



Freemasons Centre for Research into Aged Care Services  
School of Nursing & Midwifery  
& School of Psychology

In collaboration  
with  
Wanslea Family Services

**The Perceived Experiences of  
Children and Adolescents  
living with their Grandparents:**

**“Why living with my Grandparents  
is so ... good.”**

Ms. Angela Hislop  
Ms. Barbara Horner  
Assoc. Prof. Jill Downie  
Prof. David Hay

October 2004

**“Researching children is a distinct  
And ambitious endeavour.”**

**(Murray, 2000, p. 152)**

**ACKNOWLEDGEMENTS**

Several individuals have contributed time and energy to this project, resulting in a truly collaborative effort. Firstly, the dedication of Ms. Kerry Blom (Co-ordinator of 'GrandCare' Program at Wanslea Family Services) must be recognised, including her assistance in accessing these children and their grandparents, her involvement in the preparation and facilitation of the focus group activity, and her ongoing commitment to the progress of this study. Also from Wanslea Family Services, thanks must go to Donna Francesconi for her involvement in the focus group activity.

Special thanks must also be extended to reception staff at the School of Psychology, Curtin University, in particular to Lyn Dawson. Also, to Kellie Bennett for her additional assistance, and Ursula Ladzinski, for their additional support of this project.

To Rachel Meddin, who cofacilitated the focus group interviews, and Sue Pilling for tirelessly transcribing the focus group interviews.

Most importantly, special thanks must be extended to all the Grandparents and Grandchildren who participated in this research, for without their presence, such research would be impossible.

Finally, the Commonwealth Department of Family & Community Services should be recognised for their acknowledgment of this population by committing funding to facilitate this research.

## **TABLE OF CONTENTS**

<b>1.0</b>	<b>Executive Summary</b>	<b>3</b>
<b>2.0</b>	<b>Recommendations</b>	<b>7</b>
<b>3.0</b>	<b>Introduction &amp; Background</b>	<b>9</b>
<b>4.0</b>	<b>Aim of Study</b>	<b>14</b>
<b>5.0</b>	<b>Objectives of Study</b>	<b>14</b>
<b>6.0</b>	<b>Methodology</b>	<b>15</b>
	<b>6.1 Experimental Design</b>	<b>15</b>
	<b>6.2 Sample</b>	<b>15</b>
<b>7.0</b>	<b>Procedure</b>	<b>17</b>
	<b>7.1 Semi-formal Interview Questions</b>	<b>18</b>
	<b>7.2 Focus Group</b>	<b>18</b>
	<b>7.3 Individual Interviews</b>	<b>20</b>
	<b>7.4 Data Analysis Procedures</b>	<b>21</b>
<b>8.0</b>	<b>Results</b>	<b>22</b>
	<b>8.1 Part One: Qualitative Analysis of Focus Group &amp; Interviews</b>	<b>21</b>
	<b>8.1.1 Protective Factors</b>	<b>23</b>
	<b>8.1.2 Risk Factors</b>	<b>30</b>
	<b>8.1.3 Coping Strategies</b>	<b>38</b>
	<b>8.2 Part Two: Quantitative Analysis of Grandchildren Self-Concept Scores</b>	<b>44</b>
<b>9.0</b>	<b>Discussion</b>	<b>44</b>
<b>10.0</b>	<b>Conclusion</b>	<b>47</b>
<b>11.0</b>	<b>References</b>	<b>48</b>
<b>12.0</b>	<b>Appendix</b>	<b>51</b>

## **1.0 EXECUTIVE SUMMARY**

Children living in the full-time care of their grandparents is an increasing phenomenon in the Western World, as drug abuse, mental illness and family violence take hold. Therefore, it is of vital importance that, as a society, we have an understanding of the experiences of these children to ensure that their needs are being satisfied. It is also of value to understand what factors protect these children and assist in the development of a resilient individual. The current study has gained an understanding of the lives of these children and their wellbeing through the use of a focus group, semi-formal interviews, and a standardized psychological assessment tool.

The aim of the current research was to explore the experiences of children (8 – 18 years) in grandparent kinship care to identify elements that contribute to, or detract from, their healthy development, in order to guide service delivery and availability of resources to support these families.

The first part of this study used an explorative qualitative design incorporating focus groups and semi-formal interviews to gain subjective anecdotal information from young people living in the care of their grandparents. This explorative technique was determined to be the most appropriate due to the lack of previous research findings focusing on the perceptions of grandchildren.

The second component of this study used a quantitative psychological assessment tool to assess the self-concept/emotional wellbeing of the grandchildren participating in this study. The purpose of using this tool was twofold: to provide further information on the validity of the data obtained at interview, and to examine the effects of kinship care on the grandchild's view of self.

A qualitative analysis of the children's feedback from the interviews and focus group revealed the formation of five sub-themes, which were classified as Protective Factors, and six sub-themes, classified as Risk Factors. Protective factors consisted of two subcategories, i) Emotional Health and ii) Material Objects, which together formed themes of 'Safety & Security', 'Love, Care & Belonging', 'Family Contact', 'Basic Physiological Needs', and 'Being Spoilt'.

Of the Protective Factors, it was noteworthy that four of the five sub-themes corresponded to three critical components of Maslow's Hierarchy of Needs Pyramid (1968; see Figure 6),

those being 'Physiological Needs', 'Security Needs', and 'Belonging Needs', with equivalent sub-themes of 'Basic Physiological Needs', 'Safety and Security', 'Love, Care & Belonging', and 'Family Contact' (component of 'Belonging Need').

In addition, several of these factors have been identified in the literature as being important factors in the development of resilience. It was observed that many of the children in the current study felt positive about their grandparents being their primary carers, and felt a sense of belonging to their grandparent-family and/or community, all of which are central to the development of resilience (Engeland, Carlson, & Sroufe, 1993; Fuller, 1998; Heller et al., 1999). According to the mean scores obtained by this grandchildren group on the Intelligence/School Status scale of the PHCSCS, generally they appeared to feel positively about their school experiences, indicating that they have yet another important factor which contributes to their resiliency (Herrenkohl et al, 1994, cited in Heller et al., 1999).

Children spoke of parental substance abuse, mental illness, family violence, and parental death as reasons for residing with their grandparents. Many children indicated significant stigma and secrecy about their living circumstances and why they were not living with their parents. Some children however, appeared to feel more comfortable with their situation and communicated openly with others about living with their grandparents. The grandchildren frequently spoke of financial and environmental stressors, particularly crowded living conditions. Although most children spoke positively about their grandparents, several complained that they lacked freedom and believed that their grandparents were too strict. A few children explained that these firm rules were to prevent them from developing difficulties like their parent/s.

Children spoke of several strategies they used to cope with various difficulties in their environment. Generally, they demonstrated coping techniques which could be classified into one or more of the following groups: Avoidance, Distraction, Ventilation, Emotional Expression, Social Support, Confrontation/Honesty.

Interpretation of the qualitative data indicates that most of these children have developed positively in the full-time care of their grandparents, despite having experienced significant trauma prior to this. Further support for this assumption was evident in the results these children obtained on the standardised self-concept scale (PHCSCS). Although, a few

children demonstrated low self-concept, with two or three obtaining scores within the ‘severely low self-concept’ range on Anxiety, Popularity, and Happiness cluster scales, overall this group of children displayed a Total Self-Concept within the average range. It is of interest to note that almost half of the children displayed a general self-concept above the average range, indicating that some children in the care of their grandparents develop more favourably than children who remain in the care of their parents. In fact, the current sample obtained a mean Total Score on the PHCSCS above that of the norm group, suggesting that early trauma followed by stability, safety and care, may actually improve the self-worth of these children. Alternatively, it is not impossible that some of the additional responses were somewhat invalid, due to the perceived need for these children to demonstrate their positive attributes.

Although most grandchildren appear to develop well in the care of their grandparents, some may not progress so positively. Several factors are likely to be responsible for this discrepancy, including the early life experiences of these children, their current relationships with family members and other individuals, participation in community life, temperament and personality style, resources available to them, and the type of coping strategies they employ to deal with life’s hurdles. Resources and assistance for these families is essential to ensure that the responsibilities associated with this parenting role, complicated by the generation gap, do not prevent best outcomes for grandparents and grandchildren.

A number of policy focussed recommendations arise from this research, along with recommendations to enhance the wellbeing of the grandparents, grandchildren and families.

## **2.0 RECOMMENDATIONS**

As a result of the current research, several recommendations have been offered to improve the current situation and future outcomes for these children and their families.

### 2.1 Child-Focussed Recommendations:

- ➔ Thorough assessment of strengths and weaknesses and emotional/behavioural health of all children placed with grandparents by child protection services, and the opportunity for these children to access child support services in the future, where concerns exist regarding their wellbeing.
- ➔ Counselling/intervention for children identified as having emotional/behavioural issues as a result of their experiences prior to living with grandparents, including grief therapy when children are separated from parents, if this is in the best interest of the child.
- ➔ Peer/social support group programs for children living with their grandparents, in order to develop key behaviours of resiliency.
- ➔ Permanent/temporary reunification opportunities for grandchildren and siblings in alternative care arrangements, if in the best interest of the child/ren.

### 2.2 Family-Focussed recommendations:

- ➔ Ensure adequate accommodation according to number of children living with grandparents, especially when more than one child.
- ➔ Financial compensation for grandparent families that is equivalent to unrelated long-term carers (eg. foster) for the provision of basic requirements eg. clothes, food, electricity, bedding, schooling health care, educational services, transport etc.
- ➔ In-home support for grandparents (eg. cleaning, washing, food preparation, homework).
- ➔ Family therapy available for grandparent family groups (may include biological parents and relatives if suitable).

- ➔ Advocacy and legal personnel available for grandparents and grandchildren, when necessary (individually or combined).
- ➔ Parenting skills training and support for grandparents caring for grandchildren long-term or permanently.
- ➔ Group training/education opportunities for grandparents in child rearing related issues (eg. ADHD, caring for traumatised children, locating appropriate services for children, stress management etc.)
- ➔ Respite opportunities for grandparents and grandchildren. For example, weekend camps for children (one week in Christmas Holidays), allowing respite for grandparents, and opportunities for occasional evenings of respite.
- ➔ “Family Fun Days” for grandparent families eg. 20-40 grandparent families caring for grandchildren meet in (eg) Kings’ Park, Mundaring Weir, Peel Estuary for BBQ and games for children (peer support and recreational activities).
- ➔ Grandparent support groups available in North, East, West, South metropolitan regions, and in rural areas identified to have large numbers of parenting grandparents.

### 2.3 Policy-focussed recommendations

- ➔ Recognition of the importance of this growing phenomenon within government policy translated into resources and services through appropriate agencies.
- ➔ Review of current social service legislation and policy to ensure that grandparents caring for their grandchildren are recognised as an individual client group.
- ➔ Support for further research to engage a larger population of families.

### 3.0 INTRODUCTION AND BACKGROUND

As a result of the social changes in the Western World in the 21<sup>st</sup> Century, including an increase in substance abuse, mental illness and family breakdown, the roles played by grandparents have changed dramatically for many families. A large number of grandparents now play a full-time parenting role in the lives of their grandchildren, typically as a result of parental illness, drug and alcohol addiction, family violence/abuse, neglect, or parental death and/or absence (Giles, 2003). This full-time “caring of children by non-parent relatives when parents are absent, unwilling or unable to effectively parent” has been referred to as ‘kinship care’ (Gibson, 2002, p. 341).

Kinship care has been cited as the fastest growing style of foster care (Gibbs & Muller, 2000, cited in Gibson, 2002), with data obtained in the U.S. Census indicating that grandparent kinship care increased by 44% from 1980 to 2000 (cited in Thomas, Sperry, & Yarbrough, 2000). Another study in the US observed that 3.3 million children (under 18 years) were living with their grandparents in 1992, which had increased to 3.9 million just five years later (Bryson & Casper, 1999, cited in Gibson, 2002), with almost 2% of U.S. children living independently with their grandparents instead of with their biological parents (Thomas, Sperry, & Yarbrough, 2000) by the beginning of the 21<sup>st</sup> century,

The number of grandparents raising grandchildren in Australia also appears to be increasing dramatically. A recent West Australian study on young people in out-of-home care due to parental substance abuse, noted that approximately half of their young participants were living with grandparents (DCD, 2004). On a larger scale, data published by the Australian Institute of Health & Welfare (2003) revealed that approximately 18 880 Australian children (aged birth to 17 years) were in informal out-of-home care as of June 2002, with 7 439 of these young people being in the long-term care of relatives, of which a considerable number were grandparents. National data indicates that kinship care in Australia has increased by approximately 10% over the past five years, that being about 3 000 children (AIHW, 2003). It is interesting to note that as the proportion of children in kinship care increased by 8% over the four years from 1998 to 2002, children in foster care and residential/institutional care decreased by a total of approximately 9% (see Fig 1). Although this appears to be a positive change, in that children remain within the extended family, unfortunately many relative kinship carers in Australia indicate that they are not adequately supported or trained to perform the role of parent/s for their relative’s children (COTA, 2003; Orb & Davey, 2004).

