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GrandFamilies:

*The Contemporary Journal of
Research, Practice and Policy*

*Volume 5(2)
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Affiliated with the
National Research Center on Grandparents Raising Grandchildren

NATIONAL RESEARCH CENTER ON GRANDPARENTS
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Call for Papers

GrandFamilies: The Contemporary Journal of Research, Practice and Policy

Submission Deadline: January 15, 2020

The National Research Center on Grandparents Raising online, peer review journal is dedicated to topics related to grandparents raising grandchildren. *GrandFamilies: The Contemporary Journal of Research, Practice and Policy* provides a forum for quality, evidence-based research with sound scholarship, knowledge, skills and best practices from the field for scholars, clinicians, policymakers, educators, program administrators, and family advocates.

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Send questions about manuscript submissions to Deborah Langosch, Co- managing editor of *GrandFamilies* at drlangosch@gmail.com.

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*Policy Brief***Supporting Grandfamilies:
Federal and State Policy Reforms**

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Abstract

The last few years have seen increased media attention on the heroic and vital role of grandparents, other relatives, and family friends in raising and supporting our nation's children. Several recent crises, including the opioid epidemic and children being separated from their parents at the Southern border, have caused journalists to see and acknowledge the essential role of grandparents and other relatives in stepping forward when parents cannot raise their children. This positive coverage is seen and heard by our nation's lawmakers. More than ever, they are interested in learning about grandfamilies, their strengths and needs and how they can better support them. GrAND Voices, the national network of grandparent and other relative caregiver advocates, have resonated throughout the halls of Congress with two new laws to help prevent children from entering foster care and to support relatives and parents caring for them. Both the Family First Prevention Services Act (Family First Act) and the Grandparents Raising Grandchildren Act, enacted in 2018, will make more services and supports available to grandfamilies. Pending legislation, introduced in spring 2019, will further support grandfamilies by making long-needed policy reforms, and will address challenges and other gaps in Family First Act implementation. In addition to federal activity, state lawmakers are also striving to better support the families. Legal options, such as standby guardian laws and educational and health care consent, can only be created at the state-level. State legislators are responding to constituent needs by passing new laws so that relative caregivers can access necessary services on behalf of children they raise. Although much still remains to be done to support grandfamilies around the country, progress is happening in greater strides than ever. GrAND Voices and those of us who work with them are determined to continue the momentum to truly support all grandfamilies whether inside or outside the child welfare system.

Keywords: Grandfamilies, Kinship Care, Policy, Federal, State, Child Welfare, Temporary Assistance for Needy Families, Social Security, Foster Family Home Licensing

The opioid epidemic, the separation of children from parents at the Southern border and increasing immigration enforcement have all led to widespread national and local media coverage of the heroic and vital role grandparents, other relatives, and family friends have in raising and supporting our nation's children. This positive coverage is seen and heard by our nation's lawmakers. More than ever, they are interested in learning about grandfamilies, their strengths and needs and how they can better support them. GrAND Voices, the national network

of grandparents and other relative caregiver advocates, have resonated throughout the halls of Congress with two new laws to help prevent children from entering foster care and to support relatives and parents caring for them. After roughly two years of advocacy from national nonprofit organizations, GrAND Voices, foster youth, and birth parents, Congress enacted the Family First Prevention Services Act of 2018 (Family First Act). Last year also saw passage of the Supporting Grandparents Raising Grandchildren Act of 2018. That Act, which calls for the establishment of a national council, will for the first time coordinate federal government agencies, so that kinship care comes out of its silo and is an articulated part of every relevant policy discussion and action across government agencies, including Health and Human Services, Education, Housing and Urban Development and several others. Pending legislation, introduced in 2019, will further support grandfamilies by making long-needed reforms to Social Security and Temporary Assistance for Needy Families, and will address challenges and other gaps in Family First Act implementation. Policymakers at the state and local levels are complementing federal efforts to support grandfamilies. State legislators are engaged in their vital work to expand the legal options available to relative caregivers so they can access necessary services on behalf of children they raise. Although much still remains to be done to support grandfamilies, progress is happening in greater strides than ever, thanks in large part to the elevated voices of the caregivers themselves.

GrAND Voices

Generations United, with support from Casey Family Programs and the W.K. Kellogg Foundation, created and manages a network of 69 relative caregiver advocates called GrAND Voices. These caregiver voices representing 44 states, the District of Columbia and 11 tribes advocate for families at the federal and state levels and have testified in Congress, presented at the White House, and met with many members of Congress and their staff.

Diverse and eloquent GrAND Voices have been instrumental in recent federal advances for grandfamilies and have inspired and informed Generations United in all its work on behalf of the families.

Federal Laws Recently Enacted and Pending Legislation

Family First Prevention Services Act

GrAND Voices were heard as the Family First Prevention Services Act finally became law in February 2018 after two years of their passionate advocacy. This piece of landmark child welfare legislation addresses an array of services and programs, and has several provisions directly impacting grandfamilies. Although the law is considered child welfare legislation, it focuses on preventing children from entering foster care and will have a profound impact on those grandfamilies outside the system. Federal funds are now available for all evidence-based kinship navigator programs. These programs can serve grandfamilies outside the system, those at risk of entering the system and those within the system. In addition to kinship navigator programs, there is a focus on services and programs to help prevent all children, including those in grandfamilies, from having to enter the child welfare system. In the event the children do have to enter the system, there is a provision seeking to address barriers to licensing relatives as foster parents. The importance of connection to relatives is emphasized throughout the law.

