



How Well Does the “Safety Net” Work for Family Safety Nets? Economic Survival Strategies Among Grandmother Caregivers in Severe Deprivation

LASHAWNDA PITTMAN

Using qualitative data collected from fifty-eight African American grandmothers raising grandchildren in skipped-generation households (SGHs), I reveal how and why women in non-normative families, lacking legal protections and publicly recognized authority as parents, must negotiate risk in pursuit of resources. I demonstrate that these grandmothers struggle for economic survival while seeking simultaneously to minimize the risk of losing their grandchildren and maximize their chances of receiving public assistance. I argue that grandmothers in SGHs face significant challenges obtaining government benefits owing to policy eligibility guidelines, street-level implementation, and family dynamics. Ultimately, I illustrate how the severe deprivation experienced by these grandmothers is exacerbated by their exclusion from safety net programs that could help them support the children in their care.

Keywords: grandparent caregiving, African Americans, urban poverty, safety net, economic survival strategies

How do grandparents faced with the unexpected and sudden assumption of primary caregiving responsibility for their grandchildren cope with such a situation? How do they make room for their grandchildren, especially if they are renters, subsidized housing recipients, or homeowners anxious to relocate to publicly subsidized senior housing? What factors contribute to their underutilization of public assistance despite high levels of pov-

erty? Finally, and perhaps most importantly, how do low-income African American custodial grandmothers overcome barriers to public support, and what are the economic implications of their caregiving?

Scholars and policymakers are increasingly considering these questions of survival and adaptation as the number of grandparent-headed households (GPHHs) in the United States continues to reach historic highs. The number of

LaShawnDa Pittman is assistant professor of American ethnic studies at the University of Washington.

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children living with a grandparent has increased 22 percent since 2000 and spiked after the onset of the Great Recession (Livingston 2013). Previous research has shown that, despite the fragile economic status of grandparents, current child welfare and kinship care policies and practices make them the primary safety net for children in need of out-of-home care. This trend, combined with insufficient government supports, has profound implications for the economic welfare of GPHHs. I suggest that, as grandparent caregivers in skipped-generation households (SGHs, defined as GPHHs with no parents present) navigate the safety net, they are challenged by family dynamics, social welfare policy eligibility criteria, and street-level implementation.

My study of the survival strategies of low-income African American custodial grandmothers providing care in informal kinship arrangements (children not involved with the public child welfare system) reveals the structural vulnerability of families that experience multiple and intersecting disadvantages compounded by non-normative family forms and a lack of legal protections and publicly recognized authority as parents. I argue that, in these women’s lives, risk negotiation plays a critical role as they struggle not only to maintain the resources they need to care for themselves and their families when care shifts to them but also to obtain additional resources to cover the expenses associated with caring for their grandchildren.

I begin by providing background on the dramatic rise in GPHHs among the most marginalized populations in the United States, the limited public assistance available to these households outside of the child welfare system, and their underutilization of such resources. After outlining how I collected data for this study, I examine the impact of grandparent caregiving on caregivers’ fragile resources—specifically, their housing and employment status—and reveal the barriers they face in maintaining or obtaining subsidized housing and child care. I explore the challenges these caregivers confronted as they sought assistance for the children in their care and the strategies they devised to overcome obstacles. I conclude with a discussion of how

GPHHs negotiate risk as they navigate formal support systems, and I discuss the implications for policies that support GPHHs.

LITERATURE REVIEW

Grandparents are primarily responsible for over 2.9 million children in the United States today. Roughly two-thirds of these grandparents are custodial grandmothers. One-fifth of GPHHs are poor, and two-thirds live below three times the federal poverty level (FPL). SGHs suffer even worse poverty rates: one-third (32 percent) live below the FPL, which is nearly double the rates among parent-child families. SGHs headed by custodial grandmothers fare the worst, with two-thirds living at or below the FPL (U.S. Census Bureau 2010).

African Americans make up a disproportionate share of GPHHs, accounting for 24 percent of these households even though they are only 13 percent of the U.S. population. Moreover, African Americans are nearly twice as likely to live in SGHs as their white counterparts (13 versus 7 percent). Black children are twice as likely to live with grandparents or other relatives than are white and Hispanic children (Livingston and Parker 2010). There are a number of reasons why blacks disproportionately form GPHHs. While the number of these households has risen among all racial-ethnic groups, the overrepresentation of African Americans in the child welfare and criminal justice systems, coupled with changing welfare policies, has dramatically altered black parents’ ability to care for their children, the demands placed on caregivers, and the availability of needed resources.

Swann and Sylvester (2006), Johnson and Waldfogel (2002), and others have found that increased female incarceration, reduced cash welfare benefits, and other state-specific characteristics and policies drove the growth in foster care caseloads from 1985 to 2000. As the number of incarcerated mothers more than tripled (Swann and Sylvester 2006, 311), caseloads more than doubled, compelling grandparents to care for as many as two-thirds of the children of incarcerated mothers (Johnson and Waldfogel 2002; Travis, McBride, and Solomon 2005). As black children went from being excluded to disproportionately included in the child welfare

system, a growing number of African American grandparents provided care in order to keep them from “going into the system” (Murphy, Hunter, and Johnson 2008; Roberts 2003).

Even as punitive law enforcement policies increased African American incarcerations and lengths of stay, child welfare policy called for reducing the time children spend in foster care. The Adoption Assistance and Child Welfare Act (AACWA) of 1980 and the 1997 Adoption and Safe Families Act (ASFA) were passed to reduce foster care drift and to make placement with relatives a viable option for out-of-home care (McGowan and Walsh 2000; Murphy, Hunter, and Johnson 2008). The 1996 Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) also promoted a “relatives first” approach (Smith and Devore 2004). As a result, the number of children being raised by a grandparent more than doubled, from 3 percent in 1970 to 7 percent in 2010. The most significant increase occurred among SGHs, rising more than 50 percent between 1990 and 2005 (Gleeson 1999; Scomegna 2012).

The interrelationship between the cash welfare and foster care systems also contributes to the rise in GPHHs by decreasing the resources parents have to adequately care for their children. Children who receive or have received public assistance are overrepresented in state custody. In fact, the falling values of welfare benefits were the second-largest contributor to the growth in foster care caseloads (15 percent) (Swann and Sylvester 2006). Failing to meet the new obligations under PRWORA pulled the safety net out from under many families, often permanently. Sanctions for noncompliance could reduce or terminate a family’s welfare benefits. Researchers estimate that between 33 and 52 percent of welfare recipients have been sanctioned, with African Americans and the poorly educated overrepresented (Gustafson 2009, 661). Without the resources they need to provide for their families, low-income African American parents have re-

lied on their children’s grandparents to absorb caregiving responsibilities, contributing to the dramatic rise in GPHHs.

At the same time that certain public policies have led to higher rates of GPHHs, others have affected the supports available to these households. Most legislation in the last twenty years has focused on GPHHs *within* the child welfare system (Beltran 2014b). While federal and state legislation on behalf of relatives providing care *outside* of the child welfare system has consisted largely of budget-neutral policies, such as educational and health care consent laws that enable caregivers in seventeen and twenty-five states, respectively, to access education and health care for children in their care without the need for legal custody or guardianship (Beltran 2014b).

