

UNDERSTANDING GRANDMOTHER & GRANDCHILD CO-RESIDENCY: A POLICY WONK'S INTELLECTUAL ODYSSEY WITH THOUGHTS ABOUT RESEARCH & ADVOCACY

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This narrative portrays the intellectual journey of the author, a self-identified policy "wonk," from having a reluctantly coincidental interest in grandmothers living with grandchildren to developing a sustained research agenda that addresses program and policy responses to meet the needs of this important segment of U.S. families.

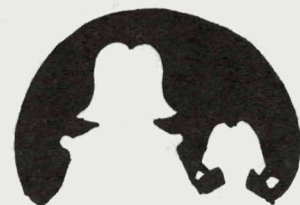
This narrative portrays my intellectual journey, which relied on nationally representative samples of women and youth, to grapple with appropriate policy responses to meet needs of grandmother-grandchild households. It tells how I became hooked on the topic of grandmother-grandchild co-residency.¹ The narrative shows how prior professional experiences and current policy concerns converged and resulted in a series of related articles on family and workplace policies and the Personal Responsibility and Work Opportunities Act of 1996. It concludes with a discussion of how my professional experience forced me to rethink the nature of helping clients, and continues to influence advice I give to students about advocacy and scholarship. One of the main lessons the narrative draws is the powerfulness of advocacy fueled by rigorous analysis of data. The narrative comprises three parts: origins, offspring, and helping.

Origins

Around the spring of 1997, a friend and former colleague, Dr. Robin Goldberg-Glen at Widener University, asked if any of the nationally representative longitudinal data files I used for my research on the economic well-being of families had any information about grandparents and grandchildren. Dr. Goldberg-Glen was conducting a study on intergenerational families in the Philadelphia area and preparing a proposal for a co-edited book on grandmothers raising grandchildren

(Hayslip & Goldberg-Glen, 2000). She knew that I had taught a course in family policy when we worked together previously and that I was then currently teaching a similar course.

I approached academic-related research with nationally representative data files reluctantly, despite considerable experience using them prior to becoming a full-time academic in 1987. My hesitation was due to my relative ignorance of statistical analysis, an ideological preference for qualitative research methodologies, and an affinity for historical analysis. My aversion to face statistical analysis and rely on large data files changed, however, the more I examined the nature of social problems associated with family violence (Caputo, 1988). I felt I could do more, that is, advocate for appropriate programs and policies, to help break the cycle of family violence if I knew more about related problems. In particular, my work in the area of domestic violence led me to focus on family poverty, income dynamics, and women and work. These broader concerns were better addressed with information gleaned from larger regional or nationally representative samples of the population. Wanting to know more about factors related to domestic violence led me to work with and learn from scholars more familiar than I was about secondary data analysis and multivariate statistical procedures (Caputo & Cianni, 1997; Cnaan, Caputo, & Shmueli, 1994; Dolinsky, Caputo,



& O'Kane, 1989). By the time Dr. Goldberg-Glen had approached me in regard to grandparents and grandchildren, I enjoyed quantitative analysis and much of my research and policy recommendations had relied on nationally representative samples and secondary data analysis.

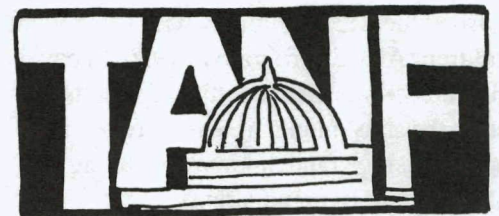
When Dr. Goldberg-Glen initially inquired about related information in national data files, I had to admit I had no idea and inquired what was at issue. Dr. Goldberg-Glen stressed the lack of longitudinal information and the need to address policy issues. Although I already had a full research agenda, in the end I half-heartedly agreed to examine a longitudinal data file based on a national sample of women aged 30-44 as of April 1, 1967, and surveyed intermittently through, at that time, 1992. If warranted, I agreed to think about contributing a chapter to her co-edited book. Thus began an ongoing intellectual journey that not only resulted in the contribution to the book, but has led to several other articles that address workplace and related public policy issues.

