

**SUPPORTS FOR SINGLE PARENT CAREGIVERS: REVIEW OF EXISTENT
LITERATURE**

DELIVERABLE: FINAL REPORT

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Supports for Single Parent Caregivers

EXECUTIVE SUMMARY

The U.S. Department of Health and Human Services, Office on Women's Health (OWH) contracted with the National Alliance for Caregiving (the Alliance) under contract #HHSP233200800247A to conduct a literature review to determine what programs/supports exist for single parent caregivers. Single parent caregivers are defined as a single individual who is providing care for an aging or disabled family member over the age of 18 while also caring for a dependent child under the age of 18. The specific activities of the project included:

A. *A Review of the Literature on Existent Supports for Single Parent Caregivers to:*

- Develop a profile of single parent caregivers;
- Identify and assess gaps in programs and services offered to single parent caregivers; and
- Recommend programs to address the needs of single parent caregivers.

B. *E-mail requests for "promising practices" on caregiving listserves to:*

- Gain a better understanding of the practices undertaken by caregiving coalitions and organizations that are designed to reach out and/or provide support to single parent caregiver populations.
- Develop a database and listing of the practices undertaken by these caregiving coalitions and organizations.

Research on single parent caregivers is limited because this caregiver group tends to (1) be a secondary, smaller focus within the study of the larger caregiving population (e.g., a study looking at the Sandwich Generation, of which single parents are a smaller

subset), or (2) be focused on single parents caring for a sick or disabled dependent child with a specific illness or disability (e.g., a study looking at the single parents of children with cystic fibrosis or developmental disabilities). The results of this literature review demonstrate the gaps in the literature and highlight the need for supports for this population.

The results of the research findings were similar to the promising practices the Alliance collected from caregiving coalitions and other organizations. More often than not, the identified programs were available for all caregivers regardless of marital/partner status. Other programs provided supports for kinship caregivers, such as grandparents caring for grandchildren. Although the majority of programs available to all caregivers also support the single parent, none were designed specifically to address the needs of this unique sub-population.

The Alliance recommends the following actions to address the needs of single parent caregivers:

- Encourage researchers, government entities, policy makers and program planners to look more closely at the single parent caregiver population in order to determine what impact this group will have as the demographics of the U.S. caregiving population changes.
- Develop resources and materials (e.g., a brochure, support groups, or respite program) that address best practices and information on being a single parent caregiver.
- Conduct a national survey of single parent caregivers to determine their specific stressors and needs.

I. INTRODUCTION

Overview and Purpose of the contract: The main objective of the Supports for Single Parent Caregivers study was to review the literature to determine what programs/supports exist for single parent caregivers and to document this review of literature in a report suitable for posting to the Office on Women's Health (OWH) website.

Project Background: Providing extended and/or short-term care to an aging or sick parent, sibling, child, a person with a disability, or assisting with the care of a neighbor or friend is a reality for about 50 million Americans. Serving as a caregiver to these individuals can lead to stress, depression, fatigue, lack of exercise, lack of time for family and friends, and sacrificing one's own health. According to the Administration on Aging, about 3.7 million Medicare enrollees over the age of 65 received care from a paid or unpaid caregiver in 1999. In 2004 the National Alliance for Caregiving (the Alliance) and AARP published a national caregiver survey and it is estimated that over 40% of caregivers have children under the age of 18. These caregivers are referred to as the "Sandwich Generation," and it is estimated that they cost the American business 11-34 billion dollars a year in terms of lost productivity. Single parent caregivers are single individuals who are providing care for an aging or disabled family member over the age of 18 while also caring for a dependent child under the age of 18.

Federal agencies have facilitated the development of a caregiver support system under the Older Americans Act, Title III: the National Family Caregiver Support Program. This program assists two groups of defined caregivers. The first group consists of the adult non-paid family member who is providing informal home and community based care to an

individual over the age of 60. The second group consists of a grandparent or a relative caregiver who is over the age of 60 and is the primary caregiver to a child.

The single parent is defined as an individual who cares for children without the assistance of another adult in the home. Little attention has been given to the needs of single parent caregiver and their multiple roles. Although some of their needs may be met through existing programs such as the National Family Caregiver Support Program, they also have unique needs that the current caregiver support system has not addressed—obtaining care for school aged children when the single parent has to leave town if they are a long-distance caregiver, building a retirement on a part-time salary or no salary, leaving a job (temporarily or permanently) to do caregiving when they are the sole provider, etc.

