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Research Article

**Challenges and Resilience in
African American Grandparents**

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Abstract

This paper reviews literature on grandparents raising grandchildren, focusing on caregiving challenges and resilience in African American grandparent caregivers within a socio-cultural context. A strengths perspective that emphasizes capacities and competencies at the individual,

family, and community levels is applied in understanding how African American grandparents rely on their strengths to overcome caregiving challenges. Building on the review of social programs and intervention services that targeted empowerment practice, the authors propose an empowerment model of working with African American grandparents, that is, building capacities through an empowerment process to address caregiving challenges and to achieve positive caregiving outcomes. Finally, the paper discusses the empowerment model with particular attention to its practice implications for social workers and other helping professions.

The number of grandparents raising grandchildren in the United States has increased rapidly since the 1970s. In 2010, about 7.3% (i.e., 7.5 million) of children lived in a grandparent's home, compared with 3.2% (i.e., 2.2 million) in 1970 (Casper & Bryson, 1998; Wilson, 2013). Native-born African American children are most likely to live with a grandparent, accounting for 12.2% of African American children nationally (Wilson, 2013). Compared with non-Hispanic Whites, African Americans are over three times more likely to raise their grandchildren (Lipscomb, 2005), and African American grandmothers represent a large group among grandparent caregivers.

Grandparents raising grandchildren has been rooted in African American culture. Cultural dynamics play an important role in keeping the family intact and transferring values and traditions. Although grandparents caring for grandchildren can be a rewarding and joyful experience, many grandparents raise grandchildren under difficult circumstances. Older grandparents experience the effects of aging and are increasingly worried about parenting grandchildren as their physical, mental, and cognitive functioning decline (Fuller-Thomson & Minkler, 2000). It is essential for social workers, health care providers, and social service providers to understand the

role of grandparents in family caregiving and the challenges they face. In addition, attention should be given to the strengths of grandparent caregivers in the face of risk and adversity of caregiving, protective factors at both personal and social levels, and the potential positive outcomes of caregiving (Hayslip & Smith, 2013). In line with the strengths perspective, an empowerment approach has been applied to practice with African American grandparent caregivers. The purpose of this paper is to review the challenges and resilience factors in African American grandparent caregivers (i.e., grandparents raising grandchildren) within a broad social-cultural context, followed by discussions on how to foster resilience in grandparent caregivers under the empowerment approach.

Culture of African American Grandparents Raising Grandchildren

Historically, the extended family was the primary family structure among West Africans at the time of slavery (Scannapieco & Jackson, 1996). Children who had been separated from their slave parents were raised by their grandparents and extended family members (Fuller-Thomson & Minkler, 2000). The West African culture of multigenerational family caregiving was then carried over to the United States (Brown & Mars, 2000). During the first half of the 20th century, the great migration occurred when six million African Americans moved out of the rural Southern states due to poverty, oppression, racism, and lack of employment opportunity, often leaving grandparents responsible for their grandchildren (Fuller-Thomson & Minkler, 2000). Grandchildren were closely connected to their grandparents and other relatives in the extended family, spending time with them and being exposed to cultural traditions (Fuller-Thomson & Minkler, 2000).

African Americans have been important caregivers in families, providing emotional and financial support to their children, grandchildren, and even great grandchildren (Bertera & Crewe, 2013). For many grandchildren, the invaluable support from grandparents is credited as “their lifeline and an irreplaceable source of inspiration” (Bertera & Crewe, 2013, p.178). Grandparents hold a unique role in the African American community, strengthening family ties, ameliorating distress, and transferring values and family traditions through family gatherings and activities (Bertera & Crewe, 2013; Crewe, 2003; 2006).

Currently, grandparent caregiving occurs often as the result of a crisis situation that impairs the ability of birth parents to adequately care for their children (Conway, Jones, & Speakes-Lewis, 2011). When birth parents are unavailable due to substance use disorders, mental health status, incarceration, HIV/AIDS, or homicide, grandparents are likely to be called upon to take care of their grandchildren (Conway et al., 2011; Kelley, Whitely, & Sipe, 2007). These reasons for grandparent caregiving often carry a stigma for the whole family (Fuller-Thomson & Minkler, 2000), increasing the challenges faced by African American grandparents.