I knew Dr. Goldberg-Glen's request was technically feasible from research I had begun on adult daughters co-residing with aging parents and relatives (Caputo, 1999b). Still reluctant to take on the research, I had to convince myself of the substantive merits of the undertaking. At the time I was not familiar with grandparents raising grandchildren as a social issue, but a literature search revealed what many professionals in the field of child welfare had known too well for nearly two decades. The increased rate of teen pregnancies and the crack cocaine epidemic of the 1980s and early 1990s compounded the effects of other social trends (e.g., incarceration and divorce rates), placing many infants and children at risk. Apparently, for a large number of abuse and neglect cases, child welfare systems across the country had come to rely on grandparents, especially grandmothers, to assume responsibility for their grandchildren, a trend potentially exacerbated by the 1996 welfare reform legislation (Greenberg, et al., 2000; Minkler, 1999). Several students with whom I had shared related research findings and

concerns in classes said that when they were protective service workers, they would routinely "drop off" abused and neglected children with their grandmothers, often without prior notice, because of the unavailability of foster care parents. Allegedly, too often neither remuneration nor commensurate legal authority for, say, medical care accompanied this responsibility, creating undue hardships for grandmothers who might be balancing careers and families. Systematic research and greater deliberation about appropriate policy responses were clearly needed. Policy "wonk" that I am, I was hooked.

Offspring

The book chapter (Caputo, 2000f) profiled trends and correlates of co-residency among African American and Caucasian families in the National Longitudinal Survey (NLS) Mature Women's Cohort between 1967 and 1992. Findings revealed that the prevalence of co-resident grandparenthood might be more pervasive than previous estimates, particularly among African Americans, and that co-residency often lasted several years.² Recommended policy options included revisions to the foster care program to permit and/or broaden kinship care and to the Social Security program to ensure promised benefits to low-income grandmother caregivers, as well as



to the Temporary Assistance for Needy Families (TANF) program permitting academic education in the training package of job-enhancing skills for welfare recipients. Adopting such measures would increase the capacity of skipped-generation households to obtain greater resources and encourage the young mothers in three-generation households to complete as much formal education as possible.

Intrigued by racial differences, I further explored the influence of race on the likelihood of grandmother-grandchild co-residency and found that race mattered when accounting for a variety of other factors thought to influence the likelihood of co-residency (Caputo, 1999e). I had noted, however, that despite race, the majority of co-resident grandmothers lived in households above poverty. This finding surprised me given that so much of the literature suggested that these families were poor, but it eventually led me to sharpen the distinction between "skipped-generation" and "sandwich-generation" households. At the time I concluded that the private or voluntary actions of these women contributed to the public good. I recommended that policy exclude the grandmother's household income in any determination of eligibility for public funds to which the child's mother might be eligible.

Given my longer-term interest in family poverty, I also examined trends and correlates of grandmother-grandchild co-residency among low-income families. An unexpected joy of the research agenda I was building in regard to grandmother-grandchild co-residency was its linkages to my work in regard to income dynamics and family poverty (Caputo, 1999a & 1999c). This effort resulted in recommendations to alter eligibility requirements for Food Stamps, Medicaid, and TANF, the program that replaced the Aid to Families with Dependent Children (AFDC) program in 1996. Specifically, I recommended lengthening or eliminating the sixty-month time limit for grandparents raising grandchildren, excluding all elderly and/or ill grandparents from the eligibility and work requirements, and extending the use of child-only grants. In addition, I advised policy makers and service providers to ensure that the Earned Income Tax Credit (EITC) remain a viable option for able-bodied low-income grandmothers and that these grandmothers be informed about and helped to use it as necessary (Caputo, 2000c).