The single parent caregiver has additional challenges common to all caregivers such as navigating the maze of Federal, State, local, and private programs available to support elderly parents and children or a relative with a disability. In addition, many of the children in these households become young caregivers and assist their parent with the care and supervision of an elderly relative or disabled sibling, which sometimes takes priority over their own education. Since caregivers tend to put the needs of others before their own, they need to be educated about the importance of preventive care for themselves (pneumonia and influenza shots, mammograms and pap smears, etc.) so they will be able to continue caring for others.

Objective and Scope: All plans and objectives for the contract were developed by the National Alliance for Caregiving (the Alliance) in partnership with the Office on Women’s Health (OWH), the Centers for Medicare & Medicaid Services, and the Administration on

Aging. All tasks completed were with the approval of the OWH Project Officer. The specific activities of the project included:

A. The Alliance conducted an assessment, compilation, and review of existing supports for single parent caregivers in order to:

- Develop a profile of single parent caregivers;
- Identify and assess gaps in programs and services offered to single parent caregivers; and,
- Recommend programs to address the needs of single parent caregivers.

B. The Alliance sent out e-mail requests for “promising practices” to caregiving listserves in order to:

- Gain a better understanding of the practices undertaken by caregiving coalitions and organizations that are designed to reach out and/or provide support to single parent caregiver populations; and
- Develop a database and listing of the practices undertaken by these caregiving coalitions and organizations for single parent caregivers.

C. Prepare a report on the results of the literature review and e-mail request to caregiving listserves: The Alliance compiled the findings of the literature review and e-mail requests into this report.

II. PROJECT DESCRIPTION

It is estimated that there are 44.4 million family caregivers age 18 and older in the United States (21% of the population) who are providing unpaid care to a family member

or friend. These caregivers represent an estimated 22.9 million households. Of these 44.4 million family caregivers, roughly 8 million (17.7%) are single parent caregivers (National Alliance for Caregiving & AARP, 2004). Family caregivers represent the backbone of the long-term care system, with an estimated economic value to society of \$375 billion in 2007 (AARP, 2008).

Family caregivers in the U.S. are faced with many challenges as they undertake complex journeys to care for a family member or friend who needs assistance with care. Although most caregivers will report that they experience little physical strain, emotional stress, or financial hardship as a result of their caregiving role, caregivers who provide the greatest number of hours of care including personal care (e.g., bathing, dressing, feeding toileting and transfer) are more likely to report that they are stressed due to their caregiver role.

All too often caregivers must identify and coordinate services provided by complex health and social service systems that are difficult to navigate. In navigating these systems, caregivers often find little or no information about services. Moreover, there is no care coordination at points of admission or discharge from the healthcare system. Support may not be available from other family members or neighbors in the community which means many of these caregivers must navigate the system alone. Additional issues for the single parent caregiver include work/life balance, financial planning, elder care and child care or complete respite care. Although these challenges pertain to most family caregivers, they are more pronounced for the single parent caregiver who is providing care for both an aging parent and a dependent child on their own.

Methodology: The literature review, which focuses on single parent caregivers, is designed to address the following research questions:

- What are the gaps in the programs and services offered to single parent caregivers?
- What programs and services could address the needs of single parent caregivers?

Review of Literature: In developing the review of literature, the Alliance conducted a broad based search for scholarly articles related to single parent caregiving and existing supports for this population in on-line research databases (e.g., Academic Complete, EBSCO, ERIC, Lexus-Nexus, and Ovid) in order to identify articles in journals, newspapers, and other sources. To maximize the efficiency of the database search of each index and abstracting service, the Alliance developed a list of keywords with appropriate Boolean operators. As major relevant articles were found, additional searches were conducted using the subject headings assigned to those articles. During the search process, the Alliance primarily used the EBSCO on-line research database, which indexes the Academic Search, MasterFILE, PsycINFO, CINAHL, PubMed, and Medline databases, allowing for a broad-based, comprehensive search of the available literature. This database provided more consistent, relevant returns during the search process while also searching the sub-databases that were more closely related to the subject matter.

For each search, the abstract or executive summary was reviewed to ensure that the focus of the article was on single parent caregivers rather than just parents who are single. If the focus of the article appeared to be single parent caregivers, the article was tagged for further review. The literature search returned seventy-four articles, sixty-eight of which focused on single parent caregivers and are referenced in this review.