Challenges of Grandparent Caregiving

A substantial body of research has consistently documented the challenges of grandparents raising grandchildren in the general population, clearly suggesting that grandparent caregiving is stressful and has many negative personal, interpersonal, and economic consequences (Hayslip & Kaminski, 2005). In general, grandparent caregivers are at elevated risk for financial strain, poor physical health, social isolation, role overload and role confusion, stress and related issues (Blustein, Chan, & Guanais, 2004; Fuller-Thomson & Minkler 2003;

Hayslip & Kaminski, 2005; Whitley, Kelley, & Campos, 2013). Financial difficulties, concerns over their health, and the ability to provide a good life for grandchildren are the most stressful issues reported by African American grandparent caregivers (Brown & Mars, 2000). In addition, legal problems involving custody issues are noteworthy in these families (Lipscomb, 2005).

According to the literature, caring for grandchildren is associated with negative health outcomes, particularly in African Americans (e.g., Fuller-Thomson & Minkler, 2000; Hayslip & Kaminski, 2005; Kelley, Whitley, & Campos, 2013). The incidence of depression, diabetes, hypertension, and insomnia is high among grandparent caregivers (Hayslip & Kaminski, 2005). African American caregiving grandparents are more likely than non-caregiving peers to have functional limitations and depressive symptoms (Fuller-Thomson & Minkler, 2000). The health discrepancy between caregiving and non-caregiving grandparents is largely due to the predisposition to poor health in this population, i.e., racial disparity in health (Baker & Silverstein, 2008). Compared to non-Hispanic Whites, African Americans have shorter life spans, more limitations in physical functioning, and higher rates of chronic conditions such as diabetes, hypertension, and cardiovascular diseases (Center for Disease Control and Prevention, 2009). They are likely to be in poor health status prior to taking the responsibility of caring for a grandchild. Grandparent caregiving may further increase the already-existing racial disparities. Research indicates that socioeconomic status, racial/ethnic, and other demographic characteristics are more attributive of adverse health outcomes than caregiving demands (Hughes, Waite, LaPierre, & Luo, 2007). Raising a grandchild may trigger pre-existing health problems or induce health behavior changes which exacerbate health conditions in later life (Baker & Silverstein, 2008).

Another challenging issue is economic vulnerability which contributes to caregiving stress. Assuming full-time parenting responsibility often results in increased financial strain, reduced hours of paid employment, and maybe leaving full-time employment prematurely (Kelley, Whitley, Sipe, & Yorker, 2000). Although some families receive cash benefits from the Temporary Assistance to Needy Families (TANF), these monthly payments are typically insufficient to cover the cost of raising grandchildren (Kelley et al., 2000). In particular, African American grandmother caregivers represent a highly vulnerable population, both financially and physically; they are more likely to live in poverty and have more functional limitations than either grandfather caregivers or other African American women aged 45 and over (Minkler & Fuller-Thomson, 2005). When compared with other racial/ethnic groups across all age groups, African American grandmothers are most likely to live in poverty (Prokos & Keene, 2012).

In African American grandparent-headed families, like other cultural communities of grandparent caregivers, informal kinship care is the most common care arrangement. Many care providers, including grandparents, obtain legal custody of a child through adoption or guardianship (Simpson & Lawrence-Webb, 2009). However, some grandparents may assume primary responsibility for their grandchildren without legal custodial rights, as the legal process is complicated, overwhelming, and expensive (Lipscomb, 2005). Without a legal relationship, grandparent caregivers may have difficulty accessing benefits for children. Subsequently, they face difficulties enrolling grandchildren in school or federally funded Head Start programs, and struggle to obtain educational assistance and medical coverage for their grandchildren (Lipscomb, 2005).

Compared to formal foster care providers, informal

caregivers have less access to federal assistance and social services such as food stamps (Ehrle & Geen, 2002). Lack of legal arrangements may intensify the apparent economic disadvantages in grandparent-headed families. A permanent legal arrangement may help grandparents secure certain services to address their financial strains and to overcome the risks to grandchildren's poor health status.

Benefits of Grandparent Caregiving

Despite the numerous challenges faced by caregivers, there are certain benefits associated with grandparents raising grandchildren. For some older adults, parenting grandchildren is a rewarding experience, keeping them active and bringing joy, love, a sense of pride and accomplishment into their lives (Minkler & Roe 1993; Fitzpatrick 2004; Dunne & Kettler, 2007). They feel fortunate to be parents again and believe that they would do a better job of parenting than they have done with their own children (Emick & Hayslip, 1996). They feel proud to serve as a healthy role model for their grandchildren, keeping the family intact and carrying on the family legacy (Giarrusso, Silverstein, & Feng, 2000; Hayslip, Shore, Henderson, & Lambert, 1998).

