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An Evaluation of the Methodist Children's Home GAP Program

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ABSTRACT

Methodist Children's Home's (MCH) GAP Program provides services for grandparents raising their grandchildren. This single case study explores whether the services provided by the GAP Program will reduce the risk factors for grandparents raising their grandchildren while increasing their ability to care for the child in a way that will promote well-being in today's complex world. The literature shows some challenges for these grandparents include: role ambiguity, limited legal rights, lack of resources, inadequate living arrangements, employment and retirement, health issues, and outdated parenting skills and disciplinary methods. Protective factors for grandparents include: adaptive coping skills, self-care, positive relationships, support, and access to resources. The well-being of the grandchildren can be negatively affected by the level of attention they are receiving from their grandparents, maladaptive behaviors and coping skills, a sense of fear of abandonment and feeling unwanted, as well as a lack of support. Protective factors for these children include strong support systems, stability, feeling loved, and being around family. Being placed with their grandparents can provide felt-safety, improvements in school, as well as positive personality and behavioral characteristics. Successful interventions for this population include in-home services, case management, and group interventions. This single case study supports that the GAP Program has the ability to reduce the stress levels for grandparents and increase the competence in parenting.

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ACKNOWLEDGMENTS

To all of those who believed in me even when I did not believe in myself: thank you.

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CHAPTER I

INTRODUCTION

The GAP Program for Methodist Children's Home (MCH) provides services for grandparents and other relatives who are providing kinship care for children in the absence of their parents. Currently, MCH Family Outreach offices are utilizing a model they created in 2017. The current model's assessment tool is not sensitive to change from pretest to posttest; therefore, MCH interprets no change in scores as a positive outcome. A review of empirical literature is necessary to understand the strengths and challenges for grandparents raising their grandchildren and how these components could be perceived as protective or risk factors. An additional review is needed to analyze which resources and interventions are the most productive for this population.

A specific area of interest for the MCH director in the Abilene, Texas, outreach office is whether or not in-home services are a beneficial or non-constructive practice. The director would also like to review the service desires of grandparents and possible questionnaires that could be utilized to track which services the grandparents found most beneficial or non-constructive to them and their family. The main purpose of the research conducted in this paper is to explore whether the services provided by the GAP Program will reduce the risk factors for grandparents raising their grandchildren while increasing their ability to care for the child in a way that will promote well-being in today's complex world.

CHAPTER II

LITERATURE REVIEW

Literature Search Strategies

The article search was restricted to peer-reviewed articles, written in English and published since 2009. The search terms "grandparents raising grandchildren in foster care," "factors for grandparents raising foster grandchildren," and "interventions for grandparents raising foster grandchildren" were placed through the academic search complete database on EBSCOHost.

GAP Program

Research shows that grandparents providing full-time care to their grandchildren is on the rise in North America, as it has become one of the main forms of out-of-home placement options for children who have been removed from their parents (Cuddeback, 2004; Downie et al., 2010). The National Child Advocacy Center reported in 2012 that in the United States (U.S.) about 2.7 million grandparents were the primary caregivers of their grandchildren (Ellis & Simmons, 2014). The prominent characteristics among custodial grandparents are caregivers will be female, African American, in their fifties or sixties, have a lower socioeconomic status, and provide care for at least two of their grandchildren (Bigbee et al., 2010; King et al., 2009; Peterson, 2017; Wang & Marcotte, 2007; Whitley & Kelley, 2007). These grandparents tend to be older with less education attainment than other forms of foster caregivers, and they reported that they receive

significantly less emotional and practical support than they would ideally prefer (Harnett et al., 2014).

The mission of the MCH GAP Program strives to address these concerns by "providing a continuum of care to grandparents, relative and fictive caregivers, their children and extended family members" by providing "supportive and strength-based services to clients who are caregivers for children who may be their grandchildren or other relative or fictive kin" (MCH Family Outreach, 2017). MCH feels they are "charged with equipping caregivers with tools and resources that will promote healthy caregiving and interactions, support the kinship triad (child, parent, and relative caregiver), and promote a connectedness to a network of support" (MCH Family Outreach, 2017). The theoretical framework of the GAP Program is based in ecological systems theory, systems theory, attachment theory, trauma theory, a trans-theoretical model of change, and the kinship triad (MCH Family Outreach, 2017). Their practices include community outreach practices, family-centered practices, empowerment practices, strength-based practices, and cultural competence practices (MCH Family Outreach, 2017). These concepts can be seen woven throughout the program.

MCH's primary goal for the GAP Program is to "support, educate and equip grandparents, relative and fictive kin caregivers while they care for children placed in their home" MCH Family Outreach, 2017). They hope to guide their families towards a healthy, safe, and stable living environment by delivering "high quality, evidence-informed services to meet the need of intergenerational families and children (MCH Family Outreach, 2017). They attempt to provide assistance for these families through in-home assessments, case management, information and referrals for community resources,

support groups, assistance with legal issues, and workshops (Methodist Children's Home, 2019). Additionally, the case managers provide families enrichment experiences, family education, life skills training, advocacy support, long-term planning support, and limited financial support when appropriate (MCH Family Outreach, 2017). The community resources that are frequently accessed by families are counseling, parenting classes, food assistance, and childcare services (Methodist Children's Home, 2019).

The GAP Program is one of two family resource programs MCH offers. The other is a Family Solutions Program. These programs incorporate striated levels of care. The case manager is required to staff the case with the program director during supervision to determine the level of care based on the information gathered during the intake process (MCH Family Outreach, 2017). Grandparents who fall under basic level care will receive in-home GAP services one time a month from their case manager; those who need moderate level care will be seen two times per month in their home; and grandparents who qualify for intensive care are no longer eligible for the GAP Program and are moved to the Family Solutions Program. There they will receive weekly in-home services. The MCH case manager will check in on their GAP clients weekly by phone or email when they are not in the home (MCH Family Outreach, 2017). The GAP Program is designed to be a six-month program; however, it can be extended up to eight months with the program director's approval and up to nine months with approval from the program administrator. The intensity and length of the program is continually appraised throughout the program and can be adjusted to the caregiver's ability to attain goals and to address any additional needs that arise in their lives (MCH Family Outreach, 2017).

The GAP case managers focus more on support and education and less on interventions and change because they want their clients to feel empowered to make their own change, which is one of the reasons the current assessment for the program tends to show no change (D. Bearden, personal communication, February 19, 2020). The case manager will conduct the assessment during the 30-day intake period. It is crucial that the case manager gathers the most accurate information possible during the assessment phase of the program because it guides the work phase. In order to achieve this, case managers collect data from the referral source, intake screening, assessments, direct observations, and information available from other resources (MCH Family Outreach, 2017). Before the work phase begins, the case manager and caregiver will create a plan of service with mutually agreed upon outcomes that includes SMART goals that are written in the caregiver's language. SMART goals are specific, measureable, action-oriented, realistic, and timely goals that provide clients with direction for the work they need to complete while receiving services through the GAP Program (Hepworth et al., 2017). The outcomes define the focus for the service delivery and effectiveness of the program during the evaluation process (MCH Family Outreach, 2017).

Even though the outcomes are mutually agreed upon, the caregiver has the final say on what they wish to work on during their time in the program. With this being said, if the client views an area of their life as concerning enough to work on, it should be marked as such on their assessment. The current assessment rates the caregiver's conditions in each area on a scale from empowered, building capacity, safe, vulnerable, and in crisis. A client should not be working on goals in areas that are ranked as empowered. Even if the caregiver shows to be in crisis in certain areas on the assessment,

they may choose to not target those areas of their life while they are in the program, which demonstrates how the program is client-led (D. Bearden, personal communication, February 19, 2020). Instead they may choose to solely focus on areas that are of moderate concern.