Once an initial review was completed, the Alliance accessed and evaluated information available on the World Wide Web using the same keywords, Boolean operators, and subject headings as the research database searches. The Alliance has included the most relevant and major significant work given the narrowly defined subject matter of this review. Both the results for scholarly articles and available information on the internet were used to generate the bibliographic information in this report.

Evaluation criteria/questions were established to help guide the secondary review of articles for their suitability for inclusion in the literature review. The following criteria guided the notes and summaries developed for each article:

- Who is the author(s)?
- Where was the article published?
- Is the journal reputable? Critically evaluated? Peer-reviewed?
- Is the article current?
- Is the data source material?¹ Is the data secondary analysis?²
- What research approach or data-gathering method was employed?
- What conclusions does/do the author(s) arrive at?
- Does/Do the author(s) satisfactorily justify the conclusions?
- Are the results sufficiently large enough and/or generalizable to theory, policy, and/or practice?
- What are the strengths and weaknesses? What are the limitations?
- What gaps exist? Could the research have been done more efficiently from another perspective?
- Is it a general account or review? Does it deal with specific issues?
- How does the study relate to similar studies in regards to the research topic?

¹ The data contains the specific information about the research topic

² The data collected on the topic has been revisited

The evaluation criteria/questions for materials found on the Web included:

- Is the URL reliable? Who is the publishing body?
- Who is the author? Are they a qualified authority? Can any user to the site update or change the presented information?
- Is the page dated? Can it be determined when it was last updated? Are any provided links current and up-to-date?
- As a source, does the page have overall integrity and reliability? Does the material refer to any other cited sources? Is the information cited authentic?
- Is there any apparent bias?
- If any questions or reservations about the presented materials exist, can steps be made to satisfy them?

Promising Practices: In an effort to collect promising and innovative practices, the Alliance sent out e-mail requests for “promising practices” on two caregiving listserves. The result is a listing of innovative and promising practices undertaken by caregiving coalitions and organizations that are designed to reach out and/or provide support to single parent caregiver populations. One listserve has over 1,200 caregiving professionals subscribed; the other has over 300 representatives of state and local caregiving coalitions.

In the e-mail request, the Alliance asked caregiving coalitions and organizations that have been or are currently involved in an innovative and/or promising practice or project related to single parent caregivers to send a brief description (3-4 sentences) about the program to the Alliance.

Working Definition of Single Parent Caregiver: For the purposes of this literature review, a single parent caregiver is defined as a single individual who is providing care for an aging or disabled family member over the age of 18 while also caring for a dependent child under the age of 18. This type of caregiver would typically be classified as part of the “Sandwich Generation” - a generation of family members providing care to both their aging parents

and their children. These caregivers have the additional characteristic of caring for another and parenting as a single individual.

Summary of General Overview of Search of Literature and Promising Practices: As we searched online databases for articles and resources, the Alliance noticed an interesting trend in the literature:

In general, research on single parent caregivers tends to (1) be a secondary, smaller focus within the study of a larger caregiving issue (i.e., the study looks at the impact of an issue across a broad spectrum of the caregiving population of which single parents tends to be one of the smaller subsets), or (2) be heavily centered around single parents caring for a sick or disabled dependent child with a specific illness or disability (i.e., the article looks at the single parents of children with physical/developmental disabilities or with cystic fibrosis). Although there are a few monographs and articles about single parents who are providing care to an aging, sick, or disabled parent while also supporting a child under the age of 18, they are primarily anecdotal.

The literature addresses the fact that when a single parent is responsible for the sole caregiving both for their child and parents their ability to devote themselves to their career is hindered. In fact, caregiving responsibilities may limit the employment potential for single parent caregivers (Coyne, 2002). Many caregivers who are seeking to remain gainfully employed have had a negative experience in the work force due to their unmet caregiving needs. These caregivers feel drawn in conflicting directions: the desire to do a good job as an employee, parent and caregiver. Caregivers have repeatedly demonstrated that they may need flexible working hours, a paid leave of absence, resource information,

and other assistance to effectively perform their responsibilities both at home and work (Kohl & McAllister, 2001).

