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## **Concerns and supports of grandfamilies using formal services: Do they have the help they need?**

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## Concerns and supports of grandfamilies using formal services: Do they have the help they need?

### Cover Page Footnote

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*Research Article*

**Concerns and Supports of Grandfamilies Using  
Formal Services: Do They Have the Help They  
Need?**

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**Abstract**

The objective of this study was to discover the functional and psychosocial concerns of grandfamilies already receiving support services in their community, and to ask if they had the help they needed. Data were gathered from a convenience sample of 16 grandparents who were raising their grandchildren and were involved with a grandfamily support group or workshop. Results indicated that these grandparents experienced psychosocial concerns (i.e., child's emotional problems) and functional concerns (i.e., financial strain). Suggestions are included for further development of this measure as derived from the literature, service provider observation, and grandfamily perspectives.

### **Introduction**

Recognition that more grandparents have the primary responsibility for their grandchildren today has resulted in many community agencies and organizations providing programs and resources, such as support groups, informational websites, and educational workshops (Fruhauf & Hayslip, 2013). Despite some success in providing support, public policies and programs such as financial or medical care (e.g., Temporary Assistance for Needy Families [TANF]; Medicaid for children) have availability or eligibility requirements that do not adequately meet all needs.

As of 2012, 10% of children in the United States lived with a grandparent or grandparents, in either a three-generation household, or in mostly informal arrangements with one or two grandparents (Dunifon, Ziol-Guest & Kopko, 2014). Dunifon et al. report that this figure represents an increase in grandfamilies during the years of the Great Recession, beginning in about 2008. As Backhouse and Graham (2012) also point out, the number of grandparent-headed households is increasing, particularly those in which grandparents may be the only adults responsible for the children in the home on a day-to-day basis. A possible reason for the difficulty some grandparents have in obtaining the specific support they may need is that recognizing grandparents raising grandchildren as a normative family structure is not yet accomplished in the United States. Thus, there is a cultural lag in developing resources that include grandparents who have primary responsibility for their grandchildren, especially if the living arrangement is not formalized by custody, guardianship or allocation of parental rights (Van

Etten, & Guatan, 2012). Although grandparents report that they love their grandchildren, they do not want them taken away from the family, and are committed to stepping in to raise them when needed, being full-time parents again can result in concerns about raising and providing for children, even when grandparents participate in community support services.

This paper is a report on the findings of an exploratory needs assessment of grandparents who were already involved in some form of community support. Although this is a population well-studied in the literature (e.g., Hayslip, 2000; Kolomer, McCallion, & Overeynder, 2003; Monahan, 1994), we found that grandfamilies in our communities were still facing difficulties, despite support groups, workshops, and task force engagement with grandparents among various agencies and organizations. In particular, the purpose of this research was to discover the ongoing concerns grandparents had about raising their grandchildren, even though they were already attending support groups or informational events designed specifically for them. For this article, the term “grandfamilies” is used to define grandparents or other older relatives who are head of households and have the primary responsibility for a relative’s minor children.

Based on prior research and our experience with grandfamilies in our communities, we wanted to discover the nature of any unmet needs or concerns, despite formal affiliation. Issues of interest for this study included reasons that grandparents take over care (Backhouse & Graham, 2012; Sands & Goldberg-Glen, 2000; Templeton, 2012), psychosocial difficulties for grandparents (Bundy-Fazioli, Fruhauf, & Miller, 2013; Sands, Goldberg-Glen, & Thornton, 2005) and the grandchildren (Edwards, 2006;

Hayslip & Kaminski, 2005a; Keller & Stricker, 2003), family dynamics involving the child's parent or parents (Gladstone, Brown, & Fitzgerald, 2009; Strong, Bean, & Feinauer, 2010), service use and unmet needs of grandparents (Yancura, 2013), outcomes based on whether the grandparent has formal custody or informal charge of grandchildren (Kolomer, 2008), and the challenges often associated with parenting and working with school systems (Edwards & Sweeney, 2007), including pediatric health care, and other day-to-day needs in the lives of minor children (Baird, 2003). Despite the recent body of literature, grandparents' responsibility for grandchildren is not entirely new, especially among populations that include grandparents as part of an extended family in which day-to-day contact and child care among all adult members is normative (Chen, Liu, & Mair, 2011; Mollborn, Formby, & Dennis, 2011; Settles, Zhao, et al., 2009).

