’s home is recommended. Semi-structured interviews are preferred, as they allow the most flexibility to respect the needs and capabilities of each individual child and offer opportunities to discuss areas of their lives that might not seem directly relevant to the focus of the research. Encouraging young participants to talk about their hobbies or interests in the beginning, not only provides potentially valuable information, but also helps in the rapport building process. With consideration to the child’s cognitive, emotional, and social development, Smith and Dunworth also recommend allowing children to express and share their stories through different mediums, such as painting, drawing, puppets, and toys. This study was conducted in consideration with the above mentioned recommendations.

Sampling and Selection

IPA involves a detailed interpretative account of the participants’ stories, and the aim is to be able to say something in detail about the perceptions and understandings of this particular

group (Smith & Osborn, 2008). This process is demanding and time consuming, thus, a small sample size is recommended; generally five or six participants. Given this small sample size, IPA usually involves purposive sampling; I chose a more selective group for whom the research question was significant (Smith & Osborn, 2008).

The phenomenon of children being raised by grandparents is not specific to any particular group or place and “can be found among all geographic regions, religions, ethnicities and socioeconomic groups” (Edwards & Ray, 2008, p. 126). This research utilized a convenience sample of six participants between the ages of 6 and 11 years old, male and female school-aged children in suburban Massachusetts. These children were in the legal custodial care of their grandparents, as guardianship had to be formally established in order for caregivers to consent to participation. Such homogeneous samples are chosen purposefully, typically by means of referral, or snowball sampling, where existing participants can refer other subjects (Smith, Flowers, & Larkin, 2009).

I initially advertised the proposed study by contacting Grandparents Raising Grandchildren (GRG) of Massachusetts (with specific contact names for local support groups), as well as using contacts within my own professional network, so that family clinicians could refer potential candidates (see Appendix A). Initially, feedback from several leaders of the GRG support groups was that the study would not be convenient or necessarily beneficial to the members (grandparents). Given the age of the research subjects and vulnerable nature of the topic, the organizations I had contacted were also concerned about how to proceed with advertising the study. Ultimately, I returned to the IRB and requested to advertise through social media. I posted the recruitment flyer (see Appendix B) on my Facebook page and asked the Facebook community to share my post. I was successfully able to recruit two grand-families this

way, one of which happened to be involved with a local GRG support group, through which the remaining four participants were referred to me.

The grandparents who responded to my outreach and agreed to the interview were adults with established connections to grandparent support and had access and means to resources. The grandchildren participants in this study were from Caucasian, middle- to upper-middle-class families who lived in suburban and urban neighborhoods and were linked to academic support, mental health care, and social/community activities. The demographic and socioeconomic status of these particular participants is not representative of the majority of custodial grandchildren in the U.S. and the results may look quite different from samples with more diverse cultural, ethnic, and economic backgrounds.

Ethics and Informed Consent

According to Locke, Spirduso, and Silverman (2007), “what constitutes ethical behavior in research, as elsewhere in life, is the product of social definition. As a social construct, it is relative to a particular place, time, and set of people” (p. 27). In North America, the National Academy of Sciences (NAS) has defined what constitutes ethical conduct in research and focuses on the following areas: (a) scientific misconduct (e.g., falsifying data), (b) questionable research procedures (e.g., careless data collection) and (c) other misconduct (e.g., violation of government regulations). Within these categories, Locke, Spirduso, and Silverman (2007) believe that there is inadequate provision for the protection of human subjects. Because this study involved vulnerable human participants, the proposed research was submitted and approved by the Institutional Review Board at Antioch University before recruitment took place.

Child participants in this research shared deeply personal experiences, and had the right to fully understand the implications of their participation. Each participant (and a legal

grandparent guardian) was given a document describing the purpose of the research, and offered a description of research procedures. Technical issues such as time involvement, confidentiality, and privacy were addressed beforehand. The participants were made aware of factors that could influence their decision to participate (i.e., possible risks) and their rights to refuse or drop out of the research at any time without consequence. The custodial grandparents of the participants were given the opportunity to ask questions and discuss any concerns; they signed their consent upon agreeing to participate (see Appendix C). The grandchildren were also given the opportunity to assent to their own participation in the study. Each child was given a developmentally appropriate assent form, and could choose to listen or read along as I read it aloud (see Appendix D). The children were also given the opportunity to ask questions and discuss any concerns before signing and participating. Each grandchild and grandmother participant received a \$20 visa gift card for their participation.

Data Collection Methods

IPA researchers seek to analyze in detail the ways in which participants perceive and make meaning of their lived experiences (Smith & Osborn, 2008). Thus, a flexible data collection method is required; most IPA studies involve a semi-structured interview. The semi-structured interview created for this study allowed me and the participants to engage in a dialogue about the research topic; this dialogue was guided by the research questions, but was not limited to them. During the interview, I began with a set of questions (see Appendix F) but followed each participant into other interesting or important aspects of their stories. This not only helped to build rapport, but it allowed me as the researcher to enter as deeply as possible into their worlds.

The flexibility of IPA allows the researcher to move around the question list to follow

interesting and important issues that the subjects bring up. Although the interview is thought to be a more collaborative process, Smith (2004) suggests that when interviewing children, the researcher may need to “take a stronger role in guiding them than is usual in IPA interviews” (p. 49). Some research also suggests that children are more likely to engage in the interview process of sharing their experiences after having preliminary sessions and opportunities to play first (Smith, 2004).

Data collection took place in four of the participants’ homes, and two participants chose to do the interview at their local library, where they felt comfortable and where there would be more space. I spent time getting to know the participants and their grandparent caregivers before beginning the interview by spending time with them together, letting them show me their toys, and being curious about whatever they chose to present to me. I also had drawing material on hand, to help establish rapport building and utilize family drawings to help children share their stories. Each child was also given a tin of stretchy, nontoxic putty to play with in their hands throughout the interview.

The raw data includes the participant’s stories they shared of their experiences being raised by their grandparents. With permission, the data were collected through transcription of audio recording of the interviews, and researcher notes. Demographic data were also collected from the grandparents, including a history of the grandchildren’s placement, reason for placement, and length of time grandchildren have spent in their care. Demographic data also asked for information about contact/visitation with biological parents and clarification on reunification goals, if any. Background data on age, grade, and school functioning were gathered, as well as any available medical and/or psychological diagnoses (see Appendix E for demographic questions).

Audit Trail

In order to help protect against threats to validity, the research process was well documented. A full record of all activities was kept; this includes all raw data (interview transcripts) as well as a data analyses. Audiotapes of the interview were included with research documentation and stored in a locked safe. To protect confidentiality, original audio recordings were destroyed after analysis; all transcripts were also edited to conceal identifying information. I also participated in reflective note taking after each interview throughout the research process, and considered the personal and professional factors that may have impacted my experience throughout the research and interpretation of the data.

Researcher Reflection

I have a strong interest on the topic of custodial grandparent care. This interest has developed over the years through my professional work with children with serious emotional and behavioral disorders; at one point, I realized that over fifty percent of the children on my caseload were being cared for by their grandparents. My impressions of the quality of these relationships, and their impact on the children were mixed. While I believe it was good for many of them to have these biological ties to their families, a sizeable number of these children were living in poor and neglectful conditions, and still being exposed to inappropriate or violent experiences. In a small number of these situations, I questioned whether kinship care was the best option. In addition, many of these children were confused about their loyalties; they were caught in the middle with insecure attachments to both their grandparents and their birth parents.

Over the past several years I have also had the experience of working with well-adjusted school-aged children being raised by their grandparents. While many of them have experienced abandonment and neglect on the part of their parents, they have also experienced a very loving

and nurturing environment from their grandparents and were thriving, and kinship care was the absolute best choice for them.

Thus, I have very strong personal experiences with both the advantages and challenges of kinship placement with grandparents. However, I realize that my concerns about the quality of these relationships reflect just my perspective, and, in fact, may not be the most important part of these grandchildren's experiences. I believe the best way to understand these relationships and experiences is to give the opportunity to the children to share their stories. The stories shared in this study suggest that custodial grandchildren who have healthy, positive, and strong attachments to their grandparent caregivers thrive in their care.

Results

The process of IPA research involves collecting data on the experiences of the participants through their verbal communication of their thoughts and feelings. Each individual case is analyzed and important details and themes are extracted. Once the pertinent themes are derived, examination across cases can provide further similarities and connections. While convergence in the data will be noted, respect will also be paid to divergences—recognizing the way participant accounts mirror but also differ from each other.

Participants

Participants included four girls, and two boys, aged 6 to 11 years, across five grandparent-headed families. Four of the six participants had been with their grandparents since birth or infancy, with one participant entering grandparent custody at the age of 2, and the other at the age of 5. Four of the participants were the sole grand-child being raised by their grandparents, while two were cousins being raised together, with two other grandchildren siblings in the home. All participants were placed in grandparent custody due to parental

addiction; some parents also reportedly had incapacitating mental health problems and/or a history of domestic violence. All participants identified their ethnicity as Caucasian. To see a table of demographic data, see Appendix H.

As previously noted, the participants in this study diverge from the average demographic of custodial grandchildren and kinship children in previous studies, in that they come from families with more natural supports, greater financial security, access to resources, and households headed by two grandparents. This very much impacts their perceptions and experiences, and may look very different from the experiences of custodial grandchildren who do not have similar support and resources.

However, it's also significant to note that all participants in this sample are children impacted by parental addiction; given the current opioid crisis, subjects share a major similarity with many other grandchildren in grandparent care. In fact, parental substance abuse is the most common reason grand-families are formed (State of Grandfamilies, 2016). While all substance use has impacted grand-families across races, ethnicities, and geographic areas for generations, the opioid epidemic is particularly prevalent among white, middle-class men and women (State of Grandfamilies, 2016), a demographic which is represented in this study. This sample does not fully capture or express the variations in experiences of custodial grandchildren, but offers a snapshot into the lives of these six subjects, who may help us understand the experiences of other grandchildren being raised by grandparents amidst the current epidemic.

All participants were given the choice of meeting with a grandparent present, or one-on-one with the investigator. Two grandchildren chose to have their grandparents present; the other four had their grandparents in another room nearby. One of the subjects, participant B, called her grandparents Mom and Dad and, to avoid confusion, they will be referred to with quotation

marks as “Mom” and “Dad” in the transcripts of the interviews. Four of the interviews were completed in the grandchild’s home, and two interviews were completed at a local library that was familiar to the participants.

Kinetic Family Drawings

The first task of the interview was for the participants to draw a picture of them doing an activity with their family. Kinetic Family Drawings were not utilized for interpretation, but rather to help the rapport building process and assist in the conversation about family relationships. Five of the participants were initially excited about drawing, while one participant agreed to do a simple drawing at the encouragement of his grandmother. All participants questioned who should be included in their picture, and were told they could draw whomever they considered family or wanted to include. Four of the participants included themselves in an activity or “hanging out” with their grandparents and/or other members of their family, such as siblings, aunts/uncles or cousins. Two participants also included their biological parents in their pictures.

Five of the participants completed their kinetic family drawing before the structured interview. Given the age of the children, their curiosity about other things the investigator brought, and perhaps the anxiety of the topic, it was difficult for them to stay on this task for much time. Thus, some chose not to finish their picture, or add much detail. The sixth participant spent the entirety of the interview sketching a portrait of her family together in a very detailed manner; she was older and identified drawing as a strong talent and hobby of hers. All children were given the opportunity to add to or complete their drawing before handing it in; all children reported they were satisfied with their pictures as is (see Appendix G).

Analysis

The resultant super-ordinate and emergent themes will be presented here. Superordinate themes are indented in bold, and emergent themes appear below them, indented and presented in bold italic text. For a visual representation of these themes, refer to Appendix I.

Perceptions of Grandparent as Primary Caregiver

All six participants discussed their grandparents as their primary caregiver in the context of the interview. Grandparents were described as providers, who are consistent and involved in everyday life activities. Grandparents were portrayed as solid attachment figures, who create structure, give a sense of family normalcy, and are nurturing and loving. For all participants, being raised by grandparents has been a positive experience. Super-ordinate themes are presented in bold below and emergent themes are italicized.

Grandparents seen as providers. All six participants described their grandparents as the primary providers in their lives. Custodial grandchildren view their grandparents as providing for their basic needs, nonessential items of daily living, and overall care. The experience of grandparents as providers is a central theme within and across all cases.

Grandparents provide for basic needs. All six participants referred to basic needs when asked “What kinds of things do they do for you?” and “How do they take care of you?” Two of the six grandchildren answered generally, such as “Um, I don’t know. Everything!” (Respondent B) or “They get me stuff that I like need, or maybe want, and stuff, but they are not spoiling me either. It’s just kinda like regular family stuff I would say” (Respondent C). Four of the six participants gave specific examples such as “They cook the food I like and get the Gatorade I like” (Respondent D) or “they give me milk all the time. And they say ‘Eat! Eat! Eat!’” (Respondent A). Food, clothes, and things for school were noted by two other participants:

“food, they buy me my stuff that I need and sometimes want. Like gift cards to pick what I want for clothes and school” (Respondent F) and “buying me food and giving me food, and giving me what I need for school” (Respondent E).