The Alliance conducted further interviews via telephone and email correspondence with twenty-three authors who have done previous work on the topic of caregiving or single parenting. All of these authors concur that there should be additional research in the area of single parent caregiving. Twenty of the twenty-three authors had not performed any additional research on the topic and did not know of any additional research being conducted in the area of single parent caregiving. Two of the authors had done additional research; it was, however, focused on single parenting or the sandwich generation. One author, Lawrence Ganong, Department of Human and Family Studies, University of Missouri, whose 2006 previous work was conducted on family structure and mothers' caring for children with cystic fibrosis, plans to further research this area.

The Alliance received responses from 35 coalitions developing innovative programs. Most of these programs, however, focused on all caregivers regardless of marital status. Other programs provided supports for kinship caregivers (such as grandparents raising grandchildren).

The interviews and the responses about programs do offer insight into the specific needs of single parent caregivers and the multitude of roles and responsibilities that they assume. It also shows the gaps in literature that exist and the need for supports for this population.

III. SINGLE PARENT CAREGIVERS: A POTENTIAL GROWING TREND?

The literature available on single parents who are caring for an aging or disabled adult family member while also caring for a dependent under the age of 18 is limited. The literature on single parent caregivers focuses on the difficulties of being a single parent to children under the age of 18 (Gottlieb 1997, Brown et al 2008, Floyd and Gallagher 1997, Gayer and Ganong 2006, Belcher 1988, Park et al 2001), or kinship caregiving (Scannapieco et al 1999, Fuller-Thomson, Minkler 2000, Harrison et al 2000), or caring for children of incarcerated parents (Simmons 2000, Hanlon et al 2006). Although the literature on the Sandwich Generation (e.g., those who are caring for their elderly parents while also parenting for their children) does address issues that would be of concern to single parent caregivers (e.g., work/life balance, financial planning, elder and child care), it does not specifically look at or offer advice to the single parent caregiver. Due to the lack of available literature on the subject of single parent caregivers who represent only 17.7% of all family caregivers, developing a profile of the single parent caregiver is not possible without further research.

Single Parent Households: Characteristics, Roles, and Burdens: According to the most recent census, 9% of U.S. households (12.9 million) are one-parent households with children under the age of 18; of these households, a majority (10.4 million) is headed by single mothers (U.S. Census 2006). Single parenthood may occur for a number of different reasons, including divorce, death, abandonment by one parent, adoption, or choosing to remain pregnant without a partner (Brown et al. 2008).

Over the last thirty years, the proportion of children living in two-parent homes has decreased from 85% to 69%, resulting in nearly 3 in 10 children living in single parent homes (Brown et al. 2008, Shudy et al. 2006). This change is mostly reflected in the dramatic increase in the rate of births to unmarried women that went from 5.3% in 1960 to 33.2% in 2000. In addition, a slowly decreasing but still high divorce rate also played a role (Pediatrics 2003).

Single parent households are the highest for African Americans at 57%, compared to 20% for Caucasian households and 30% for Hispanic households. The main reason for the single parent households among African American women is from being unmarried, unlike that of Caucasian single parent households resulting from divorce (Norton & Miller, 1992). The high rate of African American single parenting should be reflected in any single parent caregiving programs designed after this review.

Compared to their married or co-habiting counterparts, single parents of course report greater demands on their time (Sandberg and Hofferth 2001), being more socially isolated (McLoyd 1990, Gottlieb 1997), higher incidences of stress related to their many roles, and social stigma (Gottlieb 1997). In addition, family stressors often encountered by single parents as a group include higher rates of unemployment, low maternal educational attainment, unstable living environments, and poor medical care (Jones and Unger 2000).

In addition to being responsible for parenting, single parents often find themselves the sole breadwinner of the family with little assistance in the form of child support. This not only limits time spent with their children, but also limits their ability to bring financial resources into the household. (Bureau of Labor Statistics 2008, National Women's Law Center 2008, Institute for Women's Policy Research 2008). In 2003, 69.8% of single

parents were working mothers (U.S. Census, 2003). Yet, single parent families (across all race/ethnic categories) are three to four times more likely to live in poverty than married parent families (Thomas and Sawhill 2007, Gottlieb 1997, IWPR 2008). In 2004, the poverty rate for African American single parent households was 39.5% compared to 26.4% of Caucasian single parent households (U.S. Census, 2004).