### **Theoretical Perspective**

A theoretical framework that guided this research, and is particularly relevant for studying the grandfamily experience, is the bioecological approach (Bronfenbrenner, 2005). In particular, previous versions of Bronfenbrenner's (1979, 1989) ecological approach can "address the multiple needs of grandparent caregivers" (Cox, 2003, p. 133) because of its emphasis on the complex, inseparable interaction of the individual with his or her environment. Bronfenbrenner's (2005) last contribution before his death addresses the bioecological framework and includes describing a proximal process of individual/environment interaction and the roles and behaviors of the individual in his/her environment over time (Bronfenbrenner, 1994). This interaction influences the individual not only in his or

her near environment (e.g., the amount and quality of interaction among individuals living in a grandfamily household), but in the context of wider cultural norms, social norms, and institutions (e.g., whether or not it is acceptable for grandparents to live with and/or raise grandchildren in one's culture; the social expectation that retired older adults will enjoy leisure without the task of child rearing; lack of recognition of informal grandfamilies by schools, such that grandparents cannot access information about the student, etc.). For a more specific description of the components of this model, see Bronfenbrenner (e.g., 1979, 1989, 1994, 2005). In the context of the current study, the proximal/environment interaction takes place within each unique grandparent/grandchild family situation, but those grandfamilies are also functioning within the communities in which they live, work, go to school, and carry out the individual roles of each family member.

Although Bronfenbrenner's work focused mostly on child development, additional study on adult development over a lifetime (e.g. Baltes & Schaie, 1973) suggests that an ecological approach is also relevant for adult experiences. In the United States, child rearing is considered to be the role of a parent or parents, and despite some culturally based exceptions, situations in which other relatives take on this responsibility are traditionally seen as outside the norm (Bengston, 2001; Gerstel, 2011). Grandfamilies may be especially vulnerable to the disruption of proximal process, not only because full responsibility of grandchildren by grandparents is not normative at the macro level (because society generally dictates that children should be raised by their own parents), but also because of micro level experiences. For example, grandparents are often retired,

are older than parents of the grandchild's peers, and believed they had finished being the primary caregiver for children.

Whatever individuals consider to be their role as grandparents, the necessity of functioning as a full-time parent can result in stress and other psychosocial difficulties due to multiple roles and/or role conflict (Landry-Meyer & Newman, 2004). Finally, grandparents report that they were caught off guard, with no time to prepare for this major shift in daily life (McGowan & Ladd, 2006). Concerns about the adjustments, knowledge, and parenting tasks needed may add difficulty to the grandfamily situation.

### **Review of the Literature**

#### **Formal Intervention and Support**

Formal community-based support intended specifically for grandparents has been implemented through various means (Fruhauf & Hayslip, 2013). Some communities are able to maximize a portion of funding from the Older Americans Act National Family Caregivers Support Program to implement a community task force or coalition for grandfamilies (Fruhauf, Bundy-Fazioli, & Miller, 2012). Other resources have begun informally, with grandparents themselves creating local support groups that in some cases grew into national organizations with country-wide membership. For example, Grandfamilies of America (GAP) was created due to the efforts of grandparents who had formed a support group in Maryland (Jackson, 2011).

Services offered through formal means in some communities include cost-free grandparents raising grandchildren support groups and access to information

about services in the community, such as the single entry point information and referral services of Area Agencies on Aging (AAA). Information may include eligibility requirements and application procedures for TANF or Medicaid coverage for grandchildren. A local AAA may also be involved in providing support for coalitions or task forces specifically focused on providing information and programs for grandfamilies (Cox, 2009; Fruhauf et al., 2012).