<b>AUSTRALIAN STATISTICS OF CHILDREN IN OUT-OF-HOME CARE</b>				
<b>TYPE OF CARE</b>	<b>1998</b>		<b>2002</b>	
	<b>NUMBER</b>	<b>PERCENT</b>	<b>NUMBER</b>	<b>PERCENT</b>
Relative Kinship Care	4 446	31%	7 439	39%
Foster Care	8 089	56%	9 668	51%
Residential Care	1 415	10%	1 057	6%
<b>TOTAL</b>	<b>13 950</b>	<b>97%</b>	<b>18 164</b>	<b>96%</b>

Figure 1: Australian Children in Out-Of-Home Care, 1998 – 2002. (AIHW, 2003)

Until recently, the issue of kinship care had been largely neglected by Western Society (Greef, 1999; cited in Flynn, 2002). Over the past decade, research has begun to recognise and address the vital role many grandparents play in the lives of their grandchildren and the strain and hardship they experience while providing this lifeline for their grandchildren. Although some grandparents have mentioned the satisfaction and joy they feel about caring for their grandchildren (Waldrop & Weber, 2001; Orb & Davey, 2004), many have identified several difficulties in their role as kinship carers (COTA, 2003; Orb & Davey, 2004). Such difficulties include managing behavioural problems in their grandchildren (COTA; Dressel & Barnhill, 1994, cited in Gibson, 2002; Waldrop & Weber, 2001); dealing with relationship difficulties and legal problems with the grandchild's biological parent/s (Berrick, 1998, and Dressel & Barnhill, 1994, both cited in Gibson, 2002; Orb & Davey, 2004; Waldrop & Weber, 2001); experiencing disappointment in their own child's parenting role (Bowers & Myers, 1999; COTA); feeling concerned about the health and wellbeing of their grandchildren (COTA; Waldrop & Weber, 2001); coping with the financial burden of caring for young children (COTA; Orb & Davey, 2004; Waldrop & Weber, 2001); and their own increased health problems, including frequent depression (COTA; Kelley, 1993, cited in Gibson, 2002; Minkler, Fuller-Thompson, Miller, & Driver, 1997; Waldrop & Weber, 2001). Minkler & colleagues (1997) compared depressive symptoms in kinship-caring grandparents to those of non-caring grandparents and observed that kinship-caring grandparents were almost twice as likely to display depressive symptoms in the clinical range compared to non-caring grandparents (ie: 25.1% and 14.5%). Similarly, Jendrek

(1997) interviewed 36 custodial grandparents of children aged 0-14 years and observed that 85.7% of grandparents reported feeling “more physically tired” while 60% indicated that they felt “more emotionally drained” (p. 615) after taking on a parenting responsibility for their grandchildren. Two grandparents in a recent, local West Australian study (Orb & Davey, 2004), when asked about their responsibilities parenting their grandchildren, stated that it was “wearing”, claiming that “...you don’t have the energy you did have 30 years ago... It wears me out!”, and the other affirming that it was “emotionally draining”, expressing her apparent guilt by reflecting: “Maybe I shouldn’t feel this way, maybe because I need a break, I don’t know” (p.20). Increasingly, research is recognising the difficulties experienced by grandparents caring for their grandchildren, however the effect of these difficulties on the grandchildren is yet unclear.

Although research has begun to address the needs of kinship-care grandparents, little consideration has been given to the experiences, perceptions and needs of the young people in their care. Perhaps this is due to the additional complications of conducting research with such children (Murray, 2000). Gilbertson & Barber (2002) outlined the obstacles in conducting research with young people in out-of-home care and concluded that the absence of children’s voices was not surprising considering the difficulties in recruiting such children for research. They attributed these difficulties in part, to adult assumptions about the child’s inability to cope with activities focusing on their residential arrangements. A recent Australian study on grandparents raising grandchildren, justified their exclusion of the grandchildren’s views by claiming that “both agencies and grandparents felt that the children had been exposed to enough trauma and disruption in their lives and that to be asked to talk about it with a stranger could result in further harm, family disruption and behavioural problems” (COTA, 2003, p.42). However, Gilligan (2000, cited in Gilbertson & Barber, p.253) argues that there are “pragmatic, therapeutic, ethical, philosophical, management and legal reasons for listening to children in care”. Despite this, research with children in out-of-home care has been scant, and that which does exist typically lacks control or comparison groups (Dubowitz, Feigelman, Harrington, Starr, Zuravin, & Sawyer, 1994), or includes data obtained from indirect sources, such as parents (Dubowitz et al ), teachers ( Dubowitz et al, Sawyer & Dubowitz, 1994 ), social workers/caseworkers (Altshuler, 1998; Dubowitz et al; Inglehart, 1994), medical records or physical examinations of “foster” children (Dubowitz et al), or via psychological assessment tools (Dubowitz et al; Sawyer & Dubowitz) rather than obtaining direct subjective feedback from the young people themselves. Given that “most

adult representations and constructions are only attempts to describe something that imprecisely reflects the child's world" (Deatrick & Faux, 1991, cited in Murray, 2000, p. 151), the relevance and accuracy of these data is questionable. In addition, the majority of this research has been specifically outcome-oriented, assessing mental health status, behavioural patterns, or cognitive functioning, for example, with results being inconclusive.

According to Jones (1998, cited in Cuddeback, in press), children in kinship care display fewer internalising and externalising behaviours on the Child Behaviour Checklist (Achenback & Edelbrock, 1991) than children in non-kinship foster care. This finding has also been supported by Franck (2001, cited in Cuddeback) who observed that children in kinship care displayed fewer emotional and learning disabilities and were less likely to experience drug and alcohol problems, truancy and delinquency, than children in non-kinship foster care. However, Inglehart (1994) and Scannapieco et al (1997, cited in Cuddeback) observed no variation in behavioural functioning among children in either kinship care or non-kinship foster care, while Ehrle & Green (2002, cited in Cuddeback) concluded that children in kinship care experienced "greater hardships" (p.3) than those in foster care.

These discrepant findings are likely to be due to several factors, including the characteristics of the children involved, and features of their current and past environment, both which influence the way they respond to such experiences. 'Protective factors' have been defined as "those dispositional attributes, environmental conditions, biological dispositions, and positive events that can act to contain the expression of deviancy or pathology" (Garmezy, Masten, & Tellegen, 1984, p.109). The presence of these protective factors is instrumental in the development of 'resilience' or "the achievement of positive adaptation despite exposure to significant threat or severe adversity" (Luthar, Cicchetti, & Becker, 2000). Werner (1989) claims that three main protective factors work in combination to produce resilience: i) personality and temperament of the individual, ii) family relationships, and iii) external community supports, such as church, school and neighbourhood. Within these three groups, numerous factors have been related to the development of resilience in children, including the presence of well developed cognitive skills (Herrenkohl et al, 1994, cited in Heller, Larrieu, D'Imperio, & Boris, 1999), a positive sense of self-worth (Cicchetti, Rogosch, & Holt, 1993), family cohesion and the presence of a sensitive and emotionally responsive caregiver (Engeland, Carlson, & Sroufe, 1993; Heller et al., 1999); a sense of

'belonging' to the family (Fuller); a positive relationship with an adult outside the family (Fuller, 1998); and beneficial involvement in the community (Heller et al.). Alternatively, risk factors have been cited as including poverty, transition and mobility, academic failure, family history of drug/alcohol use, and family conflict (Fuller), thus placing children in such circumstances at greater risk.

Although it has been undetermined whether children in kinship care fare more or less positively than those in non-kinship care arrangements, it is generally clear that both these populations are significantly more disadvantaged than children in the general population (Cuddeback). For example, compared to children in the general population, children in kinship care appear to display more behaviour problems (Shore & Hayslip, 1994), particularly aggressive and social/attention seeking behaviour (Dubowitz et al). In support of this finding, a recent West Australian study (DCD, 2004) on young people in out-of-home care due to parental substance abuse identified the anger and frustration these young people felt about their life. In addition, there is some evidence that children in kinship care display below average scores in a variety of academic, cognitive skills when compared to their regular peers (Dubowitz et al), suggesting that they may struggle in areas dependent on such skills, such as scholastic success.

However, these psychosocial problems observed in children in both kinship and foster care are generally not a direct consequence of their experiences in care, but are more likely to be "related to a number of factors, including their maltreatment, dysfunctional families, removal from parents, poverty, and inadequate educational and social services" (Sawyer & Dubowitz, p. 594). An increase of behavioural, educational and health problems in these children is hardly surprising due to the fact that grandparents generally take on a caretaking role for their grandchildren following a traumatic event or after chronic difficulties that render the child's parent/s unable to function effectively as a parent, such as substance misuse, teen pregnancy, divorce or relationship breakdown, unemployment, poverty, HIV infection, violence (Jendrek,1993; Joslin & Brouard,1995, cited in Ghuman, Meist & Shafer, 1999) or parental illness or death. Consequently, it is likely that the children have experienced at least some degree of psychological distress prior to moving in with their grandparents and, as a result, may display problems indicative of this trauma.

Despite these assumptions, there is much evidence indicating that not all children who are raised in kinship care experience significant difficulties. In fact, Solomon & Marx, (1995) found that children raised by their grandparents were not significantly different in health status or behavioural problems compared to those raised in other family structures. Clearly, the outcomes for children living permanently in their relative's care are not predetermined, but are dependent on a number of factors within the child's current and previous environment, as well as personality traits and characteristics of the child. A greater understanding of the internal and external factors that facilitate the development of resilience in these children is paramount if the concept of kinship care is to continue being a viable parenting option in our society.

One recent Australian study (COTA, 2003), with a primary focus of the grandparent's perceptions and experiences, did however briefly access qualitative data directly from the children in their care. These children revealed that they worried about their grandparent's health, lived in crowded conditions, suffered from financial constraints, and accessed fewer recreational activities with friends. They also expressed a lack of freedom, firm rules, and perceived stigmatisation. To gain a greater understanding of the experiences of children being raised by their grandparents, qualitative, child-focused research with a larger sample of children is required.

#### **4.0 AIM OF STUDY**

The aim of the current research was to explore the experiences of children (8 – 18 years) in grandparent kinship care to identify elements that contribute to, or detract from, their healthy development, in order to guide service delivery and availability of resources to support these families.

#### **5.0 OBJECTIVES OF STUDY**

The objectives of the current study were:

- i) To obtain subjective feedback from the grandchildren in grandparent care to identify
  - obstacles that may prevent them from leading a productive and fulfilling childhood.
  - factors which appear to support these children through any difficult experiences.

- ii) To gain an indication of the psychosocial functioning of grandchildren residing in permanent care with their grandparents through the use of a standardised psychological assessment tool (Piers-Harris Children's Self-Concept Scale), observation, and direct verbal feedback from grandchildren.
- iii) To elicit suggestions on how the lives of these grandchildren, and other children in the care of their grandparents, could be improved.
- iv) To develop a list of recommendations based on the qualitative feedback gained from grandchildren, the quantitative scores obtained by the grandchildren on the Piers-Harris Children's Self-Concept Scale, incidental feedback from grandparents, and the researchers' observations and knowledge of child development.

## **6.0 Methodology**

### **6.1 Experimental Design**

The first part of this study used an explorative qualitative design incorporating focus groups and semi-formal interviews to gain subjective anecdotal information from young people living in the care of their grandparents. This explorative technique was determined to be the most appropriate due to the lack of previous research findings focusing on the perceptions of grandchildren.

The second component of this study used a quantitative psychological assessment tool to assess the self-concept/emotional wellbeing of the grandchildren participating in this study. The purpose of using this tool was twofold: to provide further information on the validity of the data obtained at interview, and to examine the effects of kinship care on the grandchild's view of self.

### **6.2 Sample**

#### Sample Selection Procedure

Participants were accessed through the support of a West Australian Non-Government support agency, Wanslea Family Services (Wanslea). Grandparents attending the monthly grandparent support groups at Wanslea were verbally introduced to the study by the coordinator of the program, and those who indicated an interest in participating in the study were sent details about the research via Wanslea staff (no contact details of grandparents

were shared with the researchers). The mail-out included a covering letter from the coordinator of the program outlining and supporting the study; a formal Information Letter (Appendix 1) for grandparents; and separate Consent Forms for grandchildren and grandparents to sign (Appendix 2). A total of 18 envelopes were mailed to attendees of the grandparent program. Those grandparents and grandchildren who wished to participate, returned their completed and signed Consent Forms, along with their telephone contact details, to the researcher at Curtin University. On receipt of their replies, the Research Officer telephoned the grandparents to thank them for their responses and to enquire about their availability for the focus group.

### Participant Details

A total of 20 young people living fulltime with their grandparents in the metropolitan area of Perth, Western Australia, participated in this research. Ages ranged from 8 to 15 years and although there were more female grandchildren, both genders were relatively equally represented; eight male and twelve female youngsters from 12 separate grandparent families. All grandchildren had been residing with their grandparent/s on a full-time permanent basis for between one and twelve years, with three of the grandchildren residing with their grandparents since birth. Thirteen of the children lived with single grandmothers, one child lived with a single grandfather, and the remaining six lived in dual grandparent families. Of the 17 grandparents involved, ages ranged from 47 to 76 years with a mean age of 58 years. All families except one, considered themselves to be of white Caucasian descent; one family identified as Aboriginal. The main reasons given for children to be living in a kinship care arrangement was due to parental substance abuse, parental mental health complications, familial violence, and maternal death. A summary of the participant details is available in Appendix 3.

### **6.3 Measures**

Grandchildren's Self-Concept: The Piers-Harris Children's Self Concept Scale (PHCSCS; 'The Way I Feel About Myself'; Piers & Harris, 1969) is a self-report measure, suitable for children aged 8 – 18 years, which explores how children feel about themselves. It has a reading age of approximately 8 years (3<sup>rd</sup> Grade; Piers, 1984), and consists of 80 statements relating to the child's behaviour and attributes, to which the youngster responds with either 'yes' or 'no'. For example, "I behave badly at home" and "I am an important member of my family". Responses indicating a positive self-concept are scored with a single mark, while

negative responses are not awarded a score. A high score is indicative of a positive self-evaluation and a low score suggests a negative self-evaluation. The tool consists of seven scales: Total Score which measures the youngster's overall self-concept, and six cluster scales assessing: i) Behaviour, ii) Intellectual & School Status, iii) Physical Appearance & Attributes, iv) Anxiety, v) Popularity, and vi) Happiness & Satisfaction. Another two scales assess the validity of responses: The Response Bias Index and the Inconsistency Index. Two items on the scale had been altered for the purpose of this study: Item 38, which initially read: "My *parents* expect too much from me", was modified to "My *grandparents* expect too much from me"; and Item 55 was changed from "I have lots of *pep*" to "I have lots of *energy*".

### Demographic Form

A simple demographic form was designed by the Research Officer to determine the characteristics of the sample. The first section required Grandparents to document the age and gender of each member living in their household, the time (in years/months) that they had been caring permanently for their grandchildren, and were invited to explain the reason why their grandchildren were residing with them (see Appendix 3).

## **7.0 PROCEDURE**

The methodology of this research has been modified from that initially outlined, due to elements outside the control of the research team. It had been planned that the Research Officer would attend a weekend camp arranged for the grandparents and their grandchildren attending Wanslea's grandparent support program. The purpose of attending this camp had been to introduce the grandparents and grandchildren to the content of the study, and for them to become familiar with the researcher who would be facilitating all focus groups and interviews, thus creating a sense of comfort and trust and increasing the likelihood of participation. However, due to issues unrelated to this study, the researcher was unable to attend the camp weekend, resulting in some difficulties recruiting participants for the study. Grandparents also cited other recreational/school commitments, travel limitations, fatigue, and perceived stigmatisation as limiting participation of grandchildren. As a result, ethical consent was obtained to modify the original group format to that of individual interviews or telephone interviews to overcome some of these complications. Curtin University Human Research Ethics Committee gave approval for the Research Officer to interview

grandchildren under 13 years of age in their homes, and to offer youngsters aged 13 or older the choice of participating in a telephone interview or a face-to-face interview in their home. Revised information letters and consent forms were sent to another group of grandparents attending the grandparent support program, inviting the participation of their grandchildren (see Appendix 4-5).

