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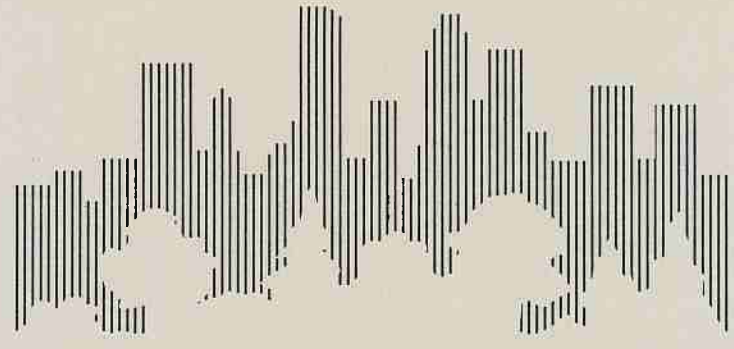
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MASTERS IN SOCIAL WORK THESIS

**MSW
Thesis**

Nevere G. Sila

Second Time Around Parents

1994

Thesis
Sila

SECOND TIME AROUND PARENTS

A THESIS

SUBMITTED TO THE FACULTY OF THE GRADUATE SCHOOL
OF
AUGSBURG COLLEGE

BY

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MASTER OF SOCIAL WORK
AUGSBURG COLLEGE
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CERTIFICATE OF APPROVAL

This is to certify that the Master's Thesis of

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has been approved by the Examining Committee for the thesis requirements
for the Master of Social Work Degree.

Date of Oral Presentation: 16 April 1994.

Thesis Committee:



Thesis Advisor



Thesis Reader



Thesis Reader

DEDICATION

I dedicated this thesis to my family. My husband Tony and my children Frederick, Michael and Charles. Whose love, patience and support is invaluable.

ACKNOWLEDGMENT

Many thanks to Ms. Eva Zygmunt, Little People Day Care Center Coordinator who gave me the opportunity working with the grandparents. It was a wonderful experience and great pleasure working with her.

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ABSTRACT

SECOND TIME AROUND PARENTS

PROGRAM EVALUATION

NEVERE G. SILA

APRIL 16, 1994

The purpose of this study is to evaluate the SECOND TIME AROUND PARENTS (STAP) group at Little People Day Care Center, Pillsbury Neighborhood Services (PNS).

Problems that are breaking families apart are leaving children at risk, neglected and uncared for; grandparents are stepping in to care for them. Grandparents across the country regardless of income, background, or race are assuming this responsibility. They did not expect to be parents again. Grandparents who take on this job often need help with meeting the needs of their grandchildren and legal, financial, medical, educational and emotional issues that come with this new role.

As families become more varied, the percentage of American children living in Grandparent's household is steadily rising. Thomas Gillaspay, Minnesota State demographer, said. "The percentage rose from 3.2 in 1970 to 4.9 in 1992.

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CHAPTER ONE

INTRODUCTION

The purpose of this study is to evaluate the Second Time Around Parents (STAP) group at Little People Day Care Center, Pillsbury Neighborhood Services (PNS). The relationship between grandparents and grandchildren is often a very special one. For the growing number of grandparents who are primary caregivers of their grandchildren, this relationship can also be very challenging. Undertaking full-time child care may mean major changes in the lives of grandparents. They may find themselves under extreme stress causing physical and mental health problems such as exhaustion and depression.

Problems that are breaking families apart are leaving children at risk, neglected and uncared for; grandparents are stepping in to care for them. Grandparents across the country regardless of income, background, or race are assuming this responsibility (The American Association of Retired Persons, AARP, 1993). They did not expect to be parents again. Grandparents who take on this job often need help with meeting the needs of their grandchildren and legal, financial, medical, educational and emotional issues that come with this new role.

As families become more varied, the percentage of American children living in Grandparent's household is steadily rising. Thomas Gillaspay, Minnesota State demographer, said. "The percentage rose from 3.2 in 1970 to 4.9 in 1992. Those figures may be small, but the latest represents more than 3 million children." In a majority of cases, a parent lives in the household too, but for as many as 1 million children, the grandparents are

the only caregivers. According to the Minneapolis Urban Coalition (1992) there were 1,843 children in 15 suburbs living with relatives other than parents in 1990. The ages ranged from 0.5 in Rogers to 4.4 in Brooklyn Center.

It is roughly estimated by state sources that 680 Minnesota children live in foster care in the homes of relatives. Human service officials had a record of 260 cases, but acknowledge that their records are very incomplete. Another 4,500 children are living with relatives who are on AFDC and are getting additional AFDC benefits for the kids (Jones, Star Tribune, January 1994).

The number of these families has grown in recent years, and will continue to rise, because of county efforts to place children in same-race homes and the recognition that relative care is often less traumatic on children than foster care with strangers (David Sanders, Director of Hennepin County Family Services. 1994).

As a result of the increasing number of Pillsbury Neighborhood Services' (PNS) consumers who are grandparents raising their children, a small support group was created to address their very different needs. The Second Time Around Parent's group identified common challenges including financial instability, emotional welfare, child care needs, medical and mental health resources, and the impact of taking on the responsibilities of parenting children at this time in their lives.

In order to evaluate the STAP program this research poses the following questions:

- What was the process of forming the group?
- What was the group's original purpose?

- Were the group's short and long term goals achieved?

Using social work group theories in concepts, the researcher also will evaluate the social group work practice of the group's facilitators.

SHORT TERM GOALS :

The short term goals as identified by the agency were:

- Identify any special needs of grandparents who are primary caregivers to their grandchildren.
- Identify what services are available and how to access them.
- Identify where there are gaps and barriers to services for grandparents.

LONG TERM GOALS :

- To develop specific solutions and strategies to close gaps in available services and to remove barriers in accessing services.
- To develop specific strategies to build and maintain community interest and collaboration in this issue.

These challenges lead them to create strategies to address these issues. These strategies have resulted in the grandparents testifying about their experiences, challenges, and successes throughout the Metropolitan area. They have spoken concerning policy on behalf of themselves and other grandparents and have successfully increased the awareness of the rights of this growing population.

Working with the Second Time Around Parent's group was part of my internship at Pillsbury Neighborhood Services - Little People Day Care Center. Pillsbury Neighborhood Services in Camden Community is located in the far North side of Minneapolis. Pillsbury Neighborhood Services is a multi-sited neighborhood based social service agency which works with families and individuals to change the conditions which confront them by creating choices. Currently there are six neighborhood centers with their surrounding communities, providing over thirty programs serving over 35,000 Minneapolis residents in 1993. This includes individuals who have low-incomes, are single women, and people of color. Pillsbury Neighborhood Services currently offers programs for the developmentally challenged, children and teens, families, adults and seniors, people in crisis and neighborhoods.

Minneapolis Way To Grow program is one of the programs at Pillsbury Neighborhood Services in Camden Community. Pillsbury Neighborhood Services has designed its Family Life Learning Center at Camden Neighborhood Center to be a prototype of how the agency will work in a new way within its own structure and with other collaborative partners to meet this need.

The mission of Way To Grow Program (WTG) , a public and private venture, is to promote school readiness for Minneapolis children by coordinating a continuum of comprehensive, community based services that support and assist all parents in meeting the developmental needs of their children from conception through age six. At Camden's Future children are important and special. Raising a child sometimes can be a challenge. Camden's Future offers a variety of services to support parents. Pillsbury

Neighborhood Services is a United Way agency. Camden's Future is funded by the City of Minneapolis. One of the services provided by Camden's Future is a resource center where parents can get help in finding medical care, housing, transportation, child care, food, and parent educational classes.

Little People Day Care Center is a program of the Way To Grow Program. It provides well organized opportunities for parents to become actively involved with their children's early childhood education while giving them the support they need to stabilize their lives. It connects parents with necessary resources that foster healthy family relationships and healthy children, both emotionally and physically. The target group consists of parents of children ages 0-6, primarily residing in the Camden community of North Minneapolis and the Powderhorn community of South Minneapolis. Other program resources offered by the Family Life Learning Center under the auspices of the WTG program are:

* **EARLY CHILDHOOD EDUCATION:** a key part of the Center. Serving children 33 months-5 years of age, this is a curriculum-based program, steeped in parenting young children to be learning ready. Often these are special needs children, who receive individualized attention.