Grandchildren can benefit from living with their grandparents, too. Some literature suggests children raised by grandparents have better school performance, rely less on welfare, and have more autonomy in decision making and fewer deviant behaviors than children in single-parent families (Hayslip & Kaminiski, 2005). "Most importantly, custodial grandparents can provide love, security, encouragement, and structure for grandchildren who might otherwise be in a foster care home" (Hayslip & Kaminiski, 2005, p. 263). Further, grandparents can pass on their memories, wisdoms, stories, and family history to grandchildren, who may feel nurtured, safe, and valued in family connections with grandparents.

Strengths and Resilience in African American Grandparents

African American motherhood is rooted in the ability to endure the harshness of slavery and oppression, to perform multiple roles, and to hold love of family and strong religious beliefs (Franklin, 1997). The role of African American grandmothers is especially important as the foundation for intergenerational support in a fluid and flexible family system (Franklin, 1997). African American grandmothers are often viewed as the major strength in assuming family caregiving roles, providing the basic needs for their grandchildren and, more importantly, preparing them to avoid the pitfalls of risk behaviors and precarious environments (Gibson, 2005; Scannapieco & Jackson, 1996). The culture and tradition of grandparents raising grandchildren in African American families is viewed as a source of strength in coping with the stress and adversities in the caregiving process.

A strengths perspective that emphasizes capacities and competencies at the individual, family, and community levels (Saleeby, 1996) has been applied in understanding how African American grandparents rely on their resiliency and resourcefulness to overcome caregiving challenges (e.g., Gibson, 2005; Kelley et al., 2013). Personal attributes such as a sense of humor, loyalty, independence, insight, management skills, and other virtues can become the source of strengths; moreover, cultural and personal stories, narratives, and lore are important sources of strengths (Saleeby, 1996). According to the strengths perspective, kinship care or grandparent caregiving in African American families is viewed as both a strength and a resource; family strengths derive from the culture that values the role of grandmothers in family caregiving (Gibson, 2005). Parenting strategies of African American grandmothers

are considered as family strengths; they maintain effective communication with their grandchildren, take a strong role in the education of grandchildren, provide socio-emotional support, involve extended family and grandchildren in selective community activities, acknowledge and work with the vulnerabilities of grandchildren, and deal with the absence of the biological parents (Gibson, 2005). These traditional parenting strategies would enable grandmothers to effectively parent their grandchildren and build on grandchildren's abilities to develop into productive adults (Gibson, 2005).

In the strengths perspective, resilience and empowerment are two important concepts in evaluating grandparent caregivers (Whitley, Kelley, Yorker, & White, 1999). Family resilience is the "characteristics, dimensions, and properties of families which help families to be resistant to disruption in the face of change and adaptive in the face of crisis situations" (McCubbin & McCubbin, 1988, p. 247). It indicates the capacity of a family to successfully deal with challenging life demands and circumstances (Walsh, 1998). Resilience is an ordinary, but dynamic, complex family process of adjustment and adaptation to life circumstances (Masten, 2001). A well-functioning family usually can tolerate adversity and manage challenges; whereas an ill-functioning family would experience maladaptation and negative outcomes when faced with adversity and challenges (Masten, 2001). Family resilience is related to several factors, including family demands (such as financial strains, health problems, and other changes in the family structure or life cycle), existing resources (such as individual, family, and community support systems), new resources that need be developed and strengthened, and family problem-solving skills and coping behaviors (McCubbin & McCubbin, 1993). Resilient grandparents are often characterized by positive appraisal and acceptance of their family life, the

personality trait of persistence, maintenance of healthy boundaries within family, commitment to new life routines and their grandchildren, and social connectivity (Bailey, Letiecq, Erickson, & Koltz, 2013).