During the work phase, MCH case managers will provide tailored interventions to each family participating in the GAP Program. The case manager is there to create a support system for the caregivers. One of the ways they do this is by focusing on the small wins, building upon the grandparents' strengths so they feel empowered to reach their goals. The case managers want the grandparents to feel capable of caring for the children in their care. They try to get across to the grandparents that there is a need behind every child's behavior (D. Bearden, personal communication, February 19, 2020). Upon closure, the case manager will review the final plan of service with the caregiver and complete a final assessment to measure the caregiver's outcomes. The case manager will then provide the caregiver with an aftercare plan, which will identify the caregiver's strengths and accomplishments as well as additional referrals for service to address any unmet needs (MCH Family Outreach, 2017).

Reason for Placement

The phenomena of the increase in grandparents raising their grandchildren has forced millions of grandparents to give up their traditional assisting role in the child-rearing process, as they take on the full-time role of being the parent (Backhouse & Graham, 2012; Ochiltree, 2006). The reason for this major shift in family structure has been attributed to social problems related to an increase in parental incarceration, family violence and abuse, economic distress in families, adult drug abuse, and teen pregnancy

(Chan et al., 2019; Hayslip et al., 2019; Keene & Batson, 2010). Single parenthood and both parents being infected by the HIV/AIDS virus were additional parental issues (Backhouse & Graham, 2012). Grandparents may become caregivers out of response to tragedies that occur in the grandchild's biological family such as death of a parent, divorce, separation, and abandonment. Military deployment and a parent's struggle with mental illness could also result in a grandchild's placement with their grandparents (Booth et al., 2008; Strom & Strom, 2011).

Backhouse and Graham (2012) found that the main reason grandchildren were placed in full-time care of the grandparents was a result of drug and alcohol addiction of the child's parents (Backhouse & Graham, 2012). The National Archive on Abuse and Neglect revealed that nearly 30% of the children entering foster care are doing so as a result of parental substance abuse, and more than one-third of these children were placed with a relative (National Data Archive on Child Abuse and Neglect, 2009-2017). Despite the increase of children in foster care, there is an even greater number of children living with their grandparents outside of the foster care system (Generations United, 2016). This means that many times these relatives lack the legal guardianship of the child, therefore losing the ability to access financial support and resource services (Lent & Otto, 2018), which only adds to the challenges of grandparents.

Challenges for Grandparents

When a grandparent takes on the task of parenting their grandchildren, they have to balance two of life's biggest tasks, raising a child and managing their own aging process (Lee & Blitz, 2016). The responsibilities that come with raising a child have changed since the grandparents last took on the role of parenthood. This makes some of

their previous experiences less applicable this time around, which allows room for new challenges to occur that the grandparents could not have predicted (Strom & Strom, 2011).

When a child enters the home, grandparents are faced with many challenges they may or may not have been experiencing before the child arrived. These challenges include problems with finances (Fuller-Thomson et al., 2000; Smith et al., 2000), poor physical and emotional health (Dunne & Kettler, 2006; Minkler et al., 2000; Sands & Goldberg-Glen, 2000), legal issues (Fitzpatrick, 2004; Kelley et al., 2001), housing and accommodation instabilities (Fuller-Thomson & Minkler, 2003; Worrall, 2005), social isolation, insufficient support, and parenting children from a new generation that many times experience externalized and internalized behavioral issues due to the past trauma they may have endured (Backhouse & Graham, 2012; Fitzpatrick, 2004; Minkler, 1999; Musil et al., 2000; Richards, 2001). Some of these challenges can be linked to one another. For instance, a grandparent may have limited knowledge of resources as a result of their social isolation (Lee & Blitz, 2016).

Other challenges these grandparents face include being subjected to daily biases and navigating ways to protect their grandchildren while maintaining a healthy relationship with their child (Backhouse & Graham, 2012). These grandparents worry about securing their grandchild's future, while making sure their grandchildren do not have to undergo any disadvantages as a result of their placement (Backhouse & Graham, 2012). Issues that may arise after accepting a grandchild into their care are a loss of employment or a loss of retirement plans if they have to return to full-time work (Backhouse & Graham, 2012). Both of these issues can compound a grandparent's

struggle with having to make changes to their daily routines (Backhouse & Graham, 2012). Grandparents may experience health issues that make it difficult to continue to work; however, they must work in order to meet the financial responsibilities of raising a child (Lee & Blitz, 2016). A grandparent also must consider the heavy burden of what would happen to the child if something were to happen to the grandparent and they were no longer available to care for the child (Backhouse & Graham, 2012).

Internal Struggles

Role confusion and the loss of their traditional identity as grandparents can lead a grandparent to feel disappointed and even grieve for the lost role (Backhouse & Graham, 2012). Some grandparents have expressed that they wish they could be the loving and generous grandparents that they wanted to be but could not since they had to be the parent (Lee & Blitz, 2016). Grandparents have alluded to their experience with some degree of dissonance as they tried to balance their new parenting roles and their identity as a grandparent. These grandparents were caught wrestling with the concepts of being visible and invisible, deserving and undeserving, voiced and silenced, as well as included and excluded. Many of them felt that they did not have a voice or a position in their community, and they often felt misunderstood (Backhouse & Graham, 2012).

The grandparents' ability to modify their aspirations so they fit new conditions is supported by setting goals that are consistent with the grandparents' guidance role and oriented to what parents are currently pursuing in child-rearing. The population that resists this modification process the most is middle-income, White grandparents. They fear they will have to discard their dreams and freedom (Strom & Strom, 2011). In many cases, this fear may cause the grandparents to experience anger for being placed in a

position of responsibility for the grandchild, resentment towards the parent, and remorse and guilt over their parenting skills based on how their child turned out. These feelings of anger can lead to feelings of doubt regarding their current position of raising their grandchild (Strom & Strom, 2011).

Some of the grandparents who become full-time caregivers of their grandchildren carry the burden of thinking they laid the groundwork for the unfortunate situation that resulted in them becoming the primary caregivers of their grandchildren (Hayslip, 2010; Hayslip et al., 2019). Grandparents are often faced with the challenges of feeling isolated and judged by others. They may suffer from physical and mental struggles along with the shame of having to raise their own child's children (Hayslip et al., 2015; Hayslip et al., 2019). Often, the grandparents will sacrifice their own self-care so they can focus on the needs of their grandchildren (Hayslip et al., 2019; Kaminski et al., 2008; Roberto et al., 2008).

Support and Resources

Legal and policy issues could hinder custodial grandparents' ability to access resources and provide a safe environment for their grandchildren. Legally a caregiver can have limitations on their legal rights and ability to make decisions regarding their grandchildren. As far as social supports, there is an inequality between formal and informal care policies (Lee & Blitz, 2016; Letiecq et al., 2008). Unfortunately, the formal networks that are offered as support for kinship caregivers are fewer or deficient compared to those offered to non-relative foster caregivers (Del Valle et al., 2011; Fuentes et al., 2016; Molero et al., 2007; Montserrat, 2014; Palacios & Jimenez, 2009). Accessing social support is even more difficult for those grandparents who chose not to

go through the foster care system. Families may choose this route if they feel they do not need assistance from the child welfare agency or they are uncomfortable with the state department being granted with custody of their grandchild (Lent & Otto, 2018). However, when grandparents do become licensed foster parents, they can receive greater financial support and services that encompass counseling, case management, and in-home support (Lent & Otto, 2018). Three characteristics of grandparents to consider when assessing the support needs are their advanced ages, low income levels that result in a lack of material resources, and the length of time the grandchild will be residing with the grandparent (Fuentes et al., 2016). When asked, many grandparents reported they did not receive appropriate services to meet their medical, psychological, social, or legal needs (Carr et al., 2012; Hayslip et al., 2019).

In the case that a grandchild is being cared for as a result of teen pregnancy, many times their mother is still living with the child's grandparents. In this situation, the grandparents are more likely to have access to a variety of resources than other grandparents raising their grandchildren. Even though the grandparents must worry less about having access to resources, this arrangement can be stressful as a result of conflict between the parent and grandparents (Strom & Strom, 2011).