### **7.1 Semi-formal Interview Questions:**

In an attempt to make the session less threatening, the interview questions were printed on coloured A4 card with numbers written sequentially on the back of each card. A total of six cards were used with the last card simply advising the children that they had completed the requirements of the study. The questions, used in the focus group and each of the interviews varied from broad open-ended questions at the beginning of the interview to more specific questions towards the end. The purpose of the questions was to explore both positive and negative elements of living with grandparents, as well as the sorts of coping strategies that these children used to deal with any difficulties they experienced. These questions have been outlined in Figure 2 below.

1. What is it like living with your grandparents?
2. What is the best thing about living with your grandparents?
3. If you could change one thing about living with your grandparents, what would you change?
4. What do you tell your friends about where you live?
5. What advice would you give other children who are about to move in with their grandparents?
6. Congratulations! You have finished!!

Figure 2: Focus Group/Interview Questions

### **7.2 Focus Group**

The focus group was held on Saturday 24<sup>th</sup> July 2004 at Wanslea Family Services, East Victoria Park, Western Australia. The whole session took place from 12.00 midday to

4.00pm, although the focus group activity was only approximately one hour. An outline of the day can be seen in Appendix 7.

A total of six grandchildren, from four separate grandparent families, participated in the focus group session, with ages ranging from 8 years to 14 years. Four of the children were aged 9 years, one was 8 years, and the oldest, whose younger brother was in the same group, was 14 years old. Although this individual was older than the rest of the group, the researcher and the coordinator of the grandparent service invited him to attend this group due to the presence of his younger brother and the supportive nature of this young adolescent. The facilitator and co-facilitator, both trained and experienced in working with troubled children in group situations, were present for the whole session.

Children were scheduled to arrive in pairs at 15 minute intervals. On arrival, grandparents were invited to join the coordinator of the grandparent program in an area removed from the children to complete the demographic form “Please Tell us a Little About Your Family” (Appendix 3) and to meet with other grandparents. In pairs, the children met with the co/facilitator to discuss the purpose of the group session, to ensure they were consenting of the session being audio taped, and to confirm that their participation was purely voluntarily. Following this, each child was invited to complete the PHCSCS. The co/facilitator read each question aloud to three of the children; the remaining three children felt capable of reading the questions silently and responded individually at their own pace. All children were given the opportunity to ask any questions regarding the activity. Once each pair had completed the session with the co/facilitator, they moved outside with the other children under the supervision of a staff member. After all children had met with the co/facilitator, the focus group session commenced. During the focus group, the facilitators made a note of any interesting behaviours displayed by the children.

Children sat on chairs around a large table with both facilitators. Following a brief introduction, they were each given a piece of paper on which to write their first name. They were then encouraged to draw a simple picture of the people they lived with, and to include pictures of other important people in their lives on another part of the paper if they wished. Children volunteered to introduce themselves, using only their first name and to explain the details of their picture with the rest of the group. The purpose of this activity was to create a safe and friendly, age appropriate environment (Morgan, Gibbs, Maxwell, & Britten, 2002)

in which to introduce the children and provide the opportunity for them to hear from others who lived with their grandparents.

Following the drawing activity, the facilitator placed six coloured cards face-down on the table, revealing a number between 1 and 6 on the back, and commenced the audio recording. Each child was invited to turn over a card (in chronological order) and read the question aloud to the group, after which all children commented individually. Once the children's responses to each question were saturated, that is, when only repetitive answers were being offered or when children's responding ceased completely, the question was closed and the next question was addressed. To end the session, the facilitator debriefed with the group, providing a verbal summary of the issues identified during the session and offering children the opportunity to comment on the group session and to raise any questions or concerns.

The children were invited to stay for another 30 minutes to share some food snacks, to meet socially with the other children, and to discuss any concerns they had with the facilitators. All children happily remained for this session, except two children who left with their grandmother to attend another recreational commitment. Meanwhile, the Grandparent support coordinator gave each grandparent a "Follow-up Support" handout providing the group facilitator's contact details and listing a variety of community services that grandparents may wish to access if their grandchildren were to experience any adverse effects following the focus group session (Appendix 6).

### **7.3 Individual Interviews**

Although children over 13 years were able to participate via telephone interview, all interviews were conducted in the home where the grandchildren resided with their grandparent/s. Where several children in one grandparent home were participating in this study, a small group family interview was conducted, rather than numerous individual interviews. As there were usually less than three children participating, only one interviewer was present. A private space separate to the rest of the family was accessed (eg. Lounge room, playroom, kitchen, back garden, child's bedroom) to ensure privacy. Prior to commencing the interview, the facilitator explained the study to the children in developmentally appropriate language, confirmed voluntarily participation, reassured them of the confidential nature of the study, and gained permission to audio tape the interview.

All children chose to continue with the interview session and gave consent for the session to be taped.

Following this formal introduction, the procedures for completing the PHCSCS were explained to the children, emphasising the need to respond to each question with either a 'yes' or 'no' response, and encouraging them to answer the questions as honestly as possible. The Research Officer read the questions aloud to children aged 10 years or under; those older than 10 years were asked whether they would prefer to read it silently or have it read aloud to them. The majority of the older children chose to read and respond to the questionnaire silently.

When the children had completed the PHCSCS, the interview session began. After a brief explanation of the study, the coloured cards were displayed and each focus question was discussed (see Figure 2). After the children had responded to all questions, they were invited to ask questions or comment on any additional issues. A brief segment of the audio recording was played to the children and they were reminded that the tape would be destroyed once it had been typed. The session ended with a simple debrief by the interviewer and children were invited to speak to their grandparents if they were very upset by anything discussed in the interview, so they could obtain some outside support.

#### **7.4 Data Analysis Procedures**

##### Qualitative Analysis of Group and Individual Interviews

All group and individual interviews with grandchildren were tape recorded, following signed and confirmed verbal consent from grandchildren and guardian grandparents. The audio recording of the focus group was transcribed by an individual external to the research team who was experienced in qualitative record keeping and analysis. All small family group and individual interviews were transcribed verbatim from the audio recording by the Research Officer who had facilitated all interviews and the focus group. Transcripts were analysed independently by two members of the research team; a masters' degree psychologist and a university Associate Professor. Both individuals used a technique based on Latent Content Analysis (Morse & Field, 1996) and Grounded Theory (Glaser, 1998). Significant words were highlighted and grouped together according to similar meanings. From these groups of words or phrases, several themes were developed which encompassed these concepts. Once both individuals had separately interpreted the transcripts and devised several thematic

categories, they met in person to perform a detailed comparative analysis and developed a final draft of the thematic/conceptual analysis.

#### Quantitative Analysis of Piers Harris Children's Self Concept Scale (PHCSCS)

The PHCSCS was hand scored as recommended in the Manual (Piers, 1984), computing a Total Score which measures the youngster's overall self-concept, and six cluster scales assessing: i) Behaviour, ii) Intellectual & School Status, iii) Physical Appearance & Attributes, iv) Anxiety, v) Popularity, and vi) Happiness & Satisfaction. Another two scales were included to assess the validity of responses: The Response Bias Index and the Inconsistency Index, so that any questionnaires deemed to be invalid could be recognised as such.

The means for the Total Score and each of the six cluster scales scores obtained by the grandchildren on the PHCSCS were compared to norms provided in the manual (Piers, 1984). This strategy was deemed suitable as it had been confirmed that the mean Total Score obtained with an Australian population of children was comparable to that provided in the manual (Amato, 1984).

## **8.0 RESULTS**

### **8.1 Part One: Qualitative Analysis of Focus Group & Interviews**

One focus group, consisting of six children; and nine separate face-to-face interviews with 14 children were conducted. One interview included three related grandchildren, three interviews were conducted with sibling pairs, and five individual interviews were conducted.

#### Categories, Concepts and Themes Identified

In their responses to the questions outlined earlier, children offered both positive and negative comments regarding living with their grandparents. These responses were able to be organised into factors that placed grandchildren at risk of current or future difficulties and factors that protected them from developing such problems, forming two main categories: 'Protective Factors' and 'Risk Factors' (See: Figure 3).

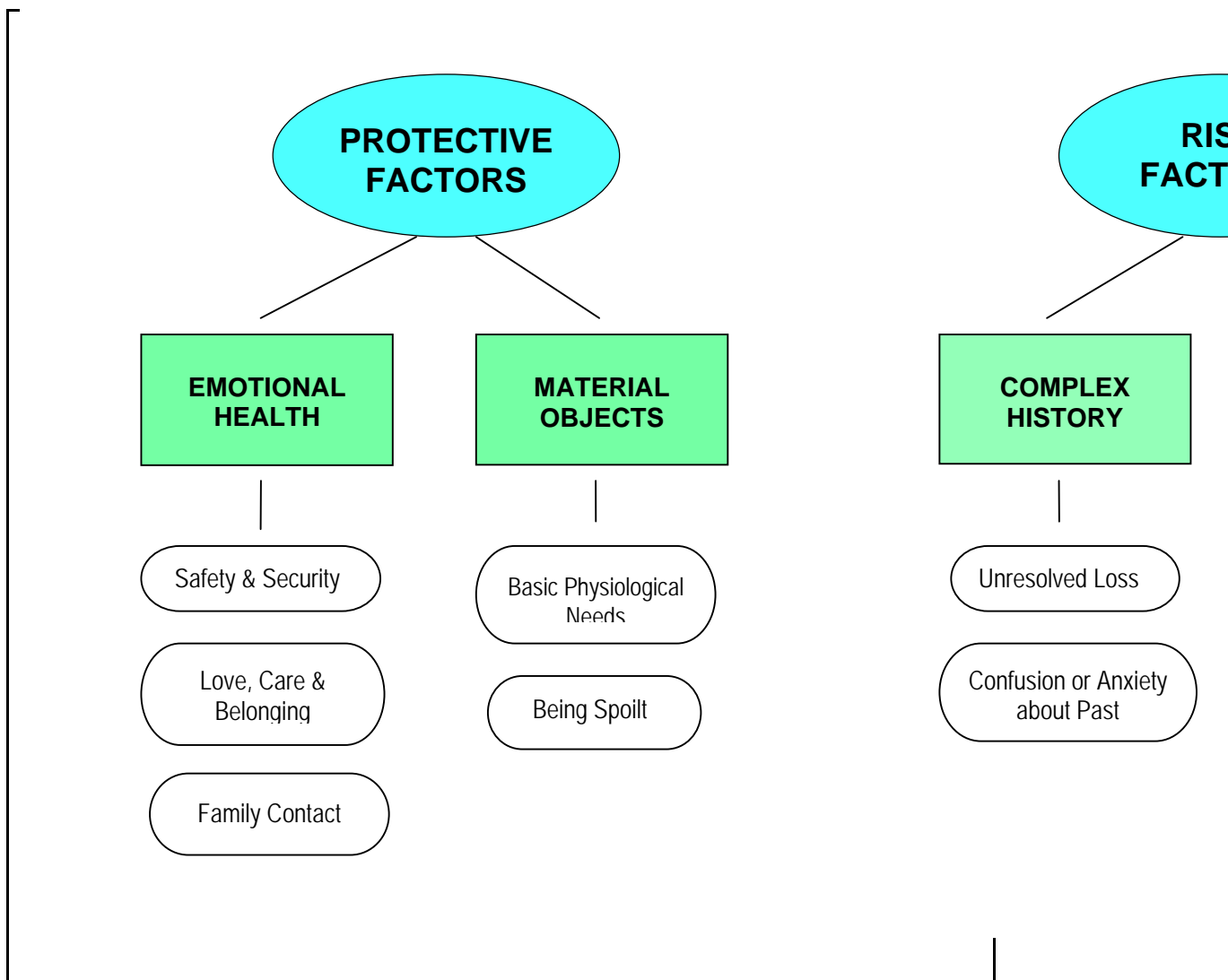


Figure 3: Qualitative Analysis of Grandchildren Interviews

### *Protective Factors*

The category of 'Protective Factors' was further subdivided into concepts of 'Emotional Health' and 'Material Objects'. The concept of 'Emotional Health' was divided into three specific themes of i) 'Safety and Security', ii) 'Love, Care & Belonging', and iii) 'Family Contact', while 'Material Objects' was comprised of 'Basic Physiological Needs' and 'Being Spoilt'.

### *Risk Factors*

The category of 'Risk Factors' was broken into concepts of 'Complex History' and 'Current Lifestyle'. 'Complex History' related to the significant experiences the Grandchildren had encountered in their family prior to moving in with their grandparents and included themes of 'Unresolved Loss' and 'Confusion or Anxiety about the Past'. The concept of 'Current Lifestyle' issues encompassed any elements of the situation with their grandparents that they perceived to be problematic, including concerns they had about the 'Grandparents' Health &

Wellbeing', 'Financial and Environmental Stress', 'Stigma & Secrecy' and difficulties related to the 'Parenting Styles' used by grandparents for discipline.

### *Coping Strategies*

A final category of 'Coping Strategies' evolved as children discussed how they managed the difficult life experiences they encountered. Analysis revealed that six themes, each representing a style of coping behaviour evolved. Although these coping themes were not mutually exclusive, and often involved some overlap, they included: avoidance, distraction, ventilation, emotional expression, social support, and confrontation/honesty (see Appendix: Figure 4).

## **8.1.1 PROTECTIVE FACTORS:**

### ***Emotional Health:***

In the great majority of cases, Grandchildren reported that their experiences living with their Grandparents were positive, with almost half the children claiming that their living circumstances were not dissimilar from those living with regular parents. A sense of 'normality' was evident, with some claiming that they knew little else other than living with their grandparents. When asked what they would like to change about living at their grandparents, almost half claimed that they would not want to change anything as they were happy the way things were.