These factors both increase the number of GPHHs among African Americans and exacerbate the severe deprivation experienced by caregiving relatives. By almost every available measure, the level of need experienced by GPHHs is not reflected in their overall benefit receipt patterns (Baker, Silverstein, and Putney 2008; Coppen 2006; Park 2005). Fewer than 12 percent of kinship families receive Temporary Assistance for Needy Families (TANF) assistance, and only 6 percent of children living with relatives receive TANF child-only payments, even though nearly all are eligible (Beltran 2014a). Moreover, because most kinship caregivers fail to receive TANF, they miss opportunities to connect to other critical safety net programs. TANF can be an important gateway program for low-income households because it often entails categorical eligibility for other programs. For example, only 17 percent of low-income working kinship caregivers receive childcare assistance and only 15 percent receive housing assistance. Less than half (42 percent) receive assistance from SNAP, although most report food insecurity (Annie E. Casey Foundation 2012).

State discretion to design welfare programs shapes caregivers’ public assistance experiences.¹ Grandparent caregivers applying for

1. Under AFDC, all relatives caring for a child could receive child-only payments, but under TANF such entitlement no longer exists, although states may provide cash assistance to kinship caregivers. Currently, all states except Alabama provide TANF child-only payments to kinship caregivers who seek assistance (Mullen and Einhorn 2000; see also Park 2005).

TANF family grants must participate in work activities no later than twenty-four months after receiving assistance (Smith and Beltran 2003). Under Aid to Families with Dependent Children (AFDC), older grandparents benefited from federally mandated age exemptions, but with TANF states now have discretion regarding these exemptions. Studies have found that grandparent caregivers experience additional complications, including fulfilling their own work requirements, which may explain their difficulty in accessing full grant benefits (Baker, Silverstein, and Putney 2008; Copen 2006; Park 2005). They may also be ineligible because they timed out of the system while raising their own children (Baker, Silverstein, and Putney 2008). Most GPHHs are eligible to receive the TANF child-only grant. Adult income and assets are excluded from TANF child-only grants, and most states impose no work, income, or benefit time limits. Child-only cases have increased dramatically since the passage of PRWORA, rising from only 10 percent of the overall caseload in 1988 to 41 percent in 2009 (Falk 2014), but the overwhelming majority of GPHHs fail to utilize this resource (Annie E. Casey Foundation 2012). On top of formal policy restrictions, studies identify four main reasons for the lack of program participation among GPHHs: (1) a structural gap between non-normative family forms and social welfare policies (Baker, Silverstein, and Putney 2008); (2) lack of awareness of available rights and resources (Fuller-Thomson and Minkler 2003, 92); (3) misinformation about eligibility criteria; and (4) fear of drawing attention (Cox 2003).

The African American grandparents who are the most economically disadvantaged and who have the fewest resources to draw upon are the most likely to assume the primary caregiving role. Not surprisingly, the highest poverty rates for GPHHs occur among African American grandparents (Minkler and Fuller-Thomson 2005). These grandparents are also more likely than grandparents from other racial-ethnic groups to be caring for more grandchildren, for longer periods of time, and to be managing additional caregiving responsibilities. Insofar as their race, gender, class, and age increase their likelihood of providing care, that likelihood

also shapes and is shaped by other important aspects of their lives, including their family dynamics; their employment, housing, and health status; and their access to formal and informal support systems. Thus, low-income black grandmothers contend not only with the economic burdens of primary caregiving but also with integrating the sudden and unexpected onset of caregiving responsibilities into an array of competing demands, without adequate resources.

This being the case for so many GPHHs, perhaps we should conceptualize their safety net experiences more broadly—beyond grandmothers’ caregiving for their grandchildren—to add greater complexity to our understanding of their economic survival strategies and outcomes. Previous research as well as the results described here suggest that GPHHs survive using a number of strategies to weigh and negotiate relative risks.

DATA AND METHODS

Data come from a 2007–2011 qualitative study that I conducted on the coping strategies used by low-income African American grandmothers in Chicago to manage the day-to-day needs of the grandchildren they were parenting. The study population was selected because of its disproportionate rates of SGH and high rates of poverty. Data were collected through in-depth, semistructured interviews and participant observation sessions with seventy-seven custodial grandmothers between the ages of thirty-eight and eighty-three living in the greater Chicago metropolitan area; this group was small enough for in-depth analysis to be conducted but large enough to provide the analytic depth necessary to generate clear response patterns. Fourteen participant observation sessions were conducted at guardianship hearings, school or doctor visits, public aid office visits, caseworker appointments, child care centers, and so on. Respondent and institution names have been changed to protect confidentiality, per approval by the Northwestern University institutional review board.

Potential participants were alerted to the study through Chicago-area social service agencies, flyers posted in targeted communities, and word of mouth. Per guidelines for research

involving human subjects, prospective participants were informed of the voluntary nature of the study and the potential risks of participating, and informed consent was obtained from each participant. Subjects were recruited to reflect diverse care arrangements, from informal care to adoption, underscoring the importance of differentiating public assistance by type. In a second wave of data collection, subjects were recruited to reflect variations in types of child care utilized, whether involving family, friends, or neighbors (FFN) or formal arrangements. This captured the intersection of custodial grandparents' resources with their access to child care. Although research was conducted in predominantly poor African American urban neighborhoods, it spilled over into additional Chicago South Side neighborhoods.

All seventy-seven participants self-identified as U.S.-born black women with an average age of fifty-four years. All study participants were primary caregivers to at least one grandchild or great-grandchild under the age of eighteen, with no parents living in the home. Study participants had 3.2 children on average. Seventeen were married, twelve were divorced, three were engaged, and eight were widows. (The rest were single.) All but twenty reported yearly household incomes of less than \$15,000.² Of the twenty women who reported household incomes higher than \$15,000, seventeen had incomes approximately one and a half times the FPL, and three had income twice the FPL. Twenty-eight of the women were working at the time of recruitment, twelve were retired, and thirty-seven were unemployed.

Study participants were raising an average of 2.37 grandchildren for an average of 5.25 years. Twenty-five grandmothers provided care informally, thirty-three were legal guardians, twelve were kinship foster care providers, three were subsidized guardians, and four had adopted their grandchildren. This paper focuses on fifty-eight of the seventy-seven caregivers who were *not* providing care under the auspices of the child welfare system (which provides higher levels of assistance).

In accordance with grounded theory, interviews were tape-recorded, transcribed, and coded in two stages using Dedoose data analysis software. Transcripts were first coded following themes identified in the guide, including codes related to the caregiving role, parental involvement, community and institutional experiences, care-work demands, stressors, and coping. The data revealed how grandmothers combined their own resources with public assistance to minimize severe deprivation; interview data were subsequently recoded using a new set of emergent codes, thereby unpacking the role played by each in shaping how the grandmothers responded to the economic demands of caregiving. What emerged was an understanding of how negotiating risk and uncertainty enters into utilizing public assistance and the mismatch between the GPHH family form and social welfare policy. Coding was cross-checked with all research assistants to ensure reliability.