Grandparents provide for nonessential things. Custodial grandparents are also experienced as providing “all my toys and stuff” (Respondent F) and more “toys!” as one explained, “And if you see my room, you’ll understand that!” (Respondent E). In this sense, perhaps custodial grandchildren still get to maintain some of those traditional grandchildren experiences, as grandparents sometimes get to “spoil” their grandchildren with “Presents! Yes! Yes! Yes! Stuff everywhere!” (Respondent B). Though all six participants responded that grandparents provide gifts or toys or other nonessential items, two of the six felt it was more typical and similar to children being raised by parents. One respondent noted she gets presents “only at Christmas and my birthday” (Respondent A) and another participant articulated that she felt “like a lot of parents kinda in a way spoil their children, so in that way you know, they spoil me but like I feel like parents do that anyway, it kinda depends on stuff like how much it costs” (Respondent C). In her experience, that part of the relationship felt similar to her non-custodial grandchildren peers.

Grandparents provide care when sick. Two grandchildren spoke of their grandparents being involved in their medical care. One participant shared that she had recently been sick and “Nana had to take me to the doctors” (Respondent E). She also noted that her grandfather has taken her to the doctors in the past, but “nowadays it’s Nanny running around because Grampy stays home with [cousins],” as her grandparents are raising multiple grandchildren. One participant was interviewed with her grandparents present, and we collectively spoke of the child’s cancer diagnosis at the age of 3, and the many treatments and appointments they attended

together. This respondent's focus was more on the present, and rewarding aspects of being in remission, and when asked "(Grandparents) went with you to Dana Farber?" She replied "Mhmm, and Sunshine Kids" (Respondent B) and explained that was one of the organizations that helped raise money for kids with cancer. She shifted the conversation from doctors' appointments (brought up by the adults) to her active involvement with several organizations such as Make a Wish and Sunshine Kids, and her positive experiences with them. Thus, while cancer treatment was a major part of her journey with her grandparent caregivers, ultimately her narrative was one of positivity and connection through the added emotional supports she received from them along with these organizations.

Grandparents parent when bio-parents cannot. Four of the six participants understood that their grandparents were their caregivers because their own parents were unable to do so. One participant, who had been older (age 5) when she transitioned into her grandparents' care, knew the circumstances but chose not to talk about it because to her "it's kinda personal" (Respondent C). Each grandchild had different levels of awareness of why they were being raised by their grandparents, and this depended on their age, how their grandparents addressed it with them, and how the child framed it to him/herself. For example, one grandmother raised the concern with the investigator that her grandson was unaware of why he was being raised by his grandparents. However, when asked, "What does it mean to be raised by your grandparents?" He answered, "Um, that they really love you, and that the parent can't take care of you at that time. And that your parents ask your grandparents to take care of you sometimes" (Respondent F). He did not take any time to think about it, and it seemed to make sense to him. For another participant, she had had more frank conversations with her grandparents and shared with me that sometimes her father made her feel sad. When asked, "Why does he make you feel sad?" she became tearful

and said “Because he smokes and he has drugs and that’s why I can’t go live with my parents” (Respondent B). She took a little space to herself after this, and rejoined the conversation with her grandparents and me when she was ready to talk about something different.

Consistency and involvement (Grandparents part of everyday life). All six participants discussed the role of their grandparents in everyday activities, such as morning and nighttime routines, school, and extracurricular activities. This theme is steady throughout the narratives of every interview. While parent involvement can be sporadic and inconsistent, grandparent caregivers are experienced as present and reliable.

Grandparents part of daily routine (consistency). Five of the six interviewees noted that grandparents are key in transporting them places—to school, to extracurricular activities, and play-dates. They are part of the daily grind, reminding “me to brush my teeth, go to sleep, take a shower, get off the video game, do my homework” (Respondent D) as well as support the daily rituals. For example, one participant stated, “Papa always does the bed work and Mimi does all the normal morning work” (Respondent A) and another shared “always in the morning I like to wake up and crawl into their bed” (Respondent B). Grandparents are running the ship, and for most of these grandkids, that is what they have always known.

Grandparents involved with school (support). Five of the six participants talked about grandparents helping them with homework. Although the grandmothers in these families tend to take on more of an active role in most areas, children experience their grandfathers helpful when it comes to schoolwork too; three participants mentioned grandfathers as their first go-to for homework help, but all mentioned that grandmothers also help and it often depends on the subject. For example, one participant stated, “I usually go to my grandfather like for math and stuff. And I usually go to my grandmother for like spelling and reading and stuff” (Respondent

C). One of the three grandchildren in the sample with Individual Education Plans (IEP) stated that both his grandparents go to meetings at school for him. Another grandchild shared that “Nana goes to PTA and parent–teacher conferences” (Respondent E). These grandchildren experience their grandparents as a resource and support for school, and as actively involved in their academic lives.

Grandparents involved with extracurricular activities (encouragement). Subjects also described their caregivers as enabling and encouraging them to participate in extracurricular activities. Whether it is providing transportation to or from, or doing with, grandparents are seen as part of the process. Four of the six participants gave examples of either doing activities with their grandparents: “We did a 5k...and an Easter egg hunt” (Respondent D) or having their grandparents present when they are doing afterschool activities. For example, one child noted, “When we hang out after school at the schoolyard, my Nana always stays there with us and talks to the other moms and stuff” (Respondent E).

Grandparents create structure. Grandparents provide structure by establishing their ‘parental’ authority and setting limits. Participants were clear that there were rules in the home, and when they didn’t follow them, grandparents acted as the disciplinarians. For the two participants who were interviewed with their grandparents present, there was humor exchanged about who was in charge.

Grandparents make the rules. . When asked “who makes the rules in your family?” four of the six participants immediately identified their grandmothers as the rule maker by saying things like “Boss—the Mimi!” (Respondent A) or “*She* makes the rules” (Respondent D) and gestured to his grandmother. One child gave an example of how the rules are different when she’s with her Nana versus with her mother:

Oh Nanny makes the rules! I wanted a fruity pizza thing, they had this like pizza that tasted like candy, and it was like, E.Frutti pizza, and you can get it at the corner store that we got these drinks at, and I wanted that today, but my Nana said ‘no,’ so if my Nana was my Mom and I said, ‘can I have it?’ she would say, ‘Oh sure, how much is it?’ and it’s only 50 cents so I would have said ‘50 cents!’ and she would have said, ‘Ok, get two, one for me, one for you!’ (Respondent E)

Another participant said it more simply “I follow their rules because it’s their house” (Respondent C). While some of the children joked that they made the rules, none of them described any conflict between obeying their grandparent versus their biological parent.

Grandparents’ discipline. Four of the six participants talked about discipline. This came up at different periods in the interview. For example, when talking about the rules in the home, children gave specifics: “They take my phone away when I don’t listen” (Respondent D). Discipline also emerged as a theme during other parts of the interview. For example, when asked, “What would you change about your family if you could?” one participant said, “Nothing...well I wish my Nana didn’t yell as much because me and [cousin] are always fighting. That’s the only reason she really yells, then we’re in trouble!” (Respondent E).

Grandparents are nurturers (attachment figures). For the six grandchildren in this study, all of them had lifelong relationships with their grandparents, and five out of six had been raised by their grandparents since infancy or toddlerhood. For all of them, their grandparents have always been a loving and safe resource, and are often the strongest connection they have had with a caregiver.

Grandparents are loving. Participants in this study expressed feeling loved. When asked “How does it feel to be raised by your grandparents?” one subject replied, “Pretty much happy.

That they really love you.” (Respondent F). Another respondent described it as a mutual process saying, “I get along good with them...I love them and stuff. They love me. They are my family” (Respondent C). A younger participant described love through acts of affection when describing her morning routine with her grandmother: “We cuddle and kiss and hug and ‘Mama’ tickles my feet!” (Respondent B).

Being raised by grandparents is a positive experience. All six participants had a positive narrative about being raised by their grandparents. Some participants used language like: “I just like my ‘Mom’ and ‘Dad’” (Respondent B) or “I just love them and stuff” (Respondent C), that made their experience seem simply natural. The positive association of living with grandparents came through in statements such as: “I’m happy that I live with my grandparents” (Respondent F) and “I like basically everything about living with them!” (Respondent E). The oldest participant recognized it as an opportunity that not all other children get: “I just feel more connected to my grandparents than most people are” (Respondent C).

Grandparents provide sense of family ‘normalcy’. Two of the six participants felt that being raised by their grandparents just felt normal, and that “family is family.” When asked what might be different about being raised by grandparents, one participant shared, “Well, it’s not different at all, except because my Mom is Mom, my Dad is my Dad, my Nana is my Nana, and my Grampy is my Grampy” (Respondent E). Even though she was living with her grandparents, all family members had their unique place in her life. Another participant used the word “normal” in response to other people’s reactions:

Some people are like, like if somebody knows, they’re like ‘Oh my god, you live with your grandparents, you must be like spoiled by your grandparents, that’s awesome’ or like ‘oh, that must be horrible because like you have to be with your

grandparents' but it just kinda feels normal, I mean, you know, you're just like with your family. It's nice. (Respondent C)

This participant was the oldest, and has likely had more dialogue with peers about her living situation.

Separation from grandparents can be difficult. Two of the youngest participants experienced separation from their grandparents as a difficult or negative experience. This reaction is likely impacted by their developmental level, as well as other traumatic separations and losses in their lives. The youngest participant had been in her grandparents' custody since birth, and had experienced more of a peer-type relationship with her mother, who had passed away due to an overdose two years before. She did not like school and no longer wanted to participate in after school activities, "because I want to be home with Mimi" (Respondent A). The second youngest participant, who had undergone years of cancer treatment and was aware of her parents' drug use, also reported, "I don't see my 'Mommy'" (Respondent B) as a reason she did not like going to school.

Grandparents play. All six participants shared experiences of engaging in play activity with their grandparents on a regular basis. When asked, "What kinds of things do you like to do with your family?" children gave examples such as, "Tag with Papa" (Respondent A), "Shopping with 'Mom' and play dolls. And I play on the computer with 'Dad.' And he chases me" (Respondent B). Half of the participants reported that their grandparents play video games with them and both male participants reported playing sports with one or both of their grandparents.

Grandparents keep you safe. Two of the six participants referred to feelings of safety when with their grandparents. One participant would lie down with his step-grandfather at

bedtime every night in order to fall asleep because it made him feel “safer” (Respondent D). All interviewees were asked at the end of the interview if there was anything the child felt other people should know about what it is like to have your grandparents take care of you; the youngest participant responded, “That you are safe” (Respondent A).

Perceptions of Child-Parent Relationship

All six participants discussed their relationships with one or both of their parents. Five participants had ongoing contact with a biological parent, to varying degrees. One participant’s mother had passed away two years prior to the interview, but she was able to talk somewhat about her relationship and memories of her mother. Relationships with parents were discussed in terms of both positive and negative experiences.

Parents play a unique secondary role. Parental involvement adds a unique aspect to these participants’ lives, in both rewarding and challenging ways. For the most part, participants spoke positively of their parents and had a special relationship with them, though none were portrayed as acting in a primary role in the everyday lives of the grandchildren. In fact, participants often wished they played a bigger part in their lives. Whether it was their father or their mother, each child tended to have a stronger, more consistent relationship with one parent; only a couple of participants had ongoing visitation with both mother and father.

Parent experienced as visitor. Five of the six participants experienced a parent or both parents as visitors in their lives. Some children had routine visitations with a parent; three respondents had set visits one day per week. One participant described her schedule with both her parents:

Overall I like it, I wish I could see my mom more, because I see her like every Saturday, except that first Saturday of the month, which I miss her during the

week sometimes, so I wish I could see her more often. But my dad, I see him every Sunday, and I wish I could see them more, but at least I get to see them!

That's how I always think of it! (Respondent E)

Two respondents were a bit confused about how often they saw their parents, or noted the infrequency of the visits, such as "My dad visited last week. But I don't see him a lot. I don't see my mom a lot." (Respondent B). One shared about his mother: "last year I got to see her at a Christmas party, and she came to my birthday when I was turning three" (Respondent F). Children who had parents capable of regular consistent contact with them tended to talk about these relationships in more positive ways.

Parent experienced as playmate. When asked about their relationship and activities they like to do with their parents, four of the six participants described their time together like a play-date. Often, the participants described a fun activity they were excited about, like, "Play X-box at his house, I have play station, and we go to Screampfest for Halloween!" (Respondent D) or "I like to play basketball with her, because I have a basketball hoop in my bedroom" (Respondent F). Two female respondents used words like "hang out" to describe how they spent time with their mothers. Generally, these relationships were described in terms common to friendships or like spending time with an older sibling.

Parent as gift giver. Four grandchildren very much looked forward to the gifts or items that their parents would bring to their visits. The youngest participant, whose mother had passed away, remembered that, "When mommy died, every day before she died when she came, she *always* gave me toys!" (Respondent A). Two participants described their mothers as giving them "anything I want" and one elaborated on this:

So my Mom doesn't really have any rules except 'have fun and be safe', those are

her only rules. Otherwise, we can go as crazy as we want, and...my Mom, she gives me basically anything I want, like basically, she gives me candy if I want it, as long as it's something little and it's not right before dinner or lunch, or breakfast or something. (Respondent E)

For others, it is something to do together during the visit; one participant noted "she usually brings me something, like this morning she bought me an iced tea. We like to drink tea together" (Respondent C).