* **PARENT SERVICES:** parent education, nutrition support, and quality time activities to increase and improve interactive time of parent and child. Some of these parents are referred to the program by the court.

* **HOME VISITATION:** provided through the Way To Grow Program, Camden's Future. This outreach focuses on pregnant women to ensure healthy births and then follow those children through their fifth year to assure school readiness. High risk moms have interventive services available

to foster appropriate bonding with their children.

* **DROP-IN-SERVICES:** for families with young children. Camden's Future provides opportunities for parents to interact with other parents and their children, to access the toy/book lending library, and to gain support for child development and parenting.

* **ENRICHMENT SERVICES:** provides low-income parents and families the opportunity of participating in various Twin Cities recreational and enrichment resources.

* **EMPLOYMENT AND TRAINING:** on site on specialized days each week. Staff from PNS employment programs assist residents in finding suitable training and employment. Classes in job search, job support and interviewing skills strengthen participants in finding and keeping employment.

* **SUPPORT GROUPS:** Parents who face special issues in their parenting growth are organized around issues such as abuse, single parenting, fathers raising their children etc.

These resources are available to all who fill the role of parents, including grandparents. The grandparents use to bring their grandchildren every morning to Little People Day Care Center. In the hallway they got together and talked about their struggles with the foster care services. Ms. Z the coordinator of Little People Day Care Center overheard the grandmothers' concerns and became concerned when she learned that children in relative placements did not receive foster care benefits. Ms. Z consulted with one of the LPDC parents Mr. J, who was a graduate student

and an intern with a state legislator. Mr. J. shared with Ms. Z his knowledge of landmark cases in other states that resulted in families being able to receive benefits. Mr. J. then referred Ms. Z to an attorney who had handled similar cases in the past. After discussing the issues with grandmothers and learning that they were interested in pursuing the matter, Ms. Z. contacted the attorney, who was willing to meet with the grandmothers.

A week later program staff invited the grandmothers, Mr. J. and the attorney to a breakfast meeting at the Little People Day Care Center. The grandparents stated their requests and needs to the attorney. “ There seems to be an undercurrent feeling that grandparents and relatives have a moral obligation to provide care without benefits and service. Many of these children have special needs.” stated the attorney.

When children are separated from their parents and placed with relatives or others, there has generally been some degree of trauma in their young lives. The separation may result from the death of a parent or an inability or unwillingness to care for them. There may have been drug or alcohol addiction and /or abuse and neglect. “When benefits are denied, the real victims are the children,” (Mr. J.) “If the grandparents are doing it alone when they’re entitled to funding, something needs to be done about it. When people don’t know their rights, they lose out”. Because of agency staff recognition of an unmet need, Mr. J.’s insight and referral, and the attorney’s willingness to take the cases, for the grandmothers may receive retroactive foster care benefits, which is their desired outcome.

During the same meeting Ms. Z asked the grandmothers if they were interested in starting a support group at the Little People Daycare Center to explore the special issues regarding their parenting skills, in caring for their

abused or neglected grandchildren. Grandparents had to face the fact that there is a big difference between parenting their own children and their grandchildren. The grandparents agreed with Ms. Z's suggestions and they decided to meet at least twice a month. The grandparents united for a common goal and learned that there is strength in numbers.

The group had been meeting for approximately a year and a half when the researcher joined as a co-facilitator of the group. Group workers were Ms. Z. and Ms. G. When Ms. G. left in January, this gave me the opportunity to get involved more with the grandparents. The following is an evaluation of the Second Time Around Parenting group. This study will be organized in the following ways: Literature Review, Methodology, and Recommendations.

CHAPTER TWO

LITERATURE REVIEW

According to Erickson's seventh life stage mature adulthood is characterized by the crisis of generativity versus stagnation. Generativity involves a concern and interest in establishing and guiding the next generation. The crisis of generativity versus stagnation is perceived by a middle aged adult to involve a commitment to improve the life conditions of future generations. The achievement of generativity involves a willingness to care about the people and the things that one has produced. It also involves a commitment to protecting and enhancing the conditions of one's society. The achievement of generativity is important for the survival and development of any society. It involves having the adult members committing themselves to contributing their skills, resources and creativity to improve the quality of life for the young (Eric Erickson, 1963).

In Bloom the transition to grandparenthood is presented as a stage in the family life cycle in which meaning comes from outside the boundaries of the original nuclear family unit through alliances indicated and produced by offspring (1984). There is an indispensable emotional bond between grandparents and their grandchildren. Grandparenting is a natural bonding that is manifested by thoughts, feelings and action.

Culture adds another important dimension to expectations of grandparents. For example, African - American families have a traditional family life cycle that includes nuclear families and extended families, such as, parents are not the only persons to head families. Grandparents still play

an important role in extended families. In 1993, there were 1.4 million black children living with their grandparents (Billingsley, 1992). Grand parenting offers other opportunities and resources. These range from providing child care and financial support, serving as role models, and playing a modulating influence in family strife (Robertson 1977). Ethnicity indeed has its strengths and weaknesses. It has power to hold people together, yet there is also potential for stress when the demands are excessive. Bloom stated that most aged people have the universal tasks of combating failing health and diminishing capacity and of confronting the ultimate reality of death (1984).

The role of the grandparent is clear in the American Indian Family. Usually grandmothers never work outside their homes. They receive their education from their grandmother who taught them to behold and revere the land. They learn of the traditional life style. When a mother becomes a grandmother, now it is her turn as a grandmother to teach these things to her grandchildren. The world is somehow different the gate which she opened in her role as mother will be open by the grandchildren while she continues to pray at dawn. This will be taught to her grandchildren, along with knowledge of the morning as the time in which the good things exist: good health, increased wealth, and wisdom. This is not a job when one retires; it is what must be done, she has to teach her grandchildren the lessons of her grandmother (Robertson).

The grandmother is always busy taking care of her grandchildren in American Indian families. We hear very seldom about loneliness of elderly in this culture. Grandchildren provide the opportunity to tell the family history; such exchanges seems to be initiated by grandchild and grandparent. Studies indicate that it is often the third generation that attempts to revive the

family history (Robertson, 1977).

In Latino families mature men and women are the workers: the aged provide knowledge based on their experience and care for the young ones. They are useful members of the family (Maldonado, 1979).

Similarly, Chinese are self contained units in which the elderly have no fear of unemployment. Even before the physical decline they retire on the fruits of their children's labor. Their advice is sought on important matters. The young hold them in high regard, and infants grow up in their grandparent's arms (Maldonado 1979).

Togetherness, love and obedience, mutual help, and respect are the cornerstones of the traditional Middle-Eastern family which, for most from Middle-East, includes grandparents, aunts, uncles, and cousins as well as well as immediate family of parents, brothers and sisters. Individuals find their identity through membership in the family group. If one family member does well and is praised, the entire family shows pride. The role of a grandparent in the United States is different than that of my native country, Lebanon. The grandparents in Lebanon assume responsibility for the care of their grandchildren if the mother is ill, dies or is employed. Addiction, neglect and desertion by mothers are not issues to the extent they are in the United States.

Some grandparents feel that they failed their own kids, but they have a strong commitment to keeping the family together. As a member of the Second Time Around parenting group state they're "mad as hell and hope that these birth parents will get themselves together someday. "Many grandchildren live with their grandparents because their parents are unwilling or unable to care for them .

Of the growing number of grandparents who are primary caregivers to their grandchildren this relationship can also be very physically challenging. Bloom states that adults are more subject to chronic conditions as they age (1984). Undertaking full-time child care may mean major changes in the lives of grandparents. They may find extreme stress causing physical and mental health problems, such as, exhaustion and depression. American Association of Retired Persons (AARP, 1993).

The American Association of Retired Persons (AARP) is establishing the Grandparent Information Center to provide information and resources to help grandparents cope with their surrogate parent roles. The center will work with national and community-based service agencies in the child care, aging, legal services and family service field to address this rapidly emerging phenomenon.