Health Issues

Mental health issues for grandparents may stem from their struggles with feelings of shame or guilt regarding their child's inability to parent their own children. These feelings often lead to social isolation and depression. Social isolation can occur when the grandparent actively tries to avoid peers due to the previously mentioned negative perceptions or because they are no longer on the same developmental path as their peers

as they enter into their child-rearing stage once again (Generations United, 2016; Lent & Otto, 2018). Even if the grandparents do not actively avoid others, they may feel that their peers do not support them in their new role (Strom & Strom, 2011). It is beneficial for grandparents in this situation to create new social networks when they feel cut off from their peers and as if they do not fit in with the younger parents (Lee & Blitz, 2016). These feelings of social isolation could be increased when the grandparents experience communication problems with the grandchild's school personnel (Lee & Blitz, 2016). Some grandparents may experience depression if they feel they had to give up their own aspirations for life (Strom & Strom, 2011). Grandparents tend to experience higher levels of personal distress than other foster caregivers (Harnett et al., 2014).

The physical health of grandparents can be negatively impacted by stress (Lent & Otto, 2018). The cost of raising a child can be an instigator for this stress, as many live on a fixed income. They may have to spend their retirement on raising their grandchildren, paying for legal expenses, and having to move to larger living quarters (Generations United, 2005; Lent & Otto, 2018). Stress could also occur when a grandparent is trying to encourage a healthy relationship between the grandchild and their parents, especially in the case that the grandparent may not know if the parent is currently using drugs or drinking alcohol again. With this comes the challenges of navigating dual loyalties to the child and their parent as they try to assist the parent through their sobering process while placing priority on the well-being of the child (Lent & Otto, 2018).

Specifically, grandparents who are raising their adolescent grandchildren are at a greater risk for health issues since as the child ages the level of attention and demands of the caregiver changes (Peterson, 2017; Peterson & Stark, 2014; Robinson et al., 2000).

To better understand the impact of raising adolescent grandchildren Peterson (2017) utilizes a life-course perspective. Characteristics found in the majority of grandparents raising their adolescent grandchildren are the caregivers are most likely to be female, to be part of a racial minority, to be in poor or fair health, and to have limited resources (Family Caregiver Alliance, 2012; Peterson, 2017). Challenges for this population include helping grandchildren with their homework if they do not have a high school education (Harris, 2013) and talking to their grandchildren about sex (Brown et al., 2000; Peterson, 2017). These grandparents need to be prepared to assist their grandchild in finding answers for their loss (Pittman, 2007), and face any behavior issues that arise as a result of their exposure to neglectful environments as well as abandonment issues (Aufseeser et al., 2006; Peterson, 2017; Whitley & Kelley, 2007). Grandparents frequently worry about setting clear boundaries and discipline, the influence of peer pressure, responding to the adolescent's aggressive behaviors, and academic performance (Musil et al., 2008; Peterson, 2017).

Peterson's (2017) research revealed that grandparents typically perceive their health as good or excellent before becoming the full-time caregiver of their adolescent grandchild. Most of them expressed positive thoughts about their health with little mention of problematic health concerns, and only a few reported trouble with hypertension or having to take medication to control other medical conditions. The majority of the grandparents in the study reported that they participated in moderate to high levels of personal and physical activity. However, after a grandchild was placed in their home, grandparents reported they had to change their routine as they transitioned back to the full-time parenting stage of their life. They experienced increased stress,

which translated to the development of problematic health issues and a decline in their own self-care.

Challenges within Ethnic Groups

The American Community Survey for 2018 estimated that 19.4% of African-American grandparents who were living with their grandchildren were responsible for their grandchildren, 19.6% of Latino grandparents who were living with their grandchildren were responsible for their grandchildren, and 53.4% of White grandparents who were living with their grandchildren were responsible for their grandchildren. For African-American grandparents, it was estimated that 19.7% of them would be between the ages of 30 and 59 years old and 19.1% of the grandparents would be over the age of 60 years old. For Latino grandparents, it was estimated that 23.1% of them would be between the ages of 30 and 59 years old and 15.4% of the grandparents would be over the age of 60 years old. For White grandparents, it was estimated that 51% of them would be between the ages of 30 and 59 years old and 56.3% of the grandparents would be over the age of 60 years old (U.S. Census Bureau, 2018). The White grandparents had the highest rates of taking care of their grandchildren under 18 years old. They were also the only ones to have higher rates of grandparents over the age of 60 years old taking care of their grandchildren than the group of grandparents 30 to 59 years old.

African-American Grandparents

African Americans have the highest rate of becoming custodial grandparents (Harris & Skyles, 2008; Hayslip et al., 2019) and are at an increased risk for chronic poverty (Baker & Silverstein, 2008; Hayslip et al., 2019). These grandparents do not want to admit ignorance, and they have shown to struggle with accepting the values of

their grandchildren as well as offering them relative advice (Strom & Strom, 2017). They find it challenging to sustain conversations and to talk about controversial issues (Strom & Strom, 2017). African-American grandparents need to adapt practical guidance in decision making, conflict management, and reflective thinking for problem-solving (Strom & Strom, 2017).

Mexican-American Grandparents

Mexican-American grandparents are twice as likely to become custodial grandparents when they live below the poverty line (Fuller-Thomson & Minkler, 2007; Hayslip et al, 2019). Grandchildren report that their Mexican-American grandparents were not as effective as the grandparents thought they were at listening, respecting the grandchild's opinions, and learning from the younger generations. They also struggled to reinforce the parents' goals (Strom & Strom, 2017). These grandparents do not hold further education to be of importance; however, they might be convinced to participate in a class if they have the support of their family (Strom & Strom, 2017). In a study conducted by Strom and Strom (2017), Mexican-American grandparents had less of an educational background with 40% not having an elementary education and 60% not having a high school degree.

Caucasian-American Grandparents

Once children entered the home, Caucasian-American grandparents were found to spend the least amount of time with their grandchildren (Strom & Strom, 2017). Parents and grandchildren in this population reported that grandparents were less likely to learn from the younger generations and to share their feelings (Strom & Strom, 2017). Caucasian parents rated the grandparents' teaching abilities lower than any other ethnic

group. These grandparents also struggle with their ability to provide relevant self-evaluation and their ability to accept their grandchildren's values (Strom & Strom, 2017).

Strengths of Grandparents

Resilience is a key protective factor in mediating stress and the physical and mental health of the grandparent (Hayslip et al., 2013; Hayslip et al., 2019). Older grandmothers who are raising their adolescent grandchildren tend to handle the stress of it all better than a younger grandmother (Peterson, 2017; Watson, 1997). When grandparents become familiar with their family rights and the social services in their area, they can reduce the severity of the hardships they are confronted with in their parental role (Strom & Strom, 2011). Grandparents who regularly practice self-care can reduce their stress levels. They need to be able to schedule a time for rest, hobbies, exercise, support groups, and educational opportunities. These opportunities can include education on new coping strategies and give the grandparents a sense of control (Strom & Strom, 2011). Kinship caregivers, including grandparents, found that attending support groups gave them a place to feel accepted and understood, which in return gave them the necessary means to cope with their situation (Langosch, 2012; Stobbs & Prowle, 2016). The spirituality of caregivers can serve as a critical function for easing the burdens in their lives and allowing them to expand their social network. Many view their prayers and religious beliefs as sustaining and supportive aspects of their daily living (Langosch, 2005; Langosch, 2012; Musil et al., 2000).

Strengths within Ethnic Groups

Just as different ethnic groups experience their own challenges they also possess their own strengths. While some of them are strengthened by external sources, others are influenced by their individual characteristics.

African-American Grandparents

Strom and Strom (2017) found that African-American grandparents were reported to have good listening skills, while having the ability to view their grandchild's situation in a positive light. They were also good at sharing their feelings with other relatives and staying in contact with loved ones. Grandparents in this study were able to reinforce the goals of the parents. They respected the opinions of their grandchild and would accept help from the grandchild when appropriate. The grandchildren in this study reported that their grandparents were able to manage their frustrations in favorable ways. A strength noted for African-American grandparents was their teaching abilities, as well as their willingness to engage in their own self-improvement. African-American grandparents were also viewed as trusted advisors by their grandchildren (Strom & Strom, 2017).