Parent relationship/closeness is positive experience. Four of the participants spoke very positively of their relationship with their parents. Three of them were the participants that had consistent, weekly or bi-weekly scheduled visits. These children felt "good" about their visits and "Great! More than great! Like cause we always be silly together and make up silly things" (Respondent E). The participant who had lost her mother spoke positively about memories of her:

She always showed me the moon. She always went to the window or door to see the moon, because every night she wanted to see the moon—because I loved the moon. And when I was one, when I was a little bit older than one, mommy always showed me the moon and when I was in the car and I looked at the moon and I tried to grab it. And I never touched it. (Respondent A)

This seems to be a way for her to feel connected and close to her mother still. Another participant who had lived with her mother the longest prior to living with her grandparents, and who continued to have weekly visits and contact throughout the week, said, "We're really close. I mean I feel like I can talk to her for anything. It's the best" (Respondent C).

There are challenges to having a relationship with parents. Of the five participants

with living parents, all of them described challenges about these relationships or had a challenging time just talking about them. Most participants expressed a desire to have increased contact with parents, or for the connection to be stronger.

Child wishes parent were more present. Four participants explicitly stated that they missed their parents and wished they saw them more. Upon taking out my audio recorder, the first thing one of the participants did was to introduce herself: “Hi, I am a grandchild and I miss my real parents a lot” (Respondent B). Two participants shared that they were content to be living with their grandparents, but wished they could see their mothers more, or experienced some ambivalence about not living with their mothers. For example, one exchange went as follows;

Interviewer: How do you feel about living with your grandparents?

Respondent E: I feel ok about it. Well, I can’t say I feel ok, I feel good about it, but um, I just wish I could see them more often. I would choose my Mom because I would like to, just spend more time with her, because I miss her a lot.

Similarly, another participant responded to the same question, “I wish mom lived with me, but I mean, I can’t stop that, it’s not like every day I think ‘oh my gosh, I’m like unhappy’ cause I like this place. I’m happy here” (Respondent C).

Absence of parent is recognized/felt. Four participants acknowledged the absence of parents they don’t see regularly or have a relationship with. Sometimes participants experienced this absence negatively, other participants had a more neutral response. One participant shared that she was “sad” because “I don’t see my mom a lot. I haven’t seen her in a long time really” (Respondent B). In regards to his father, one participant stated “I haven’t seen him for years, so

basically I don't remember him" (Respondent F), while another participant had "never met him" and when asked if that was something she ever thought about, she replied, "Not really, I mean...no" (Respondent C).

Talking about parents can be difficult. Five participants experienced difficulty in talking about their parents. For one participant, she explicitly stated "it's kinda personal" (Respondent C) and chose to talk more about friends and school. For the other participants, there tended to either be an emotional response or avoidance of the topic. When one participant talked about her father's drug use, she began to cry and crawled away to take some space; when she returned she was ready to talk more about life with her grandparents (whom she calls Mom and Dad) (Respondent B). When one grandmother, who was present for the interview, asked her grandson why he felt anxiety when he visited with his parents, he replied, "I don't know...ask Siri" (Respondent D). When I asked another participant about what he liked to do on visits with his mother, he replied, "Yeah, you said we can stop any time right?" (Respondent F) which let me know he did not want to speak any further about her. He was, however, open to talking about school and after-school activities. Notably, I later found out from the demographic data that he had seen his mother much less frequently or consistently than he originally reported in the interview.

Significant Relationships beyond the Child-Parent-Grandparent Triad

One of the most significant relationships outside of the child-parent-grandparent triad was the connection to a sibling, which five out of six participants had. All participants discussed relationships with an aunt or an uncle, four of whom considered these to be very significant relationships in their lives. Two of the six participants also had a close relationship with their non-custodial grandparents.

Sibling relationships are extremely important. The five participants who had siblings were excited to talk about these relationships in the interview. Four of the five participants did not live with their sibling; being apart from them was a source of sadness. They spoke endearingly of their siblings. One participant lived with his two younger siblings and his older cousin, and this seemed to provide him with a sense of togetherness and family normalcy.

Siblings provide sense of connection. Four of the five participants with siblings have younger siblings; two of these siblings are infants still living with their biological mothers. Thus, those two look forward to seeing their baby brothers during their visits with their mothers. One participant smiled and said, “I’m really good with him” (Respondent D) and the other participant exclaimed, “I have a baby brother and my Mom says I’m the best big sister in the world!” (Respondent E). During the inquiry about her Kinetic Family Drawing, one participant noted that she felt she had the closest relationship to her brother. She described this sibling relationship as “just different” from her other connections in the family (Respondent C).

Siblings experienced as playmates. Three of the participants talked descriptively about their siblings as playmates. When they have visits, they like to do special things together. One participant said she and her older sister have play-dates and “lunch at our favorite restaurant” (Respondent B) about every other week. Another participant sees her brother every other weekend when he comes and stays with her and their grandparents. Together they “draw. We hang out and stuff, we watch YouTube” (Respondent C). The participant who lives with his siblings and cousin notes that they are constant playmates and “play toys and stuff. I like to play basketball with my brother” (Respondent F).

Child misses sibling when apart. Three participants noted that separation from their siblings was difficult. One participant said, “I see my sister a lot. I miss her a lot” (Respondent

B) and another, when referring to her brother, stated, “I always miss him” (Respondent E). When asked, “What is one thing you would change about your family if you could?” another participant said, “I just kinda wish my brother was here a lot more. I see him a lot; I wish I could see him more” (Respondent C). The absence of siblings is felt, with a desire for increased togetherness.

Sibling relationship/closeness is positive experience. The five participants with siblings talked positively about their relationships with their brothers and/or sisters. One participant drew herself playing with her sister in her kinetic family drawing “because I love my sister!” (Respondent B). Another participant said of his baby brother: “He’s cute! Want to see?” (Respondent D) and proudly showed pictures of him. Another participant shared that she likes “spoiling my little brother with drawings and stuff that I made him” (Respondent E) and when I asked her cousin how his relationship with his little sister made him feel he responded, “It’s good, it feels pretty fun” (Respondent F). Another participant spoke candidly and acknowledged, “He annoys me and like I annoy him back, but at the same it’s not like I hate him, because I love him like so much. He’s the best” (Respondent C). Participants spoke most positively and without ambivalence about their experiences in sibling relationships.

Great value placed on role of extended family. While sibling relationships seem to be critical connections for these grandchildren, all of them could identify other family who has been instrumental in their lives. These included other grandparents, aunts, and some very involved uncles.

Aunt/Uncle experienced as desired and/or positive connection. Five participants discussed having a positive connection to their aunts and uncles, and a desire to have them regularly involved in their lives. One participant reported that she has an uncle she sees every

couple of months but stated, “I want to see him more. I’m trying to see him more” (Respondent C). Four participants had uncles who either lived in the home with them, or nearby and so were part of their near-daily lives. They used words like “happy” and “love” to describe these relationships. When talking about his relationship with his uncle, one subject said, “We know [uncle] by heart! Because he lives with us...he’s a big, big part of my life!” (Respondent F).

Aunt/Uncle is experienced as playmate. The four participants close to their uncles described their relationships as very playful. One participant shared “I like to play video games with [uncle]. I hop on his bed and get the other controller because he has two and I play with him!” (Respondent A). Similarly two other participants reported enjoying playing video games regularly with their uncle. Another participant talked about going to Disneyland with “My uncle! My uncle! My uncle! He went on all the rides with me!” (Respondent B). One uncle also “takes us down into our driveway to ride bikes, and he’ll come to like, if we go to the museum or the movies or something, he’ll sometimes come” (Respondent E). All of their faces lit up when the children talked about these special and less complicated relationships.

Uncle is experienced as source of support/stability. Three of the six participants used words that portrayed their uncles as stable figures in their lives and viewed them as a source of support. One participant reflected:

We never fight—he’s very, very nice. He’s more patient though than Mimi. He helped me when I was jumping on the bed and he said ‘Don’t jump.’ Mimi says ‘go to sleep!’ and she yells but [uncle] says ‘please go to sleep’ or ‘just do it quietly’ because he’s more patient. (Respondent A)

Another participant described her uncle as “stern. He always tells me what I’m supposed to do” (Respondent B). However, her grandmother, who was present for the interview, noted that the

participant calls him almost every day to come over: “Uh huh. Every night! Where is he? He should be here” (Respondent B), and by grandmother’s report, he does stop in almost every day. A third respondent spoke about how “sometimes even my uncle will help me” with homework and chores around the house. These participants saw their uncles more consistently than their biological parents, and presented as having strong attachments to them.

Other grandparents in grandparent role. Two participants talked about spending time with their other set of grandparents. One participant included her other grandparents in her Kinetic Family Drawing playing with their dog and shared: “This is my papa and grandma and their dog. I miss her a lot. But I still get to visit my papa and grandma” (Respondent B). Another respondent told a story about the previous weekend out shopping with her mother and other grandparents and said “I get to see them when my mom takes me” (Respondent E) suggesting that they are also important members of her family constellation.

Cousins provide sense of family connection. Five participants in the study talked about cousins as part of their family experience. Some felt significantly strong connections to their cousins like “I have a cousin [boy] and a cousin [girl] and they are special to me. I see [boy] on holidays and birthdays” (Respondent A). One participant said his cousins were “a *big* part of my life” (Respondent F) and his cousin who is also being raised by the same grandparents reminded me she gets “to see some cousins every day. Did you think me and [Respondent F] were brother and sister? Because we fight like brother and sister! But we are cousins” (Respondent E). Two other participants also mentioned having a lot of cousins in their families and that they get to see them regularly, particularly on holidays.

Cousins experienced as playmates. Four participants talked about playing with their cousins. When asked, “What makes your cousins special to you?” one subject answered, “That

they play with me! And they are the only friends I want” (Respondent A). Other participants mentioned playing video games and sports activities with their cousins. The two participants in the study who were cousins both in the care of their grandparents tended to have more sibling-like relationship, but prided themselves on being cousins. One noted, “I play with [Respondent E] all the time. But when I play with her, *she* can only make up ideas. *She* only makes the game. That’s like pretty unfair” (Respondent F). The cousin he was referring to was the oldest of the four grandchildren living in the home, and he described her as a bit of a bossy older sister. They both independently acknowledged that they “fight like brother and sister” (Respondent E, Respondent F).

Other Supports and Resources

When thinking about the resilient nature of these custodial grandchildren and their families, it’s necessary to look at all the key factors that contribute to resiliency—family relationships and bonds were a focal part of this research—but individual factors (e.g., confidence, self-esteem, interests) and community resources (e.g., peer connections, extracurricular activities, school support, mental health services, etc.) are also important and influential factors in their experiences. While all participants were engaged in therapy, only one chose to talk about her experience of that. However, all six participants were able to talk about themselves and their community activities.

Sense of self. The semi-structured interview started with the question “Tell me a few things about yourself” and included prompts such as “What is something you’re good at?” and “What do you like to do after school?” Participants also answered questions about school, hobbies and interests, and the things they like to do with friends and family. All were able to

identify positive aspects of themselves and activities in their lives that were sources of confidence and pleasure.

Can identify positive aspects of self. All six participants talked about things they were good at and gave voice to seeing themselves in a positive light. Interestingly, in their self-descriptions, five of the six children included praise from their grandparent caregivers. For example, one participant said, “Nana says I am good at singing and that I am smart! And I am good at drawing!” (Respondent A). Similarly, another participant described herself as “creative and I love making things. And ‘Mom’ and ‘Dad’ say I am good at singing, and swimming. And martial arts. I also like to help other kids” (Respondent B). One boy, whose grandparents were present for the interview, shared, “I’m good at football, wrestling, video games...*he* (points to step-grandfather) wants me to do mixed martial arts because he says I’m really strong. I am!” and he also added, “Nana says I’m good with little kids” (Respondent D). While these children could identify things about themselves they were proud of or enjoyed doing, they also chose to talk about experiencing themselves reflected positively in their grandparents’ eyes.

Can identify areas of interest/talents/hobbies. All six participants could identify things they liked to do or were good at. For the two boy participants, the focus was on sports and video games. Two participants talked about being in their local community swim clubs. Two participants talked positively about school. For example, sharing, “I am good at school. Like my favorite subject, I have more than one, I like ELA and math” (Respondent E); and, “Reading buddies! I like to read to the kindergarteners” (Respondent B). The oldest participant, who was 11, talked about her love of music and art, and found ways to utilize these interests and talents by joining her school’s drama club, and playing trombone in band.

Sense of community. Five of the six participants for this study were recruited through

the connection of their grandparents' support groups. The sixth participating family had heard about the study through a member of their church. Thus, these children are in the care of grandparents who value and participate in community activities themselves. Similarly, the grandchildren participants experienced being part of a community and socially connected, or at the very least, felt encouraged and supported by their grandparents to do so.