Many of today's grandparents do not qualify to obtain formal support services. In some cases, this is due to the grandparent not being the parent or legal guardian. As a result, grandparents are not eligible for financial or legal assistance through formal children and family services (Kolomer, 2008). Even when grandparents establish formal custody, become foster parents, assume allocation of parental rights, or adopt grandchildren, there are restrictions on formal supports such as TANF, the Supplemental Nutrition Assistance Program (SNAP), and Old-Age, Survivors, and Disability Insurance (OASDI) that prevent them from qualifying for services (Mills, Gomez-Smith, & De Leon, 2005). These programs often depend on characteristics of the grandchildren, such as the grandchild having special needs, or being orphaned (Cox, 2009; Ehrle & Clark, 2001), not on a grandparent's need for assistance. The situation for grandfamilies not quite financially eligible for adult subsidies does not fit into most current formal financial support programs. For example, TANF requires not only low income eligibility for single parents but the ability to work or seek further education. While this may be useful for younger grandfamilies who can work if they have child care, older adults raising grandchildren may not

have the physical health status or child care options to fulfill TANF work requirements.

Another financial barrier for grandparents is that they may not yet be old enough to obtain age-based resources such as Social Security retirement benefits or Medicare (Fruhauf, Pevney, & Bundy-Fazioli, 2015; Hayslip & Shore, 2000). In addition, younger grandparents without legal custody are not only ineligible for many of the resources available, but also may not have the financial resources needed to raise children (Gladstone et al., 2009), especially if doing so requires that grandparents exit their employment to provide care (Silva & Clark, 2006). Formal support also includes private-pay services, such as mental health care, legal advice, and babysitting, which is something that many grandfamilies cannot afford. During the recent Great Recession beginning in 2008, there was an increase in multi-generational and grandfamily households, which placed even more financial burden on these families, especially households consisting only of one grandparent and the child or children (Dunifon et al., 2014).

One type of support that is generally available to all grandfamilies, without financial consideration or an age eligibility requirement, is grandparents raising grandchildren support groups (Kolomer, 2008). These may be facilitated by professionals and paraprofessionals connected to private entities, such as churches, or through formal community organizations, such as AAA, Catholic Charities/Lutheran Family Services, or Cooperative Extension Programs. Researchers have reported the efficacy of such groups for reducing feelings of isolation and depression (Kolomer, McCallion, & Overeynder, 2003; Leder, Grinstead, & Torres, 2007), learning about other resources in the community that could be helpful

(Monahan, 1994), and providing a place to feel appreciated and understood (Strom & Strom, 2000).

Most of the research on grandparents raising grandchildren has been conducted among grandparents who were already affiliated with some form of formal support, particularly support groups. While this has been cited as a limitation to understanding a broader range of grandfamily experiences who may not attend such groups (e.g., Dolbin-MacNab, 2006), it has also been noted that there is often merely a sharing of helplessness and defeat during group meetings (Strom & Strom, 2000) as well as a lack of rigorous attention to evaluating in what ways such networks are actually providing useful support (Smith, 2003).

### **Purpose of This Study**

The purpose of this exploratory research was to determine if grandfamilies, already affiliated with formal support in the community perceived they were getting the help and support they needed, and to test a measure specifically developed for these individuals. The literature base (see Baird, 2003; Backhouse & Graham, 2012; Gladstone et al., 2009; Goodman, Potts, & Pasztor, 2007; Kolomer, 2008) provided an understanding of common functional and psychosocial concerns of grandfamilies. Functional and psychosocial concerns were of interest because all three authors have direct involvement with grandparents raising grandchildren support services in their respective communities. It was through their affiliations with service providers and grandparents that they discovered that needs described in the literature by grandparents were still concerns for those individuals using support services.

For the present study, the authors explored concerns perceived by grandfamilies already affiliated in some way with formal support services in order to determine if expressed challenges represented a pattern of continuing need that would help service providers address such needs. This research study was the logical next step from our previous qualitative work exploring grandparents' health and self-care practices as it relates to receiving support services (Bundy-Fazioli, Fruhauf, & Miller, 2013; Fruhauf & Bundy-Fazioli, 2013). The research questions guiding this study were:

- (1) What are the serious concerns perceived by grandfamilies who are already affiliated with formal support?
- (2) Are serious concerns related to whether or not grandfamilies perceive that they have help and support?