- *Allows for federal reimbursement for kinship navigator programs*

For the first time, the federal government will provide on-going 50 percent federal reimbursement to all states, territories and eligible tribes that operate evidence-based kinship navigator programs. Kinship navigator programs are essentially initiatives that provide information, referral, and follow-up services to grandparents and other relatives raising children to link them to the benefits and services that they or the children need. Kinship navigator programs have existed in various parts of the country for at least twenty years, and starting in 2009, the federal government funded two rounds of competitive Family Connection Grants as called for in the Fostering Connections to Success and Increasing Adoptions Act of 2008 (Fostering Connections Act) to a few jurisdictions wanting to implement these programs. Based on the success of these programs and some existing state programs, the Family First Act opened up federal funding to all states, territories and tribes wanting to operate kinship navigator programs (Beltran, *Kinship Navigator analysis*, 2019). The funding flows to the child welfare agencies, but the law requires those agencies to collaborate with existing grandfamilies and other service providers. The funds called for in the Family First Act is new money considered an “entitlement,” which means it does not take money away from other child welfare programs and is not capped by amount or time. The ongoing federal reimbursement remains at 50 percent of the cost to operate the program, regardless of changing costs over time. Grandfamilies do not need to satisfy any federal eligibility guidelines to access these programs, and the children do not have to meet federal income eligibility requirements under Title IV-E of the Social Security Act (Title IV-E) even though the kinship navigator funding flows from that source of child welfare financing.

In order for a kinship navigator program to be eligible for federal reimbursement, the programs must be evidence-based and must meet requirements that were laid out in the Fostering Connections Act. These requirements include a strong emphasis on collaboration with existing grandfamilies service providers and other agencies that provide information and referral, such as 211 and 311, and most importantly, consultation in the planning and operation of these programs with grandfamilies themselves. To be considered evidence-based, the programs must have promising, supported or well supported practices, and their model or the one on which their program is based must be included in a new federal Clearinghouse. As of July 2019, the new “Title IV-E Prevention Services Clearinghouse” does not yet include any kinship navigator programs. The Clearinghouse rejected two kinship navigator models it had considered for inclusion: the Children's Home Society of New Jersey and Children's Home, Inc. in Florida (HHS, 2018). Both of those programs were Fostering Connection Act grantees. Advocates are continuing to work to ensure that kinship navigator models are included in the Clearinghouse.

For those jurisdictions that did not yet have a kinship navigator program or that wanted to enhance their program or evaluate it, two separate pots of federal money were appropriated for fiscal years 2018 and 2019 as part of the budget process. Both years, about \$20 million has been made available on a non-competitive basis to states, tribes and territories that applied for the funds, so they can position themselves for on-going federal reimbursement under the Family First Act. For these funding opportunities, the programs did not have to meet the federal requirements during the project period, as long as the programs were designed to ultimately fulfill them. Forty-six states, two territories and eight tribes applied for and received 2018 funds. Delaware, Idaho, Maine, and South Dakota are the four states that did not apply (Beltran, *Kinship Navigator analysis*, 2019). As with reimbursement under the Family First Act, the funding goes directly to the child welfare

agency, but they are required to coordinate with existing service providers and that coordination can include subcontracting with existing providers to run all or part of the kinship navigator program. The deadline for applying for the FY 2019 opportunity was March 15, but the government has not yet shared information about which jurisdictions applied.

Due to the failure to include a kinship navigator program in the Title IV-E Clearinghouse, along with other delays, Generations United is advocating that Congress appropriate an additional \$20 million for fiscal year 2020.

- *Federal reimbursement for prevention services*

Also for the first time, the Family First Act allows federal child welfare dollars to be used on evidence-based services and programs to prevent children from entering foster care by supporting the triad of generations in grandfamilies -children, kinship caregivers and parents. Unlike kinship navigator programs, which can be open to all children being raised in grandfamilies, eligibility for prevention services requires children to be “candidates” for foster care who are at imminent risk of entering care and can safely remain at home with parents or with kinship caregivers. Even though the money flows from Title IV-E, the children do not have to meet Title IV-E income requirements, just as they do not have to with kinship navigator programs.

If children are considered “candidates” by the child welfare agency, kinship caregivers or parents of these children can also get services if they are needed to prevent the children’s entry into care. These prevention services and programs include mental health treatment, substance abuse prevention and treatment, and in-home parent skill-based supports, which may be provided for up to 12 months. There is no lifetime limit on accessing these services, and if necessary, services may be provided for unlimited consecutive 12-month periods. Children can either remain at home with their parents or be placed with relatives while any or all members of the triad (children, parents and relative caregivers) receive prevention services and parents’ complete treatment and services outlined in the child’s prevention plan.

Relatives who have adopted or have legal guardianship of a child – including those who may be receiving adoption or guardianship assistance – are also eligible for these prevention services if the adoption or guardianship arrangement is at risk of a disruption or dissolution that would result in a foster care placement.

If the prevention services are unsuccessful at keeping the child from needing to enter foster care, relatives remain eligible to become the child’s licensed foster parents anytime during or after the 12 months of prevention services.

- *Seeks to improve licensing standards for relative foster family homes*

About thirty-two percent of all children in foster care are placed with relatives (AFCARS, 2018). However, many of these relatives who care for children in the legal custody of the child welfare system are not licensed providers. Without licensure, the children and caregivers are subject to the rules and restrictions of the child welfare system, but do not receive the same level of support as children in the care of non-relative foster parents. The federal Adoption and Foster Care Automated Reporting System (AFCARS) does not require states to differentiate between those children in licensed foster care with relatives versus those simply placed with relatives while the state maintains legal custody of the children. As a result, it is unknown how many children are in the legal custody of states with unlicensed and unsupported caregivers, but many advocates suspect that it is many, if not most, of the 140,675 children in

foster care who are with relatives (AFCARS, 2018). Many states gloat that they have a high placement rate with relatives, but fail to note this important distinction.