Resilient grandparents are capable of maintaining or regaining their psychological well-being in the face of caregiving challenges (Hayslip & Smith, 2013). Individual attributes, interpersonal relationships, and external support systems contribute to resilience (Smith & Dolbin-MacNab, 2013). Positive caregiving appraisals, adaptive coping strategies, self-help and help-seeking skills would enable grandparents to continue performing daily activities and minimize the negative effects of caregiving, thus promoting grandparent well-being and grandchild outcomes (Musil, Warner, Zauszniewski, Wykle, & Standing, 2009; Zauszniewski, Au, & Musil, 2012).

Individual strengths and attributes, however, are not sufficient for grandparents to raise grandchildren. Family and community resources are needed to sustain the stability in African American families (Simpson, 2009). Support from extended families, churches, and professional care providers can enhance personal resilience in grandparent caregivers. Family resources are instrumental resources, including income, food, shelter, and access to health care, which are essential for raising children (Kelley et al., 2000). Social support is emotional and spiritual assistance from family, friends, social groups, clergy and professionals (Kelley et al., 2000). Both family resources and social support can buffer the negative effects of caring for grandchildren on grandparents' psychological well-being (Kelley et al., 2000). Social support is viewed as a protective factor that promotes positive outcomes of grandparent caregiving, most beneficial to grandparents with higher levels of stress (Gerard et al., 2006). For those isolated from informal social networks due to the increased caregiving

responsibilities, formal social support is needed for developing grandparent resilience (Dolbin-MacNab, Roberto, & Finney, 2013).

An Empowerment Model of Working with Grandparents

Since the late 1980s, a strengths-based model of working with individuals and families has emerged and developed (Saleebey, 1996; Whitley et al., 1999). This model emphasizes building on individual and family strengths to resolve problems and issues (Whitley et al., 1999). In line with the strengths-based model, an empowerment approach has been increasingly applied in practice with grandparent caregivers, especially with women and people of minority groups (e.g., Chadiha, Adams, Biegel, Auslander, & Gutierrez, 2004; Cox, 2002; Whitley et al., 2013). The challenges facing African American grandparents have strong implications for the practice of empowerment (Cox, 2002).

The concept of empowerment has been defined differently across disciplines, and empowerment practice has been widely discussed to accommodate various populations in different social and individual contexts (Cox, 2002). Despite many definitions, there is consensus that empowerment involves gaining control over one's life and motivating for positive change (Whitley, Kelley, & Campos, 2013). Individual empowerment aims to make people acknowledge and develop personal strengths, and then utilize their strengths and attributes to bring about positive change (Solomon, 1976). Family empowerment aims to foster collaborative relationships, capacity building, and connections to extended family networks (Hodges, Burwell, & Ortega, 1998).

In this paper, the literature review yielded information on 10 education or training programs and intervention services, specifically targeting African

American grandparent caregivers. The programs listed in Table 1 demonstrate that working in groups and focusing on education are central to empowerment practice. The immediate goal of empowerment is to help individuals achieve a sense of power, become aware of the linkages between individual and community problems, and work collaboratively toward social change (Gutierrez, GlenMaye, & DeLois, 1995). The small group modality is the foundation of empowerment practice; promoting dialogue, critical thinking, and action in the small group are often used in empowerment programs (Burnette, 1998; Cox, 2002; Gutierrez, 1990; Lee, 2001). Within the group, people can share concerns, learn from each other, and practice specific problem-solving techniques (Cox, 2002). A secure, interactive environment in group settings can facilitate the development of problem-solving skills, social support networks, self-efficacy, and collaborative social actions (Cox, 2002; Lee, 2001). Three specific practice strategies were recommended when working in groups with African American grandmothers, including raising critical group consciousness through storytelling, teaching concrete problem-solving skills, and teaching advocacy skills and mobilizing resources (Chadiha et al., 2004).

In group practice settings, education is “a catalyst to the empowerment process” (Carr, 2011, p. 1). Empowerment education programs are specifically offered to African American grandmothers with the aim to enhance their perception of control, self-efficacy, advocacy, and problem-solving skills (e.g., Burnette, 1998; Carr, 2011; Cox, 2002; Chadiha et al., 2004). Cox (2002) suggests that empowerment training should build on caregivers’ innate strength and resilience. Education or training programs include topics such as concepts of empowerment and self-esteem, communicating with grandchildren, building advocacy skills, dealing with children’s behavior problems, grief and loss, and navigating the service system (Carr,

2011; Cox, 2002; Joslin, 2009). Research indicates that grandmothers became active community advocates with increased life control, self-efficacy, self-advocacy, and coping skills after participation in empowerment education programs (Cox, 2002; Joslin, 2009).

