Grandparent-headed families are increasingly prevalent in Australia and are one of the fastest growing forms of out-of-home care of children in contact with our public welfare system. However, there is minimal information regarding the characteristics and experiences of Australian grandparent-headed families who assume care through the intervention of child protection services, or those who arrange parental care of their grandchildren privately. Evidence is needed on which to build a policy or service framework to address the health and wellbeing of these grandparents, and ensure quality and safe care of children and young people who are no longer able to live with their biological parent(s).
Traditionally grandparents have played a fundamental role in family life as sources of wisdom, stability and family identity, as well as babysitters, media-tors, friends and listeners (Thomas, Sperry, & Yarbrough, 2000). For some ethnic and first nation populations, a significant role in parenting their grandchildren has also been a normative, anticipated option (Borg & Paul, 2004; Climo, Terry, & Lay, 2002; Goodman & Silverstein, 2002; Milan & Hamm, 2003). However, for the majority this has not normally been the case. Nevertheless, increasingly, grandparents are assuming the full-time parental care of their grandchildren because of mental illness and drug addiction of the biological parent(s) (Ehrle & Geen, 2002; Goodman & Silverstein, 2001; Minkler & Fuller-Thomson, 1999; Minkler, Fuller-Thomson, Miller, & Driver, 1997; Sands & Goldberg-Glen, 2000), or because of the interrelated effects of child abuse or neglect, family violence, incarceration, HIV/AIDS and/or parental death (Cuddeback, 2004; Goodman, 2003). Unfortunately, Australia lags behind many other western industrialised countries, in particular North America, in its exploration of this form of substitute parental care. There is minimal Australian information regarding the demographic characteristics and experiences of grandparent-headed families who have assumed parental care through the intervention of child protection services (Department of Human Services, 2003), or those who arranged care of their grandchildren privately (Mason, Falloon, Gibbons, Spence, & Scott, 2002).

In an attempt to raise the awareness of the research community about the need for large-scale adequately funded research of this population, this paper presents an overview of the growing body of international research on this form of substitute parental care and a summary of local findings on the Australian grandparenting context. There is a pressing need for evidence on which to build a policy and service framework to ensure the health and wellbeing of grandparents who provide parental care for their grandchildren, as well as for the quality and safe care of children and young people in their care.

For simplicity, the terms ‘grandparent-headed families’, ‘Grandparents Who Parent their Grandchildren (GPG)’, and ‘grandparent care’ are used interchangeably to specifically refer to families where grandparents provide full-time parental care, in the absence of the biological parent(s). The term ‘kinship care’ is used in a general sense to refer to care provided by any biological relative. Finally, the terms ‘grandparent foster care’ and ‘kinship foster care’ are specifically reserved to describe care provided to children in the custody of the state (i.e., the formal out-of-home care system). This definitional statement is provided to highlight the multiplicity of terms used in the relevant literature, as well as to warn of the lack of specificity in research samples - both of which makes comparison of findings difficult.

Background

Full-time parental care of children by kin because of mental illness, drug addiction and related problems of biological parent(s) is now recognised as an international phenomenon, and has been cited as one of the fastest growing forms of out-of-home care of children in Australia (Spence, 2004), the United Kingdom (Hunt, 2003) and North America (Cuddeback, 2004). The escalation of this alternate form of parental care has been principally related to: (i) increased sensitivity towards the importance of ongoing connections between children and their biological family and community; (ii) a shortage of non-relative caregivers; (iii) the increasing proportion of hard-to-place children, and (iv) evidence of poor long-term outcomes in children in non-relative care. The benefits of substitute parental care of children by kin have been described in terms of reducing separation trauma, providing greater stability, preserving significant attachments, reinforcing cultural identity, and preserving the family unit (Cuddeback, 2004). Increasingly, the evidence also suggests many of the children who are no longer able to live with their biological parent(s) are cared for by grandparents who have assumed care informally, without intervention from statutory welfare agencies.