Contested Policy Recommendations in a Market-Driven Age

Whether the policies I recommended could be considered the right policies remains contestable. Provision of cash assistance is a good example, given the contemporary efforts of many government officials and others to increase economic self-sufficiency. This ideology was reflected in passage of the Personal Responsibility and Work Opportunities Reconciliation Act of 1996 that created TANF. I harbor few doubts that cash assistance is an appropriate response to meet the immediate need of low-income, co-resident grandmothers. Findings from my studies and others also suggested, however, that grandmother-grandchild co-residency is often a long-term commitment, further implying the prospect of cash assistance for five years or more.

I prefer provision of cash for as long as it takes, given the service these grandmothers are providing to society either by raising kids who might otherwise get lost in the foster care system or by providing care and residence to their aging parents while still raising their own children. Given the history of public assistance in the U.S. and the contemporary climate of opinion favoring market solutions to social problems, the political viability of the right thing for government to do remains problematic. At issue are polarizing values, on one side extolling the virtues of self-sufficiency prodded by a punitive, reluctant welfare state and on the other side meeting common human needs supported by a welfare state committed to ensuring more equitable distribution of resources than might not be the case otherwise. These polarities constitute an underlying thread interwoven in the discussion and implications sections of the grandmother-grandchild co-residency studies I have conducted to date. They also provide the backdrop that tempers the certainty with which I make policy recommendations and encourage activism to promote them, themes that I take up further in the "Helping" section of this narrative.

Conference Feedback That Influenced My Research Agenda

I had presented earlier versions of the manuscripts I had written to date at the annual meetings of the American Sociological Association in 1998, the Gerontological Society of America in 1999 and 2000, and the Society for Social Work and Research in 2000. Participants at the conference sessions encouraged me to apply a longitudinal lens to a younger cohort of women, which, as described below, I did. They speculated that the cohorts might be different, particularly in regard to the influence of race and age at time of the birth of first child, and that implications for appropriate public policy and workplace recommendations might vary accordingly.

Session participants also raised the issue of accounting for the psychological effects of co-residency on the grandmothers. I was unaware of any psychological or stress-related variables in the NLS Mature Women's data files to date. I acknowledged the limitations of working with secondary data, namely researchers who did so had to rely on what others had asked – an on-going source of frustration. I thought such information was better suited to qualitative studies that relied on smaller samples. Session participants agreed, stressing the importance of qualitative research in this area of study, but nonetheless acknowledged the need for longitudinal studies not only within one cohort of women, but across cohorts to the extent there were viable sources of data. One nagging concern about the viability of the NLS data files about which session participants asked had to do with the relationship of household members to each other. Household members were identified by their relationship to survey respondents, not to each other. I could not determine with certainty if a grandmother's adult son or daughter reported to be living in the household at the time was the parent of the grandchild. This limitation is one of several reasons that tempers the claims I make in regard to findings and implications and also influences how I help students and others think about the relationship between advo-

cacy and research, a topic developed in the "Helping" section of this narrative.

Session participants also wanted to know more about related policy issues. Several session participants were aware that the Personal Responsibility and Work Opportunity Act of 1996 mandated poor teen mothers to reside with a responsible adult as a condition of eligibility for TANF. Although few participants, however, had equated this responsible adult with grandparents, they knew that grandmother-grandchild co-residency also affected eligibility for Food Stamps and Medicaid. I often left conference sessions overwhelmed yet exhilarated by the prospect of having more work than I originally intended to do on the topic of grandmother-grandchild co-residency.

Young Grandmothers

All manuscripts and conference presentations thus far described had relied on data from the NLS, Mature Women's Cohort. One of the benefits of taking a longitudinal view of these women was identifying the relatively high proportion of co-resident grandmothers in their thirties, suggesting that some women might become co-resident grandmothers in their twenties. That prospect elevated my curiosity, because it implied that many co-resident grandmothers were very young when they became parents. I also wondered if their daughters were also likely to become co-resident grandmothers. Given these prospects, the 1996 welfare reform legislation, and encouragement from session participants at conferences, my scholarly curiosity and policy concerns peaked and I continued research in this area.

