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## Grandfamilies: Characteristics and Needs of Grandparents Raising Grandchildren

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## Special Issue on Innovation 2018

### Grandfamilies: Characteristics and Needs of Grandparents Raising Grandchildren

#### Abstract

Households in which grandparents are raising grandchildren, known as grandfamilies, represent a growing and underserved population. The Healthy Grandfamilies Project, a program for grandparents raising grandchildren, comprises 3 months of educational discussion group sessions delivered by West Virginia State University Extension staff followed by 3 months of support services delivered by a licensed social worker. We collected data for a preliminary study of the program through an intake form, pre- and posteducation measures, and a participant satisfaction survey. Preliminary results suggest a profile of grandfamilies and indicate that a model of education combined with social support holds potential for addressing unmet needs of this population.

**Keywords:** [grandparents raising grandchildren](#), [grandfamilies](#), [grandparent education](#), [grandparent support](#)

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## Introduction

A household in which a grandparent assumes the role of primary caregiver for a grandchild has come to be known as a grandfamily. The dramatic increase in grandfamilies over the past two decades is alarming. Nationally, approximately 2.9 million children receive their care in this way (Wiltz, 2016), and West Virginia ranks second among all states regarding the percentage of grandchildren being raised by grandparents (Kids Count Data Center, 2017). The increase in grandfamily households is attributed primarily to rising rates of drug addiction (Wiltz, 2016).

Grandfamilies represent a population with family social interactions and responsibilities that are more complex than usual. Several studies have documented the vulnerability of custodial grandparents to negative health outcomes, social isolation, and depression (Hayslip & Kaminski, 2005; Minkler & Fuller-Thomson, 2005). In addition, grandparents face numerous challenges related to legal, financial, school-based, parenting, and family relationship issues (Baker, Silverstein, & Putney, 2008; Minkler, 1999; Mosby & Wamsley, 2012; Sands & Goldberg-Glen, 2000).

Extension programs have shown the potential to assist grandfamilies, primarily through grandparent education (Bjelde, 2004; Doggett, Marken, & Caldwell, 2014; Fetsch & Lester, 2004) and community mobilization (Miller, Bruce, Bundy-Fazioli, & Fruhauf, 2010). However, education alone might not be enough. Innovative models that integrate social services support with education might be needed to address the complex needs of this growing community of families.

## Program Description

The Healthy Grandfamilies Project offers grandfamilies in the Greater Kanawha Valley region of West Virginia a series of free educational discussion group sessions combined with social support services. The 6-month intervention is a collaboration between the West Virginia State University (WVSU) Extension Service Family and Consumer Sciences (FCS) program and the WVSU Department of Social Work. The discussion group sessions are delivered over a 3-month period through the WVSU Extension Service FCS program, and the additional 3-month social services support component is coordinated by the WVSU Department of Social Work.

## Discussion Groups

During each discussion group session, information and resources are provided, along with on-site childcare and refreshments. Participants receive a certificate of completion and a \$25 gift certificate at the end of the 3-month educational component. Discussion group sessions are held in the communities where participants live and range in size from five to 20 people, depending on program enrollment. The sessions are held in churches, community centers, libraries, schools, and other venues convenient to participants. They are facilitated by an Extension professional with 40 years of experience who also happens to be the product of a grandfamily (the first author of this article). Local experts serve as guest speakers and present information on specialized topics such as legal issues, social media, public school programs and policies, addiction, and childhood trauma. Discussion topics include

- parenting in the 21st century;
- family relationships—a new dynamic;
- communication—when no one talks and everyone texts;
- technology and social media—dangers, pitfalls, and pluses;
- nutrition—balancing diets when everyone is on the go;
- legal issues and documents;
- health literacy and self-care—how to take care of one's own health;
- healthful lifestyles and stress management; and
- negotiating the public school system.

## Social Support Follow-Up Services

Upon completing the series of discussion group sessions, participants are provided 3 months of free follow-up services from a licensed social worker in the WVSU Department of Social Work who has more than 6 years of experience working with children and families. Services include

- help locating community resources,
- confidential assistance in meeting individual family needs through an action planning process, and
- advocacy services.