In addition, grandparent caregivers, especially custodial grandparents, are provided with an array of support services, including home-based visitation services, case management, respite care, health services, support groups, parenting classes, legal assistance, and material aid (Grant, Gordon, & Cohen, 1997; Kelley et al., 2001; Whitley et al., 2013). These services are often packed in the form of community-based interventions, which aimed to improve the health of African American grandmothers (Kelley et al., 2013). After the intervention, the grandmothers increased knowledge about health behaviors, improved access to health resources, and improved their self-care health practice (Kelley et al., 2013).

The community-based interventions tailored to African American grandparents' special needs are effective in ameliorating the stresses from parenting demands and adapting to the demands of raising grandchildren. In the community-based interventions, empowerment is viewed as a positive, collaborative process between grandparents and service providers (Whitley et al., 2013). Grandparents have influence and authority over service decision and utilization, while service providers are partners and facilitators in the empowerment process (Grant et al., 1997; Whitley et al., 2013).

The program outcomes listed in Table 1 also indicate that specialized services could enable grandparents to manage parenting responsibilities, increase problem-solving skills and self-efficacy in the caregiver role, and master advocacy skills to benefit their families and the community (Burnette, 1998; Cohon, Hines,

Cooper, Packman, & Siggins, 2003; Grant et al., 1997; Whitley et al., 1999; Whitley et al., 2013). Grandparent caregivers reported improved mental health, decreased depressive symptoms, enhanced social support, and improved access to and utilization of health care and public services (Burnette, 1998; Cohon et al, 2003; Kelley, Yorke, Whitley, & Sipe, 2001; Zauszniewski, Au, & Musil, 2012).

Figure 1 illustrates the relationships among challenges, resilience, and outcomes in grandparent caregiving. The challenges faced by grandparents (e.g., health problems, financial strains, legal programs) can be addressed through building individual capacity and family resilience, enhancing family resources and social support, and relying on the culture of grandparents raising grandchildren in African Americans. Capacity and resilience play an important role in mediating the relationships between caregiving challenges and the subsequent outcomes. Caregiving challenges may either debilitate or strengthen individual capacities, which further affect caregiving outcomes. Capacity building is embedded in the empowerment process, whereby grandparent caregivers can further develop their personal and family resilience with the appropriate and necessary facilitation from professional service providers, thus leading to the desired caregiving outcomes, including healthy children development and well-functioning grandparents.

Table 1

Interventions and Programs Targeting African American Grandparent Caregivers

Name	Purpose	Description	Outcomes	Source
School-based small group intervention	To provide information and socialization in a normative community setting	The group intervention consisted of eight weekly 90-minute sessions led by a school social worker and the author. The first half hour of each session was devoted to a brief discussion of topics and the rest of the time to supportive group.	Caregivers' depressive symptoms were reduced and their coping strategies were improved. They reported high levels of satisfaction with the group experience.	Burnette, 1998
Children and Families' Kinship Support Network (KSN) intervention	To fill gaps and reduce barriers to accessing public services for kinship caregivers, and to improve their health and satisfaction with support systems	Case management services were provided in the foster care system. A community worker was assigned to each family, conducting an assessment and case plan, providing services of monthly home visits, weekly phone calls, referring to support groups, respite care, training, mentoring, and transportation.	Caregivers showed diminished kin caregivers' resource needs (i.e., connection to available services) after participation in the program. Overall, participants reported increased social support, competence, and satisfaction in caregiving abilities.	Cohon, Hines, Cooper, Packman, & Siggins, 2003

Name	Purpose	Description	Outcomes	Source
Empowerment training practice	To strengthen parenting skills and increase advocacy effectiveness in the community as advocates for custodial grandparents	The training included 12 class themes (e.g., communicating with grandchildren, self-esteem, dealing with loss and grief, etc.). It involved a great deal of interaction among participants; role play was used in each class.	Grandparents reported positive outcomes such as increased self- efficacy and problem solving skills. They could play significant roles as peer educators.	Cox, 2002
School-based program service	To increase healthcare resources use through partnership of a hospital and a foundation	A weekly education/support group was designed within four public schools, including information, skill development, and self-advocacy training.	Most caregivers reengaged with health resources use and decreased emergency room visits.	Grant, Gordon, & Cohen, 1997