The Family First Act seeks to break-down barriers so more relatives can become licensed foster parents, and consequently these children and caregivers will receive monthly foster care maintenance payments, the services that accompany licensure and a pathway to exit foster care into federally funded Guardianship Assistance Programs (GAP). Thanks to the 2008 Fostering Connections Act, GAP is an option offered to states and tribes, which for the first time allows them to use federal child welfare monies to finance monthly financial assistance to licensed relative foster parents who become guardians of the children in their care. Over 45 jurisdictions offer GAP, but the relatives must be licensed for the children to access this supported permanency option (Beltran, *Subsidized Guardianship* analysis, 2019).

States and tribes have the authority and responsibility under federal law to create their own foster home licensing standards that are “in accord” with national standards (42 U.S.C. § 671 (a)(10)(A)). However, up until the Family First Act, there were no comprehensive national standards for states and tribes to refer to as guidance. Consequently, standards often vary significantly from state to state, are overly restrictive, and have more to do with socioeconomic ideals and litigation than safety of children. State standards, for example, may require foster parents to have high school diplomas, own their own cars, and have homes that meet strict square footage requirements. In order to break down some of these unnecessary non-safety related barriers, the Family First Act requires the Children’s Bureau in the U.S. Department of Health and Human Services to identify National Model Foster Family Home Licensing Standards (National Model) for states, territories and tribes to use to compare their foster home licensing standards against and report back to the Children’s Bureau on their comparison. In February 2019, the Children’s Bureau released this National Model, which for the first time gives states and tribes guidance that seeks to address unnecessary barriers.

The Children’s Bureau used the National Association for Regulatory Administration Model Family Foster Home Licensing Standards (NARA Model) as the “main source” for its National Model (HHS, 2019). Generations United, the American Bar Association (ABA) Center on Children and the Law, and NARA, with support from the Annie E. Casey Foundation, developed the NARA Model through a multiyear process that included researching all state licensing standards and consulting with an array of licensing professionals. The NARA Model’s primary purpose is to help ensure children in foster care are safe while also establishing a reasonable, common-sense pathway to enable more relatives to become licensed foster parents. The NARA Model contains a complete set of the categories necessary to license a safe family foster home and is designed to eliminate unnecessary barriers caused by licensing standards.

Although the National Model did not incorporate all of the NARA Model, nothing in the National Model contradicts the NARA Model. Consequently, Generations United, the ABA and NARA, among other national organizations, encourage state, territories and tribes to use both Models in their comparison process as there are certain NARA definitions, principles, provisional licensing standards, and tools that will provide important guidance and additional clarity (Generations United, *FAQ*, 2019).

Although the Family First Act required states, territories and tribes to report back to HHS on the comparison of their standards with the National Model by March 15, 2019 or request an extension, jurisdictions should consider the requirements under the Family First Act as creating an ongoing opportunity to improve foster family home licensing standards and practices. States and tribes should establish workgroups or taskforces with multiple stakeholders, including

relative caregivers, youth, judges, attorneys, caseworkers and licensors. The multiple voices in that group can be leveraged to fully explore which standards and practices are causing barriers for relatives to become licensed in a particular state or tribe. Common barriers include restrictive criminal history background checks that bar applicants from becoming foster parents for any type of criminal history, even non-violent crimes that occurred decades ago. These types of crimes do not serve as barriers under federal law, and those standards can be reexamined, along with other restrictive standards such as applicant's income, educational-level and vehicle ownership.

In addition to the standards themselves, states and tribes should take this opportunity to examine their procedures for licensing relatives; the training required of relatives seeking licensure to ensure it is tailored and meaningful to them; how front line workers are presenting the option to become licensed to relatives; and the creation and sharing with relatives of balanced, written tools explaining the financial and legal ramifications of becoming licensed or not.

- *Works to ensure that each child in foster care has a family*

If children need to come into the custody of the child welfare system, the Family First Act encourages a family for every child by restricting the use of federal funds for group placements that are inappropriate and by encouraging family connections where group care is appropriate. Federal funds may only be used for a few specific types of group placements, including a qualified residential treatment program (QRTP). To be considered a QRTP, the program must facilitate outreach to the child's family members, including siblings and close family friends known as "fictive kin"; and the child's family must be a part of the child's treatment, including family-based support for at least six months after the child is discharged from group care. As part of the assessment to determine if a QRTP placement is necessary, the placement preferences of the family must be considered, and children must be placed with their siblings unless it is not in their best interest. If the placement preferences of the family are not followed, the reasons must be documented as part of that assessment process.

- *Extends child and family services programs*

The Family First Act extends funding for five years for two critical service programs for children and families in the child welfare system-- The Stephanie Tubbs Jones Child Welfare Services Program and The Promoting Safe and Stable Families Program.

- *Improves the John H. Chafee Foster Care Independence Program*

The Act extends to age 23 the financial, housing, counseling, employment, education, and other appropriate supports and services to former foster care youth. It further extends eligibility to age 26 for Education and Training Vouchers.

- *Reauthorizes the Adoption and Legal Guardianship Incentive Program*

The Act reauthorizes for five years the Adoption and Legal Guardianship Incentive Payment program, which allows states to receive incentive payments based on improvements in increasing exits from foster care to adoption or kinship guardianship.