The Sandwich Generation Characteristics, Roles, and its Changing Level of Need: In the literature, the “Sandwich Generation” is typically defined as the middle-age cohort (aged 45-60) who is sandwiched between simultaneously caring for their older parents and younger children thereby combining their roles as parents, children, and workers (Ward and Spitze 1998, Miller 1981, AARP 2001, Pierret 2006). “Sandwich Generation” caregivers are more likely to be women who are married and out of the labor workforce (Pierret 2006, AARP 2001).

The size of the “Sandwich Generation” and the burden it shoulders for both the older and younger generations it serves are largely dependent on the factors used to define the roles that the members of the “Sandwich Generation” play. For example, individuals across the spectrum of the “Sandwich Generation” can have either young children who live in the home with them or young adult children who may or may not live with them, but to for whom they still provide support. In addition, these same “Sandwich Generation” members may have one or more parents or in-laws living in their household or may provide support from a distance (Pierret 2006, AARP 2001).

Thus far, most members of the “Sandwich Generation” report little stress and only a minority report being involved in caring for both young children and their aging parents at

the same time (Pierret 2006, Ward and Spitze 1998, AARP 2001). Caregiver stress exists as the potential conflicts arise that are associated with the multiple roles that come into play when having to be a parent, worker, and caregiver (Ward and Spitze 1998).

Currently, the U.S. population is seeing major reductions in fertility rates and increasing numbers of women waiting to have their first child nearing or over the age of forty. Both trends are coupled with a rapidly increasing number of adults over the age of 65, an increasing number of women entering the workforce, and a high divorce rate (Schulman 2005, Robinson et al 2003, Spillman and Pezzin 2000, Ward and Spitze 1998, Pierret 2006). The changing demographics and evolving nature of both in the U.S. population and the U.S. workforce could have a potential impact on the “Sandwich Generation”, which as a result, could see a rapid growth in caregiver stress and the ability of this population to provide care to both younger and older generations.

A Growth in Single Parent Caregivers? Although single parents currently comprise a smaller proportion of the “Sandwich Generation”, according to AARP, about 70% of the “Sandwich Generation” is currently married. Changing demographics could see a potential rise in the number of single parent caregivers. Those born between 1946 and 1964 will begin turning 65 by the year 2011, and the number of older Americans by the year 2030 is projected to be 71.5 million. This group of Americans will represent almost 20% of the total U.S. population (Aging Stats, 2006). Having an increase in the number of older Americans and an increase in the number of single parent households promises growth in this single parent caregiver population.

As stated earlier, those in the “Sandwich Generation” often find themselves having to fulfill various roles as parent, child, caregiver, and worker. As a result, these caregivers may find themselves experiencing higher poverty rates, social isolation, fewer economic resources, and poorer medical care that often plague single parents. They may also find themselves encountering a two-fold account of the typical caregiving burdens including depression, work or family disruptions, changes in various aspects of the caregiver's life (such as a change in relationships, loss of friendships, and a blending of households), financial difficulties, role strain, and physical health deterioration (Mancini and Blieszner 1989, Pearlin et al 1990, Pearlin et al 1996, Poulshock & Deimling, 1984; Robinson, 1983; E. Thompson & Doll, 1982; Zarit, Reever, & Bach-Peterson, 1980). As a result, these single parent caregivers could also find themselves saddled with more stress and a greater need for community supports and services to assist them as they provide care (Molinari 1994). For these reasons, it may be especially important for policymakers, researchers, government agencies and other key stakeholders to begin to look closely at what they could do to ease the burden of single-parent caregiving.

IV. GAPS IN PROGRAMS

Individuals who find themselves suddenly taking on the role of a caregiver for an aging, sick, or disabled friend or family member often need a wide variety of supports and programs to assist them as they provide care, including:

- Social Service Programs (e.g, care management, adult day care, and support groups);
- Respite (e.g., day respite, overnight respite, and emergency respite);
- Education (e.g., information and assistance);

- Training in personal care as well as decision making and stress management;
- Supplemental Support Services (e.g., assistive technology, homemaker assistance, transportation, counseling, home health care aides);
- Legal/Financial/Employer Services (including corporate eldercare); and
- Health Services (e.g., access to care for the caregiver as well as the care recipient).

