Most children who are in foster care because of abuse or neglect come from poor families headed by single mothers who have historically relied upon welfare. While the child welfare system in the United States is dedicated to protecting children from maltreatment and returning foster children to their parents as soon as possible, public policies sometimes make this difficult.

Four recently completed studies by Kathleen M. Wells, Ph.D., associate professor of social work and psychology at the Mandel School of Applied Social Sciences, reveal how the child welfare system is functioning under conditions of welfare reform. In particular, Dr. Wells concludes that current policies may impair single mothers with children in foster care from getting their children back. In 1996, the Personal Responsibility and Work Reconciliation Act was passed to promote economic self-sufficiency among the poor by creating new work requirements for adults and placing limits on the length of time families can receive assistance. Working together with the Cuyahoga County Department of Children and Family Services, Dr. Wells and her research team discovered that since the welfare reform legislation was passed, the number of children entering foster care is climbing and foster children are returning home more slowly.

Wells also found that family income contributes to the speed with which children return home. Mothers who lost welfare assistance after their children were placed in foster care have the slowest rate of family reunification, compared to children whose mothers never lost such income. In Ohio, there is a thirty-six month time limit for welfare eligibility—mothers who get a job because their welfare benefits have been reduced have a much harder time getting their children back than mothers who rely on welfare consistently and don’t work.

In addition, many mothers involved with the welfare system have severe problems, such as substance abuse or poor mental health, making it difficult to hold a job. Moreover, the low-wage jobs for which they may qualify are often unstable, provide inadequate benefits, require evening or early morning work, or offer limited flexibility. “Public policy must be changed so that single mothers and their children have adequate economic support and support from social services to function as a family,” Dr. Wells concludes.

http://msass.case.edu/faculty/kwells/research.html

Grandmothers raising grandchildren is an increasingly common situation in our country. Carol M. Musil, R.N., Ph.D., and associate professor of nursing at Case’s Frances Payne Bolton School of Nursing is the principal investigator in a four-year study that is examining the effects of caregiving on the health of 450 Ohio grandmothers as well as the effect of these women on their families. The study is innovative because it includes a comparison group of non-caregiver grandmothers, and it considers the links between the grandmothers and the family in terms of stress, health, and family well being. With the goal of identifying factors that may moderate the effects of stress and how resourcefulness is learned, understanding how to help these women stay healthy is a priority of the project. Nearly 2.3 million grandmothers have a grandchild under the age of 18 living in their homes. More than 1.4 million grandmothers provide supplemental care as a member of a multigenerational home. One million grandmothers are solely responsible for raising their grandchildren—20% of them are over the age of 65, many are poor, and half are minorities. Grandparents with primary responsibility take on this role when parents are unable to do so because of death, drug or alcohol abuse, child neglect, mental or physical problems, or incarceration.

Based on the self-reporting of the grandmothers, the research has shown that grandmothers who are primary caregivers experience greater stress and depression than non-caregivers. While younger children are physically demanding, older grandchildren often require more emotional and psychological energy. If the grandmothers have health problems or developmental delays, the care demands increase considerably.

Prior studies have shown that more active coping resulted in better health for caregiving grandmothers. Those who took a planned approach fared better than those who ignored problems or just reacted to them. Dr. Musil’s research team discovered that the grandmothers were aware of the challenges they faced, were very interested in health promotion for themselves and their grandchildren, and actively sought ways to effectively raise these children. While facing a unique set of challenges and responsibilities, the grandmothers acknowledged that they are offset with immeasurable rewards. I hope that our study will lead to additional services, financial assistance, and health-related support for grandmothers, tailored to the role they play in the lives of their grandchildren. The impact of grandmothers as caregivers to youth cannot be overstated and such support would benefit the whole family,” notes Dr. Musil.

http://fpb.case.edu/research

One million grandmothers are responsible for raising grandchildren.