Kinship care: A snapshot of patterns and use

The most often cited and strongest evidence of the importance of grandparent-headed families for policy and practice originates from the United States where the majority of the research has been conducted, and where grandparent-headed households have been enumerated separately in official reports for over a decade. The most recent data, collated from the 2003 American Community Survey and Census 2000, indicated that about 3.9% of all households in the US were grandparent maintained (i.e., 4.1 million households comprising 5.8 million grandparents). Of these, about 34% were households where the grandparent(s) provided full-time substitute parental care for their grandchildren in the absence of parent(s) (Simmons & Dye, 2003). Comparison with data from previous census survey periods suggests this represents a 30% increase in the number of GPG across all regions and states (American Association of Retired Persons Grandparent Information Center, 2004).

Exploration of national summary statistics of children in state foster care suggest that, on average, only 3% of these children were formally placed (Administration for Children and Families, 2002), which suggests that a substantial number of US grandparents have assumed parental responsibility.
for their grandchildren without the formal intervention of statutory authorities. In practical terms this lack of visibility means that there are a substantial number of grandparent-headed families who do not receive supervision, support services, or financial assistance (Goodman et al., 2004).

Data from the UK also point to the importance of grandparent care for future planning and development of appropriate political and service frameworks. For example, Broad (2004) suggested that grandparent care is the increasingly preferred placement option for statutory authorities, citing a 32% increase in kinship care placements that was evident between 1996 and 2000 in England. Weighted data drawn from community samples across England, Scotland, Wales and Northern Ireland also suggest that grandparent care is a significant issue in the quality and safe care of children. These data have been used to estimate that about 1% of UK grandparents, that is as many as 130,000, have assumed substitute parental care of their grandchildren (Broad, 2001 cited in Blaiklock, 2005). Although, national summary statistics suggest that only 16% of the children living in grandparent care were placed by statutory authorities (range: 11% - 43%).

Consolidated data from child protection sources in Australia strongly indicate that kinship foster care is increasingly the preferred placement outcome of statutory authorities for Australian children and young people who are no longer able to live with their biological parent(s). These sources show that a substantial shift toward kinship foster care (50% increase) and away from other forms of out-of-home care (25% decrease) was evident between 1998 and 2004 (Australian Institute of Health and Welfare, AIHW, 2003, 2004). Current estimates suggest 40% of the 22,427 children and young people placed in home-based care by statutory authorities are now placed in kinship foster care (range: 18% - 57%) (AIHW, 2006). Data from the 2003 National Survey of Family Characteristics, however, suggest that the actual number of kin providing full-time parental care is substantially greater (Australian Bureau of Statistics, ABS, 2004). Indeed, the ABS estimates that 22,500 Australian grandparents provide full-time parental care for 31,100 grandchildren aged between 0 to 17 years. This suggests that in Australia, kinship care, regardless of its legal status, is synonymous with grandparent care.

However, it should also be noted that the actual extent of grandparent care in Australia is also unclear because the ABS data-set on which the Australian population estimate is based has a large relative standard error (25% to 50%) for all the states and territories, except for Queensland and New South Wales (ABS, 2004). This means that there is no accurate data available on the extent or demographic profile of GPG in Australia.

Further, no Australian child protection data sources distinguish grandparents from other relatives who provide full-time parental care of children, thus it is not actually known how many of the kinship families in contact with the welfare system are grandparent-headed (AIHW, 2003, 2004, 2005, 2006). More importantly, there are minimal data collected for kinship foster care families that allow description, or analysis, of the experiences of Australian grandparent foster care families. Indeed, kinship foster care placements, which encompass foster care provided by grandparents, are not subject to the “Looking After Children” assessment that is being implemented across many government and non-government child protection agencies for non-relative foster placements (Department of Human Services, 2003; Wise, 2003b).

In practical terms, the dearth of information means that a large proportion of families who are caring for children because of mental illness, drug addiction or related problems in the biological parent(s) are invisible to the public welfare system (Mason et al., 2002; Department of Human Services, 2003). The lack of specificity and scope in the available data means there is minimal information regarding the quality and safe care of children who live with their grandparents or other kin, regardless of whether or not these families are governed by welfare oversight. Moreover, unlike the situation with non-relative foster carers, it means there is no specific information about how well grandparent or kinship carers are coping with their caring responsibilities.