## **Method**

### **Procedures**

Researchers from two universities in a semi-rural area of a Western state obtained permission to recruit grandfamily participants for this study from facilitators of grandparent support groups and program directors of an AAA and Department of Human Services. Participant recruitment began after Internal Review Board approval was received from both universities. Kinship or Grandparents Raising Grandchildren Task Force leaders from several different support groups presented a sealed packet containing the informed consent letter to attendees during group meetings. The packet contained a self-addressed stamped envelope for sending the completed questionnaire directly to one of the researchers. At the same

time, additional recruitment took place at an annual Grandparents Raising Grandchildren workshop, where one of the researchers verbally asked attendees individually if they would like to participate in the study. It was also explained that if attendees already participated through the support group recruitment, they should not complete the survey again. Those who agreed provided their name and mailing address, and following the conference, the researcher mailed each respondent a packet. Respondent names were never obtained by the researcher who received and managed the completed surveys.

### **Sample**

A convenience sample of 16 respondents participated in the self-report survey. All were living in the northern part of one Western state—six in a mid-sized city rural adjacent and 10 in a smaller mid-sized city, also rural adjacent. Half of the sample were receiving some type of public assistance aside from support groups. Participants were asked to write in what type of formal assistance they currently received. Two individuals reported getting food stamps and two reported non-certified kinship support (although these last did not specify what kind, or from where). One each reported receiving Medicaid for the children, Supplemental Security Income (SSI), court mandated child support, and TANF. Respondents were also asked if they did not have support for which they were eligible, and if not, why not. One respondent replied that he or she did not know where to go to apply.

Participants were raising a total of 31 children including 27 grandchildren, three great-grandchildren, and one cousin. The children ranged in ages from 2-19 years ( $M=8.4$ ,  $SD=3.9$ ) and had been in the grandparent's care

from 1-12 years ( $M=4.1$ ,  $SD=2.6$ ). Demographic characteristics of the sample are shown in Table 1.

**Table 1**  
*Demographic Characteristics of Grandfamilies*

Age	Range	37-73	
	Mean	59.8	
	Median	63	
Gender	Female	93.8%	(n=15)
	Male	6.3%	(n=1)
Race/Ethnicity	Caucasian	56.3	(n=9)
	Latino/A	31.3	(n=5)
	Native American	6.3	(n=1)
	Multiethnic	6.3	(n=1)
Monthly Income	≥\$907.50	100%	(n=16)
	≤\$907.50	0	
Self-Rated Health	Excellent	0	
	Good	68.8%	(n=11)
	Fair	18.8%	(n= 3)
	Poor	12.5%	(n= 2)
Marital Status Today	Married/Partnered	62.5%	(n=10)
	Divorced/Separated	31.3%	(n=5)
	Widowed	6.3%	(n=1)
	Always Single	0	
Highest Level Formal Education	Some High School	6.3	(n=1)
	High School		
	Graduate	37.5%	(n=6)
	Some College	37.5%	(n=6)

	AA/AS Degree	12.5%	(n=2)
	Bachelor's Degree	6.3%	(n=1)
	Graduate Degree	0	
Employment Status Today*	Retired	69.2%	(n=9)
	Working Full-time Full-time	23.1%	(n=3)
	Homemaker	7.7%	(n=1)
	Working Part Time	0	

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\*Three missing cases: two wrote in they are disabled.

Note: Valid percent used for all reporting. Missing cases not included in percentages

A total of 62.5% (n=10) of respondents lived with a spouse or partner, 12.5% (n=2) included the child's mother in the household, 25% (n=4) included respondents' own children who were not the grandchild's parents, and 25% (n=4) of the participants lived alone with the grandchild he or she was raising. Three respondents indicated that their own health complicated the ability to care for the children. Written comments included having to postpone surgery, and family stress that led to health problems.

## Measures

In addition to demographic questions about the sample, the survey included measures of household configuration, reasons for raising a relative's child, formal and informal living arrangements and assistance, perception of concerns perceived as serious, and perception of help and support received. The survey was translated into Spanish by native Spanish speakers, and then back-translated, in order to provide respondents with the choice of completing the survey in either Spanish or English. Although nearly half of the sample identified themselves as

Hispanic, all 16 respondents chose to complete the survey in English.

**Reasons for Raising a Grandchild.** A check-all-that-apply list of reasons was provided, consisting of difficult situations for the child's parents that appear consistently in research findings. Respondents were also asked if a reason was that they wished to keep the child out of the foster system. Space was provided for respondents to write in any "other" reasons they were raising the child.