Grandparents encourage engagement with peers. All six participants discussed their experiences with friends and how these relationships were very important to some of them. Throughout the interview, the 11-year-old female participant mentioned her friends often, and noted, "My friends are really important to me" (Respondent C). Developmentally, it is natural that for her, connections to peers and opportunities to engage with them inside and outside of school are a priority; she also felt that her grandparents were very supportive of her spending time with friends. The participants who were cousins both reported playing at the park or school yard "almost every day" (Respondent E; Respondent F) and that their grandmother supervised their play while engaging with other mothers. The two youngest participants, who experienced difficulty being apart from their grandmothers, reported their grandparents provided social opportunities, such as activities at the Y or afterschool play-dates, and encouraged friendships. One participant explained, "Mimi says, 'Have friends! Have friends! Have friends! And she chants it! She chants 'Have friends! Have friends!'" (Respondent A).

Participation in extracurricular/community activities. All six participants described being involved in extracurricular and/or community activities. Three participants were members at the local Y or Boys and Girls Club and participated in afterschool events there, such as ongoing athletic activities, or just special events, such as a family Halloween party. Four participants talked about their family's religious community and had varying levels of

involvement, two of whom noted they “go to church and CCD on Sunday mornings. Nana takes me and [cousin]” (Respondent E). The participants in this study had ties to their community and social connection was emphasized and valued in their families.

Discussion

This study explored the narratives of six school aged custodial grandchildren speaking about their experiences of being raised by their grandparents. Throughout data collection, children gave voice to the many different aspects of grand-family life, including their experiences with their caregivers, but also the connections they kept through kinship care—to their birth parents, siblings, and other family members. They also spoke about the activities and routines in their everyday life describing their experiences at school, in extracurricular activities, and through community engagement.

The IPA approach yielded numerous emergent themes within and across transcripts. Throughout analysis, I was able to identify themes that captured the experiences with most salient meanings for the participants, and organized common experiences under superordinate themes. The results are now be considered in light of the existing literature; I explore how this data illuminates what other studies have found, or how it departs from and adds to the current body of knowledge. Following this discussion, I address the limitations of this study, the implications for clinical work, and recommendations for future research.

Grandparents as Primary Caregivers

Although much of the qualitative research with children in care has not focused specifically on custodial grandchildren, there are notable similarities between my findings and the relevant literature. For example, one of the first studies to explicitly look at the lived experiences of custodial grandchildren was completed by Dolbin-MacNab and Keiley (2009)

who sought to gain an understanding of how teen custodial grandchildren experienced family relationships. These subjects were between the ages of 11 to 19, and so developmentally, it could be expected that the experiences, the language, and meaning making process might differ from the accounts of my younger participants.

However, some very basic findings from both studies tend to align with each other. The participants in the 2009 study also reported having close emotional bonds with their caregivers, a great deal of gratitude and respect for them, and acknowledgement that their lives were better for being in their grandparents care. Factors that contributed to this bond depended on the grandchild's developmental level, the contact and relationship the child had with his/her parent, and how long grandchildren had been in their grandparents care (i.e., the longer a child had lived with a grandparent, the closer the bond and more parent-like the relationship).

The grandchildren in this current study did tend to be in their grandparents' care for most if not all of their lives; thus, for them, grandparents absolutely took on the primary provider role, and these attachment relationships seemed to be comparable to parent-child connections. As seen in the results, the custodial grandchildren in this study were extremely bonded with their grandparent caretakers because they experienced their grandparents as providing the very things that attachment figures provide: basic necessities such as food, clothes, and shelter, care when sick, and safety. Grandparents consistently meet these needs daily, and provide structure through routines, rule-making, disciplining, and active involvement in important areas of the children's lives. Perhaps most of all, these grandparents have the qualities most desired in an attachment figure: they have consistently, since early life, been nurturing, loving, playful, protective, and clearly identify as family. They are these children's connection and access to their parents, and siblings, extended families, and community—all playing critical adjunctive roles in their lives.

Parent and Child

Similar to the adolescent grandchild study (Dolbin-MacNab & Keiley, 2009), participants in this study did not tend to experience their biological parents as authority figures; rather, they provided descriptions of companionship and fun; parents were experienced more like friends, siblings, or even more traditionally indulgent grandparents. This was also the case in a qualitative study on general kinship foster care by Messing (2006) who also asked about family relationships. The kinship children in her study were between 11 and 14 years of age, and many described their relationships with their parents as more sibling-like; they experienced their parent as an older sibling they could talk to. Such findings parallel the accounts of the 11 year old participant in this study, who also felt that she could “talk to her mother about anything.” The younger participants also experienced their parents more as playmates or visitors.

In addition to Dolbin-MacNab and Keiley (2009), and Messing (2006), two other qualitative studies looked at children in kinship and nonkinship foster care. Schwartz (2010) interviewed children ages 11 to 14 years old in both kin and nonkin foster homes. Whiting and Lee (2003) interviewed younger children ages 7 to 12 years old in nonkin foster care. As in all four of the available qualitative studies, children in the present research, acknowledged the experience of loss and desire for more frequent and better quality relationships with biological parents—in particular with their mothers. As might be expected, older children and adolescents in these studies appear to be better able to talk about their emotions around their losses. They expressed insight commensurate with their better developmental understanding about what their parents were going through, why parents could not take care of them, and why their grandparents were better suited to the task. These studies involving participants in their early to mid-teens also suggest more mixed emotions and a conflicted understanding about their relationship with their

parents. The results of Whiting and Lee's (2003) research exploring the experiences of younger children were much more like my findings: younger children had less nuanced understanding of the reasons for being in care, and desired to see their parents more than they did.

Notably, the participants in this study generally experienced their relationships with their parents as positive, and not as a competition with their relationship to their grandparents. The participants did not express feelings of divided loyalty as expected, but rather seemed to value or recognize their grandparents primary roles first, and their relationship with their parents as secondary. These grandchildren, living most of their conscious lives with grandparents, may not have had a secure sense of connection to a biological parent, but, on balance they responded neutrally to the lack of that relationship.

The *process* of talking about parent-child relationships however was significant, and participants' difficulty in broaching the subject of their parents was painfully clear at times. The frequency, continuity, and quality of child-parent interactions played a huge role in how the participants experienced these relationships; children who had regular, consistent, and positive visits talked more openly and optimistically about these relationships. Other children avoided talking about their parents all together. Age, temperament, and the degree to which participants were aware of why they could not live with their parents also impacted their comfort in talking about this sensitive topic.

Two of the children in this study had grandparents present during the interview. One participant, who referred to her grandparents as "Mom" and "Dad," appeared comforted by their presence. Although she did not have consistent contact with her parents, she had accurate, age-appropriate information about them and ongoing dialogue with her grandparents about the family likely contributed to her ability and willingness to share. The other participant, who

wanted his grandparents in the room, seemed to be hindered by their presence. Despite a solid attachment to them, he was older, guarded, and expressed frustration around the limited access he had to his parents and aunts and uncles. There seemed to be sadness and anger beneath his reserved nature, which he may not have wanted to tap into with me, who was unknown to him. It is also possible that his avoidance served to protect his grandparents from his feelings, and present his parents in a positive light to the interviewer.

Family Outside of the Home

The Qualitative research done by Schwartz (2010) and Whiting and Lee (2003) with younger children mirrors some significant results in the data presented here in regards to sibling relationships. Schwartz interviewed kin and nonkin foster children and found that both groups experienced loss, sadness, and desire for more contact with siblings. Whiting and Lee interviewed nonkin foster care children only; they noted the loss of access to a sibling and desire for that connection was voiced strongly amongst their respondents.

In this present study, too, siblings were experienced as a major source of love and connection for custodial grandchildren. Their mention was important; they were described lovingly and positively, as engaged playmates when present, and as missed brothers or sisters when absent. These sibling relationships were unique, but also seemed to serve as an added connection to a parent, usually the mother. For two participants, their infant brothers were in mother's custody; so seeing their brothers was also positively associated with time seeing their mothers. For one participant, who did not have visitation with her mother, regular visits with her older sister had an added benefit by also maintaining that connection to mother through her.

Beyond the grandparent, parent, and sibling relationships discussed in previous research, the participants in this study also spoke about other people they felt close to, whom they

experienced as positive connections, reliable resources, and stable supports in their lives. Two participants in this group had ongoing relationships with their other, noncustodial grandparents. These relationships were consistent and stable, and the participants felt connected and loved. All six participants had mentioned aunts and uncles as important people in their lives; this unique finding is the first time this is seen in a grandchild study. Four participants had uncles that had very significant roles in their lives; three participants had one uncle living with them, and the fourth had one close by who visited almost daily. These relationships were more consistent and stable than the relationships the children described having with their own parents. The parents of the participants in this study struggled with substance abuse, which greatly impacted their ability to be present in their children's lives. Although some fathers had semi-regular contact with their children, these uncles seemed to naturally step in and be available on multiple levels—they brought humor, fun, love, support, and structure when needed. As shown in the results, several subjects also experienced a strong sense of kinship with their cousins. Some participants had close relationships with cousins; others saw them more typically around holidays and birthdays, adding another layer of family 'normalcy.'

Supports and Resources

The qualitative data available in regards to children in grandparent care are limited; the extant research focus tends to be on the caregivers and a more narrow inquiry into the triangle of the child's relationships with caregivers and their biological parents. Further, research historically has held a negative bias, tending to focus on the challenges and struggles faced by children in kinship care. There is scant information on what grandchildren might identify as the strengths, supports, and resources that they experience as positive and helpful. In using a resiliency framework, this study was able to capture valuable themes consistent with resiliency factors.

As previously noted, the grand-families recruited for this study were either connected to a grandparent support group, or connected through their local church community. Thus, these grandparents have experience navigating, joining, and finding value in support through outside resources. It is not surprising that similarly, they have been able to navigate, advocate, and instill this value in support for their grandchildren.

All six participants discussed school and the varying levels of their grandparents' involvement. Three children had IEP's, and several participants recognized that their grandparents attended meetings at school, parent-teacher conferences, or were on the PTA. Contrary to prior research in this area which suggested custodial grandchildren had less support around school and homework, these participants reported feeling like they had access to help through their grandparents, their schools, and other family members.

In the demographic data, grandparents reported which supports and resources their grandchildren were utilizing. All six children had significant access to afterschool activities, including programs at the local YMCA or Boys and Girls Club, afterschool programs (such as band or drama club), playdates, sports, and tutoring. Four participants were also involved in religious activities. Five participants were receiving therapy services, while the sixth and oldest participant had several years of therapy in the past, and was taking a break per grandparent report of her doing well.

Many of the participants enthusiastically discussed their extracurricular activities. All six of them were able to describe activities they were involved in and enjoyed doing. Not all activities were equally pleasurable—a couple of the younger participants felt that this sometimes kept them from being with their caregiver as much as they desired. Overall however, these activities provided every participant with some sense of enjoyment, connection, or recognition of

skills and abilities that boosted their self-esteem.

Participants talked about talents and skills they possessed, the things that interested them, and how their interests not only made them feel better about themselves, but were also ways in which they connected with others. For example, one participant recognized music and art as personal talents, which she utilized in school band and theater club, but also which she enjoyed doing afterschool when hanging with peers (i.e., watching music YouTube videos and drawing together). Children who experienced themselves as athletic expressed these skills on organized sports teams, and in playing with friends at the schoolyard or with cousins at family gatherings.

When asked to talk about themselves, every participant was able to express a positive self-view. Interestingly, five of the six participants identified positive traits also as seen through their grandparent caregivers' eyes. These accounts suggest that custodial grandparents not only provide for the basic necessities of day to day life, as well as love and connection, but like all healthy attachment figures, also provide ongoing feedback to their grandchildren, which in turn allows them to develop and grow a positive sense of self.

Limitations

This investigation was limited to a small sample size of six participants in order to meet the rigorous demands of an IPA study. The primary focus of IPA research is to gather a detailed, in-depth account of an individual's experience. Quality of data and the understanding of meaning and context of human phenomena are prioritized over quantity and associations between events (Smith et al., 2009). Thus, the findings in this study are not meant to be generalized and cannot speak for the experiences of every custodial grandchild. Because IPA also focuses on "personal meaning and sense-making in a particular context, for people who share a particular experience" (Smith et al., 2009 p. 45), this study was also conducted with a very homogenous sample. Not

only were all of these participants being raised by grandparents, but all participants identified as Caucasian, were middle to upper middle class, being raised in a two (grand) parent home, and living in suburbs outside of Boston, MA.

My sample bears little similarity to the national demographics commonly found in larger quantitative studies and national surveys. Indeed, children in kinship care often reside with overwhelmed older grandmothers and live in homes of lower socioeconomic status (Cuddeback & Orme, 2002; Ehrle & Geen, 2002). Thus the experiences of this group of grandchildren may not reflect at all the experiences of custodial grandchildren living in other cultural, socioeconomic, and geographical contexts. In many ways, these children represent the more optimal end of foster care placement, all could name many people who loved them and were engaged actively in their communities.

Larger samples would capture a wider range of different custodial grand-family contexts, and would yield more diversity in the findings. Grandchildren who are actively involved with the child protective system and with current conflict in the family, may not have stability at home, the bond and attachments, or strong support/involvement with extended family as seen with this sample. Grand-families struggling with poverty are more stressed, may be less available due to having to work multiple jobs, and have less financial means to access resources, such as counseling, daycare, memberships to after school programs, etc. More rural or impoverished communities may not be able to provide the resources that were available to the subjects in this study; educational support, mental health programs, and extracurricular activities may be minimal to none. All of these factors impact how custodial grandchildren experience themselves, their relationships, and the world around them. Their narratives may tell a different story, and these alternative perspectives may give us insight into the experiences of custodial grandchildren

who are not functioning as well; it may provide us with a picture of the struggles that impede resiliency, rather than the positive factors expressed in this research.