Research on grandparent carers

Although it has been assumed that kinship care has certain advantages over other forms of out-of-home placement (primarily non-relative foster care) there is limited published research that consistently supports the positive impact of this form of care on carers or children (Hunt, 2003). Our own qualitative research has emphasized the heterogeneity of experiences. For example, in a sample of 20 grandchildren (aged 8 - 15 years) who were accessed through a non-government support agency for GPG in metropolitan Perth (Western Australia), we found most of the boys and girls interviewed were happy living with their grandparents and expressed a sense of belonging, and being ‘family’. However, an equally strong theme embraced the distress many children felt (and expressed) that was related to their earlier experiences of maltreatment or neglect, as well as ongoing contact with their unreliable and unpredictable biological parent(s). The study also found that most of the children were aware of specialist services they, or their siblings, required but did not always receive because of waiting lists or restrictive eligibility requirements around their status as a child living with their grandparent (Downie, Hay, Horner, Wichmann, & Hislop, submitted).
Quantitative research examining the outcomes of kinship care versus non-relative foster care has tended to suggest the type of kinship care arrangement (i.e., private versus foster), as well as characteristics of the placement\(^1\) has a substantial impact on the outcomes for both the carers and children (Beeman, Kim, & Buller diced, 2000; Cuddleback, 2004; Ehrle & Geen, 2002; Flynn, 2002; Swann & Sylvester, 2006). Indeed, the evidence suggests that grandparent-headed families (inclusive of the children) that arranged care without intervention of child protection sources are relatively more disadvantaged in terms of financial and social services support than all other forms of kinship care families and non-relative foster families (Cuddleback, 2004; Ehrle & Geen, 2002; Goodman et al., 2004; Hayslip & Kaminski, 2005a, 2005b).

Recent research, utilising the last wave of the National Survey of America’s Families, suggested GPG have the lowest probability of being in the public welfare system when compared to other biological kinship carers (0.191 versus 0.497) (Swann & Sylvester, 2006).

Alarmingly, US literature has also revealed that assuming full-time parenting responsibilities for grandchildren is associated with a number of negative outcomes for a significant number of grandparent caregivers, particularly single grandparents from ethnic minority groups (Grinstead, Leder, Jensen, & Bond, 2003; Hayslip & Kaminski, 2005a, 2005b; Sands & Goldberg-Glen, 2000). Full-time parenting of grandchildren has been associated with increased psychological distress, poorer physical health, and lower social support and material resources in both grandmothers and grandfathers, as compared to normative or community samples of their peers (Butler & Zakari, 2005; Goodman et al., 2004; Goodman & Silverstein, 2002; Kelley, Whitley, Sipe, & Yorker, 2000; Musil & Ahmad, 2002).

More specifically, data drawn from over a decade of national surveys has suggested that GPG are significantly more likely to report limitations in activities of daily living (i.e., ADLs and IADLs), live below the poverty line, and are almost twice as likely to report clinically relevant levels of depression as compared to their peers (Fuller-Thomson & Minkler, 2000; Mills, Gomez-Smith, & DeLeon, 2005; Minkler & Fuller-Thomson, 1999).

Qualitative research in the US and Australia has served to support the above survey data and graphically highlight the personal and familial impact of parenting grandchildren (Baldock & Petit, 2006; Orb & Davey, 2005; Fitzpatrick, 2004; Waldrop & Weber, 2001). This research also suggests, however, that there are both similarities and differences in the experiences of grandparent-headed families internationally. For example, the accumulating bulk of qualitative research on grandparent-headed families emphasises the impact the type of caregiving arrangement (i.e., legal authority) has on grandparents’ ability to enact the parental role when trying to access financial, legal, psychological and social services (Landry-Meyer & Newman, 2004). However, unlike the US, the qualitative research reports commissioned by Australian agencies consistently describe difficulties in reconciling daily parenting responsibilities with individual and societal expectations of the grandparent role, as well as the impact of dealing with systems that are substantially different than those of their earlier parenting period (Fitzpatrick, 2004; Orb & Davey, 2005; Allen, 2002).

