

# The Connection

## Family Connections & Grandparent Family Connections

### The Power of Resilience

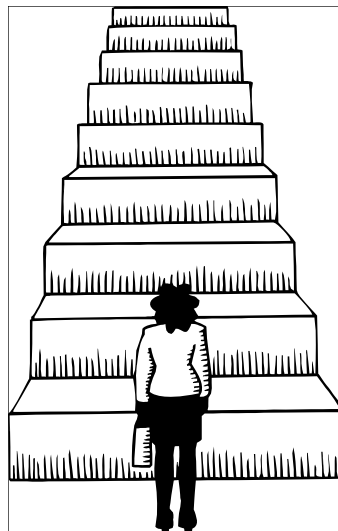
Spring 2007

By Dr. Clara Daining  
Research Director,  
Family Connections

What does it mean to be resilient? Our families know. It is persevering despite serious challenges. All people, all families share one thing in common—periods in their life that are particularly difficult. In addition to typical daily stressors, some individuals face extreme hardships—trauma, loss, poverty, oppression. For them, the ability to overcome, to cope, is attributed to their *resilience*. The human capacity to be resilient—to overcome great adversity—is not something we are born with. It is something we develop over time based on our experiences. Resilience is a dynamic and ever-changing process.

What makes a person or family able to carry on when the road is hard and the burden is heavy? Each resilient individual and each resilient family has a unique collection of positive forces in their lives that help them to endure great hardship. Maybe it is a strong kin network—family and friends on whom they can count. For many, their spiritually, or strong faith provides fortitude in the face of stressful events. For others, it is a

value system passed down from generation to generation from which they draw strength and that guides them through



life. Others believe strongly in themselves and their ability to endure—they are self-reliant. Many are empowered by their sense of mastery or control over circumstances learned from other life experiences. They have survived events in the past that show them they are capable of handling whatever adversity may come in the future.

It is the work of Family Connections to help strengthen families—to reinforce and promote resilience of families so that they can

triumph over life's challenges. Individually tailored services focus on building social support and concrete resources for families so that they can better cope with difficult times. Family Connections staff help clients both identify existing resources from which they gain strength and energy to overcome stresses/losses and also to build new networks of support to sustain them. For example, clients might be asked to reflect on some of the following questions \*

1. Can you think of spiritual resources from which you gain strength and energy to overcome some of your stresses/losses?
2. Have these resources remained the same throughout your life?
3. How have these resources given your life meaning and/or purpose?
4. How have these resources helped you to cope during difficult times as you got older?
5. What activities continue to give meaning and/or purpose to your life?
6. Do you have family or friends that you depend upon

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to give you strength for living and energy to overcome some of these stresses/losses? If so, what is it about this relationship that gives you strength or energy?

Helping families to reflect on past and current positive forces in their lives can inform practice and empower families to overcome adversity that they are experiencing now or may experience in the future.

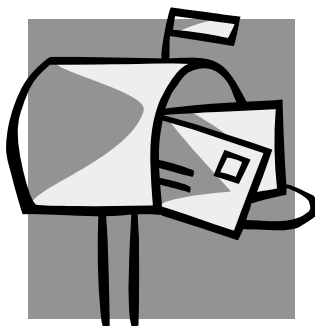
\*From Langer, N. (2004). Resilience and spirituality: Foundations of strengths perspective counseling with the elderly. *Educational Gerontology*, 30: 611-617.

By Sarah Quinn

Family Connections MSW Intern

This past March, an inspired group of Family Connections caregivers met with the 12 MSW interns placed at the Agency to discuss the current housing crisis in Baltimore. The group was presented with information on the current state of housing in the city as well as a piece of legislation known as City Council Bill 06-0558 or the Inclusionary Zoning Bill. Most of the caregivers were all too aware of the extreme lack of affordable housing in Baltimore City from their own experiences; nonetheless, the statistics were no easier to swallow. Fair market rent in the city is \$941 a month, meaning that a person would have to make at least \$18.10/hour to afford such a unit. Thus, it is no wonder that 80% of Baltimore City's low income renters are paying more than 30% of their income (HUD's definition of affordable housing) toward rent. The Inclusionary Zoning Bill would increase opportunities for moderate and low income housing by making some units in new or redeveloped rental properties more accessible.

However, the group did not feel that the legislation went far enough to helping those most in need. Their main contention was that the Baltimore City Council is using the median income of \$72,000 for the area – including the city and surrounding counties – for a piece of legislation only applicable to Baltimore City. This figure is nearly \$40,000 more than the median income of the city alone. If the bill used a figure reflecting the Baltimore City median income to determine what “moderate” and “low” incomes are, then the legislation would be far more applicable to all Baltimore City residents, including most of the caregivers present at the meeting. Thus, the group took pen to paper, drafting almost 60 letters which were mailed to the mayor and city council members sitting on the Land Use Committee who will hear the bill. A public hearing was held on June 11, 2007 and the bill was passed with the proposed amendment changing the definition to only include Baltimore City.