## Objectives

We conducted a study to achieve the following objectives as they relate to the 68 grandfamilies who participated during the first 18 months of the Healthy Grandfamilies Project:

- Describe the characteristics of grandfamilies, including demographics, personal factors, perceived challenges, and service needs.
- Assess early outcomes related to change in general knowledge on nine educational topics.
- Evaluate participant satisfaction with the intervention.

## Evaluation Methods

The measures we used to collect data for the study were developed by project staff and approved by the university's institutional review board. Data were collected and managed by project staff and analyzed through the use of SPSS, Version 23.

## Grandfamilies Assessment Form

The grandfamilies assessment form was administered by the social worker and completed prior to participation in the discussion group component of the program. Through use of this form, we collected data on the following variables:

- demographics,
- reasons for raising grandchildren,
- health and behaviors,
- grandchildren,
- biological parents,
- grandparent burden/challenges and feelings about caregiving role,

- finances and legal issues,
- living arrangements,
- social service use and unmet needs, and
- public school system.

## Discussion Group Questionnaires

Participants were asked to complete a questionnaire at the start of each discussion group session and again at the end of the session so that we could measure increased awareness and knowledge. Participants responded to each item on the questionnaire using a 10-point Likert scale.

## Satisfaction Survey

Participants were asked to complete a self-administered satisfaction survey at the end of the intervention so that we could measure their perceptions about the most helpful components of the intervention and their overall satisfaction with the project. The survey consisted of a combination of quantitative 5-point Likert scale items and open-ended qualitative questions.

## Results

### Demographic Characteristics of Grandparents

To better understand the characteristics of grandparents raising grandchildren, we collected basic demographic data at intake. As shown in Table 1, although the age range was wide (ages 39–82), about 72% of grandparents reported being 60 years of age or older. Majorities of the respondents were female (75%), Caucasian (82.4%), married (52.9%), and retired or otherwise not working (66.2%). Additionally, majorities reported having a high school diploma or less (55.8%) and an annual income less than \$35,000 (61.9%).

**Table 1.**

Baseline Characteristics of Grandparents ( $n = 68$ )

Variable	%
Age	
39–49	10.3
50–59	17.6
60–69	57.4
70–82	14.7
Gender	

Female	75.0
Male	25.0
Race/ethnicity	
Caucasian/White	82.4
African American/Black	17.6
Marital status	
Married	52.9
Widowed	19.1
Divorced	16.2
Never married	7.4
Cohabiting with domestic partner	2.9
Separated	1.5
Education	
High school diploma or less	55.8
Some college	32.4
College degree	11.8
Employment status	
Retired	44.1
Employed full-time or part-time	33.8
Receiving disability benefits	20.6
Unemployed	1.5
Annual income	
<\$14,999	19.1
\$15,000–\$34,999	42.8
\$35,000–\$74,888	35.2
>\$75,000	2.9

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## Family Characteristics

The number of children being raised by a grandparent ranged from one to five, with the average being two. At the time of intake, 72.1% of grandparents reported having either legal custody or guardianship of their grandchild(ren), and 7.4% had adopted their grandchild(ren). Only 4.4% had formal foster care arrangements (kinship care) through the West Virginia Department of Health and Human Resources. The remaining grandparents (16.1%) reported either being uncertain of their legal status or having no legal relationship. A large percentage of grandparents (85.3%) reported drug-related reasons for becoming the primary caretaker for a

grandchild. Other reasons included parental military deployment (1.5%), financial problems (8.8%), and physical or mental disability (4.4%). The length of time grandparents had been the primary caretaker ranged from less than 6 months to more than 5 years, with 60.3% having been in the role for 3 years or more.

## Health and Mental Health Characteristics of Grandparents and Grandchildren

All grandparents reported having at least one chronic health condition, with the five most common conditions being arthritis, chronic pain, heart disease, diabetes, and vision problems. Sixteen percent of grandparents reported suffering from chronic depression, and 5.9% reported having a diagnosed mental illness. Most grandparents (98.5%) had health insurance of some kind.

