



Grandparents' and social workers' experiences with the child welfare system: A case for mutual resources

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Abstract

The objective of this study was to explore the circumstances under which grandparents and child welfare workers have contact with each other, as well as factors that contribute to positive working relationships between them. Data were gathered from 63 grandparents whose grandchild was receiving service from a child welfare agency, as well as from 21 social workers. Grandparents and social workers came into contact under 5 different circumstances. Factors contributing to positive relationships included the provision of emotional and material support, services, information, and a perception that the other was competent and caring. Relationships between grandparents and social workers can be viewed as an exchange of resources. Exchanges, however, cannot be separated from the concept of “power.”

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1. Introduction

Grandparents are important figures in the lives of their grandchildren (Rosenthal & Gladstone, 2000). Grandparents, for example, have been referred to as “family watchdogs” (Troll, 1983) and as the “family national guard” (Hagestad, 1985), who often become mobilized when they sense a critical family need. Such is the case when grandchildren’s parents are unable to fulfill their parenting roles and child welfare agencies become involved with the family. The objective of this study was to explore the relationships that grandparents have with child welfare agencies who are

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providing services to grandchildren and to identify factors associated with positive working relationships between grandparents and these agencies.

Studies show that kinship care or relative foster care has increased in the United States over the past 20 years (Danzy & Jackson, 1997; Schwartz, 2002) for a number of reasons, including an increased need for children to be placed outside of their home and a diminishing supply of foster homes (Berrick, 1998). Child welfare agencies place children with relatives for similar reasons that placements are made in other types of care arrangements, namely, that parents are unable to care for their children because of substance abuse, poverty, and the incidence of HIV/AIDS (Ingram, 1996). There is also evidence that children removed from their homes because of neglect are more likely to be placed in kinship care settings than those removed for other reasons, such as physical or sexual abuse (Grogan-Kaylor, 2000).

While relatives are usually committed to long-term care (Dubowitz, Feigelman, & Zuravin, 1993), they are usually reluctant to pursue a permanency goal of adoption (Thornton, 1991), holding on to the hope that the child would someday be restored to her/his birth family (Geen, 2000; McLean & Thomas, 1996). Children in kinship care have been found to remain in care for a longer period of time than those living in traditional foster care homes (Link, 1996; Zimmerman, Daykin, Moore, Wu, & Li, 1998). Studies have also pointed out differences in state policies concerning foster home regulations and payments to grandparents caring for their grandchildren and how these policies might impact on permanency planning, as well as intergenerational family dynamics (Burnette, 1997; Testa, Shook, Cohen, & Woods, 1996). The negative impact that these policies may have on economically disadvantaged groups has also been pointed out (Gleeson, 1996). Various types of kinship care arrangements have been identified within and outside of the child welfare system (Dubowitz, 1994; Hornby, Zeller, & Karraker, 1996). Informal kinship caregivers have been found to experience similar challenges and to have similar service needs as their counterparts involved with the child welfare agencies (McLean & Thomas, 1996). Despite the burden associated with caregiving, it has been noted that child welfare workers usually consider kinship caregivers to provide good care (Gleeson, O'Donnell, & Bonecutter, 1997).

While grandparents may provide various types of parental care to their grandchildren (Jendrek, 1994), most of the grandparent-caregiving literature focuses on grandparents who are raising their grandchildren. Pearson, Hunter, Cook, Jalongo and Kellam (1997) found that the degree of involvement that grandmothers had in raising their grandchildren was related to their own child's absence in their grandchild's household. This, in turn, may develop because of a parent's alcohol or drug abuse, teen pregnancy, incarceration of the parent, and the AIDS epidemic (Pruchno, 1999; Sands & Goldberg-Glen, 1998). Studies have also found that grandparents who are primary caregivers are more likely to be single, African-American, and living in poverty (Roe & Minkler, 1998–1999; Solomon & Marx, 1995).

These grandparents often face a number of challenges. Studies have reported higher rates of depression, health problems, and fatigue amongst caregiving grandparents, as compared to non-caregivers or to others their age (Minkler & Fuller-Thomson, 2005). Grandparents often have less time for themselves, their social contacts become limited, and economic pressures may increase if they are forced to quit their jobs, reduce their work hours, or stretch their financial resources (Fuller-Thomson, Minkler, & Driver, 1997; Hayslip, Shore, Henderson, & Lambert, 1998; Minkler, Fuller-Thomson, Miller, & Driver, 1997; Strawbridge, Wallhagen, Shema, & Kaplan, 1997). Custodial grandparents may experience even more psychological distress when grandchildren exhibit emotional or behavioral problems (Emick & Hayslip, 1996; Hayslip, 2003; Pruchno & McKenney, 2002). Being a primary caregiver, however, can also be rewarding. Grandparents have reported a sense of satisfaction and a strong sense of purpose when they are so actively involved in the lives of

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