## Family Connections Caregivers Advocate for Affordable Housing

March 2007

*Dear Committee on Land Use and Transportation,*

*As a concerned resident of Baltimore City, I am aware of legislation on inclusionary zoning currently being considered by the City Council and supported by the Task Force's vision of a city where the many can enjoy the safety and security of a home. However, I would urge the city to adopt legislation that applies to the majority of its residents, including working poor, grandparents, and those dependent on public assistance. I do not feel the current plan is inclusive enough. 80% of low-income Baltimore renters pay more than 30%, and 67% pay more than 50% of their income just for housing. The median income for an African-American household in this city is only just above \$26,000. Over two-thirds of us in Baltimore City earn less than 80% of the area's median income of \$72,000, which Bill 06-0558 uses as the standard. If the Baltimore City median income were used instead, many more city residents would be able to take advantage of this wonderful housing opportunity.*

*I raise my four grandchildren ages 6 to 10 and live on a fixed income from SSI and public assistance. I cannot work because I have cancer and also my grandchildren have special needs that require me to be home for them. I do not feel safe to leave my house because of the drugs and crime in my neighborhood. Most of the homes on my block are boarded up and full of rats. I want to live in an area where it is safe for my grandchildren to play outside. With rents being so high, even for a place that is barely livable, I am afraid I will never achieve my dream of moving my family to a better neighborhood. Please work to make our city an easier, safer place to live.*

*Sincerely,*

*Concerned and Invested Citizen*

## Turning Resilience into Reality: A Profile of Tionne Barlow

By Emilie Linsenmeyer

The human capacity to triumph over obstacles can be seen in many clients served by Family Connections. As the article on resilience (page 1) notes, a combination of factors such as faith, family support, and self-reliance can help an individual overcome adversity. All of these attributes can be found in 30-year-old Tionne Barlow, a former Family Connections participant. Her story of a life-threatening illness, a determination to survive to raise her daughter, and ultimate success exemplifies what it means to be resilient.

At the age of 26, just as she was beginning to pursue her dream of becoming a nurse, Tionne (a nonsmoker) was diagnosed with idiopathic pulmonary fibrosis, a progressive life-threatening disease that thickens and scars lung tissue. Her health deteriorated quickly and her then 8-year-old daughter faced the possibility of growing up without her mother. Her daughter was teased in the neighborhood because her mother was tethered to an oxygen tank. After two years, Tionne couldn't talk without coughing, was unable to get in and out of the bathtub, and had difficulties walking. "My life was stripped away so suddenly," she states. "I knew what I could do before, but all that was impossible now. I was completely missing out on enjoying my twenties." There came a point toward the end of her 4-year ordeal, Tionne recalls, that "my daughter was taking the mother role and I was the child."

Tionne put all her energy into fighting this disease that lay daily siege to her body. She kept telling herself, "I just can't leave my daughter behind." She sought out the only solution available: a double lung transplant. An area hospital in-

formed her she was not a good candidate for the transplant because of her weight gain from the steroids used to treat her disease. The hospital suggested the South Beach diet, but Tionne's limited income placed this beyond her reach. Frequent medical appointments and dire predictions from various medical professionals offered a very bleak outlook for the future, yet Tionne was



insistent on recovering and reclaiming the life that had been so randomly stolen from her.

Upon reflecting on the source of her inner strength, Tionne identified—in addition to her love for her daughter and desire to see her grow up—the support of family and friends who encouraged her to continue fighting. She drew particular inspiration from a friend (now deceased) who, although suffering from AIDS, showed up regularly to clean her house and run errands. Family and friends were at her bedside dur-

ing each of her increasingly frequent hospitalizations. Her Family Connections social worker helped by accompanying her to medical appointments, providing a journal to record her feelings, and involving her daughter in activities. Her faith helped Tionne to trust that there was some purpose behind her suffering.

Resilience in the face of adversity has been a part of Tionne's character since childhood. When her mother would not let her stay after school to sing in the choir and act in plays because she did not want her walking home in the dark, Tionne found a relative to pick her up. When her daughter was born, she was determined not

*"I think that I'm an angel, I think God kept me here for a reason. He hasn't revealed it to me yet, but as soon as he does I'm going to go with it."*

to be dependent on public assistance and found a job and arranged for day care. "If I've got my mind set to do something, I'm going to do it."