Mexican-American Grandparents

Mexican-American grandparents are shown to have high levels of confidence (Strom & Strom, 2017). These grandparents have strong family connections and depend on their relatives for self-esteem, identity, and satisfaction (Caldera & Lindsey, 2014; Strom & Strom, 2017). They view teaching as a strength, as do their other family members; however, they may not be as effective as they believe (Strom & Strom, 2017).

Caucasian-American Grandparents

Grandchildren reported that Caucasian grandparents had the greatest potential and did well in controlling their frustrations (Strom & Strom, 2017). The satisfaction the grandparents received from listening and providing advice for their grandchildren was viewed as a strength (Strom & Strom, 2017).

Rewards for Grandparents

While grandparents face many challenges when they begin to raise their grandchildren, some studies have reported that it could also be a very rewarding experience for the grandparent. Rewards include a sense of pride and joy being brought into the grandparents' lives as well as a reason to stay active (Backhouse & Graham, 2012; Dunne & Kettler, 2007; Fitzpatrick, 2004; Minkler & Roe, 1993). They felt a higher sense of satisfaction from life in their new role as parent (Kirby, 2015; Ochiltree, 2006), as well as more useful and productive (Hayslip & Kaminski, 2005; Kirby, 2015). By caring for their grandchildren, they felt it enriched their lives, viewing this as a second chance for parenting (Backhouse & Graham, 2012; Lee & Blitz, 2016). These grandparents felt they were more prepared the second time around since they had more life experience and had the ability to provide a better level of care for their grandchildren than they were able to give to their own children. Some grandparents found raising their grandchild to be a helpful modality for healing from past family issues (Lee & Blitz, 2016). Grandparents revealed that the relationship with their grandchildren transformed into self-care, filled the need for interpersonal connections, and allowed them to transfer family traditions and values to the younger generation (Peterson, 2017). African-American grandparents reported being most satisfied when their grandchildren asked

them for advice (Strom & Strom, 2017). Caucasian-American grandparents were most satisfied when their grandchildren asked them for advice and shared their feelings (Strom & Strom, 2017).

Risk Factors Against the Well-Being of the Child

Previous research has shown some risk factors for the grandchild's well-being could be attributed to the amount of attention required by a child with complex behaviors (Bass et al., 2004; Chipungu & Bent-Goodley, 2004; Inchaurrondo et al., 2015), elderly caregivers, low education level of caregivers, health problems of caregivers, and/or a low-income status (Amoros & Palacios, 2004; Inchaurrondo et al., 2015). For children who are raised by their grandparents in the absence of their biological parents, fear of rejection and abandonment are prevalent, which can produce occasional depression (Strom & Strom, 2011). Some children have experienced high levels of anxiety and confusion about the reasons for removal from their parents. Children may also struggle with unresolved loss for their parents, siblings, and friends when they move in with their grandparents (Downie et al., 2010). Grandparents may struggle to detect when their grandchild needs professional counseling to help them address their maladaptive behaviors, or they could be in denial out of fear that their ability to parent will be questioned. These grandparents need to be reassured that seeking help will not reflect negatively on their ability to parent (Strom & Strom, 2011) because without proper assistance, the grandchild's psychological well-being could be negatively affected, leading to a deficiency in other areas of their lives.

A risk factor for the grandchild's development occurs when the grandparent is overprotective of their foster grandchild and rejects the biological parents, especially

when it does not allow for the grandchild's emotional needs to be met (Inchaurrondo et al., 2015). If grandparents emote their negative feelings, the grandchild can feel unwanted and as if they are an obstacle to their grandparents' happiness (Strom & Strom, 2011). In addition, some children have reported that the parenting styles of their grandparents incorporate unrealistic expectations of behaviors as a result of their grandparents not wanting the grandchild to turn out like their parents. However, many of these children did not have structure in their parents' household; therefore, it is reasonable for them to view their grandparent's rules as strict (Downie et al., 2010). Children struggled when their grandparents promoted shaming and secrecy practice in regard to the child's removal from their parents. These practices included avoidance and distracting coping techniques (Downie et al., 2010).

There are some personal characteristics of a child's behaviors and attitudes that can be linked to risk factors for a foster child's well-being. An example of this could be aggressive behavior, noncompliant personalities and behaviors, or a closed-off personality that results in social isolation. These children may struggle with health issues, poor school-related outcomes, or an inability to accept their situation (Inchaurrondo et al., 2015).

Protective Factors that Promote the Well-Being of the Child

One of the most important protective factors for these families and grandchildren is a strong, positive relationship between the kinship caregivers and foster child (Inchaurrondo et al., 2015). Placing a child with a relative can produce better outcomes for a child and reduce the trauma caused by being separated from a parent, as opposed to if a child was placed with a non-relative (Generations United, 2016). Children have

reported that being placed with grandparents helps them feel and live like a normal family. These children need a sense of felt safety and security. Many of them were removed from a toxic environment that put them at-risk for harm, so they needed to know that the patterns of neglect and abuse they experienced then will not follow them into their current homes (Downie et al., 2010). Children also reported that maintaining contact with their family members is important to them, especially staying in contact with their siblings (Downie et al., 2010). Some children have said that living with their grandparents has given them a greater sense that they are valued and understood because their grandparents can give them the attention that they seek (Downie et al., 2010). Children placed with kinship caregivers tend to fare better than those who are not, displaying fewer internalized and externalized problems and a greater competence in adaptive behaviors (Harnett et al., 2014; Winokur, Holtan, & Valentine, 2009). Their adverse childhood experiences (ACE) can also be reduced (Lent & Otto, 2018; Stambaugh et al., 2013). When a child is placed with a relative, they typically experience greater stability. They experience fewer school changes, as well as positive behavioral and mental health outcomes. They also report a greater sense of feeling loved (Generations United, 2016; Lent & Otto, 2018). Grandparents in Backhouse and Graham's (2012) study felt their grandchildren benefited from being raised by someone who was more experienced, patient, tolerant, and more equipped to handle a range of psychological and behavioral issues.

Grandchildren living with their grandparents need both informal and formal social supports to promote their resilience (Fuentes et al., 2016; Metzeger, 2008; Schofield & Beek, 2005). Social supports assist children with their ability to cope with the stressful

situations they are facing in their lives (Armstrong et al., 2005; Fuentes, 2016). A coping style that seems to positively affect a child is honesty. When children are able to be honest about their situation, they begin to develop a great sense of their own self-worth and feel a greater sense of acceptance from their peers (Downie et al., 2010). The social relationships that are cultivated by social support help them build their identity, increase their self-esteem, and feel competent in their environment (Fuentes et al., 2016; Metzger, 2008). When children are able to utilize social and emotional supports, they are able to gain a sense of belonging and positive relationships (Downie et al., 2010).

Positive Implications for the Child

A child who is placed in kinship care can benefit from their experience with a greater sense of safety and stability, as well as continued contact with other family members (Backhouse & Graham, 2012; Crumbley & Little, 1997; Hislop et al., 2004). Negative outcomes for the child can be buffered when their grandparents act as a source of love and structure as well as behave as a safety net (Sumo et al., 2018). Other positive implications for a foster child in kinship placement are related to their personality and behaviors. Instead of being disruptive and destructive, these children possess a greater sense of autonomy, of maturity, and are more receptive to new rules and limitations. These children have a greater chance of having multiple support systems due to their friendly demeanor and social skills. They tend to perform better in school, which could be a result of living in a familiar environment (Inchaurrondo et al., 2015). Grandparents also felt that their ability to spend more time assisting the child in their studies influenced exceptional improvement in their schoolwork (Backhouse & Graham, 2012).