**Formal Support and Contact.** Respondents were asked how they came to be responsible for each child in their care, whether the arrangement was formal or informal, whether or not they had contact with human services, and whether or not they had legal documents for custody, guardianship, adoption, or allocation of parental rights, or were designated as a kinship care provider through Human Services. Participants were also asked if they were receiving public assistance, and if so, to write in the type of assistance.

**Perceived Help and Support.** Respondents were asked to indicate "yes" or "no," about whether they had the help needed for 20 items related to taking care of the children. The survey included a "not needed" category, but was confusing to respondents (many of whom checked both "yes" and "not needed"). The "not needed" and "yes" responses were combined for analysis, such that one "yes" response was recorded for each participant who answered "yes," "not needed," or both.

**Concerns Related to Raising Grandchildren.** The survey included a measure of typical concerns with which these grandfamilies may still have been grappling. The measure was developed by the authors, in part based on review of the literature, as well as what we learned from informal needs assessments in the community among grandfamilies and from local service providers who were working in supportive roles with grandfamilies. From these three sources, we developed a list of items to assess the seriousness with which grandparents perceived 17 concerns. Response categories ranged from 0=not at all serious, to 4=very serious.

## **Results**

### **Reasons for Raising a Grandchild or Grandchildren**

Drug abuse or addiction by the child's mother and/or father was the most frequent reason given for a relative providing care. Other reasons included alcohol abuse by child's father, abuse or neglect by child's mother, economic difficulties of child's mother, divorce or incarceration of either parent, or alcohol addiction of child's mother. Additional reasons included death of child's mother, abuse or neglect by child's father, mental/emotional/physical impairment of child's mother, and economic difficulties of child's father. Finally, participants also wrote that the death of another child in the family, parents' separation, and inconsistent parenting (one case each) were reasons for raising the children. Table two shows the percentage of reasons based on difficulties for children's mothers, fathers, and those in which both parents had those difficulties.

**Table 2***Reasons for Raising Grandchild(ren)\**

\*Respondents were asked to check all that applied; percentages are per category and will not add to 100%

<b>Reasons for Raising Grandchild</b>	<b>Percent Mother</b>	<b>Percent Father</b>	<b>Percent Both Parents</b>
Drug abuse or addiction	53.3 (n=8)	40% (n=6)	37.5 (n=6)
Divorce	20.0 (n=3)	20.0 (n=3)	18.7 (n=3)
Alcohol abuse or addiction	20.0 (n=3)	33.3 (n=5)	18.7 (n=3)
Economic difficulties	26.7 (n=4)	13.0 (n=2)	12.5 (n=2)
Abuse/neglect of child	33.0 (n=5)	13.0 (n=2)	12.5 (n=2)
Incarceration	20.0 (n=3)	20.0 (n=3)	6.2 (n=1)
Death of parent	13.0 (n=2)	0	0
Mental/Emotional/Physical Impairment	13.0 (n=2)	0	0

Three respondents indicated that they became grandfamilies because they did not want the child placed in the foster system. Ten (62.5%) participants reported that the child's parent or parents had asked the respondent to take over care of the child, and five of those also indicated that this was due to circumstances beyond the parent's control (e.g., one explained that there was a court order to remove the child from the home). Thirty-one percent (n=5) reported that the child's parent or parents had simply asked the respondent to take over care for the child.

### **Formal Support and Contact**

Nearly everyone (93%, n=14) was affiliated with a grandparent raising grandchildren support group, and the majority of participants reported that they had someone to talk to, transportation, advice from a mental health professional, and access to a central source of information. Three respondents reported that they had been contacted at some point by a human services caseworker about living arrangements for the child or children. Explanations describing this contact included that a case worker visited monthly until the grandparent was given allocation of parental rights, the courts asked the grandparents to take the child, and that social services had custody of the child first before the grandparent took over.

When asked if participants had a legal document regarding the children, 25% (n=4) reported that they had custody, 12.5% (n=2) had guardianship, 18% (n=3) had allocation of parental rights, and 18% (n=3) had formal kinship care through human services. No grandparent reported that he or she had adopted a child.

Half of the respondents (50%, n=8) were receiving some kind of public financial assistance for raising the child or children. Types of assistance included TANF and SNAP, SSI disability, Medicaid for the children, and support from a Human Services Foster and Kinship provider program. One respondent wrote that although eligible for assistance, he or she did not know where to go to apply.