*It's pretty usual since I moved in as soon as possible, sort of....[I was] only a few months or a few weeks [old] or something, I'm not sure....It's pretty umm..... just like, it's just like the same thing... except.... It's just not my mum and I just go on special occasions... different things because some kids are different than others because they might have lived longer with other...like... I just umm didn't really know when it happened and I didn't know about mums and things, so I just got right in and got used to it... and then when I was older I didn't know so I just got used to it.... [I gradually understood what had happened]... Yeah... so it didn't really slice me in one hit... so it didn't really affect me as much, so I feel quite fine at the moment. It's just like living with ummm ... a mum only she didn't give birth... she said she gave everything... the first bottle and everything... just not ummm.... just not birth, that's all...*

*Well I haven't really experienced living with Mum and all that ... so it doesn't really matter [or bother me] much...[that I'm living with my Gran]..... because like... when I came here [to my grandparents], I didn't think.... coz I just came out of the hospital... I don't know what I thought... coz I was so young but when I grew older I started to realise more what was happening...*

When asked what advice they would offer children who were about to move in with their grandparents, the Grandchildren generally made positive comments about their own experiences, suggesting that:

*Ummm... well you shouldn't really be uncomfortable and all that because it's like his own... its his Grandma and, you know, but if he hasn't seen her in like ages and all that then... well then.... It doesn't really matter, but soon enough, he'll just, you know, warm up with her and all that...*

*I'd tell him to trust her and don't feel frightened or intimidated because she's there to help you, she's not trying to hurt you or anything...*

However, the occasional warning was also offered by a few children:

*I would say, 'Always do as you're told and don't get under their skin... and don't always complain about things'... they really go off their heads about it... 'and it will be like paradise [if you do all that]...'*

#### Safety & Security:

Feeling safe and secure was a recurrent theme that arose in many of the Grandchildren's comments. Although a few children stated that they had little or no memory of life before living with their grandparents, many made reference to their previous family experiences, suggesting that their life now was considerably better than that which came before.

*Ummm... Well, we get away from all that stuff that Mum's done and everything... but... yeah it's just good that she's taken us in and all that...I would just say... [that living with your grandparents is]... not as bad as you think it is ... coz like if their parents are like alcoholics and on drugs and ... like they don't buy them food or anything, they just use it all for [drugs or alcohol], the parents- the actual grandparents would be actually ... feed them, clothe them and be able to help put a roof over their head, and they'll have a bed to sleep on... and a sheet ... to put on their bed... and if their parents like use their money for like all drugs and alcohol they wont be able to pay for power bills or gas bills for the heating and the cooking and the fridge and the TVs and stuff... and their grandparents would because they learnt the lesson from the first children they had ... and they'll be better with the actual grandchildren...instead of like stuffing up like they did with the first lot...*

*It's alright living with our Gran – well it's better than the situation we came from ... and ... seeings that the situation we came from was pretty bad, I could... you can just imagine what ... like ... the other kids are going through...*

The relief the Grandchildren felt and the stability they experienced with their grandparents was obvious, with one child describing how he had “escaped” from problems within his previous family situation:

*Ummm...The best thing...would ummm... be like, that I escaped all the other things like the...thing... and it's better off and I know that's best... so that, I know... it's the best thing and.... It's the best thing to live with my grandparent anyway...*

Another child explained that he felt “free” in his Grandmother’s home:

*Yeah [It feels safer here] and it feels home to me ... and umm.... if I go to my .... like... sort of ... my house and not my house, it wouldn't be home and I wouldn't get that feeling.... I would feel ... like if I was in my Mum's house and then came here, I would feel like... free in here... probably... like when you get out from a tired place, you get home and you feel free... So the best thing about living with your grandparents is to live with them.... that's what I think...*

Almost all the children that were interviewed indicated that they felt settled and safe living with their grandparents, particularly for those who had been with them for many years or since a very young age.

#### Love, Care & Belonging:

Almost all children described that they felt cared for and/or loved by their grandparents and in some instances indicated that, compared to their parents, they felt more loved and understood by their grandparents:

*[The best thing about living with my grandparents is that] ... Ummm... you're living with someone that cares about you and loves you...*

*I like living with my nan because she's really my friend no matter what. Um ... the best thing about living with my grandparents is at like 7 o'clock we sit down and watch Home and Away and I lay on pop's lap and I get lots of cuddles and kisses. And when nanna, she watches CSI and that and um pop goes to bed so I go into bed with pop and I fall asleep.*

*She's [Grandma has] loved us more than Mum has and all that...*

*... if they're the maternal grandparents, they've seen your mum grow up, so basically they know a lot more and ... like they understand what we're going through ... because they've been through it ... they've seen the next lot go through it ... so they offer more advice, but if it's just your parents, they don't*

*care...really...they'd just go, 'Oh... yeah...this happened, this happened, they wouldn't give a damn...*

A number of children reflected that their grandparents devoted considerable time, energy and attention to them, suggesting that they felt cared for, valued and loved.

*The best part is that she's [Grandma's] always looking after us and interested if we're sick or sad or anything...*

*Mostly I like living with my nan because when I moved in ... well when she moved in with me, she practically stopped most of her work to be there for me*

*Also why I like living best with my nan is because sometimes she gives up things that she **has** to do and gives it to us and she is wonderful and kind.*

Several children indicated that they felt like important members of their community, evoking a sense of belonging. Two Grandchildren particularly mentioned their introduction to the church community which appeared to arouse a feeling of joy and union for them.

*I really thank Pop because he baptised us so we can be a member of the church and we can live with God again... I really like it...yes... and I really thank Sister Mc because she gave us these ... rings...*

*Well ... ummm ... [what I like about living with my grandparents is] that I can go to school and like make friends and that I live close to my Aunty and I live close to a park. When there's like fairs and all that on, they're just like around the corner.*

One child specifically expressed that she felt that as though she and her siblings 'belonged' when they were with their grandparents.

*...well, it's hard not knowing who our Dad is ... and having different dads, but ... in all ... it's alright... because at least we know who - that we belong with people ... [I have lived with my grandparents] since I was three.....*

#### Family Contact:

Although many children had come from a life of instability with their parents, maintaining contact with them, their siblings, or extended family was cited by several children as an

advantage of living with their grandparents. Children mentioned the importance of having contact with their mother, (other) grandmother, siblings, Aunts, and cousins.

*Sometimes we go to umm... sometimes we visit our Mum... in this little place and sometimes we call our Mum.*

*Umm.... Nice because umm...they let me go to my Nanna's house ... umm... we like ... anniversaries and going to visit our grandma when it's her birthday or when she's sore... when she's broken her back or... broken her arm we always visit her..."*

*I get to see all my relatives, like my cousins and my aunties an' that and if I lived with my mother, I'd be [interstate] – I wouldn't see them... and ... umm.... yeah I've got a good life and it's really good...*

One young girl emphasised how grateful she was that she and her four siblings were living together at her grandparents, while another young girl expressed considerable distress at being separated from her younger sister, giving reasons for her concerns.

*Well the best thing about living with my nan would have to be that we're all together [all the siblings] ... we're not in foster care or all split up all over the place... I mean, I don't really care that we get what we want whenever we want ... usually... because that's not as important as being a family...*

*Well I feel a bit awkward as well because [there is violence in my parent's home] and my sister's there and I used to be able to like... take her in the room and everything and make sure she's okay... but now I can't and I feel a bit worried every time that they do have fights and I can't help her and protect her. It was very hard because I love my sister with all my heart...*

Obviously, the opportunity for these children to know of their family origins is extremely important for their future development and the development of self, and generally, would appear to be one great advantage of kinship care arrangements.

### ***Material Objects***

#### ***Basic Physiological Needs***

A number of children indicated that their grandparents were able to attend to their basic physiological or material needs, including providing food, shelter, warmth, clothing and bedding, suggesting that some of these children may have previously been in situations where such essential factors were not being satisfied.

*They [grandparents] give you like, healthy food so you can grow up really nice and healthy and strong.*

*[The best thing about living with m grandparents is that] ... Ummm... you're living with someone that cares about you and loves you and you have food and shelter and clothing... yeah ...*

*We got our own rooms that was built by hand... well with tools and stuff... and ummm... people keep on doing nice stuff for me...*

### Being Spoilt

A surprising number of grandchildren independently made reference to being “spoilt” or “treated” by their grandparents with material goods. The accuracy of these claims was not confirmed by the interviewer, so it remains inconclusive as to whether this is a desired or actual reality for the grandchildren. However, there was no evidence to suggest that the children were not expressing their true perception.

*It's fun and exciting and um ... my nanna spoils me. She gets discount at work - she works at “Xxxx” and she gets all the stuff that's being thrown out so she brings it home.*

*Well.... It's like.... I like living with my grandparents coz they spoil us all the time... with chocolate and all yummy sweet stuff...*

*Great! [because] we get treats... [like] six lollies a night... if you eat your dinner, that is... cool drink and sweets... she's got us some games... like Junior Monopoly... Sometimes.... when we don't eat our tea we don't get the sweets...*

*The best thing is... you get whatever you want... when you ask for it ... not always but most of the time... like when I'm at the shops and I ask my Mum\* [Nan] for some CDs, she'll let me get them... and if I ask for like some clothes that I want, she'd probably go and get them if they're not too expensive, but if they're too expensive and she doesn't have enough money she won't buy it, she'll wait for it next week .*

Perhaps the grandparents, aware of the hardship that most of these children have experienced, attempt to overcome these deficits by providing them with objects that appear to counteract this neglect, or alternatively, this may be an observable way for the grandparents to demonstrate that they care for or love their grandchildren. On the other hand, it may be that compared to what these children received from their parents, they are comparatively spoilt by their grandparents, with most of the children being spoilt by

somewhat inexpensive, incidental items such as sweets, chocolates and toys. Only one child referred to a seemingly extravagant atypical situation, declaring that:

*We have Foxtel and Playstation and my own TV... and we have Playstation II and we have another four TVs in the house... because we have... in total we have... 3 computers, 2 Playstations, 5 televisions...*

Interestingly, this same child complained about not receiving as many treats as she would if she did not live with her Grandmother, suggesting that she placed much emphasis on the value of materialistic goods.

*... If we didn't live with our Grandma we would get more treats than we get now. Every time our Grandma came over, she'd give us lollies... more... [We'd be able to visit her]...and get more lollies...*

Conversely, other children claimed that despite living with their grandparents permanently, they were still spoilt, but in an appropriate manner.

*I would say it's not big deal about that [living with grandparents] because umm...you'll still get spoilt and all the other stuff..... Not a big deal... just not a big deal...*

*Well... if other people asked us, I would just tell them the good points about it ... like living with our nan... it's good because most people don't live with their nans or grandparents - only on the weekend or the school holidays and they usually get treated ... like treats and goodies and that, but when it's full-time, you do still get goodies and that, but not all the time... like .... its restricted ...*

In a recent West Australian study exploring the perceptions of grandparents caring for their grandchildren (Orb & Davey, 2004), the concept of “spoiling” was also mentioned by grandparents. However conversely, their comments indicated that they felt unable to spoil their grandchildren or “let them get away with things” because of their parental and disciplinary role (p.19).

### **8.1.2 RISK FACTORS**

#### ***Complex History***

The greater majority of children in this study had experienced considerable hardship or distress prior to living with their grandparents, and although children were not usually directly asked about these experiences, many chose to offer glimpses of their earlier familial

experiences, including parental mental illness, alcoholism, drug abuse, domestic violence, neglect, abuse and maternal death. Two children displayed behaviour indicative of significant emotional neglect or distress. One of the teenage grandchildren sat with her siblings to participate in the interview and was observed to rock forward and back, despite the fact that she appeared to relate quite positively with the interviewer and her siblings. Another, female child displayed considerable language delay, apparently resulting from an extremely neglectful childhood.

### Unresolved Loss

Loss appeared to be a recurrent theme, with all these children having lost a permanent relationship with one or both of their biological parents. One young female child recounted an experience where she thought she saw her mother while shopping, but on realising that it was not her, experienced a sense of sadness, while another claimed that although he thought about his real parents, he was not able to see them due to their substance abuse issues.

*[When we visit Mum] it's sort of strange because when I go to shops I saw some... see some people like our Mum... and I say 'Oh Mary<sup>+</sup> Mum's here shopping', and then I go... turn around... and then... it's not her... [and I feel] sad...*

[+ = not real name]

Rejection and abandonment was a dominant theme for many of these children, with one child stating that her mother abandoned her as a baby, and another child trying to convince his school peers that his mother did not “send him away”.

*It makes me feel sad because like my mum didn't send me away; it was my choice.*

*[I went to live with my grandparents] ...when I was a baby... because my Mum left me at this child-care thing ... [but] I feel a bit worried about talking about that...*

*[If I could change something about living with Grandma...I'd probably change] ...ummm... probably the fact that umm.... I never had to live with her [Grandma] ... that I... that my Mum was alright...[and I could live with her]...*

Other children however, indicated that losing a full-time relationship with their parent/s had positive consequences for them (see earlier Protective Factors segment on ‘Love, Care &

Belonging'), although the reality of not having the 'ideal family relationship' may have been experienced as a loss for these children. Several children made reference to the absence of other siblings or relatives.

*Well, we get away from all that stuff that Mum's done and everything...*

*... this's difficult ... and it's so hard to remember your family... people like your cousins, your Mum, Dad, the rest of your family...*

*I would see my nan's sister because she usually comes and sees s... but cos it's too much money ... so it will become a surprise.*

*ummmm..... not sure..... ummmmm..... [if there were more people living here], in some ways [it would be] better and in some ways worse...ummmm.... maybe like if a brother or sister lived here as well... Yep [I have brothers and sisters]... some – well most of them live with my Mum and one with other parents...*

Others mentioned the need to move house and/or school and explained how this process resulted in the loss of friends and personal belongings.

*Before when I used to live with my Gran, she used to live in P... [rural area]..... so I used to go to P.... School.... In P.... there were more kids around, like nextdoor and that. And they had like a really big house and a big lounge-room and it had an air-conditioner and they had this humungous big TV. They had all these different rooms and that...*

#### Anxiety/Confusion about Past

Many of the grandchildren expressed considerable confusion or concern regarding their earlier life experiences while in their parents' care.

*...she's just not like that... she's different person... like she used to be a nice person behind all the drugs and things...*

*... ummm.....I never see Mum or Dad [but sometimes I wonder about them].... But I can't really see them ... ummm... not supposed to.... coz ... they're ummm.....[whispers] ... 'smokers'...*

One particular child, who had only been living with her grandparents a relatively short time, indicated a considerable degree of anxiety about the possibility of seeing her mother. When

asked what advice she would give children who were about to move in with their grandparents, she stated:

*I would just say to them ... ummm... be careful if you see your Mum – keep away from them and tell someone... and if you see your Mum, just ring the police... and so they'd say ... 'Come to me – I am your grandmother or your friend' and just say, 'No' and run away from them... that's what I did coz ummm.... this ... I think it was in 2002, or last year, we were chucking out all these old fans ... and my nanna told me my mum tried to pick me up and stuff... I just have to go the opposite way the car is going...*

It appears that this child's mother may have attempted to "kidnap" her previously. Another child recounted a similar experience where his mother attended his school, without his prior awareness, resulting in much apprehension.