Given that the participants in this study had to be in the legal custody of a grandparent caregiver in order for consent to be obtained, it was much more difficult to recruit participants than expected. Many grand-families are informally arranged and grandchildren being raised in these families are often in custody limbo. Many are in the custody of Child Protection Agencies, or even in shared custody with a biological parent who is working towards reunification. Thus, I did not have access to the preponderance of potential grandchildren participants. Further, because grandparents who do have custody of grandchildren typically receive less social services support in connecting them to resources, it was more difficult to know where to find grandparents or how to contact them. I had to find multiple routes to appeal to prospective participants; I was extremely fortunate to find a group of custodial grandparents who were eager to help contribute to research on a topic so dear to them.

Interestingly, despite the hesitancy of some of the grandparent support groups to advertise the study to their grandparent members, stating concerns that it would not benefit them given how stressful it can be to parent grandchildren, the grandparents in this study were eager and excited to participate and talk about their experiences, and encouraged their grandchildren to share their stories as well. It's possible that, because the initial groups I reached out to were serving urban grandparents in more low SES communities, these grandparents were perceived by the group facilitators as being too stressed or limited by time and resources to participate. Perhaps many of the members were involved with child protective services, or there was a greater deal of conflict in the home, and they presumed these grand-families may not want to share or expose these private struggles.

The age of participants may have also impacted their ability to communicate a richer level of details about their inner experiences. IPA relies heavily on language and verbal abilities. Given the age of the participants, they do not yet have abstract reasoning abilities. Their cognitive and language development limits their ability to think about their lives and regulate strong feelings. The age of the participants impacts how they process their complex experiences, and how they are able to relay that experience to others.

In this study, I pushed a bit on the comfortable bounds of how children thought and felt, asking a lot about emotional experiences and sensitive topics. I could see that some children did not feel equipped, or ready, or especially wanting to discuss some of the more tender subject matter, particularly when the inquiry turned to feelings about their parents. I was alert to this possibility, and aware of the participants' responses. I was respectful and always followed their lead, but I recognize that some parts of this inquiry were hard for these younger children. In addition, my novel and unfamiliar presence or even the presentation of the topic alone may have influenced what participants chose to share and how. On the other hand, it is also important to acknowledge that this shift in engagement is as salient to our understanding as anything children said on these topics. In those moments of withdrawal, even the best-adjusted children revealed something of the grief and loss they have endured.

All participants signed an assent form and understood that they did not have to participate and could stop the interview at any time. However, the grandparents in this study were excited and eager to help with this research, and this may have influenced the grandchildren to participate, regardless of their own desires. Two grandchildren also chose to have their grandparents present for the interview; at times this definitely seemed to hinder one of the participant's willingness to respond to certain questions. His grandmother recognized this and

encouraged him to meet with me in another room, but he again declined. At other times however, a grandparent's presence seemed to be helpful; one of the younger participants seemed comforted and more open when her grandparents participated in the interview.

Clinical Implications

Clinical implications can be derived from IPA studies for their "theoretical transferability rather than empirical generalizability" (Smith et al., 2009, p. 51). Clinicians and other professionals for whom this work is relevant, should find some themes from the analysis in this study, in conjunction with the extant literature and their own personal and professional experience, helpful in working with individuals in similar experiential contexts. Some of the findings here may be helpful clinically, in educational and family resource centers, and at a practice and policy level in the social services system.

Clinically, those working in the mental health field should continue to address the underlying issues concerning the developmental trauma many custodial grandchildren experience in early life. The majority of the participants in this study had been in the care of their grandparents since infancy or early childhood and they did not have, or at least discuss, traumatic memories of being in their birth parents' custody. For most, these experiences would have been preverbal and difficult to access in conversation. Naturally, young children may express their emotions and experiences through art or play more readily. It will be easier for custodial grandchildren to talk about their experiences within the context of a long-term therapeutic relationship, as opposed to in an interview with an unfamiliar investigator, because powerful feelings, including likely the feelings of traumatic loss, are still too close to the surface to manage without a safe therapeutic connection. Given the sensitive nature and difficulty around talking about the parent-child relationship, it will be critical to first establish a solid therapeutic

rapport.

As in the case of this study, many custodial grandchildren are in their grandparents' care due to ongoing parental mental health and substance abuse; these issues are likely to compound children's concern and feelings about their parents, and may fluctuate depending on how the parent is functioning at the time. Developmentally, these concerns and feelings will also change as children's understanding of the situation expands and relationships wane or grow.

The most poignant theme voiced in these interviews, and in the overall literature, was the universal desire of children to know and have access to their mothers. Helping grand-families and children placed in care to foster connections with biological parents—whenever it is possible and safe to do so—may be the most clinically relevant intervention for these children. The participants in this study felt safe and content to be raised by their grandparents; the objective of facilitating the child-parent relationship is not necessarily about preparation for reunification, but just to help them know who their parents are; this, in turn, will help them develop a coherent identity narrative for themselves. The children who also had the chance for a healthy relationship with their non-custodial parents expressed notable pleasure in those attachments. It is important, too, that clinicians fully understand how deeply children grieve the loss of their parents even if they have been raised by competent grandparents for most of their lives.

From a strength-based perspective, it will be useful for clinicians to do a thorough assessment of the positive and consistent supports and resources in the child's life to identify and strengthen existing relationships and competencies. For example, recognizing additional family members beyond the caregiver, such as an aunt or uncle, adds a player to the child's team, an extra support, cheerleader, or adult in his/her corner. Children benefit from more kinship connections and do better when they are in a bigger web of family, interests, and community. For

the grandchildren in my study, uncles were present where their 'parent' siblings were not; they stood in as important attachment figures to their nieces and nephews, playing a part in daily rituals and important family traditions. Perhaps as a stand in for a missing father, these uncles were essential parts of the caregiving system. Aunts and uncles may be able to engage on a more active level, be savvier to the current trends and issues in grandchildren's lives, and hopefully become a resource in the future when grandparents are no longer available.

Assessing and incorporating custodial grandchildren's interests, talents, and skills will be helpful in the therapeutic work, for both individual and family services. Most clinicians working with children and families encourage play, movement, and artistic expression as part of the therapy session. As this research suggests, children flourish when they have people to love and activities that give them pleasure and self-esteem. Grandparents who foster and admire talents and competencies give their grandchildren the opportunity to experience themselves as loved and adored, and a way to feel positive and proud of themselves, with something to bring to the table. A strengths-based approach to treatment will contribute to self-esteem, strengthen attachment relationships, and carry over into coping skills to help with affect and regulation as the child develops.

One of the major concerns discussed in the literature on children in grandparent care is that custodial grandparents may have relatively limited access to support; they are generally less able to offer the child resources for academic enrichment and extracurricular activities. School social workers likely play a pivotal role in connecting teachers, aides, and grandparents in order to identify grandchildren who may need added academic, emotional or social support, and help advocate for these families. Home-school communication and teamwork is particularly important for these vulnerable children. Pulling grandparents and other supporting relatives into the child's

academic life is crucial. School is home away from home for these children, and school staff are the caregivers throughout the day.

School plays such an important role not only in learning, but in building social skills, self-esteem, connections to peers and other adults, and can serve as an alternative environment to the stressors of home life. For children in this study, school was generally a positive experience. However, all of these participants carried with them heavy feelings around family relationships that likely come with them to school; they carry particularly difficult burdens concerning their birth parents. At this age, school activities often involve the topic of family, culture, home, and community life. Having knowledge and sensitivity of the circumstances and experiences in the lives of custodial grandchildren is important to be mindful of in the classroom and the school's guidance department. The grandchildren in this study were fortunate to have outside mental health services in place; for many custodial grandchildren, school may be their only access to therapeutic support.

Extracurricular activities provide another source of engagement, feeling part of a team or community, discovering areas of enjoyment and competency, building self-esteem, and also offer time away from school and home to just be a kid. Schools that offer after school programs and fun clubs would be a great place for children to get this time, have fun, and would also provide grandparents with childcare. In addition, participation in community and afterschool activities further serve to bring caregivers and other valued family and friends together to enjoy performances and games.

At the time of this study, none of the participants were involved with the foster care system; however, all grandparents reported initial involvement with the Department of Children and Families during the transition into care. Many grand-families, even when custody

arrangements are informal, come into contact with the child protection system. The qualitative data from this research offers some valuable insight for both social-work practice and policy. In particular, grand-families could benefit from added support from social workers to ensure regular visitation, maintaining sibling relationships, and facilitating access to resources.

At a practical level, social workers involved with custodial grandchildren may be most helpful around improving the consistency of parental visits, and, if supervising these visits, help to monitor the interactions. For the children in this study, the relational experiences of the participants were very much impacted by the consistency and quality of the visits. In many cases, looking out for symptoms related to parental mental illness and/or substance abuse will be critical in assuring safe and positive parent-child interactions as well as making any necessary referrals for mental health or addiction treatment.

States have regulatory guidelines for visitation; for example, when parents present as emotionally dysregulated or intoxicated, a visit will be cancelled. This can lead to disappointment and anger for the child left waiting. Thus, education and training around mental health and addiction is especially important for those in the social work field, especially as it relates to explaining these problems to young children. As the current opiate epidemic surges, the burden on grand-families and their numbers increase. Thus addiction services for parents must be an essential ingredient in helping children thrive, even if they are just to have some kind of safe and predictable occasional contact with their parents.

Both the extant literature and this study suggest that family connections outside of the caregiver-child relationship play an extra important role for these families. A focal point in working with custodial grandchildren should center on strengthening extended family systems and on maintaining sibling bonds. This may initially involve managing parental visitation

together with siblings, but also requires developing long- term realistic and sustainable avenues for these relationships to continue.

Lastly, social service supports should not be withdrawn when a child is placed in kinship care. Kinship caregivers are frequently left to navigate educational and mental health systems on their own, despite the fact that that children in kinship care tend to need the same higher level of support as their peers in nonkinship foster care. Indeed grand-families tend to be poorer than non-kin foster families, suggesting they may need more, not less social support and guidance.

Future Research

This study has offered a window into the experiences of six school aged grandchildren being raised by their grandparents. As one of the points of criticism on the topic is a lack of qualitative research involving custodial grandchildren (despite their growing numbers), further qualitative inquiry is encouraged. The existing qualitative data on grand-families provides us with insight into the lived experiences of grandchildren and the grandparents who raise them; it would be interesting to explore also the experiences of the biological parents who are trying to find their role in-between and on the fringes. I recognize that their missing voices from the literature may be reflective of their missing presence in their children's lives; collecting that data may be difficult, given the issues often preventing them from raising their children—particularly substance abuse and addiction. The current opioid crisis is of special concern for children entering the care system today whose parents are struggling with or recovering from addiction. Any future qualitative research on the lived experiences of these children will be extremely relevant for clinical practice; we now also have a new generation of therapists working with the generation of children being raised amidst this epidemic. It is my hope that this study not only expands our understanding of the challenges and rewarding experiences of life as a custodial

grandchild in order to develop effective clinical interventions but also instills a sense of curiosity for further investigation.

Final Thoughts

This process—listening to and making meaning of the subjects’ narratives—has certainly impacted my view of kinship placement and how the power of relationships can impact functioning and life experience, even under distressful circumstances and varying environments. The biases I came into this particular topic with were influenced throughout the different aspects and processes of research; from the literature review, to choosing the methodological approach best suited for this project, in developing my theoretical framework, and certainly in meeting the participants and their families, and having the privilege of hearing their stories. The results of this study suggest these custodial grandchildren are profoundly resilient, and the factors contributing to their positive experiences of being raised by grandparents undoubtedly include the loving bonds and strong attachments they have with their caregivers, the healthy and supportive connections they have with other family members, and the relationships their grandparents have helped them forge with their schools, peers, and community at large.

This research has also affected my own clinical work and practice with custodial grand-families, especially in identifying the existing protective factors and working to establish or build up missing supports and resources. Currently, I provide family support and stabilization services which are contracted through the Department of Children and Families (DCF). I work with many grand-parent headed families who are under a great deal of stress, and typically struggle with many of the identified factors in the literature: biological parent addiction, financial stress, physical and mental health issues, and behavioral and mental health difficulties with their custodial grandchildren. Over the course of this research, I have come to prioritize not only

supporting the bond between grandparent and grandchild, but also in improving the relationship between child and parent when possible, and identifying and bringing in extended family or other natural supports. One of the more unique findings of this study included the significant role an aunt or uncle or other family member may play in the child's life, and the profound impact these relationships can have on the child's life experience and well-being. Bringing these family members actively into treatment has been extremely valuable, especially in helping to create more stability in times of crisis.