Efficacy of Interventions

When a grandchild enters the home, grandparents may need access to support services that differ from the ones they may already be receiving as they take on what may be the unexpected role of parenting (Chan et al., 2019). There are many interventions available for grandparents who are now the primary provider for their grandchildren. Early intervention programs tend to utilize stress and resilience models that focus on the grandparent's physical and mental health (Chan et al., 2019; Sumo et al., 2018). Interventions that encourage resilience while enhancing social supports and incorporate education training and health management tools will promote the grandparents' well-being and reduce risk factors (Bigbee et al., 2011; Hayslip et al., 2019). Strength-based and empowerment interventions that focus on the protective factors of a grandparent have also been designed (Chan et al., 2019). If a grandparent is experiencing lower levels of difficulties and stress, they are likely to benefit from social support groups, self-directed programs, and brief psychoeducation courses (Kirby, 2015). It they are experiencing high levels of challenges and distress, interventions such as group-based evidence-based parenting programs are more appropriate (Kirby, 2015).

Parenting Program Interventions

Parenting programs that are evidence-based have been shown to improve the social, emotional, and behavioral state of children (Collins et al., 2000; Kirby, 2015) as well as increase positive parenting practices and improve the mental health and development of children (Kirby & Sanders, 2012; Kirby, 2015). The gold standard for parenting programs is based on social learning principles that promote the well-being of the child (Kirby, 2015; United Nations, 2009; World Health Organizations, 2009).

Evidence-based parenting programs have shown to be cost-effective and have better long-term effects than other interventions (Campbell & Miles, 2008; Kirby, 2015). Parenting programs are most effective when the client and organizer work together to determine the most productive avenues for the client's specific needs (Kirby, 2015).

Some intervention goals that were suggested for custodial grandparents include assistance with managing relationships, effective communication, problem solving, coping skills, and acceptance (Kirby, 2015). There are four key areas that should be assessed when determining which intervention would be the most beneficial for the grandparent: their parenting behaviors, their distress level, the grandparent-parent relationship, and the grandchild's social, emotional, and behavioral outcomes (Kirby, 2015). Programs that incorporate training for parenting skills and coping skills support show to be promising (Kirby, 2015).

Home-Based Interventions

Grandparents reported that it was helpful when agencies went into the home to work with grandparents on child management issues, which was achieved through the case worker interacting with the children and demonstrating effective child management skills to the grandparent. It also helped when the agency assisted with childcare, food vouchers, subsidies for the grandchild's recreational activities, and other material needs of the family. Grandparents expressed appreciation when their case workers gave them emotional support and validated their concerns (Gladstone et al., 2009). It was found grandparents were reluctant to receive in-home services when the case worker was inexperienced, when there was a lack of trust between them and the case worker, and

when the agency's policies made it difficult for the grandparents to receive necessary services (Gladstone et al., 2009).

Group-Based Interventions

Group-based interventions and home visits services are widely offered for custodial grandparents (Chan et al., 2019). These services focus on providing the necessary supports for grandparents as well as an educational component (Burnette, 1998; Chan et al., 2019; McCallion et al., 2004). Support groups are among the more popular interventions for grandparents raising their grandchildren (Kirby, 2015; Strom & Strom, 2000). They help alleviate the grandparents' feelings of loneliness and isolation; however, they do not seem to be an effective long-term intervention strategy (Kirby, 2015; Strom & Strom, 2000; Wohl et al., 2003). If support groups are not properly structured, they might focus on the negative aspects of parenting again, instead of being positive and constructive (Kirby, 2015; Strom & Strom, 2000); however, when support groups are combined with aspects of support and education, they have shown to be productive (Hayslip & Kaminski, 2005; Kirby, 2015; Strom & Strom, 2000). For grandmothers, support groups have shown to give them a sense of empowerment while decreasing their depression levels and increasing caregiver mastery (Kelley et al., 2019)

Peer-to-peer groups have shown to be effective in improving protective factors in grandparents raising grandchildren. This could be a result of the delivery of services coming from peers of a different educational level of understanding. They are known to be cost-effective and culturally appropriate (Pandey et al., 2019).

Case Management-Based Interventions

Case management was identified as an intervention that could help grandparents by linking them to resources that could meet their needs as well as the needs of their grandchildren (Campbell et al., 2012; Kelley et al., 2007). It requires a collaborative relationship between the case manager and the grandparents to assess, coordinate, and implement services and resources that can meet these needs (Campbell et al., 2012; Kelley et al., 2007). The case managers are meant to empower the grandparents and assist them in maintaining services and resources (Campbell et al., 2012; Kelley et al., 2007). These services can include housing assistance, financial assistance, health care assistance, and legal assistance (Campbell et al., 2012; Ruiz et al., 2003). Case management-based interventions were shown to support the empowerment of grandmothers, as well as family support resources (Hayslip et al., 2019; Whitley et al., 2013).

The case management program evaluated by Campbell and colleagues (2012) included the assessment of the family's strengths and needs, goal setting to develop a plan, implementation of the plan, and evaluation of the outcomes from the plan. This study showed that the quality of life for these grandparents, specifically in the area of their mental health, was improved with the implementation of the case management program (Campbell et al., 2012). Scores that did not improve with case management in the Campbell et al. (2012) study included school scores and activity levels in the grandchildren. Behaviors that were shown to be reduced in the grandchildren at the end of the case management intervention were anger, violence, defiance, and rule breaking. With this came an improvement to the caregiver-child relationship (Campbell et al.,

2012). The researchers noted that the case management program did not directly work with the grandchildren to reduce any of their problems (Campbell et al., 2012).

Conclusion

The MCH GAP Program intends to assist grandparents and other relatives who are raising children. There are a multitude of reasons why children come to live with their grandparents. Challenges for these grandparents include role ambiguity, limited legal rights, lack of resources, inadequate living arrangements, employment and retirement, health issues, as well as outdated parenting skills and disciplinary methods. Grandparents who are resilient and have supports in place are more equipped to handle the additional stress raising a grandchild brings to their aging process. Other protective factors for these grandparents include adaptive coping skills, self-care, and positive relationships. When grandparents can provide care for their grandchildren they are rewarded with a sense of pride and joy, as well as a feeling of enrichment to their lives. They are allowed interpersonal connection and a chance to transfer family traditions and values.

The well-being of the grandchildren can be negatively affected by the level of attention they are receiving from their grandparents, maladaptive behaviors and coping skills, a sense of fear of abandonment and feeling unwanted, as well as a lack of support. Protective factors for these children include strong support systems, stability, feeling loved, and being around family. Being placed with their grandparents can provide felt-safety, improvements in school, as well as positive personality and behavioral characteristics. Effective interventions for grandparents raising their grandchildren are support groups, case management, and in-home services. Further research is needed in interventions available for grandparents raising their grandchildren.

The GAP Program for MCH could use this information to improve interactions with clients and make evidence-informed decisions about the future direction of the program. The knowledge of risk and protective factors could assist in selecting assessments for grandparents entering the program. It could also influence the interventions MCH case managers choose to implement with their kinship families to ensure a positive outcome for both the grandparents and grandchildren in the program.

This study will consider the following hypotheses:

- Hypothesis 1: GAP services will reduce the risk factors for grandparents and grandchildren.
- Hypothesis 2: In-home services are beneficial for grandparents raising their grandchildren.
- Hypothesis 3: The GAP Program will reduce grandparent stress levels and increase their competence in parenting.

CHAPTER III

METHODOLOGY

Purpose

The director of the MCH Outreach office in Abilene, Texas, desired a more comprehensive understanding of protective and risk factors for grandparents raising grandchildren as well as a desire to know whether their current program was meeting the needs of these grandparents. To assess these needs, a literature review was conducted and pretest and posttest were conducted with a grandparent participating in the MCH GAP Program. The assessments include the Parental Stress Scale, the Arizona Self Sufficiency Matrix, and a satisfaction survey.