These needs for supports and programs are the result of an increase in obligations, an increase in later childbirth, and the rise in the number of women employed outside of the home. Most of the literature available on workplace programs to assist those in the Sandwich Generation focuses primarily on supports or programs to assist with caring for an elderly parent (Blassingame 2001, Riekse 2000, Bagnal 2008, Seaward 1999, National Association for Social Workers 2006). Those that mention single parents tend to mention the information anecdotally and provide little concrete examples of what specific programs exist to help this population (National Association for Social Workers 2006, Molinari 2004, Spruell 2007, Hospice Foundation of America 2008, and Chronicle of Higher Education 2005).

In gathering and compiling a listing of innovative and promising practices undertaken by caregiving coalitions and organizations that might reach out to and/or provide support to single parent caregiver populations, there were some examples that could pertain to the single parent caregiver.

The first promising practice was a fact sheet series that has been developed by the University of Wisconsin-Extension where the focus is on family relationships and child development. A fact sheet such as this for single-parent caregivers could help

them maintain their relationship with their children while also caring for their parents. *For example*, it would suggest ways to involve other family members or friends in the caregiving tasks, or simple, inexpensive family activities to spend time with one's children, or ways to start a family conversation about caregiving. Other topics could include: understanding children's behaviors, the importance of close relationships, open communication, and maintaining contact with parents (M.B. Peterson, Personal Communication, February 2008).

Another promising practice that has been developed is titled: Share the Care, Inc. This organization developed a model of care (based on cancer caregiving) that details how friends of the person with cancer can create, operate, and sustain a unique extended “family-type” support system to care for a friend or loved one (especially someone who has little family). There are also linkages among caregivers and providers to evolve and continually develop the model through evidence-based evaluations and feedback from the caregivers and providers (S. Warnock, Personal Communication, February 2008). Such a model of care could aid single-parent caregivers by helping them to recruit, organize, and schedule others to help with the caregiving. The emphasis here is on free assistance by family and friends or volunteers from local congregations, who could spend time with the care recipient, prepare meals, transport to doctor's appointments, arrange health appointments, etc. The advantage for this system of support for the single parent caregiver would be having additional help with their caregiving to relieve some of the load of responsibility and give them more time for their child. Many family caregivers never ask or are reluctant to ask or have been turned down in asking for help from family and

friends. Share the Care offers a template for how caregivers can develop such a support system.

A third innovative practice was titled the Crisis Nursery and Respite Center. This free program was established for single parents with children up to 12 years of age to help reduce the incidents of abuse and neglect as well as stabilize a family in crisis. This is a physical shelter that will watch a parent's child for up to 72 hours to assist the parent to attend meetings, appointments, and group sessions, re-establish support networks with family members or simply provide respite. Such a concept could also help family caregivers provide care (W. Bahr, Personal Communication, February 2008). This innovative practice would assist the single parent caregiver especially if the age of the children in the program could be increased to 16.

Volunteers of America's Caring Companions is a respite initiative in Colorado that provides respite care to a family caregiver who is providing care to a loved one. This program sends a volunteer to the care recipient's place of residence and they stay with the care recipient to provide a break in care and allow the family caregiver to take some personal time (D. Stobnicke, Personal Communication, April 2009).

The National Students of Ailing Mothers and Fathers is a support network that has been set up to support students who have a parent with terminal illness. Students can come together to meet other individuals who are dealing with similar situations and find an outlet for their grief and stress. This support group is part of the Well Spouse Foundation whose mission is to provide support to spousal caregivers and their families who are coping with the emotional and financial stresses associated with chronic illness or disability (R. Andersen, Personal Communication, April 2009).

These promising practices include all caregivers and, therefore, can be of some assistance to the single parent caregiver; however what is missing is a resource that assists the single parent caregiver with both caregiving and parenting needs in one location. Also, in a number of cases 72 hours may not be a sufficient length of time for childcare, especially if the caregiver is providing care long distance

The lack of programs and supports designed specifically to provide outreach to single parent caregivers is the result of the relative size of this population in relation to the larger caregiving population. Since the single parent caregiver population represents only 17.7% of the total caregiver population (NAC & AARP, 2004), they have been overlooked as support programs have been designed.

V. NEEDED SERVICES

As part of the “Sandwich Generation”, single parents find themselves requiring many of the same supports and programs as their married or cohabiting counterparts while caring for a younger and older generation, including child and elder care, assistance with time management and care management, workplace flexibility, etc. However, being the sole provider of care and the sole head of the household can result in unique needs for single parent caregivers. As evidenced by the previous section, few programs and supports are specifically designed to provide outreach to single parents. One needed service addresses the core issues that pertain specifically to the single parent caregiver such as balance between caring for their children and older loved one, taking care of one’s own health and balancing a work schedule with caregiving and parenting.