The literature led me to expect the overwhelming majority of co-resident grandmothers to be in their mid-forties and older. The majority of co-resident grandmothers in my studies to date fit this profile. Nonetheless, there were sufficient numbers in their early forties and thirties to warrant exploring the possibility of trends and correlates of grandmother-grandchild co-residency in the NLS, Young Women's Cohort. Respondents in this cohort of women were between the ages of 14 and 24

as of January 1, 1968, so the sample had promise of identifying early stages of grandmother-grandchild co-residency and plotting trends as these women matured.

Plotting the trends, I noticed that by the late 1970s and early 1980s, a roughly comparable percentage of respondents in the Young Women's Cohort were co-resident grandmothers and were similar in age to those in the Mature Women's Cohort in 1967. This was uncanny because it suggested that women in the younger cohort who were born and raised in different time periods might nonetheless follow a similar grandmother-grandchild trajectory over their life spans (Caputo, 1999d). This prospect took on added significance in light of a related study, described below, which suggested that some young co-resident grandmothers, particularly if they were single, might be at risk for depression as they get older. The existence of longitudinal data files such as the NLS Young and Mature Women's Cohorts made such a research undertaking possible.

Psychological status of co-resident grandmothers

I had become so heavily invested in co-residency research that psychological issues raised at previous conferences also became of viable interest. Given the reported stress associated with raising grandchildren found in smaller, qualitative studies, I wondered if the NLS data files contained any related measures. They did. In survey years 1995 and 1997 the CES-D scale, a measure of depressive symptomatology for the general population, was administered as part of the larger survey for each cohort. My roots in social work were clinical, shaped by my work experiences at the Arizona State Hospital in Phoenix in the mid 1970s. Hence, the focus on social-psychological aspects of co-residency was not too much of a stretch, and the prospect of pursuing research in this area rekindled dormant intellectual and advocacy concerns in the field of mental health.

Essentially, I found that co-resident grandmothers, regardless of age and cohort,

were more likely than other mothers,³ even those who had previously experienced co-residency, to have higher levels of depression. Furthermore, among older co-resident grandmothers, those in skipped-generation households experienced greater increases in depression than those in three-generation households and had the highest level of depression of any study sub-sample. Being a single co-resident grandmother was more likely among older women, portending a difference between the Mature and the Young Women's Cohorts, but nonetheless suggesting what younger co-resident grandmothers are likely to face as they approach their retirement years. Although the levels of depressive symptomatology were insufficiently high to warrant a judgment of clinical depression, they were high enough to indicate an "at risk" population.

Reviewers of early drafts of this study (Caputo, In press a) asked for a more thorough discussion of practice-related implications than I had initially provided. The request required additional thought, because the evidence I had presented suggested only that a relatively small percentage of co-resident grandmothers might be at risk and I wanted neither to typecast co-resident grandmothers nor to overstate the case for intervention. My clinical and advocacy impulses nagged me to cast as wide a net as possible to increase the likelihood that many people would get services, but my research-oriented objective proclivity dictated that my recommendations remain within the constraints of the measures and data I used in the study. In the end, I discussed criteria that practitioners could use to help identify co-resident grandmothers who might be at risk for clinical depression. I also suggested that further evaluation with more appropriate measures be done prior to developing and implementing specific interventions targeting depression.

An Unresolved Puzzle: Co-residency in the U.S. South

A fairly consistent finding across much of my research was the presence of grandmother-grandchild co-residency in the South.