Research Design and Participant

Participants were recruited through the case managers at Methodist Children's Home (MCH) and Family Outreach for the GAP Program. Most of the grandparents in the program are referred by outside sources; however, some seek out MCH services after receiving information about the GAP Program at community outreach events. Grandparents who qualify for GAP services and who are intellectually sound were informed about the research and their ability to participate in the study. While it was expected that at least five grandparents would participate in this study, only one was able to participate due to time constraints and qualification requirements for the GAP Program. The case managers within the agency were trained on how to review the confidentiality procedures for this study as well as the informed consent process.

Participants were informed that if they decided not to participate it would not count against them and their ability to receive services through the GAP Program. They were notified of the minimal risks involved in the study such as a breach of confidentiality. All data was de-identified before the principal investigator (PI) received it to protect the privacy/confidentiality of participants. MCH case managers administered the assessments and replaced the subjects name with a number before the PI received the data.

Data Collection

Upon IRB approval (see Appendix A for approval letter), the pretest for the Parental Stress Scale and Self Sufficiency Matrix was administered to the grandparent during their 30-day intake assessment process. The posttest for these two assessments was administered at the grandparent's first plan of service meeting, which was 90 days after their admission. The grandparent who completed the intervention program was given the satisfaction survey to assess whether they believed the program helped them improve in their ability to parent their grandchildren.

Since the response rate of the PI's initial research design was low, additional data was collected. Upon approval from the IRB, data regarding the dropout rate and reasons from closing out incomplete cases was collected from the GAP case managers.

Instruments

Three instruments were utilized for data collection to test the hypotheses in this case study.

Arizona Self-Sufficiency Matrix (ASSM). This assessment will address both hypothesis one, that GAP services will reduce risk factors for grandparents and grandchildren, and hypothesis two, that in-home services are beneficial for grandparents

raising their grandchildren. The Self-Sufficiency Matrix was created by Dr. Diana Pearce to assess a family's ability to move out of poverty. This is an evidence-informed assessment (MCH Family Outreach, 2017) that has the ability to be modified to meet the needs of individual programs (The Snohomish County Self-Sufficiency Taskforce, 2004). MCH chose to utilize the Arizona Self-Sufficiency Matrix (ASSM) adaptation for the GAP Program since they were able to make minor adjustments to the assessment for it to better address the needs of their target population (MCH Family Outreach, 2017). The ASSM takes into consideration the relative issues that could occur for grandparent caregivers. It reveals the areas of strengths and weaknesses for grandparents.

The ASSM is a 20-item scale categorized into five target areas (see Appendix B). The five areas assessed are work/income, community resources, caregiver, family, and support. The work/income section includes housing, employment, income, and access to food. The community resources section discuss needs for childcare, children's education, adult education, and health care coverage. The caregiver category reviews the grandparents' life skills, parenting skills, legal standings, and custody agreements. The subcategories for family consist of parental relationships, mobility, mental health, substance abuse, safety, and disabilities. The support section takes into consideration the grandparents' community involvement and family/social relations. Each subcategory is measured on a Likert scale, as follows: empowered-1, capacity building-2, safe-3, vulnerable-4, and crisis-5.

Parental Stress Scale (PSS). For this study the Parental Stress Scale (PSS) is utilized to measure caregiver stress levels, which will inform all three hypotheses. Since high levels of stress are considered a risk factor for grandparents, the PSS can be utilized

to inform the first hypothesis that the GAP Program will reduce the risk factors for grandparents raising their grandchildren. If the stress levels of grandparents are reduced after receiving services, the second hypothesis that in-home services are beneficial for grandparents raising their grandchildren could be implied. The main hypothesis that the PSS is testing is the third hypothesis that the GAP Program will reduce the grandparents' stress levels and increase their competence in parenting.

The PSS was created as an alternative assessment to the 101-item Parenting Stress Index (Berry & Jones, 1995). The Parental Stress Scale is an 18-item scale with a Cronbach's alpha of 0.83 (Berry & Jones, 1995). For this study, the PSS will be utilized to assess the stress levels of the grandparents partaking in the MCH GAP program. The PSS takes into consideration the positive and negative aspects of parenting that the grandparents may experience after resuming their parental role. For instance, the Parent Stress Scale (Berry & Jones, 1995) asks questions such as, "I feel overwhelmed by the responsibility of being a parent" or "I am satisfied as a parent" (see Appendix C for the full Parental Stress Scale). Since the stress levels of grandparent caregivers influence both their health as well as the well-being of the grandchild(ren) they are raising, it would be beneficial to see if the GAP Program was successful in reducing the stress levels of the grandparents they assist.

MCH GAP Satisfaction Survey. This survey was created by the director of MCH Family Outreach in Abilene, Texas, and the PI to assess the grandparents' satisfaction with the MCH GAP Program to determine if the program is effective in addressing target areas, which contribute to answering all three hypotheses. It assesses whether the grandparents feel more equipped to parent their grandchildren, if they have

gained access to resources, and their overall satisfaction with the program. The answers are based on a five-point Likert scale from strongly agree, agree, undecided, disagree, strongly disagree (see Appendix D for full survey).

Analysis

The quantitative data collecting during the pre- and post-test of this single case study was compared to determine if there were improvements made to the grandparent's situation and stress levels. The qualitative data collected from the GAP case managers regarding dropout rates was reviewed to determine if there is a pattern.

CHAPTER IV

FINDINGS

ASSM Pretest and Posttest

Table 1 shows a comparison of ratings on the self-sufficiency matrix before and after the client received services. A lower score means the grandparent is closer to being empowered and a higher score means the grandparent is closer to crisis. In general, the table shows little change. Housing, employment, healthcare coverage, legal, mobility, mental health, substance abuse, and safety all received the highest possible rating (i.e., a rating of 1) at both times. In contrast, the parental relationship ratings received the worst possible ratings (i.e., a rating of 5). The only observed changes were for children's education and parenting skills with each moving from a rating of 2 (more favorable) to a rating of 3 (less favorable).

Table 1

Pre and Post Intervention Self-Sufficiency Matrix Ratings

	Pretest	Posttest	Change
Housing	1	1	0
Employment	1	1	0
Income	2	2	0
Food	2	2	0
Child Care	3	3	0
Children's Education	2	3	1
Adult Education	3	3	0
Health Care Coverage	1	1	0
Life Skills	2	2	0
Parenting Skills*	2	3	1
Legal	1	1	0
Custody	2	2	0
Parental Relationships	5	5	0
Mobility	1	1	0
Mental Health	1	1	0
Substance Abuse	1	1	0
Safety	1	1	0
Disabilities	3	3	0
Community Involvement*	2	2	0
Family/Social Relations	2	2	0

*Participant Goal

PSS Pretest and Posttest

Table 2 shows that parental stress scores declined from 53 at the pretest to 38 at the posttest. This is a change of 15, which demonstrates the grandparent in this study was experiencing less stress at posttest than they were at pretest. Items 11 (“Having child(ren) has been a financial burden”) and 16 (“Having child(ren) has meant having too few choices and too little control over my life”) showed the most improvement. Items 3 (“Caring for my child(ren) sometimes takes more time and energy than I have to give”) and 13 (“The behavior of my child(ren) is often embarrassing or stressful to me”) both showed a decline from the maximum stress rating (i.e., 5) to the midpoint (i.e., 3).

Table 2

Pretest and Posttest Parental Stress Scale Scores

Item	Pretest	Posttest	Difference
1	1	2	-1
2	1	1	0
3	5	3	2
4	5	5	0
5	1	2	-1
6	1	1	0
7	1	1	0
8	3	1	2
9	5	4	1
10	4	4	0
11	5	2	3
12	3	1	2
13	5	3	2
14	1	1	0
15	4	3	1
16	5	2	3
17	1	1	0
18	2	1	1
Total	53	38	15

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CHAPTER V

DISCUSSION

ASSM Results

The ASSM did not show improvement from pretest to posttest; in fact, scores decreased in the areas of parenting skills and child education. The areas in which the participant chose to work towards improvement were parenting skills and community involvement, which either showed a decrease or no change. According to the current MCH policy, the agency would consider the areas the participant experienced no change in as a success even though there was no improvement. With this understanding, the client was successful in 18 out of the 20 items the ASSM assesses.