*Once my mum actually came to school but they didn't know, luckily, who it was... yeah ... so ... that's why.... yeah so... if they knew who it was, it would have been a lot more pressure...*

It was not uncommon for some children to know very little about their past or even why they were not living with their parents.

*I'd say I live with my Grandma... and ... one brother and one annoying, bratly sister... Just one person has asked me [why I live with my Grandma] and [I felt] ... okay... [I tell them...], I don't really know what happened but I'm just living with my Grandma...*

However, most of the children were aware of the reasons why their parent/s couldn't take care of them, and a number spoke about them in disappointed tones.

*I say that I live with my nanna ... and ummm.... and some people say, why do you live with my nanna or ummm... and I say that my mum ... my real mum is alcoholic and we don't live with her .... coz our nan doesn't want us to be like [her]...*

*... I just say that my mum's an alcoholic and has been for a long time ... and she's been using the money for alcohol, rather than caring for us ... and that if we weren't living with our Nan, we could be possibly dead or we could be in foster care... I mean I'm skinny now but that's at least healthy...*

### ***Current Lifestyle***

### Grandparent Health/Wellbeing

Many children expressed concern for the health or wellbeing of their grandparents'. A few children made specific reference to significant health complaints suffered by their grandparents, and several appeared to understand the additional stress grandparents felt while caring for them. Many children understood that the additional stress often resulted in their grandparents becoming tired and/or irritable.

*It's really hard because my pop's got asthma and cancer and he gets grumpy a lot and he usually blames it on stuff that I don't do.*

*Well my gran sometimes ... she's got arthritis in her thumb and she had a big operation on her back so she's now got metal in her back and screws and that, and one of them is now broken and the screw's come out so sometimes she gets a bit grumpy and she blames it all on me and I didn't even do anything... [and that] makes me feel really depressed.*

*[If I could change one thing about my grandparents, it would be that] Nan and pop wouldn't have to take tablets.*

Generally, there seemed to be an understanding of the additional burden these children placed on their grandparents, and several children spoke empathically and supportively of their need for rest.

*Well ... just be, like don't be too hard on them [your grandparents] ...[don't] expect a lot of things for them... because ummm.... say, don't expect them to take you everywhere every day, because sometimes they need rest – that's what my Nan does... and umm....*

*[If I had one wish, I would like us to]...to have a break from things and have a [holiday] once in a while... things like that and... to relax and things... we could have little breaks... still my nan works quite a lot and she's so tired and she's got these marks on her [wrists] from working...*

*It's like ... sometimes they can get a bit 'nudgey' but you've just got to put up with it. [We need to]...have more stress pills in the cupboard for grandma.*

### Environmental/Financial Stress

Many of the grandchildren reported environmental and financial stressors, particularly the difficulties of living in over crowded conditions as a consequence of limited available money.

*Well ... to make it better [at Nan & Pa's], ... we need more room, because as teenagers we always ... we want ... our own space – room, and like being a girl, I'm sharing with my brother [5yr old] and he gets into all my stuff... like your makeup and your body stuff ... yeah, because we like the area [but] we can't actually find a house big enough ... and we can't find mor- finance ...*

*Get more money ... to buy a bigger house and be allowed to go to our friend's house every now and then when we like, don't want to be here and... get away from the younger kids...*

*Ummm ... more room ... and yes umm... to get a bedroom each ... [11yr and 14yr share; 15 and 5yr share; Nanna and 1 yr old share bedrooms] ... .... When I was living with B\*, ummm... which is our Mum, we told her to stop drinking... but she won't ... and you don't remember your Mum when you were a baby or something ...*

One child particularly spoke about his desire to complete his schooling and educational training, requesting that he be given the same opportunities as 'normal' children. He indicated that the finances his Grandmother received to care for him was not enough to maintain his education, and hardly enough to provide him with the basic necessities.

*So... like... to help Nan get the money to help me keep at my school and education and to help me stay so I can learn and learn what other kids who are living with their proper mums ... what are getting right ... like normal children getting their education as they are... because my nan says it [raising a grandchild] costs ten times more [money] than it [The Government] gives... like... it's good for a boost but it's not enough to keep a child ... because even one person costs a lot.. like they've got to eat, they've got to have school, they've got to have things... so the same chances as a regular person would have, not so .... mmm... yeah... things...*

Based on the children interviewed in the current study, although the grandparents appear to try hard to provide their grandchildren with everything they need, many are unable to provide the environmental conditions most suitable for children or teenagers, such as appropriate housing or educational pursuits, thus leaving these children disadvantaged by their circumstances.

### Parenting Style

Several grandchildren indicated that their grandparents were too strict with them or had unrealistic expectations of children's behaviour. However, this belief might be due to the dramatic shift they experienced from the excessive freedom and independence of their previous family life to a more appropriate environment where guidelines are enforced. It

was of interest to note that one child claimed that mothers and fathers generally let children do anything, suggesting that perhaps, little guidance was offered by his parent/s.

*It's a lot stricter [living with Gran] and [my friends] realise that our Gran will be a lot stricter than a Mum and Dad. A Mum and Dad will let you do what you want basically.*

*Well ... ummmm ...she [our gran] is pretty strict on us – a lot stricter than 'normal' parents are [because]...she doesn't want us to turn out like our Mum.*

However, another child confided that her grandparents smacked her when she misbehaved, indicating that some of the strategies used by some grandparents to manage behaviour of troubled children may not always be suitable or productive. In several instances, the expectations and disciplinary styles of grandparents appeared to impact on the grandchildren's development of friendships and other developmental experiences.

*[I wish we were] ... allowed to go to our friend's house every now and then when we like, don't want to be here and... get away from the younger kids...*

*...and they [my friends] find it hard when they go to sleep-over coz it's my nan not my mum and like they expect... like if we were living with our mum, our mum would easily say, 'Oh yeah, you can go off here there and wherever, but with our nan she's more strict, wanting to know when we'll be back and whatever...*

*Well, it's [also] tougher on me because since ... when it was just A\* and myself it was alright because we were about the same age ... and we mucked around and stuff... we didn't have to do much... in the way of housework or responsibilities ... and now that the other three [siblings aged from 1-11yrs] arrived, ummmm... I've had to do a hell of a lot more than ... I have to do things that I never did ... I have to cook tea most nights, I ... ummmm... help out with washing and cleaning-up and stuff, which I never had to usually do... And... we're not really allowed to go out with our friends, because she doesn't think she can trust us coz she trusted our Mum and that's how she turned out like that...*

The previous quote suggests that some of the grandparents may employ firm strategies for managing grandchildren behaviour to prevent their development of similar problems (eg. substance abuse) to those experienced by their parent/s. It is likely that some grandparents discipline their grandchildren more harshly than necessary, due to the fear that they will also develop inappropriate behavioural patterns like their parents.

### Stigma & Secrecy

Approximately half the grandchildren expressed shame and secrecy about their situation, but this was generally related to the reasons why their real parents were unable to care for them rather than specifically because they were living with grandparents. Several children expressed the humiliation they felt at divulging their parent's problem. One child related that it would be easier to explain that a parent died rather than discuss some of the complications of his situation.

*I don't tell [anyone] much [that I live with my grandparents]... I just pretend it's a normal house... Some of them [my school friends] do [know that I live with Nanna], some of them don't... well... some kids say [why do you live with your nanna?]... umm... but sometimes I just try to change the subject coz... coz if I tell some people they just say ... oh that Mum's crazy and stuff and that .... like... let's say if she ... if someone's grandp – Mum's died it would be easier to say that they died ... but with this it's a lot harder... like... once my mum actually came to school but they didn't know, luckily, who it was... yeah ... so ... that's why.... yeah so... if they knew who it was, it would have been a little more pressure... coz they'd be asking questions non-stop and some questions I don't know myself...*

*It's hard for me to say. I mean it's hard for me to say that I can't live with my dad and ... and people tease me a lot. Yeah, everyone says that "oh why don't you live with your mum?" and I go "well first of all I don't live with my mum and dad because they split up and I belong to a new person and I don't like them cos he [hurts] my mum."*

Several children perceived that others treated them differently or judged them because of their unusual living arrangements, and a number of the younger children referred to being teased by their peers.

*...but sometimes [kids at school] used to ummm... brag [tease me] about [living with my Nan] but since I don't remind... coz some people hold it ... like hold it... for a long time...*

*... and I want people ... people at school to realise that it's exactly the same as them living with their mum and dad, except that there is no mum and dad here, it's our Nan ... and that, basically ... I mean ... they judge us differently, like if they want to come over our house and they say, 'Oh, ask your Mum' and you say, 'No, it's not our Mum' and they get all weird coz it's actually our Nan and they don't understand, but it's better living with our Nan than with our mum and dad – they just have to accept it...*

*There's a girl and she was my friend but now she isn't because she teases me. She says that "at least my mum didn't send me away". It makes me feel sad because like my mum didn't send me away; it was my choice.*

When asked what they told their friends about their living circumstances, most children used one of two strategies – avoidance or confrontation. Just over half the children indicated that they preferred to keep this information to themselves and gave various strategies to avoid having to explain their situation, including changing the subject or diverting the conversation; giving brief, vague responses; or directly explaining that providing this information was not relevant.

*Errrr.... I don't really mention it... I just kind of avoid the subject... and umm.... yeah.... [Nan] takes us a lot of places to meet with our friends... They just ask why I live with my grandparents... and then I just say, "Because I do", I don't really [go into any detail].... Yeah....*

*Nothing much... like I just tell them... like that I live with in a little unit and that I live near most things, I live near the shops and near ummm... Pioneer Village. That's all I basically say. Nup... [kids don't ask me why I live with my Gran and Grandad but if they did], I'd just say, coz like I don't really like telling people about my mum because I like, I like to keep that secret. So, ummm... I'd just say, "Oh... just because.... Ummmm.... just because things... umm... I don't know what I'd say actually....*

One child expressed the hostility she felt when others asked her about her home-life.

*I just say I live with my Grandma and three dumb-nut brothers... [When they ask me why I live with my Grandma, I say:] Be quiet and mind your own business... If I want to go poking around where they live... and if they lived with someone they shouldn't be... they wouldn't feel too good about it...Right at that particular moment it doesn't matter...*

The remaining children were more open about their home-life suggesting that stigma was not such a powerful source. However, a few children acknowledged that speaking honestly about their circumstances was difficult at times. On several occasions, children who had been living with their grandparents for a longer time expressed more ease in discussing the issue and had learnt that their personal attributes were more important than their living arrangements in maintaining friendships.

### **8.1.3 COPING STRATEGIES**

During the focus group and individual/family interviews, almost all children discussed difficult life experiences or situations, to which they were asked how they coped, or what they did to try to feel better. The purpose of this was both as a teaching tool for other children, and to gain an understanding of the techniques these children used to overcome adversity. Six categories, each representing a different style of coping behaviour were evident: avoidance, distraction, ventilation, emotional expression, social support, and confrontation/honesty (see Diag 8.2).

### *Avoidance/Distracton*

A large number of children indicated that they used distraction or avoidance coping strategies to manage the difficulties they experienced in both their home and school environment. This strategy is likely to have been particularly useful in situations where the children perceived that they had little or no control over changing the situation.

This notion is evident in the following quote, where a young male child explains the advice he would give other children who are about to live with their grandparents, suggesting that they need to “learn not to be afraid... coz you can’t change it...”. This statement suggests that he may use a degree of emotional avoidance to cope with issues that concern him.

*...and they ummm... it’s really ... it’s pretty easy to say that it’d be alright to live with it, you just have to learn not to be afraid... coz you can’t change it...*

Several other children explained that they used avoidance/distraction techniques focusing more on removing oneself from the distressing situation, including visiting other people, going outside, going to their room to listen to music, and yelling in their pillow. In the first quote below, emotional avoidance is also present in the child’s comment “I keep it in” otherwise known as internalising the emotion.

*I keep it in and I just go to my pillow and just yell.*

*Well when my gran and pa yell at each other I just go next door and stay over there for a while.*

Many children advised that they did not like to talk about their real parents, and used a variety of avoidance techniques when the issue arose with their friends.

*... coz like I don't really like telling people about my mum because I like, I like to keep that secret.*

A few children indicated that they felt defensive when people asked them about their living arrangements, responding by advising the person to “mind their own business”. A pre-adolescent male child indicated that he avoided dealing with the issue by diverting the conversation or offering a brief and vague statement without going into specific details.

*... they do ask that, but like... it's sort of none of their business, but I don't tell them, “It's none of your business’. But they don't really care... I don't really tell them, I just say well, it's really not any of your business, its just ours...*

*Errrr.... I don't really mention it... I just kind of avoid the subject... and umm.... Yeah ... They just ask why I live with my grandparents... and then I just say, “Because I do”, I don't really [go into any detail].... Yeah....*

Finally, a few children indicated that their friends had not yet asked them about their living circumstances, however they were not sure how they would respond to such a question, as they wished to keep it private.

*I'd just say, coz like I don't really like telling people about my mum because I like, I like to keep that secret. So, ummm... I'd just say, “Oh... just because.... Ummmm.... just because things... umm... I don't know what I'd say actually...*

### ***Confrontation/Honesty***

Approximately half of the children appeared to cope with difficult situations by being honest and direct. This coping strategy was mainly applied to situations where they were asked about their home life.

*A lot [ask why I don't live with my Mum. I just say that] ...she just can't look after me and she's got something wrong with her.*

Several children recounted that when they told their friends that they lived with their grandparents and explained why, their peers were accepting and seemed comfortable with the issue. These children seemed to feel more comfortable about their own self-worth, and further acceptance and support from their friends was likely to enhance that.

*Well... I just tell them how it is... that I live with my nan ... and ... that , that it's basically just easy. It's easy just saying that we live with your nan rather than hiding it because if you tell some people that you live with your nan and others your mum, then they get a bit weird, coz they don't know whether you live with your mum or your nan... but the things is that all my friends know that I call her "Mum" coz I've lived with her for so long and that's just the easiest thing to say...*

*When you're making new friends and they want to come over and meet like your Mum and that, you say, 'No we don't live with our Mum we live with our Nan' ... and they sometimes get a bit offended by it but after a while they get used to it because you're still yourself and they're still your friends and they've got to live with it...*

*...when they ask me who I live with ... and I tell them how I live with my nanna but I just call her my Mum - at school ... and they don't really care... all they really care that is how I am – if I'm nice or whatever... they don't really care who I live with... yeah they just judge me for who I am...*

A few of these children were able to explain that their parent/s had died, which seems to have less stigmatisation attached to it than parental drug abuse or mental illness, thus perhaps, making it easier for children to discuss openly. The following comment by a male adolescent supports this idea.