WHY THE ROLE OF GRANDPARENTS IS CHANGING

Teenage pregnancies, divorce, AIDS, joblessness, incarceration and child neglect all contribute to the changing roles of grandparents. April 28, 1994 Star and Tribune article, stated, "Increase in Foster Care due to drug, alcohol use. Increasing numbers of infants and toddlers are in foster care because they have been neglected or abandoned by parents addicted to drugs and alcohol, according to a federal study released in April 1994. "The General Accounting Office, the congressional watch-dog agency, said infants and toddlers in foster care are also more likely now than in the 1980s to have serious health problems, including those from prenatal exposure to drugs."

“GAO said its study underscores both the need for drug-abuse treatment for mothers and pregnant women, and the hidden impact drug abuse has on federal program costs. As many as half a million are in foster care, according to David Liederman, executive director of the Child Welfare League of America. He said ‘GAO’s study confirms what child welfare workers have witnessed over the past years few years. The biggest increase is with infants, and the bulk of that is drug and alcohol-related.’ “What happens, unfortunately, is that when you’re an abuser of cocaine or crack or heroin, you lose the sense of responsibility to be a parent. It does terrible things to people and unfortunately, the little kids end up in nowhere land.” (Star Tribune,1994).

GAO’s study, released in April 1994, was based on reviews of the foster-care systems in California, New York and Pennsylvania, which together cared for more than half of all children in foster care nationwide.

During the period studied, 1986 to 1991, the number of foster care children in those states increased about 66 percent, but the number of young foster care children, those under age three more than doubled. The GAO estimates that among those children, 78 percent had at least one parent who was a drug abuser in 1991, an increase from 52 percent in 1986. “Crack is the only thing that will break the bond between the mom and the child,” Liedman said. “It’s seductive “ (Star Tribune, 1994).

The number of young foster children estimated to have been exposed to cocaine while in the womb grew significantly, from 17 percent in 1986 to 55 percent in 1991. “The increased use of cocaine by the mothers of young foster children adds additional urgency to the need for drug - treatment

programs if the impact of drug abuse on foster care is to be alleviated,” GAO said (1994).

According to GAO, 55 percent of the youngest children in foster care had serious health-related problems in 1991, compared with 43 percent in 1986. Those health problems include fetal alcohol syndrome, low birth weight, cardiac failure, HIV infection or AIDS, and developmental delays. Medical research suggests that the chronic illness these children have or are at risk for, may have been caused or compounded by prenatal exposure to drugs and alcohol, (GAO 1994).

Neglectful and absent parents were the primary reason young children were taken from their homes, accounting for 68 percent of all removals. All types of abuse accounted for another seven percent, (GAO said). Another reason the children are placed in foster care may include the death of a parent due to an AIDS-related illness or a court order. The federal government spent \$2.2 billion helping support low-income foster children with a monthly check in 1991, up from \$ 637 million in 1986 (Star Tribune).

Experts agree the burgeoning use of crack cocaine and other substances among birth parents in all income groups is the chief villain (American Association of Retired Persons (AARP) 1993). No one knows just how many grandparents are picking up the pieces, stated Meredith Minkler a professor of Public Health at the University of California at Berkeley (Minkler, 1993). “But we believe about four million children are in their care, up forty percent over the last ten years. These grandparents are joining forces to get the help they need.” “What we need are laws to legitimize the multi- generational family.” Raising grandchildren often

upends the lives of working grandparents. Some grandparents quit their jobs to take care of their grandchildren, others continue to work often past retirement age, to be able to pay for the expensive day care (Bengtson, & Brobeertson, 1985).

Another contributing factor is abuse and neglect. Dr. Henry C. Kempe, leading expert in the field and founder of National Center For Treatment And Prevention of Child Abuse and Neglect, states that “ Parents who are abused and neglected as children are the leading cause of present abuse and neglect.” Dr. Kempe’s research over the past fifteen years has shown that the cycle of family violence can not be broken until it is prevented through effective interaction for families in crisis. For children, the crisis of living with violence produces confusion and turmoil. Lack of or inadequate intervention can perpetuate the generational breeding of violence which threatens the dissolution of family life (Kempe, 1991).

MINNESOTA STATUTES

Minnesota Statutes M.S 2257.071 subd. Law requires the local social service agency to follow an established order of placement preference in the placement of any child. Placement of a child with a relative is the first placement preference. This preference is also mandated by federal law in P.L. 96-272 and P.L. 95-608. After insuring the safety of the child, a search for a relative must be one of the first actions taken by the agency (Family Violence Journal, 1991).

It is the policy of the Community Services Department to consider the best interest of the child whenever a placement is made. The Community Services Department will give preference to placing children with relatives whenever such placement will serve the child's safety, health and best interest (Heritage Related Legislation, July 28, 1993). It is the intention of the Community Service Department to minimize the number of times children are placed. A comprehensive kin search will occur before any long term placement (i.e. non shelter) begins. Efforts will be made to place children with relative, kin before placement in foster care with non relatives unless the child would otherwise remain in an inappropriate setting, (e.g. hospital or emergency shelter). The Department may move to second order of placement preference, (i.e. same race foster home), before completing the kinship search if the child would otherwise remain in an inappropriate setting.

The Black Community, through its churches, is encouraging more black parents to adopt black children or work as foster parents to help ensure that children are raised in families that share their cultural heritage. The Minority Heritage Preservation Act requires that authorities try to place children who are up for adoption first with relatives, then families of the same race and then a family that will promote the child's heritage (Heritage Related Legislation, July 28, 1993).

The Native American Community also encourages more Native American Parents to adopt Native American children or a Native American Child must be placed in a Native American Foster home and ensure that children are raised in families that share their cultural heritage. (American Indian Child Welfare Act).

If the relative is an American-Indian living on the reservation, the tribal government has exclusive authority to decide if the relative needs to be licensed and approved, and the standards by which licensing or approval will be granted. The tribal government only has the authority to license or approve tribal members living "near" the reservation. Tribal Licensure or approval by the tribe is equal to state licenser and the agency is to follow the decision of the tribe. "Near" the reservation is defined by the tribe based on its existing definition of "near" currently used to specify service areas. (Foster Care, Instructional Bulletin, January, 1993).

Extended family can be grandparents, aunts, uncles or anybody who can give extra care to another person. Commitment to the youngsters invariably wins out, but such mixed feelings are not usual among the nation's growing number of grandparent caregivers. (People's Rights and Law, 1993).

THE LATEST ACTIVITY IN CLASS-ACTION SUIT: FOSTER PARENTS FILE CLASS-ACTION LAW SUIT AGAINST STATE

Minnesota has failed to comply with federal rules requiring relatives or non relatives to be treated equally when taking in abused and neglected foster children, according to a class-action law suit filed in April, 1994. It seeks to equalize those payments and benefits. The suit filed in Hennepin County Court , was prepared on behalf of the estimated 25,000 Minnesota children who entered foster care last year and their relatives who have not received proper notice and/or benefits, said the attorney who represents the six plaintiffs.

It calls for the state Department of Human Services to open the portfolios of all foster children and to make attempts to place them in the homes of relatives. Those relatives must be offered the same foster care pay and benefits as the non relatives now caring for them, the suit demands.

The attorney said, “ You take a child who has been abused and abandoned and cocaine-addicted, and you put him with a relative...and it’s a burden.” The attorney charged Hennepin County and other Counties with trying to comply with the Minority Heritage Preservation Act, which seeks to keep foster children in same race homes, by pulling children out of well-funded foster homes and placing them on the cheap with relatives who are offered lower payments and fewer benefits. Specially, the suit charges that relatives are steered toward Aid to Families with Dependent Children (AFDC) instead of to foster care.

When relatives do get foster care, they often receive lower rates than non relatives because the children are not determined to have an equal “difficulty of need.” The grandparents and three aunts are listed from Second Time Around Parents group as plaintiffs in the suit, filed against Hennepin County and the Minnesota Department of Human Services.

All six were initially denied foster care payments by Hennepin County, according to the complaint. Only when they appealed their decisions did they get the payments. The Director of Hennepin County Family Services, acknowledged that in the past Hennepin County has been likelier to offer relatives AFDC benefits than foster care payments. But the County changed that procedure last year, he said.

Officials in the Department of Human Services were unavailable for comment. This suit requests that the plaintiffs receive benefits retroactive to

the date that the county placed the children with them. It also asks that the state establish uniform standards for determining difficulty of care of children so it doesn't vary from relative to non relative. It also seeks:

- A court order that a "special master" judge be appointed to help review all the foster care cases.