PSS Results

For the Parent Stress Scale, the participant improved in 9 of the 18 items. They had a decrease in stress for the areas of: “caring for my child(ren) sometimes takes more time and energy than I have to give;” “the major source of stress in my life is my child(ren);” “having child(ren) has been a financial burden;” “it is difficult to balance different responsibilities because of my child(ren);” “the behaviors of my child(ren) is often embarrassing or stressful to me;” “I feel overwhelmed by the responsibility of being a parent;” and “having child(ren) has meant having too few choices and too little control over my life.” The participant reported having a positive increase in the areas of “having child(ren) gives me a more certain and optimistic view for the future” and “I find my

child(ren) to be enjoyable." The participants' overall scores demonstrate a decrease in parental stress levels for the participant.

Satisfaction Survey Results

The results of the MCH GAP satisfaction survey showed that the client was satisfied with their services. Overall, the level of satisfaction reported for the services they received was satisfactory. They strongly agreed that the GAP Program helped them feel more equipped to parent their grandchildren and helped them have a better understanding of trauma and its impact. The participant agreed that the GAP Program has helped them feel more equipped to utilize healthy/safe disciplinary techniques, helped them feel more connected to community resources, and helped them feel that their relationship with their grandchildren has improved.

Dropout Rate Results

For the 2019 year, the MCH discharge history shows that out of the 14 clients that were admitted into the program, six dropped out without completing services. Of these, two of the clients refused further services, and for four of the clients, the case manager was unable to make contact. The case managers provided qualitative data to gain a better understanding of the clients' reasons for dropping out of the program. The reasons given for the two clients that refused further services included not having enough time to participate in the program and having the child in the home move out. Since there was no longer a child in their home, they could not continue services according to MCH policy. For the four where the staff was unable to make contact, two of the participants made contact at a later time. One of these explained that they were having health issues and

could not participate. Another stated that their grandchild was about to be discharged from the home.

Practice Implications

The literature review provides MCH with information on risk and protective factors as well as the interventions available for grandparents who are caring for their grandchildren. The GAP Program is a compilation of services provided to grandparents, but the two prominent interventions the program utilizes are in-home services and case management services. The literature supports the utilization of in-home services when it incorporates child management skills and connects them to resources that can provide for their material needs (Gladstone et al, 2009). The GAP Program provides both of these services, and the satisfaction survey supports the utilization of these services. The grandparent in this study agreed that they felt more equipped to utilize safe disciplinary practices and felt more connected to community resources. On the contrary, the ASSM showed a decrease in parenting skills from pretest to posttest. In-home services were also shown to support the emotional health of grandparents when a trusting relationship was established and gave the grandparents a sense of validation (Gladstone et al., 2009). These findings were supported by the results of the PSS. It could be understood that the grandparent's mental health in this study was improved since the PSS showed an overall reduction in stress and they scored lower in feeling overwhelmed by the responsibility of being a parent. This case study supports the need for programs such as MCH's GAP Program to reduce the parental stress level of these grandparents.

The results from past literature on case management interventions was supported by this case study. MCH case management is client-centered and focuses on

empowerment. The agency requires its case managers to build a collaborative relationship with the grandparents participating in the GAP Program (MCH Family Outreach, 2017). These aspects are said to be requirements for successful case management services (Campbell et al., 2012; Kelley et al., 2007). This intervention is known to improve the quality of life in the grandparents, to improve the relationship between the grandparents and grandchildren, and to decrease maladaptive behaviors in the grandchildren (Campbell et al., 2012). These research findings were mirrored in this single case study. The results from the satisfaction survey indicated that the grandparent agreed they felt their relationship with their grandchild has improved. The PSS conveyed that the grandparent's quality of life improved with an overall reduction in stress levels, and an improvement of the children's behavior was addressed by the grandparent's answer that their grandchild's behaviors were less embarrassing and stressful to them now. However, case management was not shown to support school scores for the grandchildren or their activity level (Campbell et al., 2012). These results were similar to the results of the ASSM showing a decrease in children's education.

An area of practice that MCH may want to reconsider is how they measure the outcomes of their GAP Program since the current assessment model currently used is not sensitive enough to detect small changes in self-sufficiency. They may want to consider the inclusion of the Parental Stress Scale to help determine if their program is successful in reducing stress in the grandparents who participate in their program. This could be a beneficial measure since literature shows stress to be high in grandparents raising grandchildren and that stress negatively transferring into other aspects of the grandparents' lives such as their social life and health (Harnett et al., 2014; Lent & Otto,

2018; Peterson, 2017; Strom & Strom, 2011). They may also want to incorporate a satisfaction survey that assesses the grandparent's beliefs on what areas they have improved in over the course of the program.

Research Implications

Since the current assessment model for the MCH GAP Program is not sensitive to change, it would be beneficial to conduct further research to determine if there are other self-sufficiency assessments available that could accurately measure the outcomes of the grandparents who participate in the program. If there is not a self-sufficiency matrix available, MCH may want to consider what changes they can make to the current model based on the challenges and strengths grandparents experience. MCH may also want to consider research additional assessments that they could integrate into a new assessment model.

The literature review revealed gaps in the literature regarding the efficacy of interventions available for grandparents providing kinship care for their grandchildren. The Abilene Family Outreach director's concern about a lack of research for in-home services was supported by there only being one resource found for the literature review. Future research is necessary to gain a better understanding of how in-home services impact grandparents providing kinship care for their grandchildren. Literature reviews will need to utilize different search terms and research databases. With the current search terms in the database used for this study, only two empirical articles were found that discussed the influence of case management services on grandparents providing kinship care to their grandchildren. This case study showed that the GAP Program, which is a combination of in-home services and case management services, had the potential to

reduce stress in grandparents and that the grandparent felt satisfied with the services provided. However, since this single case study only took into account the grandparent's perspective and did not follow through until the end of the program more research is needed to support interventions, specifically in-home services.

Policy Implications

A policy MCH may want to reassess for their GAP Program is allowing the caregiver to have complete control over which outcomes they wish to pursue in their plan of service. The reason this policy is currently implemented in the GAP Program is to deter caregivers from dropping out of the program due to a lack of control or a lack of interest. While research supports collaborating with the client (Campbell et al., 2012; Kelley et al., 2007), is there a limit on how much control the client should have on their interventions? While clients have the right to self-determination, the case manager has a responsibility to apply their professional judgement.

The participant of this study appeared to be in crisis in one area of the ASSM during the pretest and continued to be in crisis at the time of their posttest. It is understandable that the program would want the clients to drive the intervention since self-directed (Kirby, 2015) and strength-based, empowerment interventions have proven to be successful (Chan et al., 2019). However, leaving treatment goals entirely up to the client may not be in their best interest.

Limitations

Overall, the limitations for this study included the research design, sampling method, sample size, and time constraints. This case study is considered a pre-experimental one-group pretest-posttest design. This design is vulnerable to low validity

and does not control external factors. This case study utilized convenience sampling, so its results are at risk for bias and low generalizability to the population. Since there was a time constraint on the study to be fully completed within a seven-month period the posttest had to be conducted at the first 90-day plan of service meeting instead of at the completion of services. The PI was approved to start recruiting participants for this study November 2019. To allow enough time for the grandparents to go through the intake process and then the 90-day plan of service the cut-off date was the second week of January 2020. During this time only one of the grandparents seeking MCH services qualified for the GAP Program. Because of this, the anonymity of the participant was compromised since there was only one subject who signed the consent form and completed the questionnaires. However, their confidentiality was upheld.

The scores for the self-sufficiency matrix might not have been accurate when they were collected for the pretest. This could explain why there was a decline in scores instead of improvement. This is true even for the areas in which the grandparents chose the goals to work on to improve their situation. This could have been a result of the participant not being as honest with the case manager during their intake process, due to trust issues or lack of clarity about their situation. The decrease could also be attributed to circumstances that were out of the control of the participant and case manager. The Parental Stress Scale could have experienced some of the same limitations. Some of the fluctuation in score could be attributed to the participants not being honest during the intake process, or them having a lack of clarity about their feelings and what the questions were asking them to assess.