Most of the literature on programs and supports for “Sandwich Generation” caregivers highlights workplace programs or mentions financial supports that could assist them. For single parent caregivers, employment security and retirement are key issues. In the past, single parent families were closely associated with the issue of social class. Single parents were typically women who did not have access to higher paying jobs due to salary discrimination, lack of education opportunities, or the burden of child-rearing which blocked access to career advancement (Brown et al 2008). Nonetheless, preparing for retirement has become increasingly important for single parent caregivers. They struggle with retirement since the years they would typically spend compiling their retirement income (e.g., their 30s and 40s) are instead used to pay the costs of raising their children and caring for their parents (Cadena 2008, Molinari 2004, Jones 2008). For this reason, it would be beneficial to have programs and services designed to advise single parents on the financial costs of providing care to their dependent children and aging parents while also building their own retirement incomes.

In addition to financial and employment security, many single parents face burdens on their time management skills as they try to balance spending time with their children and caring for their parents. In anecdotal stories in the literature, many of these parents speak of feeling guilty that they have to miss out on their children’s school activities or sports, as well as spending quality time with them due to their caregiving commitments to their parents (see Molinari 2004, Hospice Foundation of America 2008, Spruell 2008, National Association for Social Workers 2006).

In addition, single parent caregivers often feel they lack a social life or the ability to partake in activities they enjoy (Molinari 2004, Spruell 2008). Although care management

and other programs are highlighted as being available to assist caregivers through the maze of government agencies such as the Area Agencies on Aging or the Department of Children and Family Services (see Molinari 2004, National Association for Social Workers 2006, Blassingame 2001, Riekse 2000, Bagnal 2008, Seaward 1999), no programs speak specifically to the needs of single parent caregivers, especially in regards to support groups or targeted outreach.

LifeCare, Inc. (a national corporate eldercare firm) conducted a close-ended online poll in December 2008. They received a total of 145 responses to the question: “If you’re a single woman caring for children as well as an aging or disabled loved one, what is your biggest challenge?” The responses included:

- Balancing between caring for their child and older loved one—29%
- Dealing with the overall stress of caregiving – 22%
- Not having enough time to take care of one’s own health and well being – 18%
- Having to make schedule accommodations at work – 13%

The lack of needed programs and supports to assist single parent caregivers in their caregiving, parenting, childrearing, and working roles could result in financial, employment, retirement income insecurity, feelings of guilt or resentment, ineffectual time management, increased social isolation and role strain, lack of self-care and a sense of loss in regards to self-identity and self-worth (see Cadena 2008, National Association for Social Workers 2006, Molinari 1994, Hospice Foundation of America 2008, Spruell 2008.)

VI. KEY FINDINGS and RECOMMENDATIONS

Summary of Key Findings: The main objective of the Supports for Single Parent Caregivers contract was to conduct a review of the literature to determine what programs/supports

exist for single parent caregivers. The specific activities of the project included reviewing the literature on existent supports for single parent caregivers and sending out e-mail requests for “promising practices” on caregiving listserves to gain a better understanding of supports and programs that are designed to reach out and/or provide support to single parent caregiver populations.

The key findings of both of these activities are:

- Research on single parent caregivers tends to (1) be a secondary, smaller focus within the studies of a larger caregiving issue or (2) be heavily centered on single parents caring for a sick or disabled dependent child with a specific illness or disability.
- The articles around single parent caregivers who are providing care to an aging, sick, or disabled parent while also supporting a child under the age of 18 are anecdotal, offering minimal broad perspective.
- Programs and supports for single parent caregivers are rarely addressed in the literature unless they are considered a subset of a larger population. Literature on programs and supports for “Sandwich Generation” caregivers tend to address family-work issues and financial security. Certain accounts of single parent caregivers do address some broader issues related to needed services including the feeling of not having enough time for either person they are responsible for.
- The Alliance received 35 promising practices from caregiving coalitions and other organizations. None of these promising practices applied directly to the single parent caregiver. Inquiries that were returned noting the availability of programs and supports for single parents often revealed in follow-up that the programs were

open to all caregivers regardless of marital status. These results portray that the available services focus on family relationships, child development, employment support and respite care.