The children who participated in this study were engaging, thoughtful, and wise beyond their young years. Throughout the interviews they invited me into their worlds; engaging me in their playfulness, sharing their vulnerabilities, and offering insight into matters most important to them. In my curiosity about what little voices would have to say about being raised by grandparents, I found that their voices weren't so little—these children were loud and clear that being raised by their grandparents means they feel loved, cared for, and safe. Despite the challenges in their families, family is what matters most to them. They feel supported and connected, but desire the thing most all of us do—to be able to be with the ones we love most. Whatever difficulties their parents may be struggling with, these children love and long for a stronger bond with them. It was truly an honor to be trusted with their stories and a gift to be able to share them here. Strength and hope abounds throughout these narratives, and the resiliency of these children is truly reflective of their unique dispositions, positive life experiences, and the loving families who take such great care of them.

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Appendix A: Recruitment Letter



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E-mail: xxx@antioch.edu

Dear [CONTACT NAME]:

I would like to let you know about a research project that may be of interest to your [clients/member] and ask you to consider referring your [clients/members] for possible participation.

In my doctoral research project, I will be investigating the experiences of grandchildren being raised by their grandparents. I am interested in learning more about what it is like for children to live with, and be cared for by a grandparent. In addition to learning more about themselves, their families, and their feelings, it is my hope that by sharing their stories, custodial grandchildren can give us a greater understanding of their experience and the benefits of being raised by family. The information provided may help professionals working with children being raised by grandparents to provide more effective and helpful services or resources.

This process entails interviewing grandchildren and gathering background information from a custodial grandparent, and will not last longer than 2 hours. The interview will be held at the location of the participant's choice, which could be at their home, or anywhere they feel comfortable in their area. Participants will be compensated with a \$20 Visa gift card, one per guardian and one per child.

[Clients/Members] that meet the following criteria may be eligible:

- 1.) Custodial grandchildren between the ages of 7 – 12 year olds.
- 2.) Grandparent caretaker who has legal and physical custody of grandchild.
- 3.) Child and guardian with the willingness and ability to tell their stories.

I look forward to speaking with [clients/members] in your [practice/group] who may be interested in participating in this study. Please feel free to contact me with questions, or have your [clients/members] contact me themselves, using the contact information provided above.

Thank you for your time and consideration.

Sincerely,

Maura Cole, MS

Attached: Copy of adult and child consent/assent forms for participation in study.

Appendix B: Recruitment Flyer

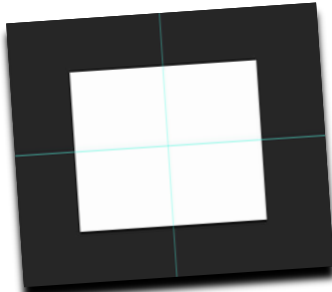


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What is this research about?

This is a study to learn about what it's like for children to live with, and be taken care of by a grandparent!

Who can participate?

- ✓ Grandchildren between the ages of 7-12 years old.
- ✓ Grandchildren whose grandparent(s) have guardianship or custody for at least the last 9 months (or more).
- ✓ Grandchildren with no reported trauma within the past year.
- ✓ Grandchild and grandparent who WANT TO and are able to tell their personal stories about their unique family.

What's involved?

- 1 to 2 hour interview (recorded on tape and confidential—only the researcher will hear it).
- Drawing a picture of your family and talking about your thoughts and feelings about them.
- Talking about what is like to be cared for by your grandparents and your thoughts and feelings.
- Talking about what you like to do at school, after school, and with your friends.
- Sharing any ideas you might have for other kids being raised by their grandparents.

What are the benefits?

- It can be fun to share your story and be the teacher, and help me learn about kids and different kinds of families!
- It might help grown-ups, such as teachers, or counselors, or social workers to understand grandchildren's experiences and the special benefits of being raised by family.
- It might help professionals to provide more effective and helpful services and resources to families.

What are the risks?

- Sometimes grandchildren or grandparents feel strong or difficult emotions when talking about their experiences. That is OK!
- This research is VOLUNTARY and it is OK to stop the interview at ANY time!

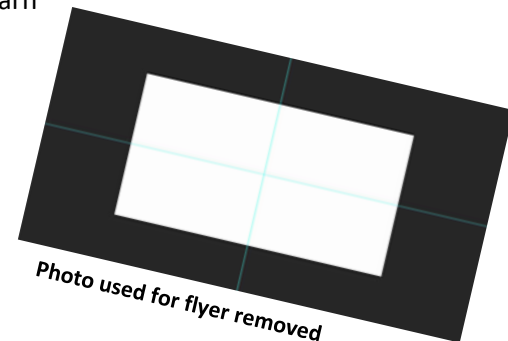


Photo used for flyer removed

Grandparent guardian and grandchild will both receive a \$20 Visa gift card to thank you for your time!

Project Researcher:
Maura Cole, MS
Doctoral Student
Department of Clinical Psychology
Antioch University New England
40 Avon St., Keene NH 03134

To ask questions or sign up, contact Maura Cole:
Phone: xxx-xxx-xxxx
email: xxxxxx@xxxxxxxx.edu

Appendix C: Informed Consent Form

**INFORMED CONSENT FORM**

Project Title:	Exploring the Experience of Grandchildren in Custodial Grandparent Care
Researcher:	Maura Cole, M.S. Doctoral Student Department of Clinical Psychology Antioch University New England 40 Avon Street, Keene, NH 03134 Phone: xxx-xxx-xxxx E-mail: xxxx@xxxxxxxx.edu

Thank you for volunteering to have your child participate in this project. This study will look at how grandchildren talk about their experience being raised by a grandparent. After you read this description of the project, I will ask you to decide whether your child may participate.

During the interview, I will ask your grandchild to talk about the experience of being raised by a grandparent, and their relationship with you. I will be actively listening to your grandchild's story and may ask additional questions to understand or find out more specific details. In addition, I will ask you for basic background information.

1. Your presence during research procedures. I will ask your grandchild whether or not she/he would like your presence during the research activities. This choice gives your grandchild a sense of control in the research situation. Most school-age children choose to excuse their grandparents. If you are excused, I will ask your grandchild at the end of the interview if she/he would like to show his/her drawing to you, and talk about the day's activities. If so, we will invite you back into the room for a few minutes.

2. Procedure you can expect. Your grandchild will first be asked to draw a picture of his/her family. Once done, your grandchild will be asked what the characters are doing and how they feel. During the interview, your grandchild will be invited to reflect on their thoughts and feelings, and share their stories about being raised by grandparents. Additional questions will be guided by your child's responses. The drawing discussion and interview will be tape-recorded for later transcription. This process will not last longer than 2 hours. The interview will be held at the location of your choice, which could be at your home, or anywhere you feel comfortable in your area. We will schedule the interview at a time that works for you and your grandchild.

3. Taking part is voluntary. If you choose not to have your grandchild take part, neither you nor your grandchild will be pressured in any way. Your grandchild will also be asked if she/he would like to participate. Only children who agree will be included in the study. Your grandchild may choose to stop at any time. You can also withdraw your child from the study at any time, for any reason, without penalty. Your decision to participate or not participate will not be revealed to anyone other than myself.

4. The benefit to your grandchild is in the opportunity to share his/her experiences.

Children often enjoy adult, one-on-one attention. My hope is that society will also benefit from this study. Your grandchild's participation may give us a greater understanding of their experience and the benefits of being raised by family. The information provided may help professionals working with children being raised by grandparents to provide more effective and helpful services or resources.

5. The research also has some risks. Your grandchild may experience some difficult or strong emotions when talking about their experiences. I will listen to your grandchild's story with respect and empathy; however, if it becomes distressing in any way, s/he may feel free to stop the interview at any time. I will be available to speak with you and your grandchild about any questions or concerns after the interview.

6. Your grandchild's responses will remain confidential. A code number will be assigned to your grandchild. Once audiotaped material has been transcribed (written down), the recording will be deleted. The typed transcript will show your grandchild's code number, not his/her name. All identifying information included in the transcript will be changed in any report of the results. Your grandchild's drawing will also include your grandchild's code number. The researcher will keep your grandchild's drawing, but any identifying information will be removed. Your grandchild does not have to answer any interview question(s) that she/he does not want to.

The researcher is a mandated reporter. If you or your grandchild presents information about harm or neglect of a child, elder or handicapped person, confidentiality cannot be guaranteed.

7. Your grandchild's privacy will be maintained in outcome data. Quotes from the transcribed interview and drawings may be included in the final written report. All research materials will be edited for identifying information.

8. If you have any questions or concerns about your rights as a research participant, you may contact me at (xxx) xxx-xxxx or you may contact my research supervisor, Dr. Martha Straus, at (603) 357-3122.

I have read the information provided and I give my permission to have my grandchild

_____ (print child's name) included in this study.

_____ Please Print Name: _____
Grandparent's Signature Date

Appendix D: Child Assent Form

Child's Name: _____

Research Study on Custodial Grandchildren

I am interested in learning about what it's like for children to live with, and be taken care of by a grandparent. I am asking you, and other grandchildren, to work with me to find out more about it.

If you agree to do this, I will ask you to draw a picture of your family and answer some questions.

What will you be asked about?

- During the interview I will ask you to talk about what it is like to be cared for by your grandparents and your thoughts and feelings about it.
- I will also ask about your parents and your thoughts and feelings about them.
- If you have any brothers or sisters, I may ask questions about them too.
- I will also ask you about your age and what grade you are in.
- I will ask what you like to do at school, after school, and with your friends.

Most kids think this is fun to do. This is not a test like you have in school. You won't be graded on anything you do. All you have to do is try your best.

I will ask to keep your drawing. I will also tape record our work together so that I can remember your ideas later. When I leave, I will write down your ideas and delete the recording of your voice. I will not write your name on any papers, so that only I know who said what.

What you share in the interview will not be told to your caregivers, or to your friends, or anyone else, EXCEPT if you report that you or someone you know is in danger. It is the law for me to report if a child is in danger.

You don't have to do this if you don't want to, even if your grandparents gave their permission. If you don't want to do this, just tell me and I can leave. It is OK with me if you don't want to be in the study.

Do you have any questions?

If you agree to do this, I would like you to sign this paper.

The study on grandchildren has been explained to me and any questions I had have been answered. I would like to take part in the study.

Child's Signature

Date

Appendix E: Demographic Data Questionnaire

Date: _____

Location of Interview: _____

Participant Information:

Age of child: _____ Grade level: _____ Gender: _____ Ethnicity: _____

After school/ extracurricular Activities:	
Other services Provided: (Educational, psychological, Social, mentor, etc)	
Significant medical Or psychological diagnoses:	

Family Composition: Please list all members of the participant's family.

Relation to Participant (i.e., grandparent, parent, sibling)	Age of family member	Lives within Household (Yes/No)	Frequency of contact (if not in household)

Please describe current custody arrangements.

Length of time in grandparent custody:	
Reason for custody:	
Past DCF involvement: (yes/no) Current involvement: (yes/no)	
Contact/visitation/ reunification plan with parents?	

Appendix F: Semi-Structured Interview Schedule

“I’m going to ask you some questions about you and your family and how you feel about being raised by your grandparents. There are no right or wrong answers, just tell me about your thoughts and feelings the best you can.”

1. Tell me a few things about yourself:

Sample
Prompts
in italics

- What is something you’re good at?*
- What do you like/not like about school?*
- What do like to do after school?*
- What do you like to do with your friends?*
- What do you like to do with your family?*

2. Tell me about your family drawing

- Who is this person? → What is your relationship like? → What are some feelings you have about them?*
- Who lives together?*
- Who gets along? Who doesn’t get along? → How do you feel about that?*
- Is there anyone in your family who is not in your picture? → Tell me more about that?*

3. There are all different kinds of families. What does it mean to be raised by a grandparent?

- What kinds of things do your grandparents do for you?*
- How do your grandparents take care of you?*
- What kinds of things do like to do with your grandparents?*
- Do you know other kids who are raised by their grandparents?*

4. How does it feel to be raised by your grandparent(s)?

- What do you like about living with your grandparents?*
- What don’t you like, or is hard, about living with your grandparents?*
- Do you remember a time when you didn’t live with your grandparents? How is it different?*

5. Tell me about your parents:

- What do you like about (living/not living) with your parent(s) and grandparent(s)?*
- What don’t you like, or is hard about (living/not living) with your parents?*
- How do you get along with your mother/father?*
- What kinds of things do you like to do together?*

6. How is your relationship with your parent(s) different from your relationship with your grandparent(s)?

- Who makes the rules in your family? → name one rule in your family*
- Who do you go to when you need help with something?*
- What is one thing you would change about your family if you could?*
- What is one thing you would never want to change about your family?*

7. Tell me about other important people in your life:

- Sisters/brothers, cousins, aunts/uncles, friends, teachers, coach*
- What is the best thing about your relationship with _____?*
- What is something you would make different about your relationship with _____?*

8. Who helps you with school?

- How do you get to and from school?*
- Who goes to any meetings about you at school?*
- Who helps you with homework?*

9. Tell me more about what you do after school?

- Do you have friends over your house or go to friends' houses?*
- Do you get to clubs, sports, or religious activities?*
- Are your parents or grandparents involved in these activities?*

10. Is there anything else you think that I, or other people working with kids, should know about what's like to be raised by your grandparents?