FINDINGS

Grandparent caregivers must negotiate both real and perceived risks when seeking resources. These caregivers try to maintain their own public assistance even as their grandparent caregiving role undermines their efforts and eligibility. They must gauge whether they can obtain public support for the grandchildren in their care without losing custody or jeopardizing their own fragile financial status. Based on my data, GPHHs develop several risk negotiation strategies to compensate for their lack of legal protections and limited parental authority within their non-normative family form. These range from allowing parents to maintain control over scarce resources, to brokering deals with parents to share resources intended for children, to sidestepping parental authority by becoming legal guardians. GPHHs also are highly likely to accept the stigma and misinformation they receive from institutional agents. Lastly, while most struggled to satisfy eligibility criteria, others bypassed bureaucratic regulations.

2. The FPL during the years of data collection for families of two, three, four, and eight was \$13,690, \$17,170, \$20,650, and \$34,570, respectively.

Barriers to and Strategies for Accessing Safety Net Programs

In this section, I explore these risk negotiation strategies in three policy settings critical to GPHHs and low-income households broadly: subsidized housing, subsidized child care, and cash assistance. Table 1 outlines the eligibility criteria of the safety net programs available to informal kinship care providers in Illinois at the time of the study (2007–2011), the barriers faced by study participants trying to access public support, and the number of respondents receiving benefits as well as the number eligible for benefits.

Subsidized Housing

Some grandparents thrust into the primary caregiving role begin by determining whether their housing adequately accommodates their grandchildren. Nineteen of the fifty-eight grandmothers in the study already received some form of housing assistance (see table 2 for respondents' household sources of income).

When forty-one-year-old Ms. Boyd's twenty-one-year-old daughter left her to raise her two-year-old daughter, Ms. Boyd was using a housing choice voucher (HCV) after being displaced from Robert Taylor Homes, where she had raised two of her four children to adulthood. Ms. Francois, who'd been displaced from Cabrini-Green Homes after residing there with her four children, also relied on an HCV. Ms. Randolph and her husband were HCV recipients as well. They'd been displaced from Robert Taylor Homes, and although both were disabled, they cared for their five teenage grandchildren when the mother would not.

Study participants also included Section 8 and public housing recipients. Subsidized housing regulations prevent the housing expenditures of recipients from exceeding 30 percent of household income; unfortunately, few of the participants were employed. Although most lived on Supplemental Security Income (SSI), some, like Ms. Boyd, had no income. Ms. Cooper, a thirty-eight-year-old mother of three,

Table 1. Safety Net Programs Available to Informal Kinship Care Providers in Illinois from 2007–2011: Eligibility Criteria, Respondents Receiving Benefits and Eligible for Benefits, and Barriers to Receiving Benefits

Safety Net Programs	Eligibility Criteria	Respondents Receiving Benefits/ Respondents Eligible for Benefits ^a	Barriers to Receiving Benefits
TANF child-only grant (\$107 per month for one child, \$211 for two, \$261 for three)	(1) Grandparent's income and assets are not counted in child's eligibility; (2) grandparent is exempt from work and time limits; (3) legal guardianship not required	13/36	(1) Misinformation from street-level bureaucrats about eligibility criteria (for example, about legal guardianship); (2) family dynamics; (3) stigma and discrimination
TANF family grant (\$292 per month for a family of two, \$396 for a family of three, \$435 for a family of four)	(1) Income-eligible grandparents are included in assistance unit; (2) subject to work participation and five-year time limit; (3) age exemption for grandparents age sixty or older; (4) legal guardianship not required	2/13	(1) Misinformation from street-level bureaucrats about eligibility criteria (for example, about legal guardianship); (2) family dynamics; (3) inability to satisfy work, education, or training requirements

(continued)

Table 1. (continued)

Safety Net Programs	Eligibility Criteria	Respondents Receiving Benefits/ Respondents Eligible for Benefits ^a	Barriers to Receiving Benefits
Subsidized housing (housing expense limited to 30 percent of income)	(1) GPHH income may not exceed 50 percent of median income of area or 80 percent for those displaced by rental rehabilitation; (2) assets cannot be in excess of limitation set by the Chicago Housing Authority (CHA); (3) physical custody of child required, not legal custody; (4) limited to a subset of eligible households owing to funding restrictions	19/0	(1) Misinformation regarding legal guardianship; (2) family dynamics
Subsidized child care (no cost or copayment for formal child care)	(1) Grandparent must be income-eligible for Illinois Child Care Assistance Program; (2) employed grandparents receiving a child-only grant are eligible for day care assistance; (3) subject to work, education, and training requirements; (4) limited to a subset of eligible households owing to funding restrictions	5/0	(1) Misinformation about income eligibility requirements for employed grandparents who receive a TANF child-only grant; (2) family dynamics
Supplemental Security Income (SSI)	(1) Either grandparent or grandchild must meet disability guidelines, including countable income less than benefit amount and individual assets less than \$2,000; (2) guardianship required	15/0	Family dynamics (such as conflict over legal custody)
SNAP (\$189 per month maximum for one person, \$347 maximum for two, \$497 maximum for three, \$632 maximum for four)	(1) Net household income does not exceed 130 percent of FPL; (2) grandchildren counted when determining the grant amount; (3) exempt from employment and training requirements; (4) guardianship required	30/8	Family dynamics (such as conflict over legal custody)

Source: Author's calculations.

^aN = 58. Eligibility is defined as being income-eligible for safety net programs but *not* receiving benefits. Respondents eligible for TANF family grants are not receiving SSI or Social Security Disability Insurance (SSDI) and have not timed out of the TANF program.

Table 2. Household Income Sources of Study Participants

Income Package	Respondent Number	Income Package	Respondent Number
Housing subsidy, SNAP	N1	Housing subsidy, TANF	N33
Housing subsidy, SNAP	N2	family grant, SNAP	
SSI, housing subsidy, TANF	N3	Child care subsidy only	N34
child-only grant, SNAP		SSDI only	N35
Earnings, housing subsidy, TANF	N4	Earnings, child care sub-	N36
child-only grant		sidy, TANF child-only	
SSDI only	N5	grant	
SSI, child care subsidy, SNAP	N6	SSI, SNAP	N37
SSI, housing subsidy, SNAP	N7	SSI, housing subsidy,	N38
Earnings, TANF child-only grant	N8	SNAP	
Earnings, TANF child-only grant	N9	Housing subsidy, SNAP	N39
SSI, housing subsidy, TANF	N10	Earnings only	N40
child-only grant, SNAP		SSDI, SNAP	N41
Earnings, TANF child-only grant	N11	Earnings, SNAP	N42
SSI, housing subsidy, SNAP	N12	Earnings only	N43
Earnings, SNAP	N13	SSDI, SNAP	N44
None	N14	Earnings, housing subsidy	N45
SSDI, SNAP	N15	SSI only	N46
SSDI, pension, SNAP	N16	SSDI, earnings, housing	N47
Earnings only	N17	subsidy, TANF	
SSDI only	N18	child-only	
SSI, earnings, SNAP	N19	grant, SNAP	
SSDI, pension, TANF child-only	N20	Earnings only	N48
grant		SSDI, housing subsidy,	N49
None	N21	SNAP	
SSI only	N22	SNAP only	N50
Earnings only	N23	SSDI	N51
Earnings, TANF child-only grant	N24	None	N52
SSI, TANF child-only grant,	N25	SSDI, SNAP	N53
SNAP		SSDI, housing subsidy,	N54
Earnings, SSI	N26	SNAP	
SSI, housing subsidy, SNAP	N27	Earnings, housing	N55
SSI, SNAP	N28	subsidy, SNAP	
SSI, housing subsidy, TANF	N29	Earnings only	N56
child-only grant, SNAP		Earnings, housing subsi-	N57
SSDI, SNAP	N30	dy, child care subsidy,	
SSI only	N31	TANF family grant	
Housing subsidy, TANF child-only	N32	Earnings, child care	N58
grant, SNAP		subsidy	