One of the session participants at the 2000 ASA Annual Meetings offered an explanation to account for the finding. A self-disclosed mid-westerner by upbringing, this session participant recalled how many African American parents he knew would send their children to their parents' house to



spend the summer. That seemed plausible, given additional anecdotal evidence. One of my uncles, with whom I share much of my scholarship because of our opposing political views about the nature of and remedies for poverty, had corroborated this mid-westerner's explanation. While a child, my uncle lived in an integrated neighborhood in Brooklyn, NY. He recalled how several of his African American friends would spend entire summer vacations in the South with their grandparents, in part to get away from urban influences conducive to juvenile delinquency and the like. My uncle's story about his African American friends was meant to take issue with several of my policy recommendations regarding the appropriateness of cash assistance to low-income families. For my uncle the issue was too much reliance on government to underwrite what people are rightfully doing for themselves, even if driven by necessity. This sliver of an on-going discussion between a fiscally conservative uncle and his unabashedly liberal nephew contributes to my reflecting upon the rightness of the policy recommendations I make.

Given the sociodemographic composition of many contemporary inner cities, I suspect African American parents sending children to spend summers and holidays at their grandparents' homes in the South still goes

on. My findings about the South held even when controlling for race, thereby suggesting that either European-American or other parents also send their children to their grandparents or that some other regionally related characteristics are conducive to co-residency in that part of the U.S. Session participants at conferences further corroborated the anecdotal evidence about urban African American parents sending their children to the more rural areas in the South, but they did not offer any additional attributes or characteristics about the U.S. South that might account for the finding. Further, no one suggested that European-American parents routinely send their children to their grandparents in the South. To date, I have no satisfactory explanation and remain intrigued by the finding.

Intergenerational transmission of co-residency

The co-resident grandmothers in the NLS Young and Mature Women's Cohorts appeared to share some critical sociodemographic and psychological characteristics. I wondered if the mothers of the younger co-resident grandmothers were likely to have been co-resident grandmothers themselves. That is, to what extent was grandmother-grandchild co-residency transmitted across generations and what, if any, was the role of race in the likelihood of its intergenerational transmission. The policy-related issue was the sixty-month time limit provision enacted with passage of the Personal Responsibility and Work Opportunities Reconciliation Act of 1996. The Act specified that states could not use federal TANF funds to provide assistance to a family that included an adult who had received such assistance for sixty months. Would a prospective co-resident grandmother, who might have become a sixty-month TANF beneficiary as a teen mother herself, be ineligible for federal funds under TANF? Given that extended families are more common among African Americans than Caucasians in the U.S., would such TANF provisions adversely affect African American families by discouraging them

from assuming intergenerational responsibility in times of need? A larger issue, I surmised, was the importance and resiliency of the extended family to meet needs. Did public policies in general and TANF in particular support or erode the ability of the extended family to meet need?

There are practical and theoretical issues associated with society's response to extended families in general and to such African American families in particular. If responses are at best neutral or at worst punitive, as certain provisions associated with TANF might be, then society might be foregoing an opportunity to reward the efforts of families to take care of their own. Cost of related care burdens might thereby shift to the public sector. Further, neutral or punitive responses might adversely affect the positive effects the older generation has on the younger one by serving as role models in times of need. My research suggested that intergenerational transmission of co-residency is a learned behavior that can benefit from institutional, structured, public support (Caputo, 2000b & 2000e). The conservative battle cry to preserve and encourage the nuclear family may prove less than wise if this traditional family form is less resilient to meet the needs of an aging population or those of children whose parents experience drug-related or other social problems that interfere with responsible parenthood.

Finally, taking account of men

My work to date in the area of co-residency focused only on women. I easily justified this because women still constitute the majority of caregivers, for both old and young alike, and are more likely than men to struggle balancing work and family. Nonetheless, I started to think about the prospect of examining co-residency in a longitudinal data file of a nationally representative sample of youth (NLSY79) 14-22 years old who were first surveyed in 1979. I had used the NLSY79 data files previously for my work on income and poverty dynamics (Caputo, 1999a & 1999c) and on the use of the Head Start program by children of NLSY79 mothers (Caputo, 1998). I sus-