The Family First Transition and Support Act of 2019

As with most laws, implementation is where problems are discovered. Although a major advancement, the Family First Act, like most laws, is not perfect. To address some of the issues that have emerged, the Family First Transition and Support Act of 2019 was introduced in Congress in spring 2019 to help jurisdictions transition to the new funding model under the Family First Act. Among many provisions, this pending legislation would make more services available to grandfamilies by expanding funding for the following kinship placement supports:

- Crisis stabilization services, including case management, transportation, assistance with housing and utility payments, and access to adequate health care and child-care assistance.
- A kinship placement crisis stabilization fund to make direct cash payments to relative caregivers for the immediate needs of children placed with them.
- Family finding, including intensive family-finding efforts that use search technology to find family members for children in, or at risk of entering, foster care.
- Family group decision-making.
- Assistance for relatives requesting help in becoming licensed foster family homes.

In addition to striving to provide all these important services to grandfamilies, the legislation would finally eliminate the outdated Title IV-E income eligibility requirements for foster family homes. As of July 2019, to be eligible for federal foster care and family support, children must be removed from homes that meet income eligibility guidelines dating from the 1996 Aid to Families with Dependent Children (AFDC) law. This legislation would eliminate this requirement, commonly referred to as the “look back.”

Grandparents Raising Grandchildren Council

At the Fifth National Grand Rally in Washington, D.C., after Congressional testimony from a GrAND Voice, Senators Susan Collins (R-ME) and Bob Casey (D-PA) announced that they were introducing legislation, called the Supporting Grandparents Raising Grandchildren Act. A year later, in 2018, the legislation became law.

This Act calls for the establishment of a Council to support relative caregivers, and its formation is well underway. Members will include leaders from key federal agencies, grandparent and other relative caregivers, and non-federal government employees who are expert in the strengths and challenges of the families. By fall 2019, HHS will announce the Council members, with the first meeting occurring prior to the end of the year. Their work will seek to better coordinate resources for the families and will conclude with a Report to Congress. Generations United will strive to help inform the Council’s important work, and there will be a process for public input.

The Grandfamilies Act

While the Council is forming, Congress is considering legislation that would make a number of important reforms to support grandfamilies. On May 23, 2019, the Grandfamilies Act was introduced by Senator Bob Casey (D-PA) and Rep. Danny Davis (D-IL). This legislation, which Generations United helped inform and endorses, includes a broad range of provisions to help grandfamilies:

- *Improves access to Social Security for children raised in grandfamilies*

Currently, among children raised by non-parental relatives, only grandchildren raised by their grandparents can receive Social Security benefits based on the work record of their caregivers. This legislation would for the first time allow children being raised by other relatives – such as aunts or uncles – to be eligible based on their caregivers’ work records too. This reform would be consistent with the way grandfamilies are treated in other federal programs and tax credits. Only Social Security currently limits benefits to children raised by non-parental relatives to those children being raised by grandparents.

The Grandfamilies Act would also update the benefit rules for Social Security so that dependent children under age 18 qualify for benefits when they have been in the legal custody of grandparents and other relatives who receive Social Security for at least one year.

- *Addresses barriers to grandfamilies’ access to Temporary Assistance to Needy Families (TANF)*

TANF is often the only source of financial support for children being raised by relatives both outside and inside the foster care system. Its support of children in relative care is one of the four primary purposes of TANF: “to provide assistance to needy families so that children may be cared for in their own homes or in the homes of relatives” (PRWORA, 1996). There are two types of TANF grants, child-only and family, and this Act strives to improve access for both types.

Child-only grants are smaller amounts than family grants and are envisioned under federal law as only for the child based on the child’s income. A few states over the years, including Arizona, Nevada, Oregon and Washington, began means-testing caregiver income for these grants (Beltran, *TANF Policy Brief*, 2014). Other states may have imposed time limits and work requirements on these grants as well. Under this Act, those state practices would be explicitly contrary to federal law and, if continued, would incur a financial penalty.

There is one permissible exception that allows caregiver income to be means-tested for specially designed state-operated programs that provide enhanced TANF payments for low-income grandfamilies, programs such as Louisiana’s long-running Kinship Care Subsidy Program. All states must still offer child-only TANF that does not means-test caregiver income, but they can also offer a program that provides a larger TANF payment for low-income grandfamilies.

For family grants, the legislation would exempt income, asset and resource tests for caregivers age 55 and older who are raising related children and would not require them to meet work requirements. A few states already exempt asset tests and/or older caregivers from work requirements, but many do not. If states did not make these exemptions, they would also incur significant financial penalties.

A major obstacle for grandfamilies trying to access either type of TANF grant is caused by the federal requirement that caregivers assign their right to collect child support to the state. The state agency then pursues the parents for that support. Under this legislation, what is known as the “good cause exemption” to the requirement to assign child support would be explicitly expanded to go beyond fear of violence and include situations, for example, where caregivers do not want to create another challenge for parents who may be trying to re-parent and need all their income to stabilize their situation.

The legislation would also require state agencies responsible for TANF to employ a resource employee to share information with older relative caregivers on legal options regarding care of the child and how each option corresponds to benefits and services, and to serve as a liaison with other agencies and organizations providing supports. The state agency is further required to share written materials with older caregivers that explain these options, the requirements to become a licensed foster parent, benefits and services corresponding to these options, including TANF requirements and information about the good cause exception to assigning child support enforcement to the state. There are significant financial penalties to states that do not meet these requirements.

- *Requires data collection*

The Act includes data reporting requirements to measure grandfamilies' economic well-being.