- What is special/unique about your family?*
- What can be hard about living in your family?*

Appendix G: Kinetic Family Drawings

Figure G1

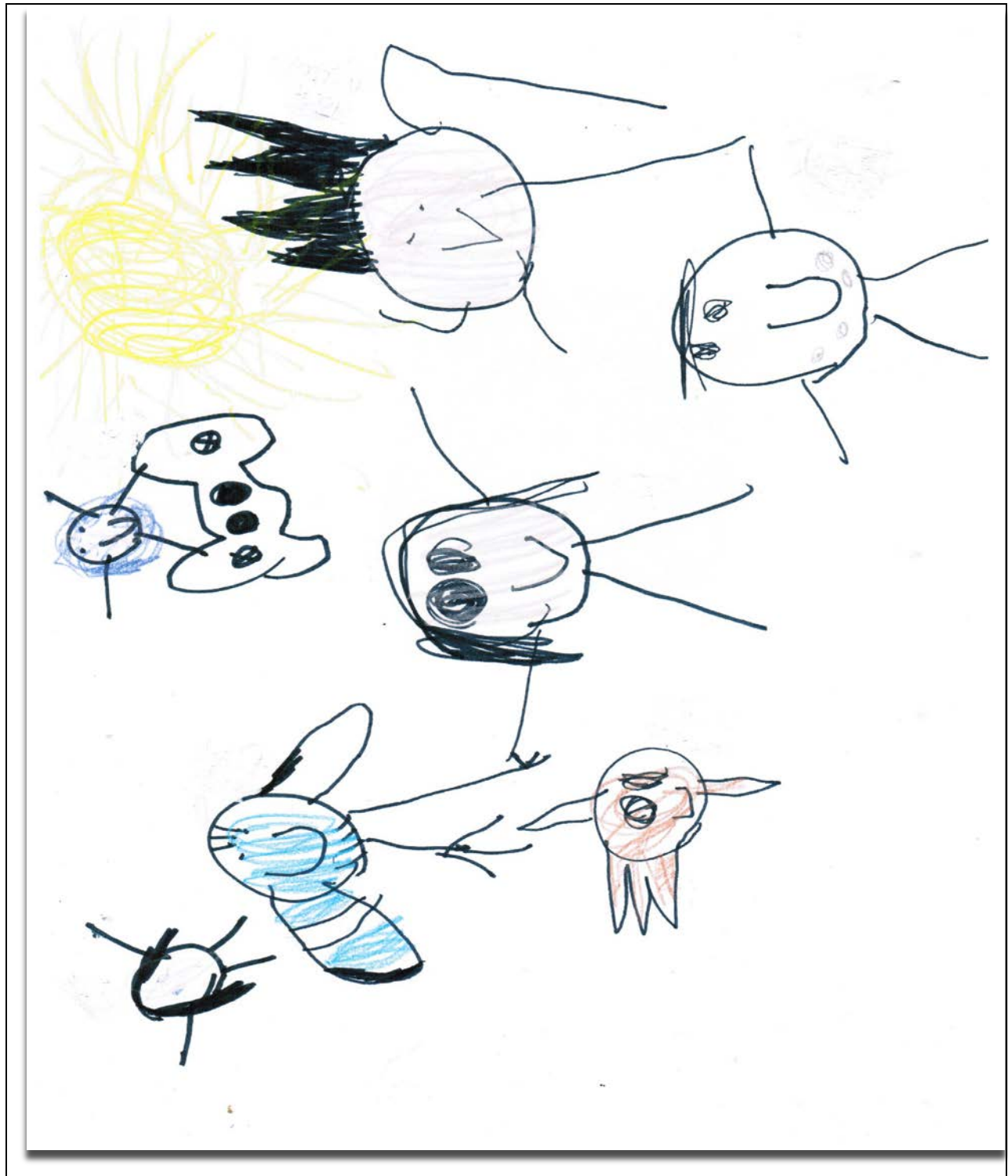
Respondent A's Kinetic Family Drawing

Figure G2

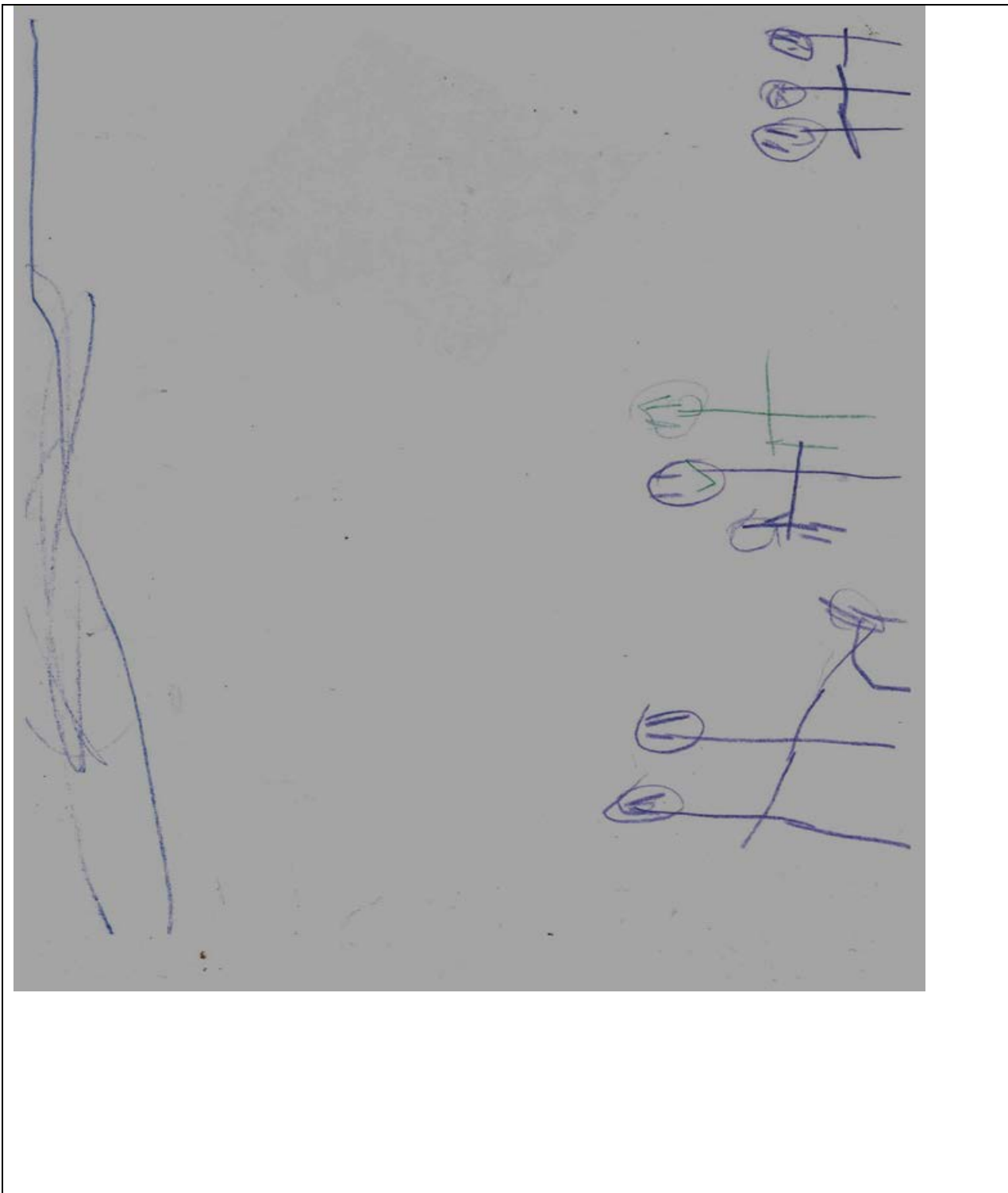
Respondent B's Kinetic Family Drawing

Figure G3

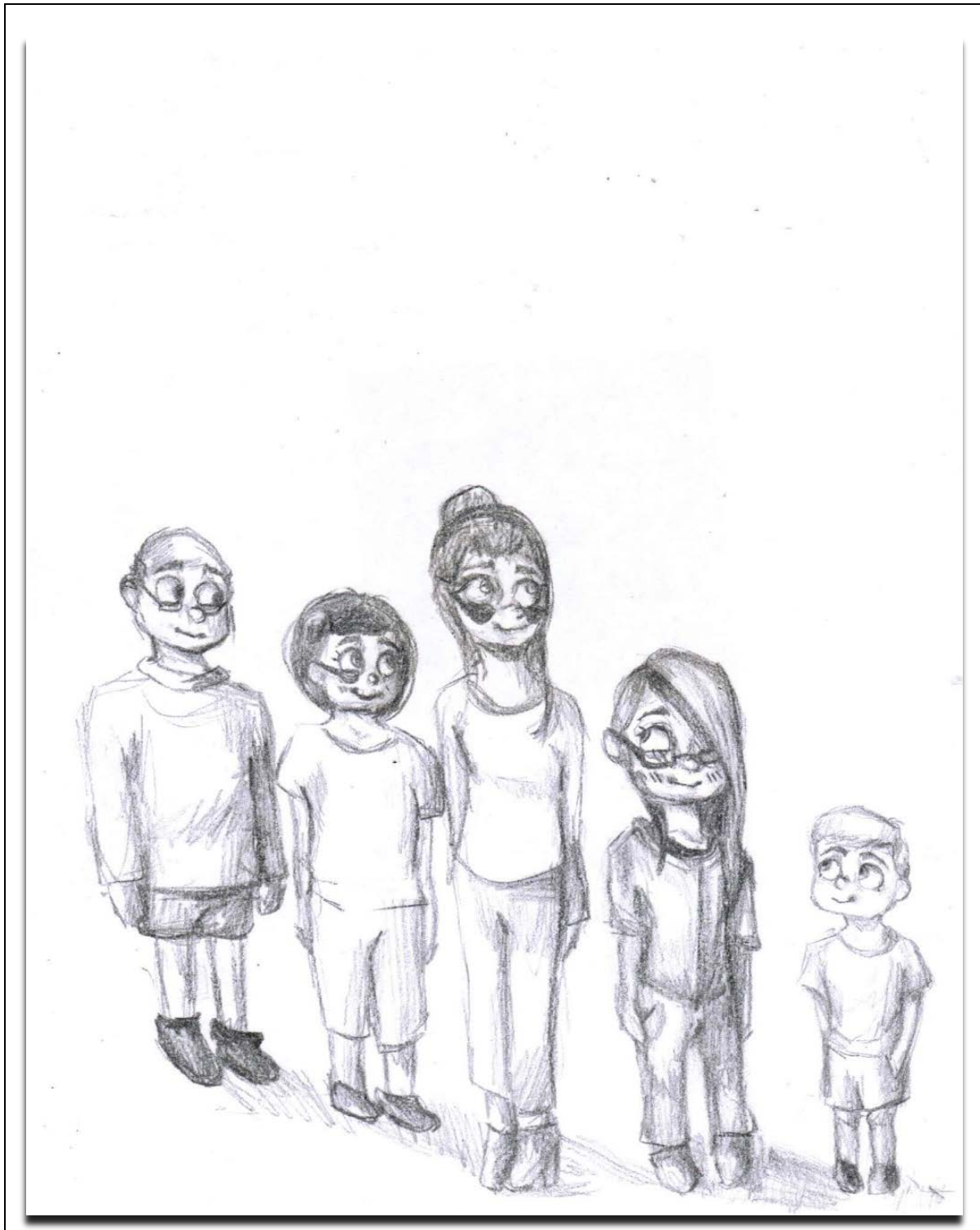
Respondent C's Kinetic Family Drawing

Figure G4

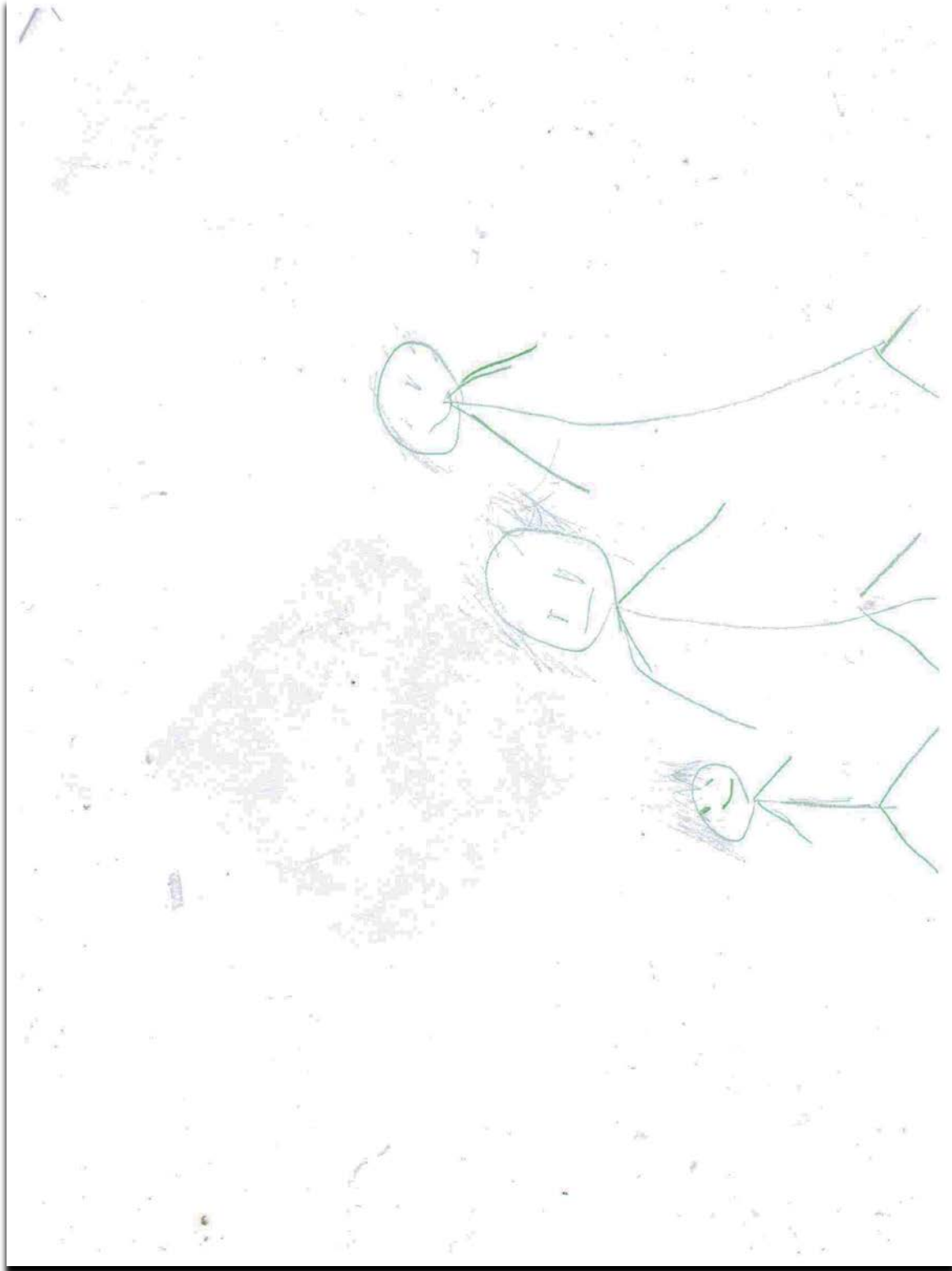
Respondent D's Kinetic Family Drawing

Figure G5

Respondent E's Kinetic Family Drawing

Figure G6

Respondent F's Kinetic Family Drawing

Appendix H: Demographic Data Display

Table H1

Custodial Arrangements

P	Refers to Caregivers As:	Length in GP Care	Reason for Care /Removal	DCF Involvement?	Contact/ Visitation With Parents
A F 6yrs	Mimi & Papa (maternal GPs)	6 yrs (since birth)	Parental addiction Mental health	Initial –Past No Current	Mother Deceased / Father’s rights terminated
B F 7 yrs	Mom & Dad (paternal GPs)	7 years (since birth) Official custody at 3.5 years	Parental addiction Neglect	Initial – Past No Current	No contact with mother in past year / contact with father 6x/yr (Inconsistent)
C F 11 yrs	Mimi & Pepe (maternal GPs)	6 years (since 5 yrs. old)	Parental addiction Mental health	Initial – Past No Current	Weekly visits with mother (unsupervised)/ Father unknown
D M 10 yrs	Nana & Name (paternal GM and Boyfriend)	8 years (since 2 yrs. old)	Parental addiction	Initial – Past No Current	Visit with mother 1 x wk (supervised)/ Visit with father 2 -3 x month
E F 9 yrs	Nana/ Nanny & Grampy (Paternal GPs)	9 years (since infancy)	Parental addiction Domestic Violence	Initial – Past No Current	Weekly visits with mother (unsupervised)/ Weekly visits with father (supervised)
F M 7 yrs	Nana & Grampy (Maternal GPs)	7 years (since infancy)	Parental addiction Mental health Paternal Incarceration	Initial – Past No Current	Monthly supervised visits with mother (inconsistent) Father incarcerated

M = Male F = Female GP = Grandparents

Table H2

Supports and Resources

P	Other Family Relationships	School & academic Support	Emotional & Social Supports	Extracurricular & Community Activities
A 6yrs	Close with maternal uncles and cousins	Grade 1 IEP – soc/emo	Counseling – Dx trauma due to mother's death	YMCA, playdates Church & CCD
B 7 yrs	Visits with older sister 2 x month / Close with paternal uncle / Close with other grandparents	Grade 1 – 2 (mixed class) IEP – soc/emo Executive functioning & learning disability R/O Effects of birth & cancer Tx	Counseling – Dx adjustment disorder with disturbance of emotion (depression and anxiety)	Martial Arts Theater Group Swim Club Play dates Math tutor
C 11 yrs	Visits with younger brother e/o weekend	Grade 6 – No IEP Does well in school	Counseling in past – Dx adjustment disorder Currently doing well	School Band Drama Club Boys and Girls Club Swim team Church
D 10 yrs	Visits with infant brother weekly/ Relationship with maternal side of family in past	Grade 4 IEP – ADHD Soc/emo	Counseling – Individual and Family with GPs Dx PTSD	Wrestling Boys and Girls Club Frisbee Sports
E 9 yrs	Visits with infant brother weekly / Relationship with maternal side of family/ Lives with cousins/ Close with paternal uncles	Grade 3 No IEP Does well in school	Counseling – Dx anxiety, depression	After school activities Playdates Park Church & CCD
F 7 yrs	Lives with 2 younger siblings & cousin E/ Close with paternal uncles	Grade 1 No IEP	Counseling – Dx anxiety, depression	Afterschool activities Playdates Park Church & CCD

Appendix I: Example of Superordinate and Emergent Themes Display

Table II

Superordinate and Emergent Themes Relevant to Grandparent Perceived in Parenting Role

Superordinate Themes	Emergent Themes	N	Examples
1. Grandparent as provider (N = 6)	Grandparent provides basic needs (food, clothing, shelter)	6	“They take care of me by buying me what I want and buying me what I need and buying me food and giving me food, and giving me what I need for school, and um, when I do chores I get allowance.” (Respondent E)
	Grandparents provide for nonessential things	6	“Like buy me all my toys and stuff.” (Respondent F)
	Grandparents provide care when sick	2	“I’ve been sick and nana has had to take me to the doctors.” (Respondent E)
	Grandparents parent when bio-parents cannot	4	“Um that, they really love you and that um, the parent can’t take care of you at that time. And that your parents ask your grandparents to take care of you sometimes.” (Respondent F)
2. Consistency and Involvement – Grandparents part of every day life (N=5)	Grandparents part of daily routine (consistency)	5	“Who wakes you up in the morning?” (interviewer) “Mimi” (Respondent A)

			<p>“Who puts you to bed at night?” (interviewer)</p> <p>“Papa...he always does the bed work and mimi does all the normal morning work” (Respondent A)</p>
	Grandparents involved with School/homework (involvement)	5	<p>“Um, for like homework I usually go to my grandfather, like for math and stuff. And I usually go to my grandmother for like spelling and reading.” (Respondent C)</p>
	Grandparents involved with extracurricular activities (encouragement)	4	<p>“Um, when we hang out at school, my nana always stays there with us and talks to the other moms and stuff.” (Respondent E)</p>
3. Grandparents create structure (N=5)	Grandparents make the rules	5	<p>“I follow their rules because it’s their house” (Respondent C)</p>
	Grandparents discipline	4	<p>“They take my phone away when I don’t listen.” (Respondent D)</p>
4. Grandparent as attachment figure/ nurturer (N = 5)	Grandparents are loving	5	<p>“How does it feel to be raised by your grandparents?” (Interviewer)</p> <p>“Pretty much happy. That they really love you.” (Respondent F)</p>
	Being raised by a grandparent is a positive experience	6	<p>“What do you like about living with your grandparents?” (Interviewer)</p>

“I get to be with mama and papa. I just like my mom and dad” (Respondent B)

Grandparents provide sense
Of family normalcy

2

“It just kinda feels normal I mean, you know, you’re just like with your family. It’s nice” (Respondent C)