Research from the US and Australia also highlights that, for a large number of grandparents, coping with their grandchildren’s medical, mental health, developmental or behavioural problems appears to compound stress from other sources and contributes to social isolation (Dowdell, 2004; Goodman et al., 2004; Sands & Goldberg-Glen, 2000). Indeed, Australian data show that some grandparent-headed families lose the support of their family network and friends because of their changed circumstances (Orb & Davey, 2005; Fitzpatrick, 2004).

These qualitative findings are suggestive of substantial similarity in the experiences of grandparent-headed families in Australia and the US. However, the findings also suggest that there are some areas of difference and, importantly, it is not known why there are differences. It could be speculated that they are most probably due to the much lower percentage of grandparents of Caucasian heritage providing kinship care in the US than found, to-date, in the Australian samples. Regardless, the differences warn that the data from the US may not directly generalise to the Australian grandparenting context.

Given the weight of the above findings and its implications for the long-term mental health of grandparent carers, it is clear that Australian researchers, policymakers and practitioners need to identify and understand the specific issues and challenges associated with this alternate family structure, and the application of appropriate interventions to support grandparents in this role.
Interventions for grandparents who are parenting their grandchildren

To address the need for appropriate interventions, many kinship care support group programs have been established. Although it is generally accepted that such programs reduce stress and isolation (Baldock & Petit, 2006), few programs have been formally evaluated (Strom & Strom, 2000), so strong evidence indicating that such groups stimulate lasting change is lacking (Blustein, Chan, & Guanais, 2004, p. 1687).

McCallion, Janicki, and Kolomer (2004) examined the effectiveness of a 3-month ‘needs-based’ support group intervention for grandparents (n = 97) caring for grandchildren with developmental disabilities and delays. Using a partial cross-over design, where grandparents were assigned to either an experimental or wait-list control group, the researchers found that at pre-test both groups had clinically elevated depression scores (The Center for Epidemiological Studies Depression Scale). After 3-months of intervention, the experimental group reported significant reductions in their depression scores, while the wait list control group reported no change or worsening scores. At the 6-month cross-over assessment, however, the control group, who had now received the intervention, reported significant improvement in depression scores that was equal to, or greater than, the original experimental group. This suggests the case-management services offered to the control group prior to cross-over led to greater reductions in symptoms of depression than the intervention alone. It appears that “addressing the substantive service needs and benefit problems many of these families were facing may be a prerequisite for clinically significant reductions in reported symptoms of depression” (McCallion, Janicki, & Kolomer, 2004, p. 359).

In another study, using a non-comparative design, Kelley, Yorker, Whitley, and Sipe (2001) reported the effectiveness of a 6-month intervention for 24 kinship carers that included home visits by health and legal professionals and a monthly support group. At pre-test, a substantial number of the kinship carers scored in the clinical range on a measure of depression (Brief Symptom Inventory) and close to it on the Mental Health and Physical Functioning subscales of the SF-36. At post-test, some modest change, of small to medium effect, was observed in the hostility and interpersonal sensitivity subscales; however, no improvement was found in anxiety and depression.

In a more recent study, Strozier, McGrew, Krisman and Smith (2005) evaluated the effectiveness of an 18-week school-based intervention for 34 kinship carers raising 63 school-aged children, using a non-comparative, pre- and post-test design. The carer intervention involved support groups and case-management services, including counselling, advocacy, and resource procurement. The children participated in tutoring and mentoring that included problem-solving skills, goal setting, character building, social skills training, and other activities that build self-esteem. At pre-test, the carers and children reported elevated levels of caregiver burden and low self-esteem. At post-test, there was some improvement, of small effect, across all burden subscales on the Caregiver Self-Efficacy Scale; although emotional burden was still elevated. Furthermore, only minimal change was observed in carer reports of their self-efficacy in behaviour management and service procurement - two areas that are typically highlighted by grandparents as high priorities for change.

The limited international literature provides some evidence of the impact of intervention. However, differences in research design and methods used in intervention studies, as well as the inconsistent results of ad hoc interventions, limit generalisation and provide limited guidance for formulating service-based program models and curricular (Zlotnick, Wright, Cox, Te‘o, & Stewart-Felix, 2000). Hence, there is an urgent need for Australian research and a cohesive conceptual framework for understanding the grandparent care phenomenon, together with a sound basis for intervention.