Source: Author's calculations.

cared for her two teenage daughters and her infant granddaughter while living in public housing. Both grandmother and mother were battling recent HIV/AIDS diagnoses. Forty-nine-year-old Ms. Alston "inherited" her mother's Chicago Housing Authority (CHA) subsi-

dized apartment after her death and lived in it with the grandson she had raised since he was a newborn. Now four years old, his grieving mother had been unable to care for him as she battled depression after the murder of his father.

The eligibility criteria and barriers to subsidized housing receipt are presented in table 1. Because it was not uncommon for children to leave study participants' homes to reunite temporarily with their parents, then return owing to parental resistance or reluctance (Letiecq, Bailey, and Porterfield 2008), most study participants simply refused to divulge their housing composition. Ms. Jean's response when I asked whether her grandson lived with her represents the use of this risk negotiation strategy: "Uh, yes. Technically he don't, but he came back in. He's not on the lease." Ms. Jean had lived in subsidized housing for eleven years, but she had been caring for her grandson for only four. When she assumed care, the relationship between Ms. Jean and her daughter suffered because of Ms. Jean's alcoholic second husband. She and her daughter would "fall out" because Ms. Jean felt that she was disrespectful to her mate. Although she had nowhere to go, her daughter would take her baby when Ms. Jean forced her to leave their home. When the grandson told his grandmother that he and his mother had slept on a train one night, Ms. Jean called child protective services and arranged to assume legal guardianship. Although she did not add him to her lease—so as not to jeopardize her subsidized housing—the once-unemployed grandmother got a full-time job so that she could provide for him. She also divorced her second husband.

Although the Fair Housing Act (FHA) protects grandparent caregivers, state and local housing authorities may not. According to the FHA, "familial status" includes grandparents and other relatives who lack legal custody of the children they care for, if a parent or other custodial individual so designates them (Fuller-Thomson and Minkler 2003). Yet some housing authorities unlawfully require relatives to have legal custody or guardianship of grandchildren to qualify as "families" living in assisted housing. When housing authority officials and landlords of privately operated subsidized housing required grandparent caregivers to demonstrate proof of guardianship or custody, it often led to family conflict. For instance, the daughter of fifty-eight-year-old Ms. Price lived with her mother in a multigenerational household when she became pregnant with her first child.

According to Ms. Price, when she met the father of her second child, she then "started just having kids, having kids, having kids, having kids." When her daughter would not enroll the children in school or give Ms. Price guardianship so that she could do so, Ms. Price was clear—the children could stay, but her daughter and her new beau had to go. Unfortunately, she was told by housing authority officials that she had to have legal guardianship to add her grandchildren to her lease: "You have to put them on your lease that they actually stay here. . . . You have to legally have them." Ms. Price sidestepped parental authority by devising a plan to get legal guardianship of her grandchildren without her daughter's consent. This risk negotiation strategy enabled her to both keep her grandchildren in her care and maintain her housing subsidy.

Misinformation about the issue of legal guardianship or custody was a barrier to grandmothers trying to both utilize and access subsidized housing. For example, Ms. Bell obtained legal guardianship of the three grandchildren who had been in her care so that she could apply for Section 8 status. When I asked, "What made you decide to go through with the guardianship?" she replied, "Like I said, we had put in our application for Section 8. . . . I wanted a house because with three kids an apartment just ain't gonna get it. . . . 'Cause they told me I couldn't . . . unless I had guardianship papers." Despite misinformation given by street-level bureaucrats, Ms. Bell and her disabled husband tried to hold on to the grandchildren in their care *and* obtain subsidized housing by satisfying eligibility criteria. When care was transferred to her, she was working full-time, but her hours were cut during the Great Recession, causing additional financial strain.

Ms. Bell's application for subsidized housing outside of the city of Chicago exemplifies a tactic for accessing housing during the freeze on Section 8 in that city. Although she applied for Section 8 in the suburbs, the distance from the city proved prohibitive: "That's what made me opt for putting in for an application in the suburbs. . . . We didn't have transportation to get out there to search for an apartment or a house because my husband's disabled, and then by

me working there was really no time to really look like I wanted to.” Thus, they spent half of their income paying private market rent.

In spite of these struggles with misinformation about legal guardianship, many caseworkers, housing authority officials, and landlords not only adhered correctly to the federal statute but also advocated for these vulnerable families. For instance, when Ms. Charles’s low-wage work could not cover child care, she stopped working: “I was staying with my son . . . because I wasn’t making too much money. . . . I wasn’t getting Social Security. I was getting like \$377 a month.” Ms. Charles maximized her family’s public assistance by satisfying eligibility criteria for many of the programs in which she was enrolled by her caseworker, which ultimately played a key role in helping her to secure Section 8 status. Ms. Charles explained: “I had a real nice caseworker. And she seen that I was struggling, and I went through all these different programs they had me go to. She put my name in.” Ms. Charles’s experience, however, was more the exception than the rule for the custodial grandmothers participating in this study.

Grandmothers lacking institutional support devised other strategies to both keep their grandchildren in their care and access and utilize subsidized housing. While most adhered to CHA rules and regulations, some ignored bureaucratic strictures. For example, Ms. Jena allowed a friend to use her Section 8 voucher until she could use it herself. The gravity of her family problems kept her co-residing with her developmentally disabled daughter as well as her son and grandchildren. She explained her transition from helping her teenage daughter enter adulthood and raising her grandchildren in a multigenerational household to her present intergenerational housing arrangement with her fifteen-year-old grandson Daweed: “It’s where I first utilized my Section 8. And I say ‘utilized it’ because I didn’t actually live there. . . . Someone else did. . . . I was still livin’ in [her former house]. . . . I was so desperate because I didn’t want to lose that subsidy for future purposes.”

Many grandmothers strategized in yet other ways to obtain public assistance or to make the most of a housing subsidy. For instance, sixty-

two-year-old Ms. Mizell was losing her housing when I interviewed her. When her oldest daughter entered a battered women’s shelter, the Department of Children and Family Services (DCFS) gave Ms. Mizell the three children. Ms. Mizell and another daughter then pooled their resources to rent an apartment, but the owner was selling the roach-infested, dilapidated building. She had only her Social Security income of \$623 per month to care for her teenage son and grandchildren. She was contemplating moving to a shelter in lieu of other options:

“I turned it [an eviction notice] in to the [DCFS]. They wanna know from me how is my rent \$600 and my income \$623. I say, “I keep telling y’all I need help. Why won’t y’all listen to me?” And this time when we leave here because she’s selling the building I might just go to a shelter. . . . They won’t give me subsidized housing. I can’t go into senior housing . . . you can’t take no children.