- That the highest level of "difficulty of care" benefits be provided to relatives who are foster care providers until a uniform procedure is created.

- That counties immediately begin creating portfolios for each child in foster care with non relatives so that they can begin their search for caregivers who are relatives.

- To require that the Human Services and Hennepin County provide a joint plan of implementing new procedures and staffing to carry out plans to equalize payments. (Star Tribune, 1994).

SUMMARY

The changing roles may cause conflicts between natural parents and grandparents . The legal position of grandparents in custodial matters remains somewhat ambiguous. Forty two states give the grandparents the right to go to court. Such legislation represents an awareness on the part of the courts that grandparents and grand parenting may be significant factors in actualizing "the best interest of the child."

The behavioral science literature indicates that continuance of an established relationship between a child and a grandparent is likely to provide (1) a positive approach to milestones in child development, (2) a sanctuary for the child in times of stress, and (3) a more accepting, esteem-

enhancing environment than some parents consistently provide (Bloom, 1984).

The literature also indicates that this relationship provides cultural strength of family life theories. This establishes a role for aging adults individually and within the family. Culture appears to be a major factor in influencing the expectations of grandparents, however these cultural expectations are often unfulfilled. Addiction on the part of their children and the subsequent neglect of their grandchildren contributes to these unfulfilled cultural expectations. The stresses of Second Time Around Parenting will be highlighted in a discussion of there particular meetings the researcher attended at the Little People Day Care Center.

CHAPTER THREE

METHODOLOGY

Theoretical Frame Work:

This is a qualitative research study based on participant observation and its underlining assumption “that valid understanding can be gained through accumulated knowledge acquired firsthand by the researcher” (Raid and Smith, 1989). Therefore, the researcher did not set out with a specific methodology, e.g. set members and groups of people to be interviewed, formal questionnaires, layout of data upon which conclusions would be based. Rather, the researcher sought to obtain first hand understanding of their situations from the perspectives of the grandparents. The researcher further observed the social group work practice and theories.

Time Frame:

This is a study of the Second Time Around Parents (STAP) group over an eight month period. For the first four months the researcher was a non-participant observer; the last four months the researcher participated as a co-facilitator of this social work group.

Research Design:

This study was both exploratory and descriptive. Data was collected

to gain:

- Preliminary understanding
- To develop hypothesis
- To provide descriptive data of the STAP group.

This was accomplished by looking at :

- Characteristics of the members of the group.
- Their presenting problems
- Characteristics of available services
- The grandparents' attitudes towards and use of services, barriers,
 - * Service delivery
 - * Psychological factors
 - * Financial problem
 - * legal problem
- Appropriateness of social group work practice.

In addition to observation the researcher used personal notes, agency's records and supervisory and staff conversations and briefings. In addition to group meetings, observations were gathered from workshops and other meetings and between meeting contracts with group members. The Findings and Analysis of STAP will be presented in Chapter Four.

CHAPTER FOUR

PRESENTATION OF DATA

The following is a brief synopsis of the three meetings of the grandparents group and the issues addressed at these by group members. The grandparents use to bring their grandchildren to Little People Day Care Center. The grandmothers had requested foster care benefits and already which were denied by Hennepin County Community Services Division. Ms. Z, the Program Co-ordinator overheard the grandmothers' problem with the County workers.

Organizing The Group:

Early in the fall of 1992 as Ms. Z. began to develop relationships with several grandmothers at Little People Day Care Center, She said, "I was surprised to learn that children in relative foster care placements did not receive foster care benefits. I was curious as to the rationale of this as Minnesota strongly believes in and practices the African-American Heritage ACT, encouraging that children be placed with family at any cost. The two seemed incompatible. We encouraged the placement of children with family members, and yet deny the same to relatives. Yet funding is given to complete strangers who are licensed by the state to provide foster care."

Ms. Z inquired about this at Hennepin County Family Services and no one cared about it. Ms. Z. thought there must be a way to help

these grandmothers. One Saturday morning she invited the grandmothers, Mr. J. and the attorney, to a breakfast at Little People Day Care Center. All the grandparents were in attendance to meet an attorney who shared information about the state of relative foster care in the courts, and she offered her services on a contingency basis. Several of the grandmothers felt as if they had nothing to lose and expressed interest in obtaining legal services.

The attorney explained that what they would be trying to gain in their cases was the beginning of foster care benefits as well as back pay for the months or years that they had been caring for their children's children. "There seems to be an undercurrent feeling that grandparents and relatives have a moral obligation to provide care without benefits," said the attorney. "It is the best interest of the child to receive the maximum amount of benefits and service. Many of these children have special needs."

The challenges of being a grandparent of a child with special needs are often shared by other grandparents. Grandparents need to share their perspective in hopes that other grandparents will not feel alone in their concerns and know they share the same need for information. Grandparents can influence the families adjustment as well. They have the ability and are often called upon to provide support to the entire family. They serve many purposes for a child that no parent can fulfill, and they can lend to both generations the strength and love of the extended family.

When children are separated from their parents and placed with relatives or others, there is generally some degree of trauma in their

young lives. “When benefits are denied, the real victims are the children,” said Mr. J.. If the grandparents are doing it alone when they are entitled to funding, something needs to be done about it.

When people don’t know their rights, they lose out. The child care providers were uniquely situated to give the grandmothers the information they needed to pursue their rights.”

During the breakfast meeting Ms. Z. asked the grandparents if they were interested in starting support groups. Ms. Z’s concern was to provide emotional, informational, and tangible support to the grandparent caregivers. The grandparents agreed and during the breakfast meeting a small support group was formed.

Small Group Meetings of Grandparents:

Every other Monday the grandparents group met at Little People Day Care center, a program of Pillsbury Neighborhood Services. In this group the family system theory was demonstrated through the extended family taking care of their grandchildren. The members shared their problems with other members and everybody in the group supported that person by listening to her/his problem or by referring her/him to other resources. We worked together as a whole, one member’s problem effected the whole group.

The group was diverse in terms of age, race, and educational background. The age range in this group was between 40 - 55 years old. The group members were two African-American females, five Caucasian females and one Caucasian male. The common link they

share was that they all were raising their grandchildren and they drew strength and courage from the group. Each person had a unique story to tell. There were many different circumstances that brought their grandchildren into their homes permanently. They shared the many burdens that are attached to parenting at a time in their lives that they thought would be theirs to pursue their dreams. "It is not easy", said one grandmother. " I am used to my freedom, and up to this point I lead a very active and independent life." Why do they do it?. "I wouldn't do it if I didn't love my grandchildren," was the reply.

Foster care benefits should be provided for the child if the placement is the result of juvenile court action or child protection action. Instead many of them receive a small grant from AFDC (child only benefits) without the additional benefits awarded foster care providers such as, child care, transportation, social services, and certain medical benefits.

The following is a sample of the people who were present at the first meeting with the lawyer and of the key issues for which they were seeking legal advice.

Gloria is 43 years old, her daughter Florence was seventeen years old, diabetic and mentally ill when she had her first child. After having her baby Florence's mental problem decreased, her doctor misdiagnosed her and put her on a wrong medication called "Prozac." Florence became sicker and sicker. One day she started throwing things on her mother, Gloria got scared and called the police. When the police came Florence was so afraid, she had her baby tight in her arms because she thought that they would take the baby away from her. The police

accused Florence of child abuse and reported her to child protection. Instead of taking Florence to a hospital the police took her to a county jail for two weeks. The baby's father left Florence and the baby and went to California. After several hearings they moved Florence to a State Hospital and now she is in a transitional housing.

Child protection tried to take the child away from Gloria, but they couldn't succeed. The foster care system refused to pay money for the baby because the grandmother works; so, Gloria has tried to get some money from her retirement fund to spend on her granddaughter's care. Florence is doing much better now, she comes home, every week-end and spends the week-end with her mother and daughter. Gloria, received \$250 a month from AFDC but she thought she should get Foster Care benefits and legal custody of her granddaughter. Gloria hired an attorney; she has a date for a court hearing and is ready to fight for her rights.