*... if I tell some people they just say ... oh that Mum's crazy and stuff and that ..... like... let's say if she ... if someone's grandp – Mum died it would be easier to say that they died ... but with this it's a lot harder...*

### ***Social/Emotional Support***

Several children reported that they benefited from talking to people when they experienced difficult emotions, including friends, teachers, grandparents, and psychologists.

*When I'm feeling sad my friends go and help me....*

*[I talk to] ... one of my teachers at school. She does 'Rainbows' and it's like this program and you can talk to ... whatever you say it cannot ... it's like kept in a little secret.*

One child stated that she and her family had appeared on a television documentary about grandparents raising their grandchildren. This experience had obviously been of great value

for her and gave her the opportunity to relate with others who were living in similar circumstances, resulting in a sense of belonging and acceptance.

*Since we went and talked to the TV [appeared on a TV program], like ages ago, ummm... a lot of people didn't realise that we lived with our grandparents...like we didn't tell them... but when they found out, they actually started admitting that they lived with their grandparents... they used to hide it...but when a group of people who live with their grandparents talk out, the others will start talking out and it wouldn't seem such an oblivious thing, coz a lot of people do live with them ... coz we're not alone...*

Most of the children appeared to benefit from the social support element of the focus group session and phonecalls made to grandparents one to two weeks later confirmed that all the children told their grandparents that they had enjoyed the day, despite some of them feeling nervous beforehand. It was interesting to observe a friendship develop between two 9 year old girls who met for the first time at the focus group session. Over a couple of hours, the friendship developed into a positive relationship for both. During the session, the children were asked to draw a picture of the people who live in their house. Outside the house, they were able to draw pictures of other important people in their lives. Both of these two girls drew the other as an important person outside their home. At the end of the session, each child was given the opportunity to say something about the activity. One of the girls stated, *"I'm glad I came here today and I met some new friends."* On telephoning their grandparents about a week later to gain feedback about the group activity, the Research Officer was advised that the two girls had spoken several times on the phone since their meeting at the focus group.

Finally, a number of female children mentioned the benefit of writing about their emotional distress, particularly their anger, stating: *"When I'm mad I write a big story"*.

### ***Ventilation***

For the purpose of this study, the term 'ventilate' has been used to refer to any emotional expression of a cathartic nature, as opposed to 'emotional expression', which included emotional expression in a calmer manner. A couple of children claimed that when they were angry, particularly with their grandparents, they would go to their room, slam the door, and

listen to loud music, indicating that their anger was being expressed cathartically through their behaviour.

*When my pop tells me off or my nanna does, I go in my room, slam the door and play my music and just listen to music and turn it up real loud.*

Another two children reported that they would scream into their pillows when they felt angry. One child explained that she would initially “keep the feelings in” (emotional avoidance) and then release her feelings by yelling into her pillow. The purpose of ‘suffocating’ the expression of her anger with her pillow was likely to have been adaptive as it would have allowed her to express her emotional tension, but was less likely to result in upsetting other members of the household, unlike slamming the door and listening to loud music.

## **8.2 Part Two: Quantitative Analysis of Piers-Harris Children’s Self Concept Scale**

### Validity of Scores:

An exploration of the grandchildren sample data revealed that three of the twenty participants (15%) obtained Total Scores above  $T=65$  (see Appendix 9: N, S, U), suggesting that these scores should be interpreted cautiously due to the likelihood that these children were responding defensively, “faking good”, or responding in a “socially desirable direction” (Piers, 1984, p. 33-34). Further investigation of these three participants took place by examining their scores on the six cluster scales, to decide whether they appeared to be “faking good” in several other areas. One child (S) obtained scores near  $T=65$  for four of the six cluster scales, suggesting that she may have been responding in an overly desirable manner. Three of the six cluster scales were above  $T=65$  for the second child (N), while only two of the six cluster scales were for the third participant (U). Although there seemed to be strong evidence to suggest that responses for Child S were invalid, the outcome for the other two children was less clear. However, the decision was made to be cautious and to exclude all three scores from the calculation of the mean score for the group.

The revised mean calculated from 17 respondents was  $T=56$ , a little higher than the Total Mean Australian Norm Score of  $T=53$  (Amato, 1984).

**From this point on, all calculations will be based on the scores obtained by the 17 participants demonstrating valid responding.**

<b><u>Australian Norms (Amato, 1984)</u></b>							
<b>PHCSCS    Total Score: T = 53    SD = 12.00</b>							
<b>(No statistics available for Australian cluster scale norms)</b>							

PHCSC Scale	Range	Mean	Standard Deviation	# Scores Above Av.	# Scores Below Av.	# Severely Below Av	Category
Behaviour	47-66	53.94	9.09	7	2	1	High Av.
Intell/School	41-70	56.00	10.86	8	3	0	Just Above Av
Physical	37-72	55.00	8.56	9	2	1	High Av.
Anxiety	34-69	53.12	10.87	7	4	3	Med-Low Av.
Popularity	34-69	49.65	9.39	2	6	3	Med-Low Av.
Happiness	36-63	52.71	8.72	9	3	2	Average
Total	43-65	56.00	7.46	9	2	0	High Av.

Figure 5: Summary Table of Descriptive Statistics for Grandchildren's Scores on PHCSCS.

Total Self-Concept: Within the group of grandchildren, Total Scores ranged from T= 43 – 79, with a standard deviation of 7.46 (see Figure 5). The mean Total Score for this group was 56.00, which was somewhat higher than that obtained by the Australian norm group (T=53; Amato, 1984).

Cluster Scales: Mean scores for all cluster scales, except 'Intelligence/School Status' were within the average range (T = 45 – 55), with participant grandchildren obtaining a mean 'Intelligence/School Status' score just above the average range. These data indicate that, in general, this sample of grandchildren residing with their grandparents demonstrate self-worth of an approximately average level.

However, it is also evident in Figure 5 that a number of children obtained scores within the below average range on several scales. Several children demonstrated a severely low self-concept, particularly in the areas of 'Anxiety' and 'Popularity', suggesting that these children experience problematic anxiety and significantly reduced self-worth in relation to their social skills and friendships. However, it is worth noting that none of the children

demonstrated Total Scores within the ‘severely low’ level, and only two children obtained Total Scores below the average range. Alternatively, there was evidence that many of these children experience an above average self-concept in the areas of ‘Happiness’, ‘Physical Status’ and Total Self-Concept.

Despite the fact that occasional children obtained scores below average or within the severely low range, overall this group of grandchildren demonstrated that their overall self-worth was within the normal range.

## **9.0 DISCUSSION**

Children living in the full-time care of their grandparents is an increasing phenomenon in the Western World, as drug abuse, mental illness and family violence take hold. Therefore, it is of vital importance that, as a society, we have an understanding of the experiences of these children to ensure that their needs are being satisfied. It is also of value to understand what factors protect these children and assist in the development of a resilient individual. The current study has gained an understanding of the lives of these children and their wellbeing through the use of a focus group, semi-formal interviews, and a standardized psychological assessment tool.

A qualitative analysis of the children’s feedback from the interviews and focus group revealed the formation of five sub-themes, which were classified as Protective Factors, and six sub-themes, classified as Risk Factors. Protective factors consisted of two subcategories, i) Emotional Health and ii) Material Objects, which together formed themes of ‘Safety & Security’, ‘Love, Care & Belonging’, ‘Family Contact’, ‘Basic Physiological Needs’, and ‘Being Spoilt’. Generally, grandchildren indicated that they felt positive about living with their grandparents, and several children reported feeling safer and more loved with them than with their parents. Several of the grandchildren stated that one of the benefits of living with their grandparents was that they continued to have contact with their immediate and extended family members. They also indicated that most of their basic needs (such as food, warmth, shelter and clothing) were satisfied while living with their grandparents. One surprising theme which arose consistently was that of ‘being spoilt’. Almost all children mentioned that they were spoilt materialistically by their grandparents. This theme needs further exploration, as it seems that many grandparent families indicate financial constraints, despite the fact that the grandchildren believe they are being spoilt. It is possible that these

children have come from neglectful or disadvantaged environments where they rarely received such treats as biscuits’ lollies, chocolate, toys, games, and so forth, so that when their grandparents buy these for them, they feel comparatively spoilt.

Of the Protective Factors, it was noteworthy that four of the five sub-themes corresponded to three critical components of Maslow’s Hierarchy of Needs Pyramid (1968; see Figure 6), those being ‘Physiological Needs’, ‘Security Needs’, and ‘Belonging Needs’, with equivalent sub-themes of ‘Basic Physiological Needs’, ‘Safety and Security’, ‘Love, Care & Belonging’, and ‘Family Contact’ (component of ‘Belonging Need’).

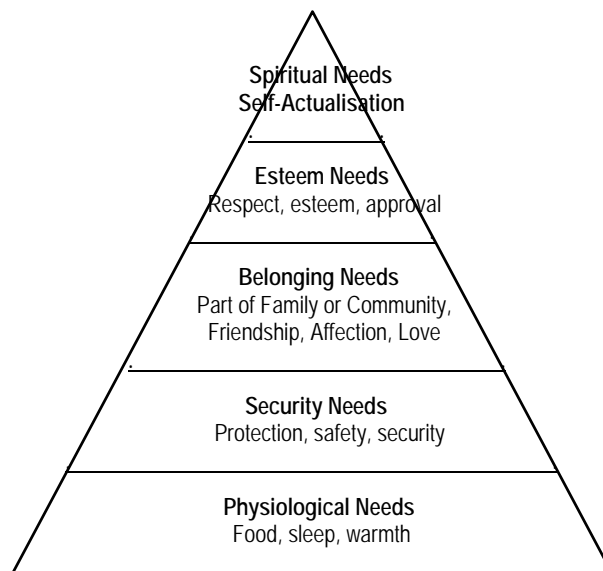


Fig. 6: Maslow’s Hierarchy of Needs Pyramid (1968)

In addition, several of these factors have been identified in the literature as being important factors in the development of resilience. It was observed that many of the children in the current study felt positive about their grandparents being their primary carers, and felt a sense of belonging to their grandparent-family and/or community, all of which are central to the development of resilience (Engeland, Carlson, & Sroufe, 1993; Fuller, 1998; Heller et al., 1999). According to the mean scores obtained by this grandchildren group on the Intelligence/School Status scale of the PHCSCS, generally they appeared to feel positively about their school experiences, indicating that they have yet another important factor which contributes to their resiliency (Herrenkohl et al, 1994, cited in Heller et al., 1999).

Risk Factors were also divided into two subcategories i) Complex History and ii) Current Lifestyle, which together included themes of 'Unresolved Loss', 'Confusion/Anxiety about their past', concern about the health and wellbeing of their grandparents, 'Financial & Environmental Stress', 'Stigma & Secrecy', and the parenting style of their grandparents. All children had experienced significant loss and many expressed considerable anxiety and confusion regarding their experiences before living with their grandparents. Children spoke of parental substance abuse, mental illness, family violence, and parental death as reasons for residing with their grandparents. Many children indicated significant stigma and secrecy about their living circumstances and why they were not living with their parents. Some children however, appeared to feel more comfortable with their situation and communicated openly with others about living with their grandparents. The grandchildren frequently spoke of financial and environmental stressors, particularly crowded living conditions. Although most children spoke positively about their grandparents, several complained that they lacked freedom and believed that their grandparents were too strict. A few children explained that these firm rules were to prevent them from developing difficulties like their parent/s.

Children spoke of several strategies they used to cope with various difficulties in their environment. Generally, they demonstrated coping techniques which could be classified into one or more of the following groups: Avoidance, Distraction, Ventilation, Emotional Expression, Social Support, Confrontation/Honesty.

Interpretation of the qualitative data indicates that most of these children have developed positively in the full-time care of their grandparents, despite having experienced significant trauma prior to this. Further support for this assumption was evident in the results these children obtained on the standardised self-concept scale (PHCSCS). Although, a few children demonstrated low self-concept, with two or three obtaining scores within the 'severely low self-concept' range on Anxiety, Popularity, and Happiness cluster scales, overall this group of children displayed a Total Self-Concept within the average range. It is of interest to note that almost half of the children displayed a general self-concept above the average range, indicating that some children in the care of their grandparents develop more favourably than children who remain in the care of their parents. In fact, the current sample obtained a mean Total Score on the PHCSCS above that of the norm group, suggesting that early trauma followed by stability, safety and care, may actually improve the self-worth of these children. Alternatively, it is not impossible that some of the additional responses were

somewhat invalid, due to the perceived need for these children to demonstrate their positive attributes.

However, it is worth noting that those grandparent families who participated in the current study are likely to be some of the most adaptive grandchildren and grandparents living together. Due to the voluntary nature of this research, grandparents agreeing to participate were more likely to have been motivated and concerned carers who were more comfortable with their relationship with their grandchildren. Those who felt concerned about what their grandchildren might say would have discouraged their participation. Therefore, this voluntary sample is likely to be biased in a positive direction, thus limiting the generalisation of the results. Another limitation of the current study involves the use of a psychological self-report measure and subjective, qualitative data, which relies on children communicating honestly and openly about their experiences.

## **10.0 CONCLUSION**

Although most grandchildren appear to develop well in the care of their grandparents, some may not progress so positively. Several factors are likely to be responsible for this discrepancy, including the early life experiences of these children, their current relationships with family members and other individuals, participation in community life, temperament and personality style, resources available to them, and the type of coping strategies they employ to deal with life's hurdles. Resources and assistance for these families is essential to ensure that the responsibilities associated with this parenting role, complicated by the generation gap, do not prevent best outcomes for grandparents and grandchildren.

## **11.0 REFERENCES**

Achenback, T.M. & Edelbrock, C. (1991). Manual for the Child Behaviour Checklist, Burlington, VT: University of Vermont Department of Psychiatry.

Altshuler, S.J. (1998). Child well-being in kinship foster care: Similar to, or different from, non-related foster care? Children & Youth Services Review, 0, 369-388.