- *Promotes creation of state temporary guardianship laws*

The Grandfamilies Act provides financial incentives to states to offer temporary guardianship laws so that older relative caregivers have the legal authority to access services, such as school enrollment or health care, on the child's behalf. States that have such laws and are federally reimbursed for kinship navigator programs under the Family First Act, will be reimbursed for 75 percent of the expenses of operating the navigator program, rather than 50 percent if they do not have such a law.

- *Authorizes funding for support services in grandfamily housing*

The Senate bill authorizes funding for support services, service coordinators, and shared service space in specially designed affordable grandfamily housing, which exists in various jurisdictions around the country and is being developed in others.

- *Encourages streamlined support to grandfamilies*

The Act emphasizes coordination and would authorize funding for states to create a statewide support plan for grandfamilies, in addition to directing the U.S. Department of Health and Human Services to issue guidance to states to help them maximize use of existing programs.

- *Authorizes the creation of a National Technical Assistance Center on Grandfamilies*

Finally, the legislation authorizes \$5 million to create a much-needed National Technical Assistance Center on Grandfamilies to provide direct assistance to states and others interested in best supporting grandfamilies.

State Laws Recently Enacted

One of the reasons a Grandfamilies National Technical Assistance Center is so necessary is that many of the laws that have the most direct impact on all grandfamilies are created at the state-level with 51 resulting variations. The federal government does not have the authority to create care and custody laws, including those concerning adoption, guardianship or power of attorney (Generations United/Dave Thomas Foundation for Adoption, 2018). Consequently, Congress can use financial incentives to encourage states to pass laws such as temporary guardianships as in the Grandfamilies Act, but they cannot create the laws themselves. Advocacy and technical assistance at the state level is essential to ensure that grandfamilies have

access to a continuum of legal relationship options and that legal services are available to them to help navigate the process.

Expansion of Standby Guardian Laws

In response to the many children being separated from their foreign-born parents, Maryland and New York expanded their standby guardianship laws to allow adverse immigration actions, such as parental or caregiver detention or deportation to be a triggering event (Generations United, 2018). Standby guardian laws were created in the 1980s in the wake of the AIDS epidemic. These laws allow parents to designate a standby guardian in the event of their incapacity, debilitation or death; upon that triggering event, the person designated as the standby files a petition in court to be so named and thereby has the authority to consent and access services on behalf of the child. In May 2018, Maryland expanded its standby guardian law to include “adverse immigration action” as a triggering event. About a month later, New York expanded its standby guardian law to similarly include “administrative separation” as a triggering event. New York’s law is more expansive and also allows a legal guardian, legal custodian or primary caretaker like a grandparent, in addition to a parent, to complete a form with two witnesses, and designate another individual to serve as the “standby guardian”. In the event the parent/guardian or primary caregiver is detained or deported, the standby guardian would immediately have guardianship of the child when they get notice of that “administrative separation” and within a certain time period would need to file a petition with the court to be appointed the guardian.

Educational and Health Care Consent Laws

Without the support of the foster care system or a legal relationship that is formalized by the courts, relative caregivers face enormous challenges enrolling children in school, advocating for educational services or consenting to health care.

To ensure that children in grandfamilies can obtain health care and a tuition-free public education, at least 25 states have health care consent laws and 17 have educational consent laws (Generations United, 2014). These laws allow relative caregivers to access these services for the children they raise without the need for legal custody or guardianship. A caregiver completes an affidavit under penalty of perjury that they are the primary caregiver of the child; then, by presenting the form, the caregiver can consent to treatment or enroll the child in school.

California first enacted one of these budget neutral laws in 1994 and more states joined it in the years following. Now, twenty-five years later, we still see states interested in pursuing these laws. Since the last policy update, Georgia passed an educational consent law that allows relative caregivers to consent, on behalf of the children they raise, to educational services, medical services related to academic enrollment, and participation in curricular and extracurricular activities. Like many other such laws, parental rights are protected. The decisions of the kinship caregiver are superseded by any contravening decision of a parent or a person having legal custody of the child, provided that the superseding decision does not jeopardize the life, health, safety, or welfare of the child.

Conclusion

As predicted in the last policy update in this Journal, there is more good news for grandfamilies. The momentum to support the families is growing, and as advocates, we must be ready to respond to policymaker and media requests, in addition to being proactive about the

supports and services that are needed. With a new Grandparents Raising Grandchildren Council, and federal financial support for kinship navigator programs and other prevention services, GrAND Voices and other advocates are at the brink of ensuring that all three generations in grandfamilies are better supported so that each child has a family.

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*Research Article***Asian American Grandparents Caring for Grandchildren:
Findings from the Census 2010-2012 American Community Survey**

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Abstract

Research on grandparent caregivers has received growing attention, yet information about Asian American grandparents is limited. Using 2010-2012 American Community Survey (ACS) data, this study provides a national profile of Asian American grandparent caregivers across ethnic groups by region (East, Southeast, and South Asians) and examines socioeconomic and cultural factors related to grandparent caregiving. Of the over half a million Asian Americans who lived with grandchildren during 2010-2012, about 16% reported as primary caregivers, and over 31% lived in grandparent-headed households. Compared with East Asians, South Asian grandparents were less likely to be primary caregivers for their grandchildren, but no difference was observed between East and Southeast Asians. East Asian grandparents, especially noncitizens, were more likely to care for their grandchildren than native born citizens. Marital status, citizenship, language spoken at home, employment, and poverty level were related to the odds of being the primary caregivers, but the relationships varied by ethnic groups. Findings indicate ethnic heterogeneity in Asian American grandparent caregiving and the necessity for future research in this understudied population. In general, grandparent caregivers and their households may face greater financial challenges than non-caregivers. Attention and effort are needed in policy and practice arenas to address specific individual and household needs after taking into account ethnic, cultural, and economic characteristics.