### **Perceptions of Help and Support**

Table 3 shows the extent to which respondents believed they had or did not have the help they needed that could assist them in raising children. The most frequent

“no” answers were in the categories of legal help, financial assistance, information about paying for services, free time for self and help applying for services and benefits. Over three quarters indicated they did have or did not need support for helping the child with homework, getting advice from a mental health professional, transportation, or kinship group support for grandfamilies. In order to obtain a mean for help and support, items were summed into an index with a possible range of 0 (did not have any help and support needed) to 20 (had all the help and support needed). The index mean was 9.6 (median, 9.0, SD=3.54), range: 4-20.

**Table 3***Grandfamily Perceived Help and Support*

<b>Do you Have the Help/Support You Need For:</b>	<b>% No (n)</b>	<b>% Yes (n)</b>	<b>Missing</b>
Legal help	69.2 (9)	30.8 (4)	3
Financial Assistance	68.8 (11)	31.3 (5)	0
Info about paying for services	66.7 (10)	33.3 (5)	1
Help applying for services/benefits	62.5 (10)	37.5 (6)	0
Free time for myself	62.5 (10)	37.5 (6)	0

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Babysitting/daycare/teen supervision	46.7 (7)	53.3 (8)	1
Toys, clothes, other items	46.7 (7)	53.3 (8)	1
A central source of information	46.2 (6)	53.8 (7)	3
Advice/talking to child about sex	43.8 (7)	56.3 (9)	0
Info on child emotional/behavioral problems	43.8 (7)	56.3 (9)	0
Info on parenting today's children	42.9 (6)	57.1 (8)	2
Info on child emotional/developmental health	40.0 (6)	60.0 (9)	1
Advice/talking to child about drugs/alcohol	37.5 (6)	62.5 (10)	0
Info on parenting child with developmental disability	35.7 (5)	64.3 (9)	2
One-on-one counseling for child	31.3 (5)	68.8 (11)	0
Someone to talk to about my situation	26.7 (4)	73.3 (11)	1
Help with child's homework	25.0 (4)	75.0 (12)	0
Advice from a mental health professional	25.0 (4)	75.0 (12)	0

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Transportation	13.3 (2)	86.7 (13)	1
Support group of kinship caregiver peers	06.3 (1)	93.8 (15)	0

### Serious Concerns Perceived by Grandparents

Research Question 1 was “*What are the serious concerns perceived by grandfamilies who are already affiliated with formal support?*”. Results of each single item are shown in Table 4.

**Table 4**  
*Serious Concerns for Grandfamilies*

Perceived Concerns	Mean	Median	Range	SD	Missing Cases
<b>In your situation, how serious a concern is:</b> Sadness/grief about child’s parent(s)	1.63	1.00	0-4	1.310	0
Financial strain	1.53	1.00	0-4	1.457	1
Eligibility for programs/services	1.50	1.00	0-4	1.506	0
Obtaining legal help	1.44	1.00	0-4	1.548	0
Emotional strain of parenting	1.40	1.00	0-4	1.121	1
Having enough energy to raise children	1.38	1.00	0-4	1.025	0
Problems with child’s parent(s)	1.38	1.00	0-4	1.408	0

Physical strain of parenting	1.27	1.00	0-4	1.163	1
Family conflict related to care for child	1.25	1.00	0-3	1.125	0
Child emotional/behavioral problems	1.25	1.00	0-4	1.342	0
Finding programs or services	1.19	.50	0-4	1.471	0
Health coverage for child	1.06	.00	0-4	1.526	0
Health care needs of child	1.00	.00	0-3	1.309	0
Finding daycare for child	.71	.00	0-4	1.490	2
Child diagnosis of developmental disability	.40	.00	0-4	1.056	1
Communication with child's school	.38	.00	0-2	.619	0
Feeling isolated because I don't know anyone else in my position	.06	.00	0-1	.250	0

Results ranged from 0-4. Overall, respondents reported low levels of perceived seriousness, with the highest mean score of 1.63 (median=1). No single item stood out as extremely serious, and the top three most serious problems were sadness and grief about the child's parents, financial strain of taking care of the grandchildren, and concern about having eligibility for programs and services that could help with caring for the children. It should be noted that one item, "feeling isolated because I don't know anyone else in my position," was included in

the study, although the very low score for this item could reasonably be attributed to the support group participation of the sample. Results for this item are interpreted with caution as analysis proceeds. One case had missing data on five items, and was eliminated listwise from analysis on this measure.