Key Recommendations for Future Programs to Address the Needs of Single Parent Caregivers: The major purpose of this contract was to explore the gaps in the existent literature with regard to understanding the challenges experienced by single parent caregivers in raising a dependent child while also caring for an aging, sick or disabled family member who is over the age of 18. As shown, there is limited knowledge about how single parents versus families with two parents doing both childrearing and elder care compare over the course of time with regards to caring for both younger and older generations simultaneously.

Due to changes in family composition and household structure, such as the rise in single-parent households, increased women in the workforce, divorce and the delay of childbirth until later life, it can be anticipated that not only will caregiving demands and burdens increase for single parent caregivers in the future, but that these issues will require the attention of researchers, government agencies, policy makers and program planners (Pediatrics, 2003).

One recommendation is to encourage researchers, government entities, policy makers and program planners to begin to look more closely at the single parent caregiver population in order to determine what their unique needs are. Thus far the literature on those caring for both a younger and an older generation has focused on the experiences of middle-class families headed by two working adults. As noted in the literature, many of these families have reported struggles with juggling jobs, parents and elder care (AARP

2001, Pierret 2006, Ward and Spitze 1998). If individuals with a spouse or cohabiting partner have a difficult time balancing work and family, the single parent struggles will be greater (Sloan, 2006), especially since they tend to be lower income and less well-educated.

A second recommendation involves uniting community or governmental entities around this specific, vulnerable population to increase the amount of supports available. For example, the development of a program to help single parents successfully multi-task their roles as a caregiver, parent and individual. Having the local area agencies on aging team up with local community organizations to develop a brochure, support group, or training on single parenting issues that are specific to this population is one way to address the needed services. A brochure could include recommendations for issues that resonate with the single parent caregivers such as balancing time between caring for their child and older loved one, dealing with the guilt of not having enough time for either one, taking care of one's own health, and balancing a work schedule with caregiving and parenting.

In their article, *Single Parenting and Children with Chronic Illness: An Understudied Phenomenon* (Brown et al 2008), the authors developed a listing of gaps in the current research of single parents of children with a chronic illness to spur research in the field. The fourth recommendation would be to use a similar concept that would be relevant to fuel future research on single parent caregivers. When thinking of future programs, it would be beneficial to conduct a national survey that looks specifically at this population in areas such as: demographics, socio-economic status, or any specific stressors and needs of the single parent caregiver. Evaluating this issue with more in-depth questions pertaining to this population would help to address the needs of the single parent caregiver. Such analysis might include:

- Where does the change in caregiver stress occur that differentiates a single parent caregiver from dual parent caregiving?
- What negative risk factors are involved in single parent caregiving?
- Are single parents more vulnerable than the rest of the caregiving population?
- When is help most needed for the single parent caregiver?

VII. CONCLUSION

The main objective of the Supports for Single Parent Caregivers contract was to conduct a review of the literature to determine what programs/supports exist for single parent caregivers. In 2004 there were roughly 8 million single parent caregivers, or 17.7% of the U.S. caregiving population. Programs that currently exist address either family caregiving or single parenting as two separate entities. Combining single parent programs with the “Sandwich Generation” caregiver practices will give the single parent caregiver more support programs. Developing resources (e.g., a brochure, support group, or respite program) that address burden and guilt, while providing information helpful to a caregiver who is also raising a dependent, is the recommended service to the Office on Women's Health.

To develop appropriate resources, we recommend conducting a national survey of single parent caregivers. Having a larger group of respondents who represent the entire population of single parent caregivers will allow the Office on Women’s Health to pinpoint the top factors that need to be addressed in the brochure, support group, or respite program. This recommendation for support needed by the single parent caregiver is one that the Office on Women’s Health can work with the local area agencies on aging and community

organizations to develop. Because of the low income and ethnicity issues of single parents, outreach for the support programs would need to be culturally sensitive and targeted to these groups. The programs also need to be convenient for these caregivers, who already have huge demands on their time. Once this service is developed it could be replicated in different states.

Having these data available on single parent caregivers' specific needs is vital. Caregiving research should reflect the various types of families doing the caregiving, single parents. This review of the need for such research should encourage researchers, government agencies, policy makers, and program planners to looking more closely at single parent caregivers as an emerging trend within family caregiving.

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