Key words: grandparent caregiver, ethnic differences, multigenerational co-residence, Asian Americans

Research on grandparent caregivers has received growing attention, probably due to a rapid increase in the number of grandparents caring for grandchildren in the United States. According to the U.S. Census Bureau's 2010-2012 American Community Survey, about 7.1 million grandparents lived with their grandchildren who were under the age of 18, comprising an increase of 22% since 2000 (i.e., 5.8 million) (Census Bureau, 2014a; Mutchler, Lee, & Baker, 2002). Among these grandparents, 2.7 million were primary caregivers responsible for most of

the basic needs of co-resident grandchildren (Census Bureau, 2014a). Specifically, Asian Americans comprised 7.3% of grandparents living with grandchildren and 2.9% of primary caregivers (Census Bureau, 2014a). The trends and issues surrounding grandparent caregiving are closely related to the changes in family structure, with an increase in multigenerational co-residence during the past three decades (Keene & Batson, 2010).

Cultural and racial variations exist in grandparent caregiving and family structure. Compared with other racial/ethnic groups, Asian Americans are more likely to live with their grandchildren in a multigenerational household but less likely to be primary caregivers or live in a skipped generation household (Mutchler et al., 2002). In addition to the important values of filial responsibility among many Asian cultures (Miyawaki, 2015), socioeconomic and cultural factors may contribute to the variance in grandparent caregiving and household structure (Keene & Batson, 2010). Yet, few studies have systematically examined sociocultural and economic factors and ethnic differences in grandparent caregiving in Asian American populations.

We address the limitations in past research by documenting a national profile of Asian American grandparent caregivers, assessing ethnic differences in the associations of socioeconomic and cultural factors with primary caregiver status. The purpose of this study is to improve our understanding of the characteristics of and ethnic differences in grandparents raising grandchildren in this understudied population. We used nationally representative data from the Census Bureau's 2010-2012 American Community Survey (ACS), providing one of the first quantitative examinations of U.S. grandparent caregiving by Asian Americans. We examine ethnic differences by region, that is East, Southwest, and South Asia, which are classified by Asian countries of origin or descent based on the United Nations Statistics Division's geographic region and composition guidelines (United Nations Statistics Division, 2011; Lee, Martins, & Lee, 2015; Xie & Goyette, 2004). Our analyses in the whole and subsamples will investigate the ethnic heterogeneity in grandparent caregiving and the extent to which differentiation within the Asian American population is attributable to socioeconomic and cultural factors.

Background

A majority of previous studies on grandparent caregivers focused on the general population, African Americans, or Latino samples, and racially or culturally comparative studies usually excluded Asian Americans (Yancura, 2013). Only a few empirical studies have examined the patterns and characteristics of grandparent caregiving among Asian Americans (e.g., Kataoka-Yahiro, 2010; Phua & Kaufman, 2008; Yoon, 2005). Asian American families place a great importance upon familial duties and obligations, multigenerational co-residence, and intergenerational support (Xia, Do, & Xie, 2013). Compared with the general older population, Asian Americans are more likely to care for their grandchildren on an extensive day care basis, engaging in co-parenting or short-term help, rather than taking the role of custodial parents (Yee, Su, Kim, & Yancura, 2008; Yoon, 2005). Caring for grandchildren is viewed as part of parenthood or family obligation in some cultures (Kataoka-Yahiro, 2010; Zhou, 2012). Also, multigenerational co-residence is more common among Asian Americans than in other racial/ethnic groups, with the highest rate (over 25%) among Asians in their late 60s to early 80s (Mutchler et al., 2002). Co-residence may facilitate the practice of traditional familial responsibilities and address financial difficulties of the household (Keene & Batson, 2010). Immigration also increases the likelihood of co-residence, which may help recent, older immigrants deal with practical challenges and address the family's needs for childcare (Glick & Van Hook, 2002; Yoon, 2005).

A very limited number of studies examined the ethnic characteristics of grandparent caregiving by countries of origin. Using data from the 2000 Census, Phua and Kaufman (2008) examined the effects of householder status, ethnicity, and immigration on grandparent caregiving, comparing six ethnic groups (Japanese, Chinese, Filipinos, Asian Indians, Koreans, and Vietnamese). Findings indicated that those in the young-old groups (60-64, 65-74), females, native-born, and householders were more likely to take on grandparenting responsibilities than their peers (those aged 85+, males, recent immigrants, and non-householders) (Phua & Kaufman, 2008). Compared with older Japanese Americans, Asian Indians were less likely to take the caregiving responsibility, but no other ethnic groups were significantly different from Japanese (Phua & Kaufman, 2008). Maternal employment is one important reason for grandparent involvement in childcare in East Asian immigrants. Many Chinese and Korean older women moved to the U.S. to take care of their grandchildren so that their adult children, especially daughters or daughters-in-law, would be able to work in a family business (Yoon, 2005). In Filipino American families, grandparents provide extensive care for their grandchildren, taking grandparenting roles as a normal expectation (Kataoka-Yahiro, 2010). They reported a high level of role satisfaction, which was correlated with better perceived health status (Kataoka-Yahiro, 2010).