Sally's daughter Mary was not signing the adoption papers. She was having second thoughts and her mother didn't want to push her to sign anything. Mary was always trying to find something wrong with her mother in raising her child. Sally received \$250 from AFDC when she adopts her grandchild, at least, she will receive some benefits, such as, health insurance and day care. sally thought that Mary and she had to go to counseling sessions before Mary signs any adoption papers.

Mindy is in her early fifties, she is African-American and has taken care of her three grandchildren for the last six years. The youngest grandchild was five months old, the other grandchild was one year old

and the oldest was ten years old. The reason Mindy was taking care of her grandchildren was that her daughter was on drugs. The children were taken from their mother and were sent to St. Joseph's home.

Two years ago Mindy applied for foster parent services and was denied by the system. Mindy was told that she was already the children's grandmother, that was why she couldn't be a foster care giver.

The African - American grandmother also told us during the support group that her neighbor was a white grandmother and she applied to be a foster care giver and she was accepted by the system. Mindy thought that she was discriminated against because of her color. Finally, Mindy hired an attorney and she has been getting foster care benefits for several months.

Families get different funds for the kids. When Betty offered to provide a temporary home for her neglected grandson, she received \$250 a month from Hennepin County for the care. But when a non relative took in the boy's brother, she got \$900 a month from the county. Why? Because Betty was a relative and was not told she qualified for foster care payments. That practice which state officials admit occurred across Minnesota, violates federal rules . The Director of Hennepin County Family Services who sees the problem an essentially part of the growing pains of a new system said they are working to correct it. (Star Tribune, January 2, 1994).

Advocates for the relatives, who increasingly are being used by counties to care for abused and neglected children, say that is not enough. They want counties to give retroactive payments to these families. Those

payments could total over \$3 million. (Star Tribune, 1994).

“I don’t think it’s fair” said Betty whose four year old grandson has shared her home since he was a year old. “We put our lives on hold to start over and raise a child again. I don’t feel just because I’m a grandmother I should be entitled to any thing less than any one else. I raised my kids. This is the time in my life I need to think of retiring, and I am starting from scratch again.”

Carmen is another Minneapolis grandmother who has cared for her granddaughter since she was born. Carmen is a nursing assistant, her granddaughter moved in with her in 1988 when she was a few days old. She received from AFDC \$250 a month plus day care payments. “They feel if the child is your blood, it’s OK not to give you the full amount of money.” Said Carmen. “They don’t seem to realize it takes an awful lot to raise kids. It is hard to do it. I’m just one parent trying to take care of two kids.” Carmen recently hired a lawyer and appealed the case, and is supposed to receive foster care payments plus benefits soon.

Carmen’s case is one of the about twenty, most in Hennepin County, being handled by this attorney. She questions whether Hennepin County’s policy changes have translated into equal treatment for relatives and strangers. “I’m still being contacted by clients saying they are not getting foster care benefits.” “We don’t see any fundamental changes in the way things are happening.”

The problem of unequal benefits for relatives and strangers has caught the attention of groups ranging from the Council on Black

Minnesotans to Minneapolis, Legal Aid, the State Department of Human Services and hundreds of Minnesota relatives who have opened their homes to their kin.

Advocates are also concerned about county payments to relatives who are already on AFDC. When those relatives take a child, the child is often added to their existing AFDC grant instead of given a grant for a separate family. The difference can be hundreds of dollars, they said. The attorney says she plans to file a class action lawsuit on behalf of these relatives who haven't receive adequate payments in order "to give the children the rights they are entitled to." The grandparents are ready to provide support to the entire family. They serve many purposes for a child that no parent can fulfill, and they can lend to both generations the strength and love of the extended family.

When children are separated from their parents and placed with relatives or others, generally there have been some degree of trauma in their young lives. "When benefits are denied, the real victims are the children. If the grandparents are doing it alone when they are entitled to funding, something needs to be done about it. When people don't know their rights, they lose out" (Jones, 1993). The child care providers gave the grandmothers the information they needed to pursue their rights.

After this meeting the grandparents began to act on the information they received from the attorney and progress was made. For example, in December 1993, one of the grandparents contacted her social worker and asked again, as she had for the past ten months, if she should apply for foster care benefits. She explained to the worker that she had a lawyer working with her, and she received the application the

next day in the mail. This is the same grandmother who had her hearing in January. She soon will be receiving foster care benefits as well as back pay for the past ten months she has been caring for her grandson.

Another grandmother, also working with the attorney, had her hearing and was awaiting news of her settlement, a possible 1-2 years of back foster care benefits.

Betty hired an attorney and appealed the payment received earlier in the year. Her monthly check was increased to more than \$700. She also received other foster care benefits, such as, respite care and a better health insurance plan. Betty's grandson had Attention Deficit Disorders. (ADD) and his pediatrician has strongly recommended him to get into pre-school for special needs children. Her former insurance HMO wouldn't pay for it. The new insurance did and finally he was getting the help he needed.

First Group Meeting In March

This week Gloria was the only grandparent who was present for the meeting. During the meeting with Gloria, the co-ordinator Ms. Z. announced that Success by Six Northwest was inviting all grandparents, county workers, child protection workers and foster care workers for a lunch. The purpose of this meeting was to give a chance for grandparents to meet with all the workers over lunch and identify their unique needs and challenges, such as, legal rights, current resources, barriers to services, and share experiences, new programs and

workshops relating to grandparents.

All the grandparents who wanted to participate in that luncheon meeting would first meet on April 11 at Brooklyn Park Center to talk about the issues and changes that they want the county to make. “It’s about time” said Gloria “If we just come to these meetings and cry on each others shoulders no one will hear us.”

March 30th Meeting

Starting March 30th the grandparents agreed to change the group meetings to Wednesdays. This was the researcher’s last group meeting. The members of the group have lives outside the group that influence their functioning within the group. March 30th group meeting illustrates this.

Gloria sought Florence’s and the social workers’ support in coping with her ungoing issues. She told us about the hearing that her daughter had on March 25th. “ The hearing went O.K.. The judge gave Florence as much time as she needed to get well.” Before the hearing, when the child protection worker told Florence 'If you don’t put your act together within six months you will lose your parental rights.' These words upset Florence very much and she stopped taking her medications and became very sick. Florence was under pressure. She had a panic attack and could not breathe. The staff at the transitional housing took Florence to the hospital. The next day Florence was feeling much better, but she was not permitted to spend the week ends with her mother and her little girl, until she gets well. The doctors allowed her to have her

Easter meal with her family."

Gloria was really upset about her daughter's illness she was wondering when her daughter would recover. She was also upset with the child protection workers, and the way they were dictating her life and her daughter's life. Gloria also blamed the doctors that misdiagnosed her daughter in the first place. Gloria is a very strong and self confident person. She doesn't give up easily, she is still willing to go to the luncheon meetings and meet with the county workers and talk about her issues.

Sally couldn't come to the previous Grandparenting meeting because she had to go to a counseling session with her daughter. The session went O.K. Sally said "but when we were leaving the room my daughter started crying so the psychologist had to sit and talk to her privately. Sally wanted to adopt her grandson as she was the one who raised him all these years. Mary was having second thoughts; although she never took care of her child, Mary didn't appreciate what her mother was doing for her son. For example, Mary lived with her husband and their little boy. When Sally and her grandson, Mary's son by previous relationship, went to Mary's house, Mary's husband didn't talk to Sally and her grandson nicely. Mary's husband thought that Sally's grandson was a bad boy and was teaching bad things to his son.

Several years ago, Sally was diagnosed as a schizophrenic patient but now she is doing very well. Sally worried that Mary would hold that against her at the court hearing. Sally didn't like it when Mary called her and asked her if she and her family could spend Easter Day with Sally. "Well if she doesn't like the way I am raising her son why does she still

want to do anything with me?.

I thought that Mary was trying to build relationship with her mother and in this way she was asking her mother to spend some time with her. Ms. Z. and I thought that Mary was scared to sign the adoption papers thinking that will be the end of their relationship.