Grandparents described grandchildren as having numerous health issues, with 27.9% having at least one diagnosed chronic medical condition. The four most common conditions reported were obesity, vision problems, developmental disabilities, and substance abuse. Twenty-nine percent of grandchildren were described as having behavioral problems, and 16.2% were reported to have a diagnosed mental health condition. Only 2.9% of grandchildren had no health insurance. Most (92.6%) were covered by Medicaid.

## Challenges Faced by Grandparents

Grandparents reported at intake the challenges they faced caring for a grandchild. Their responses in descending order are depicted in Table 2 and show that grandparents were more likely to identify personal factors such as "less time for myself," "less privacy," and "feeling 'tied down'" than concrete factors, such as dealing with legal issues and accessing public assistance benefits. One exception is the financial burden that many grandparents (83.8%) reported experiencing as a result of caring for grandchildren. Also high on the list of challenges is the difficulty parenting that these grandparents confront on a daily basis.

**Table 2.**  
Challenges Faced by Grandparents

Challenge	%
Less time for self	88.2
Financial burden	83.8
Less privacy	75.0
Feeling "tied down"	57.4
Difficulty parenting	50.0
Lack of sleep	42.6
Negative impact on own health	35.3
Conflicts with child's biological parent	33.8
Dealing with bureaucracies	33.8
Interference with job	32.4

Feeling isolated or alone	30.9
Difficulty getting public assistance benefits	29.4
Fear of losing custody	23.5
Less time for family	17.6
Legal difficulties	14.7
Difficulties with school system	14.7
Relationship problems with spouse/partner	5.9
Difficulties with health-care system/benefits	4.4

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## Service Needs

Grandparents reported at intake which services they were not receiving for themselves that they would find helpful. The most frequently cited service needs were information about available resources (94.1%), assistance in accessing available resources/services (92.6%), education focusing on raising grandchildren (86.8%), and support group services (86.8%). When asked what services they would like to receive for their grandchildren, grandparents' most frequently identified choices were summer camp (61.8%), mentoring (54.4%), support group (48.5%), help with homework (42.6%), drug awareness (41.2%), sex education (38.2%), and tutoring (30.9%).

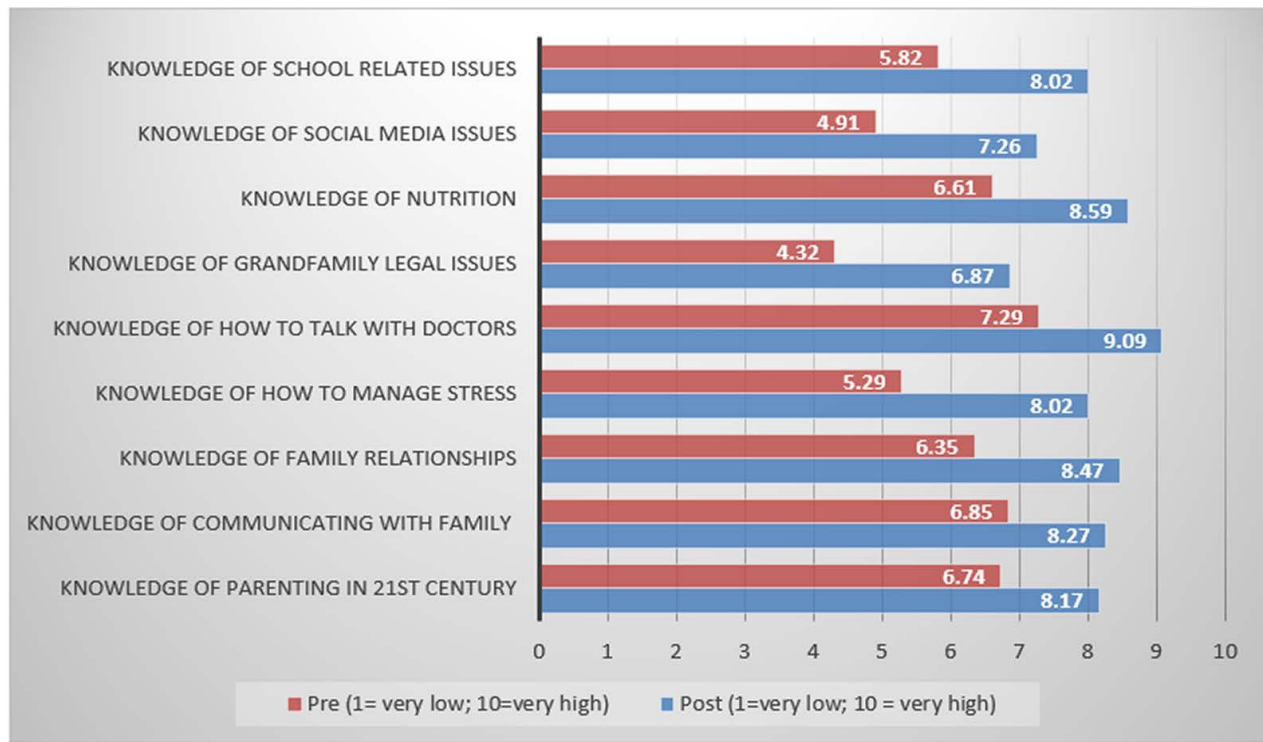
## Preliminary Discussion Group Outcomes