Household structure is associated with childcare demands, social support, and financial stress that vary across ethnic groups (Goodman & Silverstein, 2002; Hayslip & Kaminski, 2005). With co-residence and financial support, intergenerational “time-for-money” exchanges, particularly in the form of grandparents caring for grandchildren, may contribute to family relationships and well-being, as shown in the studies among East Asians (Ko & Hank, 2014; Maehara & Takemura, 2007). Further, householder status is predictive of caregiver responsibility (Phua & Kaufman, 2008). Grandparents living with grandchildren are likely to be primary caregivers if they or their spouses are the householders. As shown in the 2000 Census, 94% of grandparent caregivers were either the householder or the spouse of the householder, and 34% lived in skipped generation households where adult children were not present (Hobbs, 2005). Being the head of a household indicates the power to control and allocate family resources and responsibility for the co-resident grandchild (Phua & Kaufman, 2008).

A life course perspective has been used in understanding the contextual importance of grandparent caregiving. The themes of historical time and place, human agency, timing of lives, and linked lives, within the life course perspective framework, are important to understand grandparent caregiving (Phua & Kaufman, 2008). Ethnicity and immigrant status reflect the effects of historical time and place and the influence of human agency on different aspects of linked lives (Phua & Kaufman, 2008). Taking on grandparent caregiver responsibility is not only based on human agency in response to family obligation and economic situations but also is shaped by the life circumstance, cultural norms, and timing of life events, such as immigration (Giele & Elder, 1998; Phua & Kaufman, 2008). Cultural differences embedded in race/ethnicity are observed in family caregiving and household structure (Keene & Batson, 2010; Yancura, 2013). In addition, immigration and the associated social changes affect each individual life and family caregiving (Zhou, 2012). Recent older immigrants are susceptible to financial hardship and psychosocial distress; they tend to live with adult children and are involved in grandchild care (Kataoka-Yahiro, 2010; Keene & Batson, 2010).

In this paper, we examined one dimension of linked lives, that is, grandparents caring for grandchildren, and how it is related to ethnicity, socioeconomic and cultural factors—the key dimensions of social stratification reflective of historical time and place, human agency, and

timing of life events (Elder, 1994). Specifically, the study answers the research questions: 1) How do Asian American grandparent caregivers differ across ethnic groups? 2) What socioeconomic and cultural factors are related to primary caregiver status among Asian American grandparents in general and in each ethnic group?

Methods

Data Sources and Sample

We used the Public Use Microdata Sample (PUMS) data from the 2010-2012 ACS. The ACS is the annual survey conducted by the U.S. Census Bureau, replacing the decennial census long-term surveys and providing socioeconomic, demographic, and housing information (Torrieri, 2007). The Census Bureau produces the PUMS files so that data users can create custom tables and retrieve data that are not available through the summary ACS data products. The three-year PUMS is a subset of the 2010, 2011, and 2012 ACS and Puerto Rico Community Survey (PRCS) samples, representing about three percent of the U.S. population and households (Census Bureau, 2014b). Data were collected from January 1, 2010 through December 31, 2012, with a total of 4,013,480 housing unit records, 8,992,672 person records from households, and 396,941 person records from group quarters or institutions (Census Bureau, 2014b). The Census has imputed missing data with various methods.

Systematic random sampling was applied in data collection (Census Bureau, 2014b). First, records of households and records of persons in group quarters were sorted respectively within each state by certain characteristics, including ACS weighing area, interview code, household type, householder demographics, the size and type of group quarters, and others. Then a random number was chosen between zero and the sampling interval to initialize a counter, which was then used in selecting subjects at each record. All households selected were placed in the PUMS household sample file, which was further matched to the ACS sample of persons. All persons in selected households were placed in the PUMS person sample, and all selected persons in group quarters were added to the sample (Census Bureau, 2014b). The response rate for the housing units was 97.3 % and that for group quarters was 95.1% across all states and Puerto Rico in 2012 (Census Bureau, 2014b).

In this study, we selected one respondent from each household—those who lived with grandchildren and self-identified as Asian Americans ($N = 14,334$), representing 541,953 in the population nationally. Among them, about 20% were identified as East Asians, 30% Southeast Asians, and 15% South Asians based on their origin of country or ancestry. The remaining 35% did not specify their country origins, with a very small number of respondents reporting they were from combined Asian groups. Table 1 presents unweighted sample sizes and weighted population sizes by national origins within ethnic groups. The weighted population sizes were generated using a weight variable designed by the Census.

Table 1

Asian American Population by Region and National Origin in 2010-2012 ACS

Region	National origin	Unweighted $N = 14,334$ n (%)	Weighted $N = 541,953$ n (%)
East	Chinese	2,134 (14.89)	78,456 (14.48)
	Japanese	331 (2.31)	10,442 (1.93)
	Korean	435 (3.03)	17,999 (3.32)
	Total	2,900 (20.23)	106,897 (19.73)

Southeast	Cambodian	236 (1.65)	8,321 (1.54)
	Filipino	2,396 (16.72)	85,436 (15.76)
	Hmong	164 (1.14)	7,403 (1.37)
	Laotian	198 (1.38)	8,371 (1.54)
	Malaysian	4 (.03)	157 (2.9e-04)
	Thai	71 (.50)	2,497 (.46)
	Vietnamese	1,341 (9.36)	50,348 (13.86)
	Others	24 (.17)	997 (.18)
	Total	4,434 (30.93)	163,530 (30.17)
South	Asian Indian	1,623 (11.32)	68,817 (12.7)
	Bangladeshi	80 (.56)	3,039 (.56)
	Pakistani	223 (1.56)	8,869 (1.64)
	Others	8 (.06)	270 (5.0e-04)
	Total	1,934 (13.49)	80,995 (14.95)
Not specified		5,066 (35.34)	190,531 (35.16)

Measures

Grandparent caregiver. Respondents were asked whether they were responsible for most of the basic needs of any grandchildren under the age of 18 who lived in the household. The response was coded into caregiver (1) or non-caregiver (0).