Just as the deterioration of her health peaked and it looked like her time with her daughter and family was coming to an end, her dream of regaining her life came true. Instead of returning to the original hospital, she went to University Hospital where they had a different outlook on her as a potential transplant recipient and placed her at the top of their donor list. On February 6, 2007, a phone call informed her that her new lungs were available for transplant. Her rapid recovery from this difficult procedure shocked many on the medical staff. She was discharged from the Intensive Care Unit days ahead of schedule: "We don't work with people like you that want to do for themselves," they joked. When asked to (Continued on page 5)

*"I thought, I'm not going to let this beat me!"*

## Grandparent Caregivers and Grandparent Family Connections Featured on The Marc Steiner Show

By Deborah Sarsgard

*Faculty Field Instructor,  
Family Connections*

“One out of five children in Baltimore is being raised by family members other than their parents, and the majority of these children are being cared for by grandparents. What is it like for grandparents to find themselves in the caregiver role later in life than they expected?” These were Marc Steiner’s opening words in a WYPR (Your Public Radio) program on the rewards and challenges faced by grandparent-headed households.

Participating on the panel were Frederick Strieder, Director of Family Connections; Donna Butts, Executive Director of Generations United; and two graduates of the Grandparent Family Connections Program—Lucille Robinson and Sandra Dorsey.

As Ms. Butts noted, “This is an issue just coming out of the closet. It touches all of us, and our country is very fortunate that grandparents and other relatives are making the sacrifice and stepping up to provide stable homes for these children.”

Dr. Strieder provided statistics that confirmed the scope of this phenomenon in Baltimore. “Baltimore City has 13,000 grandparent-headed households. According to the 2000 Census, Baltimore’s 7<sup>th</sup> Congressional District ranks fifth highest in the country in the percentage of chil-

dren in grandparent-headed homes.”

Ms. Robinson’s and Ms. Dorsey’s experiences were representative of the stories behind these statistics. Ms. Dorsey recalled that all three of her children were grown and she was working at a good job when she received a call from Child Protective Services that her 2-year-old grandson was found alone in the house. “Neighbors reported they would see him riding his bicycle around the area at 2 in the morning, his mother (a drug user) nowhere to be found.”

Ms. Robinson has raised six of her grandchildren, again because of parental substance abuse. Both women’s lives were completely uprooted by this commitment, but, as Ms. Robinson pointed out, “You just don’t hesitate when you get the call. Yes, I’ll take them. We will be in the circle together. That’s the way it’s been, the ups and the downs, the good and the bad, and we are in this package together.”

Much of the discussion focused on the obstacles grandparent caregivers face in meeting their grandchildren’s basic needs. Although some caregivers can meet the rigorous requirements to qualify for a foster care grant, most rely on the far smaller Child Only Temporary Cash Assistance (TCA). Moreover, many grandparent caregivers do not have custody or guardianship rights, which can complicate the process of enrolling their grandchild in school or making medical appoint-

ments.

Ms. Butts noted that it would cost the U.S. Government at least \$6.5 billion a year if all the children being raised by relative caregivers were in the child welfare system. She added, “The sad thing is that oftentimes we pay somebody who doesn’t know a child to take care of that child, but we won’t pay a relative. A lot of times what a grandparent or other relative will say is, ‘All I need is assistance with babysitting or access to health care. I just need a little bit more to make room at my table for this child.’ We need to make sure we have these supports in place.”

Both Ms. Butts and Dr. Strieder promoted subsidized guardianship (which would not require termination of parental rights) as a strategy for resolving some of these dilemmas. Ms. Butts noted, “If there were that opportunity to use federal funds for subsidized guardianship, 20,000 children in this country could exit into safe, stable families.”

Dr. Strieder and Ms. Butts were able to provide phone numbers and web site information on other resources that are addressing the issue of grandfamilies to several caregivers who phoned in to the show.

An unexpected byproduct of the program was that Mr. Steiner invited Ms. Robinson to be the focus of another WYPR program he hosts, “Just Words.”

## A Story of Triumph and Resilience

(Continued from page 3) walk halfway down the hallway, Tionne would insist on walking the entire length.

After a 16-day hospital stay, Tionne returned home where she has continued to thrive. Mobility is one of the things she now cherishes most. She takes every opportunity to walk and be active in the world, because while she was ill her lungs kept her entrapped from fully embracing everything life had to offer. Once she is less vulnerable to infection, she hopes to re-embark upon her dream of nursing that was abruptly interrupted four years earlier by her illness. "I think that I'm an angel,"

Tionne reflects. "I think God kept me here for a reason. He hasn't revealed it to me yet, but as soon as He does I'm going to go with it."