To evaluate learning outcomes related to the discussion group topics, we had grandparents complete self-assessment questions before and after participating in each educational session. Preliminary outcomes related to changes in general knowledge for the 68 study participants are shown in Figure 1. Items were single questions that involved participants' rating their knowledge on a scale of 1 to 10, with 1 indicating very low knowledge and 10 indicating very high knowledge. The data indicate that participants increased their knowledge on all topics. The highest gains reported were associated with the topics of stress management, legal issues, and social media.

**Figure 1.**

Preliminary Mean Scores for Pre- and Postdiscussion Educational Outcomes





## Participant Satisfaction

At the end of the 6-month intervention, grandparents were asked how they felt about the Healthy Grandfamilies Project. More than 96% stated that their participation helped them live more healthful lifestyles, 98.5% reported that the discussion groups were relevant to their situations as grandparents, 98.4% indicated that the follow-up services provided by the social worker were helpful, and 98.5% stated that participating in the project helped them feel better prepared to raise a grandchild.

## Conclusions and Discussion

Observations from the Healthy Grandfamilies Project provide useful information for Extension professionals. Although preliminary in nature, the early evaluation results reported here can inform strategies for engaging and connecting with this new community of families.

First, Extension professionals might benefit from additional training on strategies for working with older adults. Although grandfamilies represent a diverse group across age, race, income, employment, and education, we found that majorities of grandparents are female, are age 60 or older, and suffer from at least one chronic health condition. Older grandparents experience a wide range of challenges, including financial concerns, legal issues, and development of parenting strategies for a new generation of children. However, their greatest concerns appear to focus more urgently on their attempts to provide care for grandchildren at the point in their lives when they had expected to focus more on their own health, developmental needs, desire for time for themselves, and freedom to pursue individual interests and activities commonly associated with retirement and later life. Understanding the health, social, and mental health needs of older grandparents is critical to effectively designing interventions to help them.

Second, consistent with national trends, grandfamilies in our sample are often hidden victims of a family member's addiction and/or substance misuse. Not only are grandchildren frequently traumatized by a parent's

drug use and its aftermath, grandparents often suffer from feelings of guilt, loss, anger, fear, and helplessness related to their own child's addiction or drug-related problems. In these situations, family relationships become very complex. Extension professionals who work with these families would benefit from specialized training and programming around childhood trauma, family response to addiction, and substance misuse issues.

Third, although the Healthy Grandfamilies Project focuses primarily on the needs of grandparents, preliminary results identify the need for more programming for grandchildren. Specifically, grandparents in our sample expressed the need for more opportunities for summer camp, mentoring, afterschool, drug awareness, sex education, tutoring, and youth support group programs. These are needs that potentially can be met through Extension programs such as 4-H.

Finally, preliminary results provide early evidence that the Healthy Grandfamilies Project serves as a viable model for serving these families at the local level. Extension programs, in collaboration with academic departments of social work within universities, can provide the infrastructure and expertise to effectively meet the educational and social support needs of this very complex and vulnerable new community of families in our ever-changing society.

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