Name	Purpose	Description	Outcomes	Source
Empowering techniques for women of color	To empower social workers' practice with women of color	With the context of a collaborative helping relationship and a small group work modality, several techniques were used, including accepting the client's definition of the problem, identifying and building on existing strengths, and engaging in a power analysis of the client's situation.	Social workers could move individual women from feelings of hopeless and apathy to active change, such as involvement in problem-solving.	Gutierrez, 1990
Health intervention and promotion	To improve physical and mental health of grandmothers raising grandchildren	The program involved a 12-month home-based intervention, including monthly home-based visitation, support groups, parenting classes, referrals for legal services, and early intervention services for children with special needs.	Grandmothers showed improved self-care practice and satisfaction with life.	Kelly, Whitley, & Campos, 2013

Name	Purpose	Description	Outcomes	Source
Multimodal intervention	To reduce psychological stress, improve physical and mental health, and strengthen social support and resources	The six-month intervention included home visits by registered nurses and social workers, legal assistances of an attorney, and monthly support group meetings.	Caregivers reported improved mental health and social support scores, and decreased psychological distress scores. They received more public benefits..	Kelly, Yorker, Whitley, & Sipe, 2001
Nutrition and physical activity intervention	To improve caregivers' health and well-being	The program consisted of ten 15-minute nutrition and physical activity lessons. Each lesson included a key message, PowerPoint presentation, and activity.	Caregivers became knowledgeable about healthy diet and interested in learning about nutrition. They identified barriers to healthy eating and physical activity.	Kicklighter, Whitley, Kelly, Shipskie, Taube, & Berry, 2007

Name	Purpose	Description	Outcomes	Source
Strengths-based case management (SBCM)	To ameliorate the effect of child neglect and provide grandparents with needed resources	SBCM was an assessment of the primary family problems and strengths, a care plan and implementation, monitoring and evaluation, and termination.	The intervention fostered a sense of independence and enhanced levels of confidence to nurture and support grandchildren.	Whitley, Kelly, Yorker, & White, 1999
Resourcefulness training	To teach grandmother caregivers resourcefulness skills	This intervention was delivered in a single 40-minute session. During the following four weeks, grandmothers used a daily written journal or digital voice recorder to reinforce the resourcefulness skills learned.	Resourcefulness skill training helped reduce grandmothers' stress and depressive symptoms over time.	Zauszniewski, Au, & Musil, 2012