### **Correlation of items measuring serious concerns**

Bivariate correlation analysis was used to explore relationships among the items measuring magnitude of seriousness. Kendall's tau with pairwise deletion was used for this analysis as appropriate for the sample size and because the data was ordinal (Field, 2005). All significant coefficients were positively related and ranged between .444 (having the energy to parent and finding services) and .861 (financial strain and finding services).

Based on correlation results, an omnibus reliability analysis was performed to index all 17 items, resulting in Cronbach's alpha of .936. Removal of the item about feeling isolated would increase alpha to .939, however as noted earlier, the floor effects of that single item may be due to the support group characteristics of this sample. Omnibus scale results showed a mean of 19.36, SD=15.2, median=13, and range of 0-51 (out of a possible maximum of 68), indicating that perception of seriousness was low across items for this sample, albeit with wide variance.

### **Relationship of serious concerns to perceived help and support**

Our second research question was "*Are serious concerns related to whether or not grandfamilies perceive that they have help and support?*" The small sample size limited inferential examination of the relationship of

serious concerns to perceived help and support. However, in limiting analysis to this sample, the non-parametric Wilcoxon signed-rank test was used to analyze the relationship of the perceived help/support index and the omnibus index of serious concerns. The Wilcoxon signed-rank test is appropriate for ordinal data (the index of each of the two tested variables) and small sample sizes (Field, 2005). Results showed that negative mean ranks were 3.63 and positive mean ranks were 7.94, with three ties (eliminated from the analysis, as was one case due to missing data). These results if significant would have indicated that those who had greater serious concerns also reported that they had more help and support. However, results were not significant ( $z=-1.92$ ,  $p=.055$ ).

### **Discussion**

This paper presents findings of a quantitative exploratory study designed to capture the experiences of grandfamilies affiliated with formal support. A measure of the perceptions of assistance that respondents identified as still needed yielded results suggesting both psychosocial and functional concerns. This finding has implications for further study, including refinement of a measure that could be used to help service providers better understand grandfamily needs at any point in time, perhaps even as needs change, for example, as younger children become adolescents, or grandparents experience greater health or financial difficulties over time.

The research questions focused on identifying concerns grandfamilies had about their situation, as well as their perceptions of having enough help and support. The study was conducted among grandfamilies who were raising children of relatives (i.e., grandchildren, a great-

grandchild, and a cousin). A convenience sample of 16 respondents attending support groups or a grandparent workshop completed self-report surveys in which they provided demographic information, reasons for raising a relative's children, whether or not they had help, and the extent to which they had serious concerns about aspects of their grandfamily situations.

Reasons for raising the children were similar to previous research findings (Hayslip & Kaminski, 2005b)—for example, substance abuse, divorce, incarceration of parents, child abuse or neglect, and parent's economic difficulties. Nearly one quarter of the sample reported having a formal arrangement as caregivers through the court system or the Department of Human Services, although no participants had adopted a child. Half of the participants in this study received some form of public financial assistance.

### **Serious concerns**

One purpose of this study was to explore a measure of grandfamily concerns that the researchers developed. Although similar measures of this kind already exist and have been used in prior studies (e.g., Yancura, 2013), the measure developed here was a first step in using items of concern not only from the literature, but also items of concern conveyed anecdotally to the researchers by grandfamilies and service providers in a specific geographic and service location. The purpose of this method was to take a step toward the development of a quantitative measure that might be used in conjunction with support groups and one-on-one assistance by service providers, as they continue to refine and review available services and supports for specific grandfamilies or

grandfamilies with local aspects in common, such as those in rural areas.

Because study participants were already involved with grandparent support groups or had attended informational workshops, it was not surprising that while some serious concerns were indicated, the overall mean scores were fairly low. Nearly everyone reported that they had someone to talk to, transportation, and access to a central source of information. The least serious problem among these participants was feeling isolated due to not knowing anyone else in his or her grandfamily position—a result that could be expected among a sample recruited among formal grandparent support groups and events. Affiliation with this kind of formal support was beneficial for the respondents in this study, supporting prior findings on these types of resources (Kolomer et al., 2003).