Separation from grandparents
can be difficult

2

“What I don’t like about school is I can’t see Mimi” (Respondent A)

Grandparents play

6

“Play video games, and play sports, play basketball with nana, going for walks with nana and play Pokémon Go” (Respondent D)

Grandparents keep you
safe

2

“Is there anything you think that other people should be taught, or other people should know what it is like to have your grandparents take care of you?” (Interviewer)

“That you are safe.” (Respondent A)

Table I2

Superordinate and Emergent Themes Relevant to Perceptions of Child-Parent Relationship

Superordinate Themes	Emergent Themes	N	Examples
1. Parents play a unique secondary role (N =5)	Parent as Visitor	5	“My dad visited last week. But I don’t him a lot. I don’t see my mom a lot.” (Respondent B)
	Parent as Playmate	4	“We play x-box at his house, I have plays station. We go to screamfest for Halloween.” (Respondent D)
	Parent as gift-giver	4	“When mommy died every day before she died she always gave me toys...and I asked Mimi...I asked to give me the same type of presents everyday like mommy did.” (Respondent A)
	Parent relationship/closeness is experienced positively	4	“Um, we’re really close. I mean, I feel like I can talk to her for anything. It’s the best.” (Respondent C)
2. Challenges to having a relationship with parents (N = 5)	Child wishes parent were more present	4	“I feel good about it, but um, I just wish I could see them more often. I would choose mom because I would like to, just to spend more time with her, because I miss her a lot.” (Respondent B)
	Absence of parent is recognized/felt	4	“I haven’t seen him for years, so basically I don’t remember him...well I do remember his name..”

(Respondent F)

“And how do you feel about not seeing him?”
(Interviewer)

“Pretty sad.” (Respondent F)

Talking about parents can be
difficult

5

“He smokes and has drugs. That’s why I can’t go
live with my parents. And now everyone is saying
he did something!” [Becomes tearful and leaves
interview space] (Respondent B)

Table I3

Superordinate and Emergent Themes Relevant to Significant Relationships Beyond the Child-Parent-Grandparent Triad

Superordinate Themes	Emergent Themes	N	Examples
1. Sibling relationships are important (N= 5)	Siblings provide sense of connection	3	<p>“Who in this picture would you say you have the closest relationship with?” (Interviewer)</p> <p>“maybe my brother, I kinda like have the most, we have a weird relationship sometimes just because he’s like my brother, it’s not like the most relationship with him, but he’s my brother, so it’s just different” (Respondent C)</p>
	Siblings experienced as playmates	3	<p>“[Brother] likes to play with me, like play toys and stuff. I like to play basketball with him” (Respondent F)</p>
	Child misses sibling when apart	3	<p>“I see my sister a lot. I miss her a lot” (Respondent B)</p>
	Sibling relationships/closeness is positive experience	5	<p>“I joke around a lot with him. He gets over serious about everything, but we get along good. Like I would say that, he annoys me and like I annoy him back, but at the same time it’s not like I hate him,</p>

because I love him like so much. He's the best."
(Respondent C)

Traumatic loss of parent and unborn
sister has impact

1

"What is one thing you would change about your
family?" (Interviewer)

"That I can only have pets and no sisters...pets and
nothing else and I want to change something about
my family when I grow up. (Respondent A)

"Ok, what do you want to change?" (Interviewer)

"If I have a kid...I would not want to have a kid...
so if I had the kid even if it's born, I'll give it
away." (Respondent A)

"Who would you give it to?" (Interviewer)

"Mimi" (Respondent A)

2. Great value placed on
role of extended family
(N= 6)

Aunt/Uncle experienced as desired
and/or positive connection

5

"We know [uncle] by heart! Because he lives with
us! He's a big, big part of my life!" (Respondent
F)

Aunt/Uncle experienced as playmate

4

"Oh yeah, he plays video games with us, and he
has a video game system that he recently gave to
us because he got the new x-box" (Respondent F)

Aunt/Uncle is experienced as a source of support/stability	3	“We never fight – he’s very, very nice. He’s more patient though than Mimi. He helped me when I was jumping on the bed and he said ‘don’t jump’. Mimi says ‘go to sleep’ and she yells, but [uncle] says ‘please go to sleep’ or ‘just do it quietly’ because he’s more patient. (Respondent A)
Other grandparents play grandparent role	2	“This is my papa and grandma and their dog. I miss her a lot! But I still get to visit my papa grandma!” (Respondent B)
Cousins provide sense of family connection	5	“I get to see some cousins every day. Did you think me and [Respondent F] were brother and sister? Because we fight like brother and sister! But we are cousins. (Respondent E)
Cousins experienced as playmates	4	“When I see my cousins I like to play video games. And we play sports a lot” (Respondent D)

Table I4

Superordinate and Emergent Themes Relevant to Other Supports and Resources

Superordinate Themes	Emergent Themes	N	Examples
1. Sense of self (N =6)	Can identify positive aspects of self	6	“I am creative and I love making things! And mom and dad say I am good at singing, and swimming. And martial arts. I also like to help other kids” (Respondent B)
	Can identify areas of interest/talents and hobbies	6	“I love to listen to music. Just random music, like anything. I play the trombone. And I just started doing drama club” (Respondent C)
2. Sense of community (N=6)	Grandparents encourage engagement with peers	6	“ With friends...I like to go to the park, or hang out in the school yard, play games like truth or dare, or tag. I play with them a lot. Like almost every day.” (Respondent E)
	Participation in extracurricular/ community activities	6	“I go to the Boys and Girls Club to swim, I do swim. I’m not competing right now, but I’m qualified to go to the swim team, which I think I might, next time I have to sign up for something” (Respondent C)