Previous studies indicate that some grandparents in similar situations have lived in senior housing with their grandchildren anyway, risking eviction, the loss of housing subsidies, and the loss of their grandchildren (Fuller-Thomson and Minkler 2003). Senior housing that did not permit children was an issue for renters *and* homeowners participating in this study who qualified for and wanted to take advantage of publicly subsidized senior housing. They all wanted to give up the homes in which they had raised their children and retire to senior housing to accommodate changes in their economic and health status.

Subsidized Child Care

Although maintaining or securing housing was critical to these grandmothers thrust into the primary caregiving role, so too was maintaining or securing employment. Caregiving for their grandchildren could push economically vulnerable caregivers into acute poverty by preventing them from participating in the labor market. Most of the employed grandmothers I studied combined paid work and care work by decreasing or increasing their work hours, changing occupations, or altering their work schedules. However, grandmothers caring for non-school-

age children faced unique challenges, and some were forced either to quit their job or to forgo seeking employment.

Grandmothers seeking subsidized child care were impeded by family dynamics as well as by programmatic barriers (see table 1 for eligibility criteria and barriers to subsidized child care). Forty-three-year-old Ms. Francois was forced to quit her job because she could not obtain child care. When Ms. Francois's granddaughter Sierra was born developmentally delayed, Myesha, the child's mother, would do nothing for or with the baby. Ms. Francois immediately stepped in to care for her granddaughter, using her own income, although she asked Myesha to care for her daughter while she worked. But Myesha was ashamed of her daughter's disability and sometimes feigned being away when her mother would attempt to drop Sierra off before work. "I used to work at [her former employer]. I used to have Myesha to watch her for me at times while I worked. . . . A lot of times she wouldn't let us in. . . . I had no one else to watch her." Ms. Francois eventually lost her job and was forced to rely on unemployment income and her personal network.

While Ms. Francois was forced to quit her job because she was unable to afford formal child care, qualify for subsidized child care, or find reliable informal child care, Ms. Boyd was unable to seek employment for the same reasons. "I need to get a job. Then that's another thing, how can I get a job with *her* [her granddaughter]?" When I asked how long she had been unemployed, she responded, "Two years [the child's age]. . . . I will need to go through the proper thing because I can't afford day care. Because you know they will pay child care. . . . But then it'd have to be in her momma name. So, then I'm dealing with that!"

What Ms. Boyd and others in her predicament meant by "that" was the tug-of-war between parents and grandparents over legal guardianship. To apply for subsidized child care Ms. Boyd would have had to be the representative payee for her granddaughter's TANF assistance. Yet this would have risked losing the child and jeopardizing her safety because the child's mother could have taken the child from Ms. Boyd to keep her public aid benefits. So Ms. Boyd allowed the mother to maintain

control over the child's public assistance, forgoing child care assistance and her own employment opportunities in the process.

Family dynamics was not the only impediment that study participants faced in applying for subsidized child care. Most of them also found the Illinois Child Care Assistance Program (ICCAP) difficult to access owing to work, education or training, and income eligibility criteria. The ICCAP work and school requirements were especially difficult for low-income families (Butts, Thang, and Yeo, n.d.). They collectively questioned the logic of the program by asking, "How do I find or keep a job if I have no child care so that I can find or keep a job?"

Ms. King had difficulty finding work because of her inability to afford formal child care or qualify for subsidized child care. When her twenty-four-year-old daughter died of childbirth complications, Ms. King was left to care for a newborn and a toddler. Shortly thereafter, she lost her high-earning job. "I worked all my life. So I have never been in the system and never had to have any public assistance or anything." She needed a job to pay for child care, and she needed child care to work, but when she turned to public aid, she was faced with policies that were ill suited to her circumstances. "You cry, 'Oh why should I need child care?' [*laughs*] Because you're not working or you ain't in school. I said, 'Well, how do you think I'm gonna get a job if I don't have any child care? I can't go for a job interview.' . . . I got infants. I can't go anywhere, and I can't leave them, and no one can babysit because everybody else works." She also had difficulty meeting the ICCAP school requirement. She had a bachelor's degree, and advanced degrees did not fall under the program's eligibility criteria. Eventually, Ms. King pursued a certification that satisfied the school requirement, and she was enrolling the children in formal child care at the time the interview was conducted.

The income eligibility requirement also confounded some study participants. Although many worked in low-wage jobs, they had done so long enough to earn somewhat more than was allowed by this means-tested program. Forty-eight-year-old Ms. Kelley was furious when she did not qualify for the IC-

CAP: “What’s the purpose of applying for it if y’all gonna tell me I’m not approved for it because I make too much?” She was already struggling to provide for her daughter when her son became a father. Her grandson’s mother was mentally ill, however, and declared unfit, while her son was struggling with a crack cocaine addiction. Ms. Kelley had a job in social services, but “believe me,” she declared, “social service make the least money, almost less than the poverty level.” She paid nearly \$700 a month for her grandson’s child care until two months before the interview was conducted. When she could no longer afford to pay his child care fees, she took him out of formal child care and left him with one of her nieces while she worked.

While most study participants who failed to satisfy eligibility criteria either paid for or forswore formal child care, some responded by trying to bypass bureaucratic regulations. For instance, forty-eight-year-old Ms. Baker, who was married but did not report her marital status, was also told that she earned too much to qualify. “They told me I make too much money. Even though I did some illegal stuff, they still wouldn’t give it to me. [laughs] I’ll tell ’em I was a single parent.” When she and her husband went to Wisconsin to rescue their grandsons from foster care, they were initially made kinship foster care providers, but later they became the children’s legal guardians. They could not become subsidized guardians because they did not go through the Illinois system, so they paid out of pocket (\$800 a month) for their two grandsons’ child care costs. “Cause, they told me I was ninety dollars over . . . and the discount that [the child care provider] gives me is because the kids have been with them so long.” The Bakers were not the only study participants who struggled to pay for child care themselves so that they could maintain their employment.

TANF

Although this research focuses on SGHs in which parents are not living in the homes with grandmothers and grandchildren, many parents were peripherally involved in their children’s lives (Baker, Silverstein, and Putney 2008). Nevertheless, in spite of a wide range of

peripheral parental involvement, grandmothers excluded certain parents from assisting them, especially those who were addicted to drugs and alcohol or who had more children and were trying to maintain their own households.

The grandmothers asked the drug-free parents with no economic responsibilities beyond caring for themselves to make regular financial contributions, to fill certain specific needs, and to step in when the grandmothers and their charges needed them urgently. Parents contributed financially by paying utility bills, purchasing food, or handing over a portion of the child’s monthly public assistance, such as food stamps, TANF, or Social Security payments, to the grandmother’s household. Yet even though grandmothers insisted that parents who were able to contribute financially do so, the majority did not. Thus, parental contact often failed to translate into shared parental responsibility.