Despite generally low levels of concern, the distribution of responses was varied enough to show promise for the development of a measure that might assist in pinpointing difficulties with which grandfamilies who are connected to formal support systems still wrestle. The items for which serious concerns scored highest included legal help, financial assistance, respite care, and assistance with applying for services and benefits; results similar to those found in prior study (Gladstone et al., 2009; King et al., 2009) among grandfamilies who may not have had formal community-based support. Both psychosocial and functional concerns were found, which was not surprising given the use of the bioecological approach (Bronfenbrenner, 2005) to frame this study. These concerns closely relate to understanding the individual (i.e., grandchild), his/her family, the grandparent's mental and physical ability to parent the child, and the availability of

external community support (i.e., TANF, Medicare, school system, etc.).

Small sample size precluded inferential analysis of the relationship between serious concerns and perceived help and support. It is interesting to note that all but one respondent indicated involvement with a support group as a source of help and support, yet there was much variation in the responses across other items. Although the Wilcoxon signed-rank test indicated that those who reported greater serious concerns also reported having more help and support, these results approached ( $p=.055$ ) but were not significant, and therefore cannot be interpreted as generalizable to any but the current study participants. Further study may find that grandfamilies do have serious concerns despite having formal help and support.

Service providers and grandfamilies will benefit from a measure that will help discover the differences resource-affiliated grandfamilies perceive about concerns that are functional and those that are psychological, social, and emotional. In addition, finding that some unmet needs were indicated among this sample raised questions about other dimensions that could be explored in developing a useful measure, such as whether some needs are chronic and continuous (for example, financial assistance or difficult relationships with the child's parent), while others may be important at a particular moment in time or period of time (such as child care).

### **Limitations and recommendations for further research**

In this exploratory study, the sample size of 16 participants was adequate for gaining respondent perceptions, but not for inferential analysis. The validity of the perceived help and support measure is questionable

(i.e., combining the “yes” and “not needed” response categories), and future work with this measure should establish a way to capture the “not needed” category in a more reliable way. In addition, sample characteristics were homogeneous regarding respondent participation in formal community-based support, although the sample of grandfamilies affiliated with formal supports was our purposeful choice for this study in order to explore concerns that may still affect their experience. The findings of this preliminary study are therefore confined to this sample.

Although discovering that these respondents had serious concerns was valuable, refining and testing this measure should be repeated with a larger number of grandfamilies, including more of those who are affiliated with formal support and extending to those who are not affiliated in order to provide group comparison. Results of this study indicated that both psychosocial and functional concerns were still found among grandfamilies receiving formal support. We believe that a larger sample size will allow us to research both of these areas further and discover whether or not this measure of concerns reliably indicates that the needs fall into more than one category. In addition, an exploratory and follow-up explanatory mixed method design, with focus group or individual interviews, could help refine the measure by getting more personal feedback from grandfamilies and service providers alike. For example, individuals could be asked to prioritize their concerns and identify those that are urgent at the time of measurement.

A measure that captures the nuances of grandfamily needs for those already affiliated with formal resources holds promise. With such a measure, researchers and

service providers will have a tool that gives a more accurate picture of functional concerns that may require immediate or continued assistance, as well as the psychosocial concerns of caring for one's grandchildren. This exploratory study was a first step in that direction.

### **Conclusion**

Formal service entities for older adults have increasingly developed supports and resources for grandfamilies based on the growing number of grandparents and others who are raising the children of relatives. Effort to understand the needs of grandfamilies continues as a focus of researchers, as well as among those in the community who provide formal services and support. It is especially important to continue studying concerns related to obtaining help with handling the ongoing functions of parenting, immediate needs as they arise, and the emotional and psychological concerns endemic to each unique grandfamily situation. This research explored the usefulness of a measure developed from the literature, from service providers, and from grandparents themselves to discover concerns of grandfamilies already affiliated with formal supports. Further development of this measure as an assessment tool could provide a useful way for service providers to deliver support that addresses the nuanced dimensions of the grandfamily experience.

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