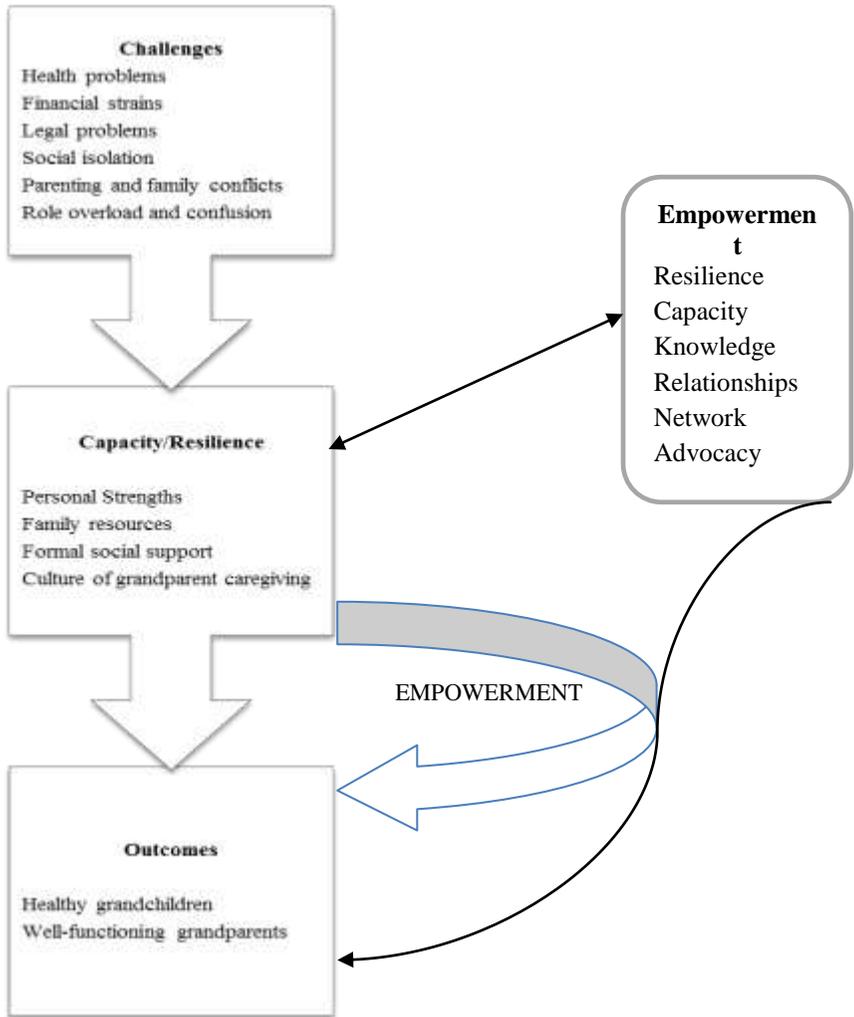


Figure 1. An Empowerment Model for African American Grandparent Caregivers

Implications for Social Work Practice

Social workers are in the position to promote empowerment in African American grandparent caregivers given their historical roles as case managers and advocates for children and families. The strengths perspective and empowerment practice model provide guidelines and expertise for social workers in practice with African American grandparent caregivers. First of all, social workers need be familiar with the culture of African American grandparents raising grandchildren and rely on the cultural dynamics as a family strength. In addition, social workers need fully understand the challenges of raising a grandchild and help grandparents assess their own strengths and weaknesses, making them aware of the potential outcomes of caring for grandchildren. More importantly, social workers should play a key role in empowering African American grandparents, building on their natural strengths, assisting them in knowledge building and skill development, and encouraging them to become advocates for themselves, their family, and the community.

Social workers also play a role in designing and implementing effective intervention programs to address the specific needs of grandparent-headed families and caregivers. Grandparents may face a myriad of challenges in raising grandchildren; a single intervention that addresses a specific problem, for example, self-care behaviors, may be effective. Moreover, the combined or comprehensive interventions targeting multiple levels of caregiving problems and multiple individuals simultaneously (i.e., grandparent, spouse/partner, adult child, and grandchild) may produce more significant improvement in caregiving outcomes (Schulz & Martire, 2004). It is also noted that empowerment efforts need be

directed to helping grandparent caregivers enhance their resiliency and simultaneously alter the environmental context (i.e., family and community) in which grandparents function (Hayslip & Smith, 2013). Levels of intervention and person-environment fit are both essential to help older adults adjust to the aging process and the new parent role (Hayslip & Smith, 2013). Interventions for grandparent caregivers include support groups, individual or family counseling, educational program, case management, parenting and coping skills training, environmental modification, advocacy management, mental health services, as well as other community programs.

Social workers need to help grandparents become more knowledgeable about available services and enhance the likelihood of service utilization (McCallion, Janicki, Grant-Griffin, & Kolomer, 2000). It is important to understand policies pertinent to this population and assist grandparents in overcoming barriers to service use, getting custody of their grandchildren when necessary, and obtaining certain monetary benefits, childcare, learning disability assessment, tutoring, and other needed services (Hayslip & Kaminski, 2005; Rubin, 2013). Supportive services such as respite care and individual counseling may be provided by a state program, a local area agency on aging, or a contract service provider under the National Family Caregiver Support Program.

Regardless of whether the grandparents have legal guardianship or custody, children are often eligible for state and federal benefits, which include financial assistance, Food Stamps, health insurance, and others. Appropriate use of these services will provide needed resources for raising grandchildren. Social workers can also educate service providers about how to productively interact with grandparents, advocate for improving access to service and making system-level change, and address the fragmentation of services and providers for children,

family, and older adults.

Conclusion

Despite the challenges and difficulties faced by grandparents, raising a grandchild may become a rewarding and joyful experience, especially when relying on individual and family strengths and social intervention programs that target empowering grandparents and developing family and community resources. Resiliency in African American grandparents derives from the unique culture of the role of grandparents and extended family structure, personal strengths and attributes, relationships with others, and available resources. Social workers are well positioned to enhance resilience in African American grandparent caregivers and to advance the empowerment process at the personal, interpersonal, and community levels.

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