Amato, P.R. (1984). The Piers-Harris Children's Self-Concept scale: An evaluation of its use on an Australian population. Vic: Institute of Family Studies, (Working paper no.6)

Australian Institute of Health and Welfare. (2003). *Australia's Welfare 2003*. Canberra: AIHW. (Available online: <http://www.aihw.gov.au/publications/aus/aw03/index.html>)

Bowers, B. F., & Myers, B. J. (1999). Grandmothers providing care for grandchildren: Consequences of various levels of care giving. Family Relations, 48, 303-311.

Cicchetti, D., Rogosch, M.L., & Holt, K.D. (1993). Resilience in maltreated children: Processes leading to adaptive outcome. Development & Psychopathology, 5, 626-647.

COTA National Seniors. (2003). Grandparents raising grandchildren. A report of the project commissioned by the Hon. Larry Anthony Minister for Children & Youth Affairs and carried out by COTA National Seniors. Draft 24 July 2003.

Cuddeback, G.S. (in press). Kinship family foster care: A methodological and substantive synthesis of research. Children & Youth Services Review.

Department for Community Development. (2004). Breaking the Cycle of Intergenerational Care: Children and young people in care as a result of parental drug and alcohol use. Perth, Australia.

Dubowitz, H., Feigelman, S., Harrington, D., Starr, R., Zuravin, S., & Sawyer, R. (1994). Children in kinship care: How do they fare? Children & Youth Services Review, 16, 85-106.

Engeland, B., Carlson, E., & Sroufe, L.A. (1993). Resilience as Process. Development & Psychopathology, 5, 517-528.

Flynn, R. (2002). Kinship foster care, Child & Family Social Work, 7, 311-321.

Fuller, A. (1998). From Thriving to Surviving: Promoting mental health in young people. ACER: Melbourne.

Garnezy, N., Masten, A.S., & Tellegen, A. (1984). The study of stress and competence in children: A building block for developmental psychopathology. Child Development, 55, 97-111.

Ghuman, H.s., Weist, M.D., Shafer, M.E. (1999). Demographic and clinical characteristics of emotionally disturbed children being raised by grandparents. Psychiatric Services, 50, 1496-1498.

Gibson, P.A. (2002). Caregiver role affects family relationships of African American grandmothers as new grandmothers again: A phenomenological perspective. Journal of Marital & Family Therapy, 28, 341-53.

Gilbertson, R., & Barber, J.G. (2002). Obstacles to involving children and young people in foster care research. Child & Family Social Work, 7, 253 – 258

Glaser, B. G. (1998). Doing Grounded Theory: Issues and discussions. Mill Valley, CA: Sociology Press.

Heflinger, C.A., Simpkins, C.G., & Combs-Orme, T. (2000). Using the CBCL to determine the clinical status of children in state custody. Children & Youth Services Review, 22, 55-73.

Heller, S.S., Larrieu, J.A., D'Imperio, R., & Boris, N.W. (1999). Research on resilience to child maltreatment: Empirical considerations. Child Abuse & Neglect, 23(4), 321-338.

Inglehart, A.P. (1994). Kinship foster care: Placement, services, and outcome issues. Children & Youth Services Review, 16, 107-122.

Jendrek, M.P. (1993). Grandparents who parent their grandchildren: Effects on lifestyle. Journal of Marriage & the Family, 55, 609-621.

Luthar, S., Cicchetti, D., & Becker, B. (2000). The construct of resilience: A critical evaluation and guidelines for future work. Child Development, 71, 543-562.

Maslow, A. (1968). Toward a Psychology of Being. Princeton, NJ: Van Nostrand.

Minkler, M., Fuller-Thomson, E., & Driver, D. (1997). Depression in grandparents raising grandchildren: Results of a national longitudinal study. Archives of Family Medicine, 6, 445-452.

Morgan, M., Gibbs, S., Maxwell, K., & Britten, N. (2002). Hearing children's voices: Methodological issues in conducting focus groups with children aged 7-11 years. Qualitative Research, 2, 5-20.

Morse, J.M. and Field, P.A. (1996). Nursing Research: The application of qualitative approaches. London: Chapman and Hall.

Murray, J.S. (2000). Conducting psychosocial research with children and adolescents: A developmental perspective, Applied Nursing Research, 13, 151-156.

Orb, A., Davey, M., & Henderson, S. (2004). Perceptions of grandparents as primary carers of their grandchildren. Perth: Curtin University of Technology.

Piers, E.V. (1984). Piers-Harris Children's Self Concept Scale: Revised Manual, Western Psychological Services: California.

Piers, E.V. and Harris, D.B. (1969). The Piers-Harris Children's Self-Concept Scale. Nashville, Tenn: Counsellor Recording and Tests.

Sawyer, R.J. & Dubowitz, H. (1994). School performance of children in kinship care. Child Abuse & Neglect, 18, 587-597.

Shore, R. & Hayslip, B. (1994). Custodial Grandparenting: Implications for Children's Development, in Redefining Families: Implications for Children's Development. New York: Plenum Press.

Solomon, J. C., & Marx, J. (1995). "To grandmother's house we go": Health and school adjustment of children raised solely by grandparents. The Gerontologist, 35 (3), 386-394.

Thomas, J.L., Sperry, L., & Yarbrough, M.S. (2000), Grandparents as parents: Research findings and policy recommendations. Child Psychiatry & Human Development, 31, 3-22.

Waldrop, D.P. & Weber, J.A. (2001). From grandparent to caregiver: The stress and satisfaction of raising grandchildren. Families in Society, 82, 461-472.

Werner, E. (1989). High-risk children in youth adulthood: A longitudinal study from birth to 32 years. American Journal of Orthopsychiatry, 59, 72-81.

## **12.0 APPENDIX**

Figure 3 Qualitative analysis of grandchildren interviews

Figure 4 Coping strategies used by grandchildren living with their grandparents

Appendix 1 Information Sheet

Consent Form (grandparents)

Consent Form (grandchildren)

Appendix 2 Participant Details

Appendix 3 Family information

Appendix 4 Information Sheet

Consent Form (grandparents)

Consent Form (grandchildren)

Appendix 5 Format of Focus Group

Appendix 6 Follow up support for children

Appendix 7 Piers-Harris Childrens' Self Concept Scale Individual T-Score

## Appendix 1

### INFORMATION SHEET

#### TO BE USED WITH THE CONSENT FORM

The Perceived Experiences of Young People Living with their Grandparents:

"Why living with my grandparents is so ... good"

*Curtin University of Technology invites you and your grandchild/ren to participate in a study exploring the experiences of children/adolescents who live with their grandparents. Please read the following pages, as they will provide you with information about the study. This study has been approved by Curtin University Human Research Ethics Committee.*

#### **Purpose of the Study**

Due to recent social changes in the western world, it is not uncommon for children to be raised by their grandparents. Not surprisingly, many grandparents struggle with this additional role of parenting their grandchildren and encounter various difficulties. Curtin University has recently completed a project on the experiences and views of the grandparents. The purpose of this current research is to explore the issues for the young people in these families in order to guide service/resource development for these family groups.

#### **What the Study Will Involve**

Young people (aged 8 – 18 years) will be invited to attend a group session with approximately six other children of similar ages and similar living circumstances, to share some of their views on living with grandparents. The group facilitator will meet with each child individually before the session to ensure they understand the details of the study and have chosen to participate voluntarily. They will also be asked to complete a ten minute questionnaire about how they feel about themselves.

The sessions will begin with an informal activity where children introduce themselves to the rest of the group. They will then be asked to respond to about five questions about their living circumstances. (These questions have been included for your interest below \*). The sessions will be audio tape recorded to assist in analysis of information, but this will be destroyed once analysis is complete. The sessions will be approximately two hours and will include a small amount of "party-food" to thank the children for their contributions.

If you think your grandchildren may be interested in participating, please speak with them about the study, read them this letter and, if they would like to be involved, please ask them to complete the Consent Form enclosed. (It is important that they are not pressured to take part in this study against their wishes.) Teenagers who do not want to attend a group session may be interviewed over the telephone if they prefer. Please indicate on your Consent Form if your grandchild would prefer to participate via telephone. In such instances, please ensure that they have private and confidential access to a telephone, if possible away from the family home (eg. friend's house) or where their responses cannot be heard by others.

- \* **Questions:**
1. What is it like living with your grandparents?
  2. What is the best thing about living with your grandparents?
  3. If you could change one thing about living with your grandparents, what would you change?
  4. What do you tell your friends about where you live?
  5. What advice would you give other young people about to move in with their grandparents?

PTO...

**The focus group sessions will take**  
**place**

**On:** Saturday 24<sup>th</sup> July 2004  
**Where:** Wanslea Family Service, 989 Albany Hway, East Victoria Park  
**Time:** Approx. 4 hours – either morning or afternoon.  
 Specific times to be advised later in July.

**Benefits and Discomforts or Risks**

The benefits of participating in this study are great: your grandchildren will be providing important information to guide service delivery and the development of resources for families like your own; they will meet other children in similar circumstances and some may wish to maintain contact with each other for support purposes. Although very unlikely, it is possible that a child may become emotional while talking about their living circumstances. Where this occurs in the group sessions, the facilitator will offer support to the child and remain behind with the child after the session. The child’s grandparents will be given a list of possible services to access if the child’s distress continues. If there is any concern for the physical or psychological health of children in this study, the researcher (an experienced teacher and psychologist) will advise the child’s grandparents of the concern and offer assistance regarding services to access.

**Voluntary Participation and Withdrawal from Study**

Participation in this study is completely voluntary and you are free to withdraw at any time, for whatever reason.

**Confidentiality**

While everything your grandchild(ren) say will be kept confidential, we recommend that families currently involved in the Courts choose NOT to participate, as it is possible for information to be subpoenaed for legal purposes.

**Questions & Queries**

Please feel free to telephone the researcher/group facilitator (Angela Hislop) on her number below if you have any matters that you would like to discuss. If still deciding whether or not to take part, you don’t have to give your name.

If you choose NOT to complete this research, your continued involvement in the Grandcare Program at Wanslea will not be influenced in any way.

.....  
.....

**Researcher**

Ms. Angela Hislop  
School of Psychology  
Curtin University of Technology  
Mobile Tel: 0414 441 396

**Supervisor**

Professor David Hay  
School of Psychology  
Curtin University of Technology  
Tel: 9266 7279 or 9266 7984

.....  
*This study has been approved by the Human Research Ethics Committee (HREC) of Curtin University.  
If you have any complaints or concerns about this study, please contact the Secretary of the Curtin University of  
Technology Human Research Ethics Committee on 9266 2784.*  
.....  
.....

**This letter has been sent to you by staff at Wanslea Family Services on behalf of Curtin University. Your personal details HAVE NOT been provided to the researchers.**

**CONSENT FORM (Grandparents)**

**TO BE USED WITH THE INFORMATION SHEET**

The Perceived Experiences of Young People Living with their Grandparents:

"Why living with my grandparents is so ... good"

- ➔ I give permission for my grandchild/ren in my care (listed in table below) to take part in this study.
- ➔ I understand that they have the right to withdraw at any stage without influencing my future involvement with Wanslea Family Services.
- ➔ I am comfortable that the group sessions will be audio taped for the purpose of analysis and that this audio recording will be destroyed following the analysis of its content.
- ➔ I give permission for the data obtained to be used anonymously in reports, understanding that no names or other identifying information will appear in any report concerning this study.
- ➔ I have been given a copy of the Information Sheet, giving me a full explanation of the purpose of the study, the procedures involved and what will be expected of myself and my grandchildren. I understand the content and I have been informed of the possible benefits and risks associated with this study.
- ➔ I understand that while information will remain confidential, it can be subpoenaed.
- ➔ All my questions or concerns have been clearly answered.
- ➔ I have provided my telephone contact details below and give permission for the researcher to phone me.

*Please complete the tables below and enclose the completed demographic form.*

Name of Grandchild	Gender	Age	Participate in study? (Yes/No/Phonecall only)

..... ..... <u>Grandparent's Name/s</u>	..... ..... <u>Signature/s</u>	..... ..... <u>Date</u>
..... (home/ work / other) <u>Contact Telephone Number</u>	Most suitable time to telephone me : .....	

Please return this form within the next week to Prof. David Hay, School of Psychology, Curtin University, in the self-addressed, reply-paid envelope attached.

### CONSENT FORM (Grandchildren)

The Perceived Experiences of Young People Living with their Grandparents:  
"Why living with my grandparents is so ... good"

*My name is Angela Hislop. I am interested in understanding more about young people who live with their grandparents so all these families can all live happily together. I would like to invite you and a few other children to join me in a few weeks to talk about some of the things you like and some of the things that can be difficult about living with your grandparents. We will also be playing some games and sharing some party food!*

Please read the sentences below. If you agree with them all and would like to be involved in the group activity, please write your name and date at the bottom of the page and give it to your grandparents to send to me.

- ➡ My grandparents have explained this project to me so that I understand. All my questions have been answered.
- ➡ I would like to attend a group activity with about 6 other young people who live with their grandparents so we can talk about living with our grandparents.
- ➡ I don't mind that my voice and other children's voices will be tape recorded during the group activity so our comments can be written down. I understand that some of what I say will be written down but that my name will not be included.
- ➡ Not even my grandparents will be told what I have said.
- ➡ I am happy to answer a 10-minute quiz on how I feel about myself, before the group activity.

➔ No-one has pushed me to be involved in this project and I know I can stop at any time without getting in trouble.

- ➔ You DO NOT have to take part in this study.
- ➔ If you decide not to be involved, no-one will treat you or your family any differently.
- ➔ If you DO decide to be involved, you CAN change your mind at any stage.
- ➔ You are free to STOP your involvement in this study whenever you want.

*If you have any questions please ask your grandparents so they can find out the answer by asking me.*

***Angela HISLOP, Researcher, ph: 0414 441 396***

.....	.....	
.....	.....	
<u>Child's Name</u>	<u>Child's Signature</u>	<u>Date</u>
.....	.....	
.....	.....	
<u>Child's Name</u>	<u>Child's Signature</u>	<u>Date</u>
.....	.....	
.....	.....	
<u>Child's Name</u>	<u>Child's Signature</u>	<u>Date</u>

Please return in self-addressed reply-paid envelope within next week.