pected from past research that co-residency should be an identifiable pattern in the NLSY79 by the mid-to-late 1980s and thereafter for women and possibly for men. The literature led me to expect a smaller proportion of men than women to be co-resident grandparents, but much less was known about their characteristics and the NLSY79 offered some promise to find out. As it turned out, the young men were about half as likely as the women to become co-resident grandparents. Since the number of male co-resident grandparents was small, I avoided characterization of them. Sex remained an important predictor of co-residency even when controlling for factors like education, employment status, marital status, poverty status, race, region, and time of birth of their first child (Caputo, In press b). For all practical purposes, grandparent-grandchild co-residency meant grandmother-grandchild co-residency.

Helping

My research on grandmother-grandchild co-residency has not led to any direct or personal involvement in related policy developments to date. That is, I have not directly presented or discussed the results of my research with policymakers, nor have I actively advanced the policy recommendations I made beyond the professional literature and presentations. This is not to say that the policy recommendations I made in published articles to participants at professional conferences and to my students are in vain or have no tangible effect. Students and colleagues, however, often inquire about the nature of influence and level of activism in regard to my scholarship. I suspect the implied question really is "What does any of your scholarly work have to do with helping people?" Larger questions loom regarding the proper relationship between the academic scholar and the public intellectual, between the rigorous researcher plagued with uncertainty and the passionate activist in pursuit of social justice. Must one preclude the other?

I mentioned earlier that limitations of my research often tempered the zeal or certainty

with which I presented findings or made recommendations in regard to grandmother-grandchild households. Seeking to overcome those and related limitations have virtually precluded my activist impulses to see that others, in this case grandmother-grandchild households, benefit from my work. For an activist who helped form and then head a state-level group of paraprofessionals while working for the Arizona State Hospital in the mid 1970s, questions about the tangible impact of my research on people's lives have an arresting affect on me. I recall a conversation I had with a psychiatric nurse about my transition from a mental health technician providing direct services to an administrator designing programs and strategic plans. In the midst of my explaining all I was learning about personnel policies and procedures, admission processes, discharge and recidivism rates, and the like, she interrupted me and asked in effect, "Are you really helping any of the patients with this stuff?" Stunned, I could point to no discernable benefits and admitted I was not sure.

The question of helping others continually haunts this paraprofessional activist turned professional administrator turned "policy wonk" academic. Initially, I attempted to balance and combine my professional life with my activist proclivities, at the least by bringing it into the workplace whenever work-related responsibilities absorbed most of my time. A subsequent life of scholarship, however, quieted my activist impulses, primarily because of demands necessary to meet academic standards, not only for promotion and tenure, but more basically, to do good, meaningful work. This is not to say that activism and scholarship are at odds, that activists produce shoddy scholarship, that scholars make ineffective activists, nor that meeting academic standards precludes activism. It is to say, however, that for those of us who enjoy working within the constraints of science-based or research-based practice, the search for truth and the development of criteria and studies by which to adjudicate truth-claims necessitate thinking twice before taking action.

Activism and advocacy play large roles

in the MSW courses I teach. I encourage MSW students to go with the best evidence available and advocate on behalf of their clients, despite limitations of related research. I have come to the view that since all research has limitations, policy implications drawn from research can at best be offered only with caveats to that effect. I am not fully comfortable with the prospect of "pushing a point of view" based on research findings, given a healthy skepticism about the limitations of research and the cautiousness that often accompanies recommendations for practice and policy. With MSW students, however, I give the benefit of doubt to professional judgment regarding what constitutes the right thing to do, given state-of-the-art knowledge and value preferences. I encourage advocacy and help students develop appropriate advocacy skills in light of what we know will benefit clients. In this regard, I have no difficulty in policy and research courses discussing criteria by which to assess the merits of program and policy options. In particular, I encourage MSW students to advocate for changes in the 1996 welfare legislation that would, among other things, benefit grandmothers raising grandchildren. Nonetheless, I emphasize that one's professional responsibility necessitates reassessing one's value commitments and keeping abreast of what constitutes state-of-the-art knowledge. I offer doctoral students, however, somewhat different advice.