SUMMARY

At the first meeting eight grandparents were present and they discussed their situations with the attorney. After the meeting those who could afford to, hired an attorney to represent them in getting foster care benefits. The others continued to work without legal help to receive their equity. At subsequent meetings the attendance dropped to one or two grandparents, but the agency was still involved in helping the grandparents to advocate for their needs. The program planned to take the group to the luncheon meeting with the County Child Protection and Foster care Workers. In the next chapter the researcher will analyze these three meetings and discuss the findings.

CHAPTER FIVE

DATA ANALYSIS

The following analysis of the data will form the basis of the Program Evaluation Process. This chapter will be divided into two sections: findings regarding the group and findings regarding services and barriers.

FINDINGS REGARDING THE GROUP

According to Konopka, “ A group becomes a group, more than the sum of its individuals, when it develops a certain relationship, a tie, a force that gives the individuals a feeling of belonging. This feeling of belonging is the group bond. Bond may change. In time it will become stronger or weaker” (1967).

The grandparents must have been happy to have Ms. B. as their attorney, to fight for their grandchildren’s rights. Most of the grandparents were hard working people, but did not have enough money for the attorney’s fees. They came to the grandparenting support groups for a while; talked about their needs; they went to other meetings and workshops, but without money to hire an attorney they couldn’t receive foster care benefits. This was a disappointing situation for the grandparents when non relatives were receiving more benefits than the relatives.

The grandparents group is losing its ties or group bonds. Many of the members are not coming regularly to the group meetings. Some of the grandparents have legal custody of their children and have been receiving

foster care benefits; so, they have not been showing continued interest in the group. Some of the original members are so caught up in their family issues they have no time for the group. As in the case of one grandmother who came to the group for three weeks, her son was involved with drugs and her daughter-in-law was involved with drugs and prostitution. They had a little girl who was five years old. Grandma Bonny was taking care of the little girl. Last time Bonny was in the group she said her daughter-in-law was trying to kidnap the child. After that session she stopped coming to the group meetings. Bonny was a very outspoken person and she was willing to stand up for her rights in order to take legal custody for her granddaughter. The agency is worried about her, but we do not have her phone number or address.

One role of the social worker is to maintain records for the group, e.g. a membership list, addresses, phone numbers, client information such as, each member's reason for joining the group and individual goals. Another role for the social workers to help members become normatively and functionally integrated into a group. Workers should prevent the domination of the group by one or more members who have a great deal of social power. It has been found that group members who are socially powerful are likely to resist change (Feldman, Kaplinger, and Wodarski,1983).

Kurt Levin's Field theory is appropriate in assessing the STAP group. He stated, "A group has a life space, it is oriented toward goals, it locomotes in pursuit of these goals, and it may encounter barriers in the process of locomotion" (Tosland and Rivas 1984).

One of these barriers in this group was the impatience of some of the grandparents. Some grandmothers lost interest in coming to the group

because they thought it was useless to wait. These grandmothers were on public assistance; they were getting additional AFDC benefits for their grandchildren. Some of these grandchildren needed special medical help which the County's HMO, Medica, would not pay. For example, one grandson had ADD (attention deficit disorder). The grandmother couldn't send him to a special needs preschool because the insurance would not pay for it. Although she needed legal services to help with gain foster care and medical benefits. She had no other income besides her AFDC to hire an attorney. Once the attorney was introduced she never came back to the group because she felt that lack of money was a barrier to her achieving to the group's goals.

The aim as group workers was to keep a bond that gives warmth and security to the members and which allowed them to move with freedom. If a group member decided not to come to the group any more we would not stop him/her for we wanted our group members to have high self-esteem and self confidence.

The group process generates unique forces that influence group members and a group as a whole. The forces generated by the group process are referred to as group dynamics. Group dynamics refer to the properties that result from the group process, such as norms, roles, and status hierarchies (Konopka 1967).

Most members of the group belong to one or another subgroup. There are two group roles which need special attention: the role of the isolate and the role of the leader. The isolate is a member either neglected or highly rejected by the group, yet present in it. Subgroups may become dangerous to the group and to the members when they begin to separate themselves out

of the group these are subgroups with “walls” frequently called cliques (Konopka, p. 44, 1967).

In Second Time Around Parents Group we didn't have isolated subgroups or individuals. The group flowed very smoothly until some members lost interest in the group and quit attending. Some group members were not attending the group meetings because their needs were met. The agency empowered the grandparents by introducing them to the attorney. None of the grandparents were separated from the group because of the group members or the agency. Some grandparents were tired of asking county workers for help and gave up.

According to Parsons, groups are social systems with a number of interdependent members attempting to maintain order and a stable equilibrium while they function as a unified whole. In the grandparents group the group members were not interacting with each other. When their needs were met they lost interest in coming to the group. The only grandparents who kept the group together were Gloria and Sally. Gloria and Sally communicated and interacted with each other very well. Gloria was more outspoken than Sally and she always empowered Sally to keep her self-esteem high and not to give up hope.

Initially Gloria also encouraged another grandmother and a grandfather to join the Second Time Around Parents group. At the first meeting Ms. Z. referred them to the attorney and since that day they have not attended the group any more. We called them before every meeting to remind them to come to the group; they said O.K., but they never came back.

Group leadership should be indigenous and may change based on the changing tasks and activities (Konopka, p. 46, 47, 1967). From the

beginning Gloria has shown leadership potential. She has invited grandparents to join the group, attended and participated in all the meetings, she supported and empowered others and she has attempted to introduce new grandparents to the group.

FINDINGS REGARDING SERVICES AND BARRIERS

An area where the system appears to break down in serving grandparents is in notification of their options. Minnesota Statute is clear about the Hennepin County Community services' responsibility in carrying out the placement preference and the county has conducted training to assist agencies in carrying out this responsibility. The Social Service Manual and department rules, however, offer little guidance as to how and when the agency is to make foster care payments to pay for the care of the child while in the home of a relative.

The local social service agency shall inform each prospective relative of the options available for the payments of the care of a related child when either :

- A relative requests assistance in the care of the related child not his/her own.
- An agency has legal responsibility for a child and is seeking to place the child in the home of a relative as per M.S. 257.071, sub Law (foster care) or M.S. 259.255 (adoption) or; in the first situation the relative may choose to apply for both relative foster care payments and AFDC, but may only be eligible to receive one.

The grandparents in our group had to contact an attorney who has

filed a class action law suit because of the county's failure to provide equity. Income appear to be a factor in who does, does not receive foster care benefits.

Minnesota Statute M.S. 257.071, subd. law requires that the local social service agency follow an established order of placement preference in the placement of any child. Placement of a child with a relative is the first placement preference. This preference is also mandated by federal law in P. L. 96-608. Outside of ensuring the safety of the child, a search for a relative must be one of the first actions to be taken by the agency. (Hennepin County Foster care Policy, 1993).

Although County agencies are placing increased numbers of children with relatives. In addition to the agency efforts, relatives are coming forth stating that they are willing to care for children left with them and are requesting relative foster care rates. In Hennepin County this process appears to be stressful to grandparents seeking to gain benefits for their grandchildren.

Several Minnesota Statutes require efforts to place children removed from their birth parents with relatives or kin. There were approximately 350 children whom the county has placed with relatives without providing foster care rates. In addition there are 350 children for whom relatives are receiving foster care rates. These homes have not been studied for compliance with foster case standards. (Hennepin County Foster Care Report, 1993). Federal Laws and regulations require that prior to placing children in relatives' homes, a home study must be completed. It has been noted by the Foster Care Commission that there is no clear policy in place to address this. Therefore a home study must be completed for each of these

homes (Hennepin County Foster Care Report, 1993).

Foster care law requires that whenever a child is in placement the person providing placement services must receive equal treatment, whether they are relatives or not. Pursuant to the U.S. Supreme court decision, relatives who provide foster care for children in placement must be offered foster care payments ; to do so; they must be eligible foster care homes (Community Services Department, Bureau of Social Work Services, 1993).

The concerns the grandparents expressed at the meeting with Ms. B., the attorney indicated a breakdown in the system. These Statues are not being enforced with equity.

In addition to the legal and service barriers several grandparents reported ungoing problems with their children around custody issues concerning their grandchildren. This resulted in grandparents moving without leaving forwarding addresses as they attempt to avoid these ongoing relationship problems.

SUMMARY:

In addition to problems of group maintenance the data indicates the service delivery system appears to be problematic for many of the grandparents. In psychological barriers for caring their grandchildren are created by relationship problems with the children's natural parents.