Tionne, characteristically, is already hard at work at giving back to others in need. When ill, she was referred to support groups for those awaiting organ transplants, but found it troubling that there was no such group for her young daughter. "It wasn't until after my transplant that my daughter said to me, 'Ma, I thought you were going to die,' but I know she was very scared." Tionne is drafting a proposal to present to Univer-

sity Hospital to establish a support group for children of parents suffering from chronic or life-threatening diseases such as AIDS and organ failure. She hopes that she and her daughter, who is now 12, can work together to help children deal with the feelings evoked by serious parental illness.

The four years of unspeakable pain and suffering, dreams deferred, and brushes with death would have caused many to lose hope and simply stop fighting. Tionne chose another path. She is a survivor, in all senses of the word.

## Generations United and the Rights of Grandfamilies

By Donna Butts

*Executive Director, Generations United*

At Generations United, we work to educate policy makers, the media and the general public about the critical role grandfamilies play in our society. Grandfamilies – those families in which grandparents and other relatives are raising children – deserve respect, appreciation and support. In recent years we have seen important federal policy changes favoring these families. This began with the inclusion of grandparents and other relatives in the National Family Caregiver Support Act (NFCSP). With its re-authorization last year, advocates were successful at lowering the age at which grandparent caregivers can receive services from 60 to 55. This was an important step because it increased the number of eligible caregivers from less than 30% to almost 50%. Inclusion in the NFCSP

has heightened awareness and interest among senior service providers.

Next was passage of the LEGACY intergenerational housing provisions and subsequent funding for housing demonstrations. This will mean an



increase in housing for these families, although we need to continue to advocate for full funding for additional housing. The upcoming education planned for housing professionals should help to open more doors in existing public housing.

During this Congress we believe the time is ripe for passage of the Kinship Caregiver Support Act or key programs within it. The act has been reintroduced and is gaining support. This will provide flexibility and funding for states to offer much needed services for and on behalf of grandfamilies.

Media interest will continue to develop as well. This will be positive in helping to shine the light on the important role grandparents and other relatives play in holding our families together. In the future, grassroots groups like Grandfamilies of America and the National Committee of Grandparents for Children's Rights will grow in numbers and provide a strong, vital voice for relative caregivers. Coupled with the voices of committed advocates, we should see good strides toward achieving the recognition and supports grandfamilies deserve.

# Family Connections Looks Ahead

By Dr. Frederick Strieder

*Program Director, Family Connections*

Periodically we all take time to review what we've accomplished and refocus our efforts to determine the course of action we need to take in the future. It allows for meaningful soul searching that reenergizes our efforts to be aligned with our communities and assess the degree to which we are effectively assisting the families we serve. This last summer, with consultation from the Mosaic Group Inc., Family Connections developed a three-year strategic plan. We engaged staff and stakeholders from the community to identify our strengths, weaknesses, and opportunities and this informed the development of nine program goals for the next 3 years. The goals include the expansion of services to

meet the needs of grandparents raising grandchildren and development of sustainable funding streams to support a staffing model that promotes service quality and continuity. We will increase the involvement of consumers in program development and sustain our current community partnerships while expanding our involvement with additional partners.

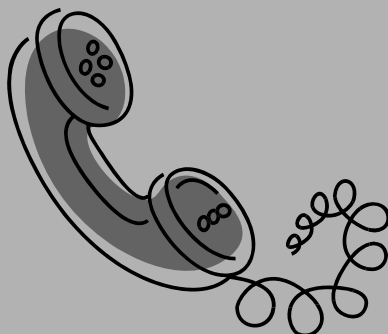


We will continue our commitment to evaluate the effectiveness of our services in the development of models of best practice and to disseminate our findings about service delivery for grandparent families and other vulnerable

families. This includes using this information to advocate for positive policies that support families within the fabric of their communities. We've had a productive 10 years helping 683 families meet the needs of their 2049 children. During that time, 134 MSW students interned at Family Connections. In the past 3 years we have joined with seven other national sites to replicate the Family Connections model to further evaluate the effectiveness of the program. We plan to scrutinize what we've learned to continue to improve our work in promoting the safety, well being, and stability of children and families. We have had the honor of partnering with many agencies-public and private, individuals, providers, and advocates in this journey and look forward to continuing productive collaborations.

## HELP US TO HELP OTHERS

- ◆ *Grandparent Family Connections* is city wide; We provide services to grandparents who are raising grandchildren anywhere in Baltimore City (at least one child must be between the ages of 5-11)
- ◆ If you know of any grandparents who might benefit from some extra support, please refer them to our program.



- ◆ *Family Connections* continues to serve families in West Baltimore.

**For more information or to make a referral,**

**Call 410-706-3672**

# Thank You for the Generous Contributions During the Holiday Season !

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*Family Connections &  
Grandparent Family Connections*

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