Apart from our own work, and that completed by the COTA National Seniors (Fitzpatrick, 2004) and Baldock (in this issue), most published Australian research has focused on very different groups of carers, namely grandparents providing routine child-minding while the parents are at work (e.g., see the Australian Institute of Family Studies (2006) Research Plan 2006-2008), and those involved in kinship carer placements that are subject to child protection intervention, or a children’s court protective order (Mason et al., 2002; Department of Human Services, 2003). Other research has focused on the...
Children in out-of-home care (Cashmore, 2001; Cashmore & Ainsworth, 2003; McHugh, 2003; Tarren-Sweeney & Hazell, 2006; Wise, 2003a, 2003b). None of the published research has explored the experiences of those in grandparent care.

Our research team in Western Australia has evaluated an agency designed and implemented an intervention that provided short-term specialist support for a sample of grandparent-headed families (n = 19) who were providing full-time parental care for their grandchildren, in the absence of the biological parent because of substance/drug abuse or addiction issues in the biological parent(s) (Horner, Downie, Hay, & Wiehmann, submitted). The intervention program included a GPG support group and individual counselling and was run as a time-limited extension to services that had been provided to the participating grandparents under an existing GPG service frame. At pre-test many of the grandparents (and grandchildren) reported scores, across a range of measures, which were indicative of acute emotional reactions, as compared to scores reported for normative and community samples of their Australian peers. At post-test, statistically significant changes were not observed on measures. Although, the small sample size and lack of statistical power may have contributed to the null findings, there were trends for improvement on all measures as indicated by the positive change observed in scores for many grandparents (and grandchildren). The qualitative data also confirmed that grandparents and grandchildren described the intervention as effective. From these data, the authors derived a simple schema of the multiple issues and stressors facing grandparent carers and the children, as well as those factors that enabled a sense of wellbeing (Figure 1).

This schema is consistent with other Australian data presented by Orb and Davey (2005), Baldock and Petit (2006), and in the 2003 COTA Seniors report (Fitzpatrick, 2004). Moreover, the schema demonstrates similarities to the Double ABC-X Model of Family Stress, as conceptualised by McCubbin and Patterson (1983) and Brannan and Helfinger (2001). The ABC-X Model depicts family stress as the outcome state (X) that results from the family’s processing of stressor events (A) through the resources and strengths available to the family for dealing with those events (B), the family’s perceptions of those events and their general living style (C) plus their general coping style. In particular, the ABC-X Model highlights the potential for families to experience a pile-up of stressors and strains, as well as phases of adjustment and adaptation, that may emerge from individual family members, the family system or the community to which it belongs, over
Conclusion

Although there have been advances in the provision of services and support for grandparent-headed families at the national and state level in line with the recommendations of the Hon. Larry Anthony, the then Minister for Children & Youth Affairs and COTA National Seniors (Fitzpatrick, 2004), an important barrier to the full integration of grandparent-headed families into policy and practice remains the lack of accurate information regarding the frequency and characteristics of this family structure, and their particular needs.

The lack of accurate population data regarding this family structure, as well as the lack of locally published research, beyond ‘grey’ reports housed on internet sites, in effect means community and state government agencies and policymakers do not have evidence on which to build a policy or service framework. Moreover, it means that researchers and practitioners are not aware of the extent to which international research, particularly the results of intervention studies, can be generalised to the Australian grandparenting context. In practice, this means the continued provision of support that is based on professional opinion, rather than a cohesive conceptual framework for understanding the role of grandparents who parent their grandchildren full-time.

It is time to recognise the issue of grandparents parenting grandchildren, and to develop an evidence-based approach to policy and practice through research.

Endnotes

1 Regrettably, the term kinship care has also been used to describe arrangements where the parent is co-resident (see Butler & Zakari, 2005; Goodman, Potts, Pasztor, & Scorzo, 2004).