CHAPTER SIX

CONCLUSION AND RECOMMENDATIONS

In evaluating the Second Time Around Parent's program the researcher arrived at the following conclusions and recommendations. Organizing the Grandparents group was not a problem. The members were attracted to the group by their similar concerns and needs regarding parenting their grandchildren, financial need, and the stress of dealing with their children's behaviors and illnesses.

SHORT TERM GOALS:

The original short term goals were met for this group:

- Identify any special needs of grandparents who are primary caregivers to their children.
- Identify what services are available and how to access them.
- Identify where there are gaps and barriers to services for grandparents.

The costs of caring for their grandchildren, particularly those with special needs, was the major concern of the grandparents. The resolution of systemic inequities in provision of foster care benefits helped to relieve financial concern for any members of the group. Workshops and meetings with Mr. J. and the attorney were the sources of considerable information regarding available services and how to access these.

Racism and socioeconomic class appear to be a major factor in obtaining foster care benefits. The cost of obtaining legal representation is a barrier to some grandparents. If the files of the class action lawsuit prevail, this should no longer be a concern. Other barriers did not surface during the meetings of the group. Gaps in services are discussed later in this chapter.

LONG TERM GOALS

The long term goals were:

- To develop specific solutions and strategies to close gaps in available services and to remove barriers in accessing services.
- To develop specific strategies to build and maintain community interest and collaboration in this issue.

The class action lawsuit and grandparents effort at advocacy (speaking to groups, particularly, to social workers within Hennepin County's system) indicates that movement is being made toward reaching the long term goals.

The officials in the Department of Human Services have asked that the state established uniform standards for determining "difficulty of care" of children so it doesn't vary from relative to non relative. These are a summary of suggestions made by the Officials in the Department of Human Services:

- A court order that a "special matter" judge be appointed to help review all the foster care cases.
- That the highest level of "difficulty of care" benefits be provided to relatives who are foster care providers until a uniform procedure is created.

- That counties immediately begin creating portfolios for each child in foster care with non relative so that they can begin their search for caregivers who are relatives.
- To require that the Human Services Department and Hennepin County provide a joint plan of implementing new procedures and staffing to carry out plans to equalize payments (Star Tribune 1994).

Many of the grandparents were empowered. They actively participated toward achieving their goals of closing gaps in available services and removing barriers in accessing services.

A way needs to be found to obtain benefits for those who cannot afford legal fees. Perhaps, the class action suit or new state regulations will provide for them. The agency should reach out citywide to Second Time Around Parents through the branches of Pillsbury Neighborhood Services Inc. More attention needs to be paid to the psychological barriers created by parenting at the time they thought that their parenting roles had ended. Another psychological barrier which should be addressed are the relationship problems between the grandparents and their children over the care of their grandchildren.

The researcher suggests the following strategies to built and maintain community interests and collaboration in this area. The agency should think about short term, task oriented groups and should consider involving the legal community in some way. With this they would broaden the grandparents' advocacy function.

- Pillsbury should consider disseminating more information to the public. This will serve to increase public awareness and as outreach to those in this situation.
- The agency should keep records and phone numbers of each client to track actual cases, do follow ups and to identify the new areas of concerns.
- The agency should start a group made up of not only grandparents but also other relatives, such as, aunts and uncles who care for the children of the family.
- More research should be done in this area, concerning the growing population of grandparents and relatives who are caregivers for children.

This research should form the family members' basis for identifying future outreach, services, collaborations

CHILDREN'S SUPPORT GROUP AND DESIRED OUTCOME:

Current focus of this agency has been on the grandparents; however both grandparents and the literature indicate the children suffer trauma. Therefore, the researcher recommends that Little People Day Care Center do the following.

- Conduct further research surrounding the needs of the children.
- Assess the child's interpretation of their family crisis and their perception of his/her role in the family.
- Provide personal support and self-esteem building experiences and activities.

- Confer with the grandparents concerning the child's needs for a healthy, appropriate growing experience.
- When appropriate refer the child on to community agencies for long term therapy.

Desired outcomes focused on under these goals are:

- Develop a healthier self-concept.
- Learn to express feelings by using appropriate communication skills.
- Learn positive alternatives to aggressive behaviors.
- Regain a sense of power and control within their lives.

SPECIAL FINANCIAL CONSIDERATIONS:

Grandparents caregivers may face legal and social problems. They may lack support and respite services, affordable housing, and or access to medical services and coverage of medical expenses.

Pillsbury might explore looking to other funding resources, such as, Funding for Grandparents Raising Grandkids, is provided by the Sheltering Arms Foundation; Carolyn Foundation; The United Way; Lutheran Social Services and Generous Grandparents to assist in meeting these families' extraordinary needs or unplanned for emergencies.

SUMMARY OF LEARNING:

As a result of this evaluation the researcher was able to understand social group work theories and methods. System and field theories were apparent during discussions of group members treatment when they sought

foster care payments. The researcher learned about the Community Service Division of Hennepin County e.g. Foster Care, Adoption agencies, and the Welfare Systems, and how they work. And learned about other organizations that work with grandparents as primary caregivers to their grandchildren in different areas such as Lutheran Social Services and Success by Six Northwest.

Observing and evaluating the Second Time Around Parents group was a wonderful learning experience. This learning was not confined to social group work; although the knowledge gained in this area was invaluable. In preparing for working with the group, gathering background information, the researcher learned about the role of the grandparents in the United States and about the culture of various group members and the realities which contributed to family members' behaviors e.g. neglect of their children, addiction and illnesses.

Through the life of the group, group dynamics were good. As the members attained their individual goals, it became apparent that despite the good relationship between members, the group never really bonded. Each member left except Gloria and Sally who appear to have formed a meaningful, supportive relationship. Working with the grandparents was an integrative learning experience..

Through the life of the group, group dynamics were good. Even as the group disintegrated the dynamics between Gloria and Sally illustrated this. As the members attained their individual goals and it became apparent that the group never really bonded. Each member left except for Gloria and Sally. Working with the grandparents was an integrative learning experience.

When is foster care provided?

- Foster care services may be provided after the child's family has considered, received or refused services. These are services which were aimed at preventing the need for placement of the child in foster care.

What is relative foster care?

- Foster care is temporary out-of-home care. This care is offered as one part of social services given to a child and the child's parent. It is necessary when the child's parent is unable or unwilling to care for the child. Relative foster care is foster care given by a relative.

Who does this program consider a relative?

- Relatives are persons related to the child by blood or marriage. They also can be important friends with whom the child lived or had meaningful contact.

(Minnesota Statutes, section 260.181, subdivision 3.)

What is a relative foster care payment?

- It is money that the social service agency pays monthly to certain persons for the care of a child related to them. The agency has legal responsibility for the child. This responsibility is the result of either a court order or an agreement with the child's parent(s) or guardian(s). Birth or adoptive parents, legal custodians or guardians are not eligible for these payments.

What are the goals of foster care?

- Foster care placement has the goal of providing permanency for the child. This usually happens by providing services to the birth parent so the child can return home. Sometimes these services do not enable the child to return home. In this case the court may order permanent placement away from the parent as a way of providing permanency.

How much are relative or foster care payments?

- The relative collects the same amount as a family foster care provider taking care of that child in their home. The State sets the rates and bases them on the child's age. It reviews rates each year and adjusts them for the cost of living.
- There is also a difficulty of care rule. It increases the rate when a child's special needs increase the care level. The agency determines this case by case.
- Social service staff will tell you the basic foster care rate for the child in your care.

Am I eligible for the relative foster care program?

- You may already be eligible for relative foster care if the social service agency placed a related child with you. You are eligible from the date the agency places the child in your home.
- You also may be eligible if someone else put a child in your care. This child must have parent(s) or guardians(s) who are absent and make no effort to meet the child's needs.

Are there other qualifications that I must meet to get foster care payments?

- There are two ways you may become licensed.
 1. The State may license you as a family foster care parent.
 2. The county may approve you as a relative foster care provider.
- Whether you have the State license you or have county approval depends on how you and the child are related.
- If you are the child's stepparent, sibling, step-sibling, aunt, uncle or grandparent, you need only county approval. All other relatives must have a family foster care license.