## **Appendix 2**

### **Participant Details**

Gch ID	Gender	Age (yr)	YrsCare	GM/GF	Age GP(yr)	Others @ home	P/code	Parent Situation
A	M	10	10yr	1GM*	53	Aunt 15	6147	Sub Ab + Ment Hlth
B	M	10	10yr	1GF* 1GM	55 52	Aunt 26	6164	Sub Ab + Ment Hlth
C	F	11	6yr	1GM (Grt)	62	3 sibs	6064	Subst Abuse
D	M	9	6yr	1GM (Grt)	"	3 sibs	6064	Subst Abuse
E	F	8	2yr	1GF 1 <sup>st</sup> -GM	65 47	2 sibs	6108	Neglect + Abuse
F	F	9	2yr	1GF 1 <sup>st</sup> -GM	" "	2 sibs	6108	Neglect + Abuse
G	M	13	10yr	1 GF	72	-	6061	Subst Abuse
H	F	15	12yr	1GM	54	4 sibs	6063	Subst Abuse
J	F	14	12yr	1GM	"	4 sibs	6063	Subst Abuse
K	F	11	2yr	1GM	"	4 sibs	6063	Subst Abuse
L	F	11	8yr	1GM	62	3 sibs	6107	Subst Abuse + Viol
M	M	11	8yr	1GM	"	3 sibs	6107	Subst Abuse + Viol
N	M	13	8yr	1GM	"	3 sibs	6107	Subst Abuse + Viol
O	F	12		1GM 1GF	54 59	-	6112	Mental Health
P	F	10	10yr	1GM 1GF	73 76	-	6052	Mental Health
Q	F	9	3yr	1GM	61	1 sib	6109	Maternal Death
R	F	9	3yr	1GM	"	1 sib	6109	Maternal Death
S	F	9	1yr	1GM 1GF	48 51	-	6210	-
T	M	8	1yr	1GM	52	2 sibs	6054	Maternal Death
U	M	14	1yr	1GM	"	2 sibs	6054	Maternal Death
Total or Mean	8M 12F	× 10.8	× 5.9yr	11GM 6 GF	58.6 yr	-	-	-

**KEY:**

GM = Grandmother

GF = Grandfather

GP = Grandparent

Gch = Grandchild

✕ = Mean/Average

**Appendix 3**

**Tell us a little about your family**

**1. Gender, ages and role of all people living in household:**

Age	Gender	Position in family/Relation to self
<i>Eg. 67yrs</i>	<i>M</i>	<i>Grandfather</i>


2. My grandchildren have been living with me/us for \_\_\_\_\_ years / months

3. Do you want tell us why your grandchildren live with you? (not compulsory)

---

---

4. Postcode of residence \_\_\_\_\_

*Please return this completed form with your signed Consent Form in envelope provided.*

## Appendix 4

### INFORMATION SHEET

#### TO BE USED WITH THE CONSENT FORM

The Perceived Experiences of Children/Adolescents Living with their Grandparents:

"Why living with my grandparents is so ... good"

*Curtin University of Technology invites you and your grandchild/ren to participate in a study exploring the experiences of children/adolescents who live with their grandparents. Please read the following pages, as they will provide you with information about the study, which has been approved by Curtin University Human Research Ethics Committee.*

#### **Purpose of the Study**

Due to recent social changes in the western world, it is not uncommon for children to be raised by their grandparents. Not surprisingly, many grandparents struggle with this additional role of parenting their grandchildren and encounter various difficulties. Curtin University has recently completed a project on the experiences and views of the grandparents. The purpose of this current research is to explore the issues for the young people in these families in order to guide service/resource development for these family groups.

#### **What the Study Will Involve**

Adolescent grandchildren (aged 13 – 18 years) will be invited to take part in an informal telephone interview, to share some of their views and experiences of living with grandparents. In such instances, please ensure that they have private and confidential access to a telephone. Younger children (8-12 years) will be visited in their homes or another convenient location rather than using telephone contact. Wherever possible, suitable times to meet over the next three weeks will be arranged with all families. All grandchildren who participate will be asked to complete a 10 minute questionnaire on how they feel about themselves, and will then have the opportunity to comment on the following five questions.

- \* **Questions:**
1. What is it like living with your grandparents?
  2. What is the best thing about living with your grandparents?
  3. If you could change one thing about living with your grandparents, what would you change?
  4. What do you tell your friends about where you live?
  5. What advice would you give other young people about to move in with their grandparents?

These meetings should only take about 30 minutes with each child and the session will be audio taped to assist in the analysis of information. This tape recording will be destroyed once analysis is complete.

#### **Benefits and Discomforts or Risks**

The benefits of participating in this study are considerable: your grandchildren will be providing important information to guide service delivery and the development of resources for families like your own. Although very unlikely, it is possible that a child may become emotional while talking about their living circumstances. Where this occurs, the researcher (an experienced psychologist) will offer support to the child. The child's grandparents will be given a list of possible services to access if the child's distress continues. If there is any concern for the physical or psychological health of children in this study, the researcher will advise the child's grandparents of the concern and offer assistance regarding services to access.

Contd...

**Voluntary Participation and Withdrawal from Study**

Participation in this study is completely voluntary and you are free to withdraw at any time, for whatever reason.

**Confidentiality**

While everything your grandchild(ren) say will be kept confidential, we recommend that families currently involved in the Courts choose NOT to participate, as it is possible for information to be subpoenaed for legal purposes.

**Being Involved**

If you think your grandchildren may be interested in participating, please speak with them about the study, read them this letter and, if they would like to be involved, please ask them to complete the Consent Form enclosed. (It is important that they are not pressured to take part in this study against their wishes.)

**Questions & Queries**

Please feel free to telephone the researcher/group facilitator (Angela Hislop) on her number below if you have any matters that you would like to discuss. If still deciding whether or not to take part, you don't have to give your name.

**If you choose NOT to complete this research, your involvement in the GrandCare Program at Wanslea will not be influenced in any way.**

.....  
...

**Researcher**

Ms. Angela Hislop  
School of Psychology  
Curtin University of Technology  
Mobile Tel: 0414 441 396

**Supervisor**

Professor David Hay  
School of Psychology  
Curtin University of Technology  
9266 7279 or 9266 7984

.....  
*This study has been approved by the Human Research Ethics Committee (HREC) of Curtin University.  
If you have any complaints or concerns about this study, please contact the Secretary of the Curtin University of  
Technology Human Research Ethics Committee on 9266 2784.*  
.....  
.....

This letter has been sent to you by staff at Wanslea Family Services on behalf of Curtin University. Your personal details HAVE NOT been provided to the researchers.

## CONSENT FORM (Grandparents)

### TO BE USED WITH THE INFORMATION SHEET

The Perceived Experiences of Children/Adolescents Living with their Grandparents:

"Why living with my grandparents is so ... good"

- I give permission for my grandchild/ren in my care (listed in table below) to take part in this study.
- I understand that they have the right to withdraw at any stage without influencing my future involvement with Wanslea Family Services.
- I am comfortable that the sessions will be audio taped for the purpose of analysis but that this audio recording will be destroyed following the analysis of its content.
- I give permission for the data obtained to be used anonymously in reports, understanding that no names or other identifying information will appear in any report concerning this study.
- I have been given a copy of the Information Sheet, giving me a full explanation of the purpose of the study, the procedures involved and what will be expected of myself and my grandchildren.
- I understand the content of this study and I have been informed of the possible benefits and risks associated.
- I understand that while information will remain confidential, under some conditions it can be subpoenaed.
- All my questions or concerns have been clearly answered.
- I have provided my telephone contact details below and give permission for the researcher to phone me to make a suitable time to interview my grandchild.

Please complete the tables below:

Name of Grandchild	Gender	Age	Participate in study ? (Yes/No/Via Phone)

--	--	--	--

.....	.....
.....	.....
<u>Grandparent's Name/s</u>	<u>Signature</u>
<u>Date</u>	
..... (home/ work / other)	Most suitable time to telephone me : .....
<u>Contact Telephone Number</u>	

Please return this form within the next week to Prof. David Hay, School of Psychology, Curtin University, in the self-addressed, reply-paid envelope attached.

### CONSENT FORM (Grandchildren)

The Perceived Experiences of Young People Living with their Grandparents:

"Why living with my grandparents is so ... good"

*My name is Angela Hislop. I am interested in understanding more about young people who live with their grandparents so all these families can all live happily together. I would like to invite you and to talk with me about some of the things you like and some of the things that can be difficult about living with your grandparents.*

Please read the sentences below. If you agree with them all and would like to be involved, please write your name and date at the bottom of the page and give it to your grandparents to return to me.

- ➔ My grandparents have explained this project to me so that I understand. All my questions have been answered.
- ➔ I would like to talk to someone (on the phone or in person) about life with my grandparents.
- ➔ I don't mind that my voice will be tape recorded during the session so my comments can be heard again. I understand that some of what I say may be written down but that my name will not be included.
- ➔ I realize that what I say will be private - not even my grandparents will be told what I have said.
- ➔ I am happy to answer a 10-minute quiz on how I feel about myself.
- ➔ No-one has pushed me to be involved in this project and I know I can stop at any time without getting in trouble.

- .....
- ➔ You DO NOT have to take part in this study.
  - ➔ If you decide not to be involved, no-one will treat you or your family any differently.
  - ➔ If you DO decide to be involved, you CAN change your mind at any stage.
  - ➔ You are free to STOP your involvement in this study whenever you want.
- .....

If you have any questions please ask your grandparents so they can find out the answer by asking me.

*Angela HISLOP, Researcher, ph: 0414 441 396*

.....	.....	
.....	.....	
<u>Child's Name</u>	<u>Child's Signature</u>	<u>Date</u>
.....	.....	
.....	.....	
<u>Child's Name</u>	<u>Child's Signature</u>	<u>Date</u>
.....	.....	
.....	.....	
<u>Child's Name</u>	<u>Child's Signature</u>	<u>Date</u>

Please return in self-addressed reply-paid envelope within the next week.

## **Appendix 5**

### **FORMAT OF FOCUS GROUP (N=6)**

(Total Time : 60-70 mins)

1. Introduction – facilitators, purpose of activity, group rules/expectations, confidentiality and tape-recorder. (5 mins)
2. Warm-up Activity – children write first name on paper and draw “quick” picture of those who live in their house. May also wish to draw other family members on paper. Each child introduces self by first name, and briefly explains picture. (15 mins)
3. Facilitator introduces next activity. Questions written on cards turned face-down. Each child is invited to turn over a specific card which the facilitator reads aloud. Each child will be invited to respond verbally to each question. (30 mins)

4. Closure & Debrief – Review the main issues identified during the questions/discussion activity. Check on any observably distressed children and encourage those who feel upset to remain behind after the session to talk with facilitator/psychologist. (10 mins)
  
5. Finale – Provide the group with a thankyou note and invite them to stay and finish the food and talk with other children. Informal activity. (10 mins)

-----

## Appendix 6

### **FOLLOW-UP SUPPORT FOR CHILDREN**



Thankyou for taking part in our study on the experiences of children who live with their grandparents (as a result of parental absence or a limited ability to care effectively).

The opportunity to hear from the children directly was very beneficial and will help complete the picture – with the perspectives of grandparents and grandchildren.

Although it is very unlikely, it is possible that today's group session may have unsettled your grandchild/ren and you may feel they need follow-up support or counselling. I have provided a list of possible services that you may wish to access if this is the case.

Please feel free to call me to discuss any concerns over the next week or two. I will be available on 0414 441 396 and will return your call on a land-line phone.

With special thanks,

*Angela Hislop*  
(Psychologist, Research Officer)

---

**ARAFMI – Association of Relatives & Friends of the Mentally Ill**  
Individual counselling for people living with someone with mental illness.  
Children and adults. Support Groups. Free Service.

**9389 9888**

**Relationships Australia - (9 Locations)**  
Relationship Counselling; Family Violence Counselling & Mediation;  
Parenting Courses & Seminars. Adults & children. Fees - sliding scale.

**9489 6363**

**Kinway** –

9263 2050

Relationship counselling for adults & children.  
Family Court/separation Counselling; Parent-Adolescent Counselling  
Family Violence Counselling; Fees – sliding scale.

**Silver Chain Grief Support Service** –

9328 4066

Grief Counselling for children and adults.  
Support Groups.

**Curtin University Psychology Clinic** –

9266 3436

Counselling for chn & adults by postgrad students under supervision  
of Specialist Psychologist. Addictions Clinic also. Reduced Fees.

**University of WA Psychology Clinic (Robin Winkler Clinic)**

9380 2644

Counselling for children and adults by postgraduate students  
under supervision of Specialist Psychologist  
Fees: \$15-\$30/hour

**Murdoch University Psychology Clinic**

9360 2570

Counselling for children and adults by postgraduate students  
under supervision of Specialist Psychologist. Reduced Fees.

## Appendix 7

### **Piers-Harris Children's Self Concept Scale Individual T-Scores**

Gchd ID	Gender	Age	YrsCare	Bhvr*	Intell*	Phys*	Anx*	Pop*	Happ*	Total*
A	M	10	10yr	59	63	53	63	55	56	63
B	M	10	10yr	50	45	37	34	36	42	45
C	F	11	6yr	66	63	56	69	61	56	65
D	M	9	6yr	47	52	43	63	51	47	51
E	F	8	2yr	54	41	46	59	41	63	52
F	F	9	2yr	59	70	64	52	55	52	65
G	M	13	10yr	66	50	60	55	55	63	63
H	F	15	12yr	50	70	64	44	47	52	57
J	F	14	12yr	43	59	53	49	69	56	52
K	F	11	2yr	36	41	56	38	39	36	44
L	F	11	8yr	50	41	60	49	44	56	54
M	M	11	8yr	59	55	56	69	51	63	62
N	M	13	8yr	66	70	69	63	61	63	74
O	F	12	2yr	66	52	46	55	55	63	58
P	F	10	10yr	45	47	53	34	34	36	43
Q	F	9	3yr	47	63	56	59	55	47	59
R	F	9	3yr	66	70	60	59	55	52	54
S	F	9	1yr	66	70	69	69	61	63	79
T	M	8	1yr	54	70	72	52	41	56	65
U	M	14	1yr	59	63	64	69	69	63	74
Mean (N=20)	-	10.8	5.9yr	55.40	57.75	56.85	55.20	51.75	54.25	58.95
SD N=20	-	-	-	9.17	10.92	9.11	11.25	10.15	8.85	9.98
Rev $\bar{x}$ N(=17)	-	-	-	53.94	56.00	55.00	53.12	49.65	52.71	56.00
Rev SD N=17	-	-	-	9.09	10.86	8.56	10.87	9.39	8.72	7.46
Norm $\bar{x}$	-	-	-	-	-	-	-	-	-	53.00
Norm SD	-	-	-	-	-	-	-	-	-	12.00

**KEY:**

\* = T-scores on scales of PHSCS.

SD = standard deviation

 $\bar{x}$  = mean