While the dropout rate was a quantitative report, the reason for the client dropping out was up to the interpretation of the client's case manager. The reasons for staff inability to contact the client is unknown at this point and would require communication with the client to determine the reason they chose to stop communicating with their case manager.

CHAPTER VI

CONCLUSION

This case study aimed to test three hypotheses. The first hypothesis was that the GAP Program will reduce risk factors for grandparents and grandchildren. This hypothesis was partially supported. The risk factors that were assessed in the Parental Stress Scale and the MCH GAP satisfaction survey were shown to be reduced. These included risk factors such as parental stress, feeling equipped to parent, feeling equipped to utilize healthy and safe disciplinary practice, feeling connected to community resources, understanding trauma, and feeling the relationship between grandparent and grandchild has improved. The ASSM did not show a reduction on any of the risk factors the grandparent was experiencing upon intake. These factors included income, food, childcare, child education, adult education, life skills, parenting skills, custody issues, parental relationships, disabilities, community involvement, and family/social relationship.

The second hypothesis was that in-home services are beneficial for grandparents raising their grandchildren. This hypothesis was also partially supported by the Parental Stress Scale and the MCH GAP satisfaction survey. From these tests, it could be inferred that the in-home services provided by the GAP Program helped to reduce the grandparents' parental stress level and helped them feel equipped to parent, to utilize healthy and safe disciplinary practices, to be connected to the community, and to feel their relationship with their grandchild had improved. The ASSM, however, did not

provide any evidence to support that in-home services are beneficial for grandparents raising their grandchildren.

The third hypothesis was that the GAP Program would reduce grandparent stress levels and increase their competence in parenting. This hypothesis was supported by the results of the Parental Stress Scale and the MCH GAP satisfaction survey. This was the only hypothesis in the study that was fully supported by the data collected in this single case study.

Overall, this case study was able to correlate a positive relationship between the grandparent who was able to participate in this research and the GAP Program for Methodist Children's Home. Further research is necessary to discover how the program affects the general client base for the program across all the Family Outreach locations. Despite the limitations of this study, the results can still be utilized to determine the next step for the program or at least begin a conversation in what changes may be in order.

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APPENDIX A

IRB APPROVAL LETTER

ABILENE CHRISTIAN UNIVERSITY
Educating Students for Christian Service and Leadership Throughout the World

Office of Research and Sponsored Programs
320 Hardin Administration Building, ACU Box 29103, Abilene, Texas 79699-9103
325-674-2885

Dear Ashten,

On behalf of the Institutional Review Board, I am pleased to inform you that your project titled

(IRB# 19-125)is exempt from review under Federal Policy for the Protection of Human Subjects.

If at any time the details of this project change, please resubmit to the IRB so the committee can determine whether or not the exempt status is still applicable.

I wish you well with your work.

Sincerely,

Megan Roth

Megan Roth, Ph.D.
Director of Research and Sponsored Programs

APPENDIX B

ARIZONA SELF-SUFFICENCY MATRIX

This is Methodist Children's Home's version of the Arizona Self-Sufficiency Matrix.

Self-Sufficiency Matrix

Domain	5 (In Crisis)	4 (Vulnerable)	3 (Safe)	2 (Building Capacity)	1 (Empowered)
			Work/Income		
Housing	Homeless or threatened with eviction.	In transitional, temporary or substandard housing; and/or current rent/mortgage payment is unaffordable (over 30% of income).	In stable housing that is safe, but only marginally adequate.	Household is in safe, adequate subsidized housing.	Household is in safe, adequate, unsubsidized housing.
Employment	No job.	Temporary, part time or seasonal; inadequate pay, no benefits.	Employed full time; inadequate pay; few or no benefits.	Employed full time with adequate pay and benefits.	Maintains permanent employment with adequate income and benefits.
Income	No income.	Inadequate income and/or spontaneous or inappropriate spending.	Can meet basic needs with subsidy; appropriate spending.	Can meet basic needs and manage debt without assistance.	Income is sufficient, well managed; has discretionary income and is able to save.
Food	No food or means to prepare it. Relies to a significant degree of other sources of free or low-cost food.	Household utilizes food benefits (SNAP, WIC, food banks).	Can meet basic food needs, but requires occasional assistance.	Can meet basic food needs without assistance.	Can choose to purchase any food household desires.
			Community/ Resources		
Child Care	Needs childcare, but none is available/accessible and/or child is not eligible.	Childcare is unreliable or unaffordable, inadequate supervision is a problem for childcare that is available.	Affordable, subsidized childcare is available, but limited.	Reliable, affordable childcare is available. No need for subsidies.	Able to select quality childcare of choice.
Children's Education	One or more school-aged children not enrolled in school.	One or more school-aged children enrolled in school, but not attending classes.	Enrolled in school, but one or more children only occasionally attending classes.	Enrolled in school and attending classes most of the time.	All school-aged children enrolled and attending classes on a regular basis.
Adult Education	Literacy problems and/or no high school diploma/GED are serious barriers to employment.	Enrolled in literacy and/or GED program and/or has sufficient command of English to where language is not a barrier to employment.	Has high school diploma or GED.	Needs additional education/training to improve employment situation and/or to resolve literacy problems to where they are able to function effectively in society.	Has completed education/training need to become employable. No literacy problems.

APPENDIX C

PARENTAL STRESS SCALE

19-125

Tool 1: Parental Stress Scale (questionnaire attached)

***Component being measured*:**

- Attempts to measure the levels of stress experienced by parents.
- Takes into account positive and negative aspects of parenting.

Why this outcome matters?

Higher levels of parental stress related to:

- Lower levels of parental sensitivity to the child
- Poorer child behaviour
- Lower quality of parent – child relationship.

In particular, provides evidence related to Children's Centres work to 'improve parenting' and Core Purpose goal of 'improving parenting skills'

Tool details:

- Developed by Berry and Jones (1995) as an alternative to the 101-item Parenting Stress Index.
- Provides a measure that considers positive aspects of parenting as well as the negative, 'stressful' aspects traditionally focused on.

Format of the tool:

- 18 – item self report scale – items represent positive (e.g. emotional benefits, personal development) and negative (demands on resources, restrictions) themes of parenthood.
- Respondents agree or disagree in terms of their typical relationship with their child or children
- 5 – Point scale; strongly disagree, disagree, undecided, agree, strongly agree.

Use of the tool:

What can the tool help to assess?

- Changes in parental stress levels for parents/carers who have accessed targeted support, such as family support, parenting courses and one to one parenting support.
- The outcomes of services or areas of work focused on improving parents/carers parenting capacity.

Practical administration:

- Self completion or could be administered as an interview.
- The scale is relatively short and easy to administer – can be completed in less than 10 minutes.
- Can be used as a before and after measure.

Scoring the tool :
We want a low score to signify a low level of stress, and a high score to signify a high level of stress.

APPENDIX D

MCH GAP SATISFACTION SURVEY

19-125

MCH Gap Satisfaction Survey

1. Level of satisfaction for services provided?

Above Satisfaction Satisfaction Below Satisfaction

2. Do you believe the Gap program has helped you feel more equipped to parent your grandchildren?

Strongly Agree Agree Undecided Disagree Strongly Disagree

3. Do you believe the Gap program has helped you feel more equipped to utilize healthy/safe disciplinary techniques?

Strongly Agree Agree Undecided Disagree Strongly Disagree

4. Do you believe the Gap program has helped you feel more connected to community resources?

Strongly Agree Agree Undecided Disagree Strongly Disagree

5. Do you believe the Gap program has helped you have a better understanding of trauma and its impact?

Strongly Agree Agree Undecided Disagree Strongly Disagree

6. Do you believe the Gap program has helped you feel that your relationship with your grandchildren have improved?

Strongly Agree Agree Undecided Disagree Strongly Disagree