When a parent received TANF child-only benefits for a child, the grandparent would be disqualified from receiving such public assistance. Table 1 details this and other barriers to TANF receipt. When Ms. Boyd’s daughter left her mother with her two-year-old daughter *without* transferring the child’s public assistance, Ms. Boyd ended up caring for her granddaughter without either formal support or an income rather than risk her granddaughter’s safety by demanding that the mother relinquish TANF payments or take care of her own child: “A lot of people say, ‘You let her do it, you ain’t saying nothing.’ They don’t understand! I’m not gonna make her take my grandbaby nowhere that it ain’t safe at just so I can say she with her mommy.”

Ms. Boyd was not alone: several grandmothers who were eligible for TANF child-only grants did not receive them because they let the parents receive the public assistance rather than risk parents retaliating by taking the child (Letiecq, Bailey, and Proterfield 2008). Away from the grandmother, the child might be subjected to abuse, neglect, homelessness, a dangerous environment, or abusive or negligent partners (Pittman 2014). Some grandmothers were prevented from receiving the only form of cash assistance for which they were eligible when they made the complicated

and often coerced decision to forgo resources to protect their grandchildren.

Forty-seven-year-old Ms. Martin had been caring for her son's child, seven-year-old Kwan Jr., known as KJ, off and on since he was three months old, since his mother Tonya, age sixteen when he was born, had proved unreliable as a parent. As KJ's stays became less sporadic over the years he eventually was cared for solely by Ms. Martin and his father, Kwan Sr., who had been seventeen when he was born. When asked how she ultimately ended up with KJ in a SGH, Ms. Martin replied, "I had lost my job, so I had to give up my place and I was living with my sister. . . . Kwan was living there with me and a couple of my other children. And she [Tonya] just . . . told me she didn't want him anymore. . . . Then my son, he took the baby. . . . But he was only seventeen."

Parents could apply their parental rights to take children from grandmothers who lacked custody or legal guardianship (Perez-Porter and Flint 2000). Parents often removed or tried to remove children from a grandmother's care to receive the resources the child received or could potentially receive. Ms. Martin could not stop KJ's mother from using him to try to get Section 8 status. She could not prevent Tonya from resuming parenting even though "she didn't want him." So she continued to say no when Tonya attempted to resume parenting to access resources for herself: "She trying to get Section 8 and she trying to get an apartment. . . . But like I told her, 'I don't care about you putting him on the lease because they ain't gonna do nothing to me with you putting him on the lease. . . . He gonna stay right here where he is, and he's gonna stay in the school he's at.'"

While some grandmothers wanted public assistance to buttress their fragile financial status, others were willing to forgo these resources so that their financially struggling daughters could keep them. For example, Ms. Cooper allowed her daughter to receive the child's public assistance in the hope that it would help her get on the right track; she asked her daughter only to keep her granddaughter clothed, which for the most part she did. She and others expressed that this risk negotiation strategy was a small price to pay for

ensuring the safety and well-being of their grandchildren. Ms. White also brokered a deal with her thirty-year-old daughter Khadeja. The fifty-two-year-old had raised Khadeja's five children for much of their lives. Initially, they all ended up in her care for the same reason: Khadeja was unwilling to even *try* to raise them. "When [her grandson] was born, she was running the streets with the baby's father. . . . I had to take care of him because she wouldn't do it. . . . She won't come down here and sign no papers to get no money for him, for him to get his shots and for him to get food stamps. I couldn't make her do this."

This pattern continued with her other children, although Khadeja's negligence escalated as she started also taking the children's resources:

When she had [another grandson], the same thing happened. She would get his little check, she would come home for two or three days before the checks would come and clean the baby up. The day the check would come she would go to the currency exchange to get the check, and then she was gone. . . . She wouldn't come home and give me no money, she wouldn't buy the baby no clothes, and I could do it at the time because I was working as a bartender, but I just got tired of it!

It soon became clear to Ms. White that in order to get things done for the children, several of whom had learning and developmental disabilities, she would need legal guardianship. She was able to receive public assistance after becoming the children's legal guardian. However, once her daughter entered recovery, Ms. White allowed her to receive assistance for her youngest child. "I got the Link card. She got the cash card. . . . She give me \$150 a month to help around here." Ms. White and her daughter had devised a system for sharing public assistance that worked.

Some grandmothers in the study strategized to procure the public assistance received by parents intended for their grandchildren rather than accommodate or negotiate with the parents. When Ms. Francois lost her job because of her caregiving responsibilities, she collected unemployment. However, when her

unemployment benefits ended, Ms. Francois resorted to trickery to get her daughter Myesha to sign the necessary legal guardianship documentation: "I let [Myesha] get [her granddaughter's] Social Security check. . . . So, once my unemployment ran out, I told Myesha I had to have the check. And she didn't wanna give it to me . . . because she didn't want the baby, but she just wanted the check. So I had to go to court and file a petition so I could get legal guardianship. . . . I had to . . . tell her it was something pertaining to school with Sierra and that I needed her signature." At the time of the interview, Ms. Francois and Sierra lived solely on Sierra's SSI benefit.

Another grandmother, sixty-three-year-old Ms. Harris, was seeking legal guardianship without parental consent at the time of the interview. I attended a guardianship hearing with her for which she had spent months preparing. She had been caring for her three young great-grandchildren because their parents were abusing them and had no housing. Ms. Harris was living off of her own SSDI and that of a fourth great-granddaughter she had adopted. Having three additional dependents and being unable to work owing to lung cancer was taking its toll. In trying to formalize her relationship with her great-grandchildren, she had confronted several obstacles that had to do with both bureaucratic regulations and the parents' unwillingness to consent.

Ms. Harris's persistence paid off. When we attended her guardianship hearing, she had the paperwork in order. She explained to the judge that her grandson and his girlfriend had left the children in her care, had no place for them, and were struggling to parent them. She was deliberately vague. She didn't mention the abuse, only that "they hadn't returned for the children" and she "didn't know where they were." She kept the focus on needing to get things done for the children, especially regarding medical needs. We looked at her guardianship papers after they had been processed and saw that the children had been "appointed for the following reasons: Both parents are unemployed and unable to provide for children." Her new guardianship status granted Ms. Harris access to the public assistance she so desperately needed.

While family dynamics can be a barrier to receiving public assistance, so too are social welfare policies and program implementation. Three such barriers to TANF receipt were identified: stigma and discrimination, misinformation, and an inability to meet eligibility criteria owing to aging and health-related issues. To minimize the risk of losing their grandchildren and maximize the likelihood of receiving public assistance, study participants acquiesced when confronted with bias or misinformation, satisfied eligibility criteria when possible, bypassed bureaucratic regulations when it was not possible, and did without when all else failed.

Forty-one-year-old Ms. Dewitt decided to care for her newborn granddaughter Neliah because of the conditions in which Neliah lived with her parents. When her seventeen-year-old daughter Portia gave birth to Neliah, she was living with the baby's father and his mother. Ms. Dewitt noticed that her granddaughter was always hungry and that the house was dirty and had rodents. Alarmed, she took Portia to find a job and helped her put Neliah in day care. The job did not last, and Ms. Dewitt found herself in charge of Neliah's day-care transportation and expenses. As Portia started leaving Neliah in Ms. Dewitt's care for extended periods of time, she became concerned for her granddaughter's safety and well-being. She eventually called child protective services and pursued legal guardianship. When Ms. Dewitt asked during the guardianship hearing about available resources, the judge's response not only was stigmatizing but also stopped her from asking for anything more: "When I first got Neliah, I remember trying to get assistance for her was just like the hardest thing. Because they wouldn't give me assistance for her and the judge made me feel like *this* little. She was like, 'Well, if you need assistance for her, if you can't afford to take care of her, why should we give her to you?'"