What does licensing involve?

- Licensing family foster care parents is the same statewide. These steps are part of the process:
 1. You need to complete a licensing application.
 2. The agency does a social study, a background check and safety check of your home.
 3. The agency gets references, doctor statements and school reports on your children.
 4. Annual foster home training must be obtained. The licensing process takes at least 90 days.
 5. The Minnesota Department of Human Services (DHS) decides about the relative's application.
- You have the right to appeal if DHS denies your application.

What does county approval involve?

- The county you live in sets the conditions for county approval. Getting county approval is much like licensing.
- The social service worker can tell you about the county approval requirements in your county.

What will happen if you are not licensed or approved?

- The county will ask the Juvenile Court to remove the child from your care if
 1. You are not licensed or approved and
 2. The county social services agency has legal responsibility for the child.

If I become a relative foster care provider, how much will the agency involve itself in how I care for the child?

- The agency will have custody of the child through the court or through an agreement with the parents. That means the agency will have general authority over the care and decisions about the child.
- If the county brings the case to Juvenile Court, the court has ultimate authority and responsibility for the child.
- You will be responsible for day by day care of the child. You also will help develop the plan for the child's care.

What are my rights in applying for relative foster care payments?

- You have the right to full information about benefits and requirements you must meet to receive payments.
- You have the right to apply for relative foster care payments whether or not the worker believes you are eligible. We encourage you to apply if you think you might be eligible.
- You have the right to appeal the agency's decision about your application for foster care of the child. The agency must help you make the appeal.
- You have the right for the agency to notify you about what it decided. This notice must come within 10 days of when it was decided.
- You have the right to appeal any decision about an application for a relative foster care license or county approval.

What do I do if I think I might be eligible for relative foster care payments?

- You may be eligible for relative foster care payments. This eligibility depends on whether you receive or are applying for financial assistance or social services from the local county social services agency. Ask your financial worker, social worker or case manager to refer you to someone who can answer your questions and take your application.
- If you do not receive help from the county social service agency, you still may be eligible. Please call the number below and tell the person answering the phone that you would like information about the relative foster care payment program.

The number to call is 348-2324.

- You are entitled to receive information about this program and answers to any questions you have about it.

ATTACHMENT 4

GUIDELINES FOR THE APPROVAL OF RELATIVE FOSTER HOMES

These guidelines apply only to the approval process that is required for relatives who are exempt from state licensure.

I. PROCEDURES

At a minimum, the Department recommends the following procedures be adopted:

A. Application/Orientation.

1. An application should be taken for approval of a relative foster care provider on a form designed for the agency.
2. Plan and implement an orientation session to explain the rights and responsibilities of the relative foster home including the prohibition against abuse. It is suggested that a modified foster parent agreement form be developed and reviewed at this time.
3. Provide a copy of the written procedures for the approval process of an approved relative foster home.

B. Home Study.

1. Conduct a social study on all adults in the relative's home.
2. Conduct an application background check on all adults in the home.
3. Secure two references for each adult caregiver in the home.
4. Obtain a statement by a physician concerning the primary caregivers' ability to care for the child.
5. Obtain a statement by a physician that no individual in the home has a communicable disease.
6. Inspect the house for safety compliance, with particular attention to sanitation, issues which create a health hazard to children and fire safety. Items include availability of smoke detectors, fire extinguisher, access to bathroom if locked, location of bedroom of child, etc. (Poverty cannot be used as a reason to prevent care by a relative.)

C. Ongoing Procedures.

1. Visit the relative's home once a month for the first six months after the placement.
2. Conduct an evaluation visit at least once every 6 months (for purposes of information needed in periodic review) for as long as the child is in the relative's home.
3. Provide the relative with information about opportunities for training which are available for other licensed foster care providers.
4. Establish procedures for violations of any of the conditions related to relative foster home approval; i.e., abuse of child.

D. Documentation of Study and Findings in Records.

A separate record should be kept for each relative applying to become an approved relative foster care provider in the same manner as records are kept for a foster care license. The records should contain all information and forms germane to the relative's application for approval. It should include the application, background checks, references, social study, narrative of contacts with the applicant and others in relation to the application and any relevant correspondence.

II. STANDARDS

At a minimum, the Department recommends the following standards be adopted:

A. Personal Qualities of Relative Foster Home.

The agency's judgment of the relative's ability to protect the child in care and to provide opportunities for growth and development is outlined in Minnesota Rules, part 9545.0090 B.(1) to (16). Specific attention should be paid to the nature of the relative's relationship with the child's own parents and the relative's ability to both maintain a positive attitude toward those parents while at the same time not being enmeshed in the problems that caused the placement of the child. This judgment should be based on:

1. the social history of the relatives to be approved; in particular, the history of their relationship to the birth parents and other significant family members;
2. background checks;
3. chemical dependency history;

4. the residence of the relative's own children in foster care, correctional facilities or residential treatment for emotional disturbance the previous 12 months when this circumstance clearly indicates that the functioning of the family has been impaired; and
5. references.

B. Age or Physical Handicap.

Age or physical handicap of the primary caregivers should be a consideration only as it affects their ability to provide adequate care to the child.

C. Health of Relative.

1. Physical health - adult caregivers are physically able to provide care to the child and should be able to provide a statement from a physician to this effect.
2. Mental health - an evaluation should be done by a mental health specialist for any adult caregiver who, in the opinion of the agency, exhibits mental health problems.

D. Health Care in Relative Home.

The relative should be prepared to cope with health emergencies, carrying out the agreed upon medical and dental care for the child, and report immediately to the agency only severe injury or illness requiring professional medical attention.

E. Physical Environment.

1. Consideration should be given to varying lifestyles and different cultures when determining whether applicant meets these standards.
2. There must be safe water.
3. The house and premise should be reasonably clean and free from hazards that jeopardize health and safety.
4. The children should be adequately supervised.
5. The home should be safe from fire and structural hazards and the relative shall be prepared to cope with emergencies.

At a minimum, these judgments should be made by the social worker conducting an inspection of the house and in applying the criteria contained in Minnesota Rules, part 9545.0190. Fire safety items C, F, J and M in subpart 5 should be of particular note. A fire marshall inspection should be requested if there is any question in the agency's view as to the safety of the home.

III. DENIALS AND DISQUALIFICATIONS

This section addresses suggested criteria and procedures for dealing with relatives who seek to be an approved relative foster care provider, but who fail to meet the standards the agency establishes for granting approval.

- A. Denials related to personal qualities of relative foster home, age or physical handicap (except background), health of relative, health care in relative home and physical environment.

The agency may choose to deny "approval" to a relative for any of the standards described above if it determines that the quality would prevent the caretaker from being able to care for the child. Decisions should always be weighed in relation to the value gained by the placement of the child with a relative and the nature of the risk the conditions will actually pose to the child in that placement.

Additional grounds for denial that should be considered include:

1. Chemical dependency of the primary caregivers, unless the individual(s) identified as chemically dependent has been chemically free for at least 12 months.
2. The residence of the relative's own children in foster care, correctional facilities or residential treatment for emotional disturbance within the previous 12 months that clearly might indicate that the functioning of the family has been impaired.

The relative should be able to request for consideration a variance or waiver. The agency may wish to apply specific conditions in granting any variance or waiver.

- B. Disqualifications related to background checks - Rule 11.

The disqualification standards as defined in Minnesota Rules, part 9543.3070 (Rule 11), should be referred to in relationship to the caregiver and others living in the household, but any disqualification defined in Rule 11 may be set aside by the agency if the agency determines it does not affect the safety and well-being of the child. Such set asides should be documented in the record. The same is true of the granting of variances related to other standards.

Disqualifications should be made for violent predatory crimes such as murder, assault, mistreatment, maltreatment of a minor and criminal sexual conduct. Disqualification for other crimes should be decided in terms of how long ago they happened and how the individual has changed.

IV. APPEALS

If the agency denies or disqualifies a relative seeking approval, it must establish an appeal procedure. The agency should first decide whether a disqualification or denial should be set aside, if a variance should be granted or whether the disqualification or denial should be sustained. If the agency continues the denial or disqualification, the relative may choose to submit a social service appeal to the Department concerning the disqualification of the approval.

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