2 Kinship foster care and public kinship care are the preferred terms used in the North American literature. However, Australian statutory bodies do not distinguish grandparents from other relatives and refer to all statutory placements provided within the family network as kinship care (Department of Human Services, 2003).

3 The actual proportion of GPG across the US, however, has remained fairly constant; although it should be noted that changes that often occur between the GPG group and the group of grandparents who co-parent their grandchildren...
would be masked, as would the substantial increases evi-
dent in the proportion of GPG in some regions and states
(Bryson & Casper, 1999; Simmons & Dye, 2003).
4 These include: the age and physical and psychological well-
being of the grandparents, as well as the age of the children;
duration of care; number of children in care; number of pre-
vious placements, and contact with biological parents (etc.),
as well as the complexity and severity of medical, mental
health and/or development problems in the children.
5 Australian research shows that children in out-of-home care
are significantly more likely to have physical, mental, medical
health and/or developmental problems than their peers who are
not in care (Tarren-Sweeney & Hazell, 2006; Vig, Chinitz,
& Shulman, 2005). US data also suggest that children in
kinship foster care are estimated to be two to three times more
likely to have physical, mental health, medical or behav-
ioral problems that limit activities than children in private
kinship care (Swann & Sylvester, 2006).

References
Administration for Children and Families. (2002). The
AFCARS Report: Interim FY 2000 Estimates as of August
stats_research/index.htm.
Allen, R. (2002). Grandparents as carers: A look at the situa-
tion faced by grandparents who are raising their grand-
children on behalf of the children’s parents. Perth: KidLink.
American Association of Retired Persons Grandparent
Bryson, K., & Casper, L. (1999). Coresident grandparents and
grandchildren (P23-198). Economics and Statistics
Administration, US Department of Commerce, US Census
children: Assessing health status, parental stress, and social
Cashmore, J. (2001). Kinship care: A differentiated and sensi-
tive approach. Developing Practice: The Child, Youth and
Building a national research agenda. Children Australia,
28(2), 5-13.
to interpret the experience of custodial grandparents. 
Journal of Aging Studies, 16(1), 19-35.
methodological and substantive synthesis of research. 
Children and Youth Services Review, 26(7), 623-639.
Government of Victoria. Retrieved October 17, 2005, from
G2C42GE31G256E9E000EBD94F8/file/ced_public_parent ing.pdf.
Downie, J., Hay, D., Horner, B., Wichmann, H., & Hislop, A.
(submitted). Young people living with their grandparents:
Resilience and wellbeing. Children and Youth Services Review.
burden. MCN, American Journal of Maternal Child
Nursing, 29(5), 299-304.
Ehrle, J., & Geen, R. (2002). Kin and non-kin foster care-find-
ings from a National Survey. Children and Youth Services
Fitzpatrick, M. (2004). Grandparents raising grandchildren:
A report commissioned by the Hon Lesley-Anne Ministry for
Children & Youth Affairs (SA17). Melbourne: COTA
Work, 7(4), 311-321.
and physical health of grandchildren who are raising their
grandchildren. Journal of Mental Health and Aging, 6(4),
311-323.

affecting placement of children in kinship and nonkinship foster care. Children and Youth Services Review, 22(1),
37-54.
Blaklock, O. (2005). Britain’s penworners parents: The
quandary of parenting our grandchildren. A report from
the office of the Rt Hon Frank Field MP. Retrieved May 23,
2007 from www.frankfield.co.uk.
Aboriginal and Islander Child Care, Department of Child
and Family Studies, Swinburne University. Retrieved May
strain from psychological distress: Modeling the relationships among child, family, and caregiver variables. Journal
of Child and Family Studies, 10, 405-418.

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Associate Professor Barbara J Horner is Director at the Centre for Research on Ageing, Curtin University of Technology, Bentley, Western Australia. Professor Jill Downie is Head of School of Nursing at the School of Nursing and Midwifery, Curtin University of Technology, Bentley, Western Australia. Professor David A Hay is Professor of Psychology at the School of Psychology, Curtin University of Technology, Bentley, Western Australia. Ms Helen M Wichmann is Research Assistant at the School of Nursing and Midwifery, Curtin University of Technology, Bentley, Western Australia.