Ms. Dewitt eschewed the only public assistance available to the grandchild in her care because of the discrimination she experienced. Other study participants also expressed frustration about not receiving benefits, not because they lacked the proper paperwork, but because their doing so as *grandparent*

caregivers was questioned (Henderson and Cook 2005). They were also commonly misinformed about the TANF eligibility criteria. In fact, next to parental receipt of public assistance, misinformation about the TANF requirement of legal guardianship was a chief barrier to TANF access for study participants. For example, the fifty-eight-year-old Ms. Toering had cared for seven-year-old Cambria, her youngest son's only daughter, off and on since her birth. Ms. Toering felt that Cambria's mother's care was inadequate and unsafe. Initially, Ms. Toering was not sure whether she should "take" Cambria from her mother. "But this last year I just really—I couldn't take it." After a series of incidents, she contacted DCFS three times—to no avail, because she lacked legal guardianship.

Ineligibility for ongoing public assistance, inaction on the part of the state, and fear that the child's mother would remove her from her care all contributed to Ms. Toering's pursuit of legal guardianship—without the mother's consent and with little assistance from state agents. Ms. Toering told me that, even after obtaining guardianship, "because I went through the guardianship on my own, it's nothing they can do about it as far as helping me out." Although relative caregivers are eligible for TANF child-only grants without being legal guardians of the children in their care, Ms. Toering and others reported that they were told otherwise. Owing to such barriers, fewer than one-fourth of eligible study participants received the \$107 monthly stipends.

To pursue the option of applying for TANF family grants for themselves and the child, the grandmothers' incomes had to be included in the benefit calculation. Kinship caregivers in family TANF cases are also subject to time limits and employment and training requirements (Mullen and Einhorn 2000), and so aging and health-related issues often complicated these applications. For instance, when Ms. Charles's drug-addicted daughter went to prison for "fighting with her boyfriend," she stepped in to care for her daughter's two-year-old twins. That

was eleven years ago; her daughter's crack cocaine addiction, coupled with an abusive relationship, would make prison entry and reentry a way of life for her. When sixty-four-year-old Ms. Charles applied for a TANF family grant, she was told by her caseworker that she needed to satisfy work and training requirements to receive it. Ms. Charles's age and frail health made participating in the program impossible. "It was hard. I mean I would take them to school, and then I had to go to school. See? . . . It was hard just for that little \$377 I actually got out of it. I pretended like I had gotten hit in the arm because I was tired of going. [*laughs*] So I just called 'em up one day and told 'em I had a job." When the grant agency learned that she had not completed the program and had not secured a job, they reduced her \$377-a-month TANF family grant to a child-only grant of \$190 per month. Although she turned sixty-five shortly after throwing in the towel and was able to qualify for SSI, she still fell short of being able to afford private market housing and provide for her two grandchildren while their mother was in prison. So they were living with Ms. Charles's son until she could secure subsidized housing.

Although she desperately needed the medical card that came with public assistance, fifty-nine-year-old Ms. Jena also found it difficult to sustain her participation. Care of her grandchild was transferred to her when her developmentally disabled daughter "had kids too young, when she was still my dependent." When Ms. Jena sought mental health services for herself and her children because they were the offspring of sexual abuse by her stepfather, the family experienced a downward spiral. When she was awarded workfare, she was allowed to use community service to fulfill the TANF family grant work and training requirement by working at a volunteer assignment at a social service organization for thirty hours a week.³ Ms. Jena explains why her participation in the program was short-lived: "I guess it became a little bit difficult for me. Again, when I have family problems or whatnot, it's hard on me.

3. Workfare programs assign recipients of public assistance to employment without compensation. Workfare is required for persons who do not participate in job search training and work programs but who are not exempt from registration with the job service.

And with the osteoarthritis, the pain that sometimes I get. And dealin' with the issues of my family . . . weighs me down.” When Ms. Jena could no longer participate in the program, her resources were cut off, including her access to medical coverage and the \$292-per-month cash assistance she received for herself and her fifteen-year-old grandson. While bypassing bureaucratic regulations to maintain subsidized housing enabled Ms. Jena to keep her grandson in her care, her effort to satisfy eligibility criteria did not grant her access to a TANF family grant. Only two grandmothers participating in this study who applied for a TANF family grant qualified for the program.

DISCUSSION

Grandparents find themselves in a marginal position relative to not only judicially favored parents but the state. Inasmuch as family dynamics and state agents hinder grandmothers' efforts to hold on to the resources needed to provide for themselves, their families, *and* their grandchildren, risk negotiation can help them overcome barriers. Risk negotiation enables people to utilize strategies appropriate for their unique circumstances, and using multiple strategies provides tools with which to mitigate the negative impact of structural vulnerabilities on their safety net experiences.

The grandmothers I interviewed struggled not only with family competition over scarce resources but also with the housing authority requiring legal guardianship before they could add children to their leases or apply for subsidized housing—despite an FHA mandate that protects them from such a requirement. Study participants weighed the fluidity and uncertainty that came with grandparent caregiving against a tight subsidized housing market. As such, some would not divulge their household composition for fear of losing their housing subsidies. Others, like Ms. Price and Ms. Bell, assumed guardianship to keep their grandchildren in their care, add them to their leases, or apply for Section 8 status. Still others found themselves locked out of the publicly subsidized senior housing market because of their caregiving responsibilities. Although these grandmothers demonstrated immense agency, their efforts were no match for structural con-

straints, so several bypassed the regulations to expedite the receipt of public housing or to remain illegally in such housing.

Although thirteen study participants were income-eligible to receive the TANF family grant, only two were able to satisfy the entitlement program's eligibility criteria. Table 1 presents not only the eligibility criteria for safety net programs in Illinois but also the number of respondents who met entitlement program income requirements. Only five grandmothers were able to satisfy the eligibility criteria for subsidized child care. These programs did not align with the lived experiences of grandparent caregivers, many of whom were unable to work owing to poor health or their caregiving responsibilities. Moreover, when grandmothers are the principal child care providers, their role as consumers is largely ignored in the current child care policy, even though most remain in the labor market (U.S. Census Bureau 2010). Although these women had slightly higher wages because of their work longevity, few earned enough to pay directly for child care. Paradoxically, as a result of modifying their labor market participation to care for their grandchildren, some grandmothers lost the income they needed to meet the economic demands of providing such care.

Lacking access to child care challenged custodial grandmothers' efforts to achieve economic self-sufficiency or to escape severe deprivation. Paying for child care made it difficult to pay for health insurance, rent, and utilities. Safe, reliable child care is expensive. Study participants understood why some grandparent caregivers decline to report their full income or devise other strategies to qualify for child care subsidies and other forms of public assistance. Some of those who were unable to pay for child care were compelled to quit their jobs or were unable to secure employment.