I advise doctoral students to temper their activism somewhat and to pursue research studies that meet peer-review standards for publication and that theoretically increase the prospects for better practice, program, and policy recommendations. For me, this reflects a longstanding professional effort of using research to develop state-of-the-art knowledge and to think through what it implies for social betterment (Caputo, 1985 & 1989). It is what led me, in part, to examine workplace policies regarding family-friendly benefits as I found out more and more about adult daughters' caregiver responsibilities in general and about grandmother-grandchild co-residency in particular

(Caputo, 2000a, 2000d). And it also keeps me rethinking about manifest and latent, as well as immediate and long-term, positive and adverse effects of policy recommendations that I propose. How might family leave policies, for example, retard or advance broader goals associated with gender justice and equality, especially if men are less prone than women to use them or if by using them women are passed over for promotions due to lack of face time? Does prolonged cash assistance to low-income co-resident grandmothers undermine self-sufficiency? Continued research is necessary to ensure that the social facts and policy implications are right.

If anything, my research to date has humbled me to the realization that getting the social facts and policy implications right, so to speak, is no easy task. The policy conundrum regarding cash assistance to co-resident grandmothers, who may have to rely on it for several years beyond what the public may tolerate, is a case in point. The best help I can give beyond doing methodologically sound research and thoroughly deliberative discussions about policy-related implications is to supervise and advise doctoral students in ways to contribute to the knowledge base of the profession.

An emphasis on developing state-of-the-art knowledge within a substantive area like grandmother-grandchild co-residency rather than about advocacy per se does create intellectual dilemmas for me. My advocacy of policy-related recommendations is tempered by research-related constraints to get the social facts and policy implications right. Though tempered, my activist impulses remain vital and seek expression. The professional literature has sufficient outlets affording ample room to render my advocacy impulses their due, while maintaining high standards of "academic" rigor regarding research. In effect, I channel many of my advocacy impulses into the issues I research and weave them into policy and practice recommendations that flow from the evidence. I rely on the peer-review process to weed out unsupported conclusions and recommendations of my research, thereby

ensuring the integrity of my work. I remain uneasy about not ever knowing who actually gets helped in the process but nonetheless optimistic about the long-range contribution to social betterment as a result of a tempered activism that struggles to get the social facts and policy implications right.

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¹ Co-residency means living in the same household. It should be noted that co-residency implies two distinct intergenerational household types. The first comprises grandmothers raising grandchildren without benefit of the parents, i.e., skipped-generation households in which grandmothers are for all practical purposes "second-time around" parents. The second type of household consists of grandmothers living with their adult children who are also

raising their own children, i.e., the so-called "sandwich-generation" parents or "three-generation" households. The former group of grandmothers is the poorer of the two and can benefit from policies that increase their income and access to health care. The latter group of grandmothers is the more affluent and their needs are more difficult to disentangle. These grandmothers may be providing childcare while their adult children work and/or may themselves have health limitations taxing the resources of their adult children with whom they live. Both forms of intergenerational households, however, often serve a social welfare function and, to the extent they do, have a legitimate claim on public and private sector initiatives to help them meet need and retain dignity.

² The percentages of African American women who became co-resident grandmothers increased from a low of 7.34 in 1967 to a high of 17.84 in 1982, decreasing slightly thereafter, while the percentages of European-American women increased within a narrower range, from a low of 0.55 in 1967 to a high of 3.00 in 1987, with a slight decrease by 1992. More than half (65.7%) of African American and nearly one-third (29.6%) of European-American grandmothers lived in households with their grandchildren for five or more years.

³ The data files contained no fertility-related information about respondents' children who lived outside the household, so there was no way to distinguish co-resident grandmothers from other grandmothers. Hence, other mothers comprised the comparison group.

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