The structural lag between GPHHs and safety net programs is compounded by inadequate and punitive welfare policies that engender competition over scarce resources. By acting in the best interests of their grandchildren, grandparent caregivers too often came up short. Without legal protections or publicly

recognized authority as parents, they found it difficult to access safety net programs, including TANF child-only grants. While some grandmothers devised strategies to take legal guardianship from the parents, others struck deals with the parents to share resources. Still others simply did without.

Piecing It All Together: Resource-Maximizing Strategies

The grandmothers in the study had to strategize to reduce the severe deprivation their families experienced. While they did what most resource-strapped families do—maximized the resources they could piece together from income, formal support, and informal support—they confronted additional challenges. Among several strategies they used to mitigate material hardship were prioritizing the essentials, pacing consumption, underpaying, and bargain shopping.

Prioritizing the essentials meant using their income to pay the most important bills first. Rent was the most important bill, and for those who were living in subsidized housing and caring for children who had come to the attention of the child welfare system, younger children, or children with special needs, paying utilities was the second priority. Grandmothers unanimously expressed that ensuring that their grandchildren “had a roof over their heads,” given that their homes were often those children’s last resort, was an additional burden. Even if they had to forgo health care, food, clothing, personal hygiene, or household products, these grandmothers knew that keeping their grandchildren from becoming homeless was their highest priority. Still, housing instability was common.

Study participants paced consumption largely by purchasing needed goods one at a time, paycheck by paycheck. What they could not purchase they often did without; sometimes they waited for donations from family, friends, neighbors, or charitable organizations. Consistent with previous research findings on low-income and female-headed households, civil society, including food pantries, churches, and social service organizations, was an important resource for one-third of the grandmothers in this study (Edin and Lein 1997).

Their family’s unique structure and financial needs altered their consumption-pacing behaviors. While the life-course stage of some of the grandmothers was warranting decreased economic resources and less accumulation of material goods, their caregiving roles were placing demands on them typically experienced by parents—the pressure to maintain a dwelling appropriate for children and to incorporate their material needs into the household budget. As such, most of the grandmothers sought opportunities to underpay to maximize their resources by spending less than market value for material items and services; several talked openly about “buying stamps.” These opportunities to underpay emerged through personal networks.

When possible, study participants determined *what* their families could do without and *when*. For example, it was not uncommon for them to do without gas in the summer and without electricity in the winter. The vast majority of participants relied on utility assistance programs, and some of them had strategized shortcuts to enable them to qualify for those programs. They increased their odds of receiving public assistance by using their sociodemographic characteristics to fit formal support criteria—for instance, by reporting the disability status of family members.

Kicked by Money Woes: The Implications of Grandparent Caregiving

Grandmothers who care for their grandchildren experience stress that is widely associated with a variety of negative mental and physical health outcomes compared with outcomes for their noncaregiving counterparts, even when controlling for age, race and ethnicity, economic status, education, and marital status. They also have poorer mental and physical health than filial and spousal caretakers, custodial grandparents who provide lesser degrees of care, and members of the general population (Musil et al. 2010).

Elevated depressive symptoms have been found among poor grandmothers. Poor physical health and additional caregiving responsibilities have been identified as sources of stress (Kelley et al. 2000). Moreover, compared with white grandmothers, African American

grandmothers may experience higher levels of parenting stress owing to neighborhood characteristics (Park 2005). Like African American custodial grandmothers in other studies, participants in this study were found to experience significant health problems, including diabetes, high cholesterol, obesity, and hypertension (Whitley, Kelley, and Campos 2011). However, the findings also suggest that previous research fails to capture the gravity of the health challenges experienced by low-income black grandmothers raising grandchildren or the exacerbation of health problems caused by financial strain and such barriers as family dynamics, risk negotiation, and lack of access to resources and services. High blood pressure, strokes, heart attacks, diabetes, obesity, and various cancers were widespread among the study participants. Ms. Mizell echoed the sentiment held by most grandmothers participating in this study when I asked about the most challenging aspect of raising their grandchildren. “Money. Money will kick you. There are times I have gone to bed depressed.”

CONCLUSION AND IMPLICATIONS

The most significant child welfare legislation in recent years, the Fostering Connections to Success and Increasing Adoptions Act of 2008, authorized competitively awarded discretionary Family Connection Grants to twenty-four awardees to create Kinship Navigator Programs (KNPs).⁴ KNPs help caregivers navigate the formal support system by increasing awareness of services and clarifying eligibility procedures. The competitive nature of these demonstration projects means that funding is not available to all states or localities; in 2012 only fourteen states had KNPs. Still, KNPs represent a promising federal policy initiative for assisting grandparent caregivers who provide care outside of the child welfare system. As safety net programs for the poor continue to be politically vulnerable, KNPs might be able to connect vulnerable families to scant available resources, improving their take-up rates and outcomes for children, caregivers, and families in the process.

A population’s lived experience amid the rise in GPHHs reveals that a lack of information about available resources and services is only one of a multitude of issues that impede access to formal support systems. KNPs offer a mechanism for systematically assessing family dynamics, which often impedes caregivers’ public assistance receipt. By considering intra- and interfamilial dynamics, KNPs can help caregivers pursue available resources by operating as a critical feedback loop between individuals *experiencing* the need for support and those *formulating and implementing* social welfare policies and programs to address it, specifically by reporting structural lags between GPHH needs and those policies.

KNPs also have the capacity to keep pace with rapidly changing, state-driven program availability and eligibility criteria. Recently, Washington, Arizona, Nevada, and Oregon imposed caregiver income requirements when awarding child-only grants, which in most states are based on the child’s income. Similarly, most states impose no time limits on child-only grants, but Arizona, Connecticut, North Dakota, and Tennessee do. KNPs can not only monitor such changes but also increase take-up rates by providing correct information about eligibility criteria. State agents routinely—and mistakenly—prevent relative caregivers from receiving available resources by telling them that legal guardianship is required to receive TANF assistance, subsidized housing, or child care.

The first round of national cross-site evaluations indicates that caregivers receiving KNP assistance need less intervention and enjoy better access to public supports (Lin 2014). Based on these results and findings from this study and others, funding is needed for more demonstration projects with strong information and referral, outreach, advocacy, and education and training components, as well as strong family intervention components to help caregivers and parents negotiate.

Additional policy changes that would make safety net programs more accessible to these highly vulnerable families include training

4. For details, see the website grandfamilies.org, “Kinship Navigator Programs: Resources,” available at: <http://grandfamilies.org/KinshipNavigatorPrograms/KinshipNavigatorProgramsResources.aspx> (accessed June 1, 2015).

and education “through both HUD and the Fair Housing Initiatives Program, for front line workers who, through no fault of their own, may be misinterpreting policies that affect these families” (Lin 2014, 96). Training and education could also be extended to TANF and the ICCAP. Correct information regarding the legal requirements for GPHHs to receive these public benefits should be disseminated to state agents, owners of privately operated subsidized housing, and relevant support groups to prevent caregivers from being confused about eligibility criteria and their rights.

Interventions that would support employment stability among GPHHs include providing child care subsidies for grandparent caregivers. Providing a period of subsidized child care would enable them to maintain or obtain employment. And finally, part-time work could be accepted to fulfill work eligibility criteria as one step in reducing work requirements to reflect the aging and health issues of grandparents raising their grandchildren.

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