Householder status. Respondents were grouped into (1) householders or the spouses, if they self-reported as the householder or the reference person (i.e., the person in whose name the home is owned, bought, or rented and who is listed as “Person 1” on the survey questionnaire), or the spouse of the householder/reference person; or (0) non-householders/spouses, or household members with or without a relationship to the householder (e.g., father, roommate). In other words, Group 1 was viewed as the grandparent-headed households (GHHs), while Group 2 was non-GHHs.

Cultural factors. Cultural factors included citizenship status and language spoken at home. Citizenship status was created by combining the responses to the questions about citizenship and birth location, coded as (1) native born citizen, (2) foreign born citizen, or (3) foreign born noncitizen. Language spoken at home included (0) English, or (1) a language other than English.

Poverty status. The ACS provides poverty status by comparing household annual income to a set of dollar values or poverty thresholds which vary by family size, number of children, and the age of the householder (Bishaw, 2012). In this study, poverty status was measured by household income (1) below the 100% federal poverty threshold, (2) 100% to less than 200%, or (3) 200% or above.

Socio-demographics. Socio-demographics included age (in years), gender (0=male, 1=female), marital status (0=not-married, including the widowed, separated, divorced, and never married, 1=married), education (0=high school graduate or less, 1=some college or more), and employment (0=unemployed/not in the labor force, 1=employed).

Health status. Health status was indicated by a count variable of disabilities in hearing, vision, independent living, ambulation, cognition, or self-care, with responses coded as 0, 1, or 2 or more, due to the uneven distribution.

Data Analysis

Descriptive analysis was first conducted to obtain the overall distribution of all the variables under study. Bivariate analyses, including chi-square and analysis of variance (ANOVA) tests, were used to compare East, Southeast, South Asians, and the not-specified group in socioeconomic and cultural characteristics among grandparent caregivers. Binary logistic regression models were estimated to examine the relationships of cultural factors, poverty, and socio-demographics with the odds of being a primary caregiver. The logistic model predicts the logit of binary outcome variable from independent variables, and logits are converted into odds ratios (*OR*) for ease of interpretation. Maximum likelihood estimate was used to choose parameters that maximized the likelihood of observing a particular outcome value (Czepiel, 2003). Non-caregivers were used as the reference group. A person-level weight variable and a stratification variable for complex survey data were used to generate accurate estimates and standard errors in logistic regression models. Analyses were conducted using STATA software.

Results

Of the over half a million Asian Americans who lived with grandchildren in the United States during 2010-2012, about 16% ($n = 84,302$) were primary caregivers, and over 31% ($n = 169,613$) lived in GHGs (Table 2). In this population, the average age was 66 ($SD = 10.0$); 62% were female, 67% were married, 60% had high school education or less, and 26% were employed. About 41% were foreign born noncitizens, and only about 8% spoke English at home. Over 8% lived under the federal poverty threshold, and about one quarter reported having at least one disability.

Table 2

Descriptive Characteristics of Asian American Population in 2010-2012 ACS

Characteristics	Unweighted $N = 14,334$ n (%)	Weighted $N = 541,953$ n (%)
Primary caregiver	2,485 (17.34)	84,302 (15.56)
Householders/spouses	5,535 (38.61)	169,613 (31.3)
Age (Mean/SD)	65.86 (10.00)	65.79 (10.02)
Female	8,845 (61.71)	337,146 (62.21)
Married	9,841 (68.65)	361,881 (66.77)
High school education or less	8,504 (59.33)	326,385 (60.22)
Employed	4,007 (27.95)	139,676 (25.77)
Citizenship		
Native-born citizen	893 (6.23)	30,271 (5.59)
Foreign-born citizen	8,104 (56.54)	291,494 (53.79)
Foreign-born noncitizen	5,337 (37.23)	220,188 (40.63)
Speaking English at home	1,261 (8.80)	43,133 (7.96)
Poverty		
<100%	1,206 (8.41)	44,926 (8.29)

100 -199%	2,850 (19.88)	107,910 (19.91)
200% or above	10,277 (71.70)	389,107 (71.80)
Disability number		
0	10,790 (75.28)	410,995 (75.84)
1	1,476 (10.30)	53,226 (9.82)
2 or more	2,068 (14.43)	77,732 (14.34)

Table 3 presents the profile of primary caregivers across groups by region. Ethnic differences were observed. East Asian caregivers were oldest in age ($M = 62.6$, $SD = 9.3$), less educated (68% with high school education or less), least likely to be employed (30.2%), most likely to be foreign-born noncitizens (47.2%) and to live under the poverty guideline (18.2%).

Table 3.

Comparisons of Ethnic Groups in Grandparent Caregiver Status with Bivariate Analyses
($N = 14,334$)

	East	Southeast	South	Not-specified	Bivariate Analyses
Age (years), M (SD)	62.64 (9.30)	58.86 (10.30)	59.83 (8.09)	61.20 (10.20)	$F = 13.98^{***}$
Female	63.04	61.89	54.30	64.91	$\chi^2 = 56.29$, $df = 3$
Married/ partner	72.45	73.30	89.40	70.67	$\chi^2 = 216.31^{***}$, $df = 3$
High school or less educated	67.69	51.71	53.11	57.04	$\chi^2 = 191.43^{***}$, $df = 3$
Employed	30.23	53.61	38.06	41.80	$\chi^2 = 426.84^{***}$, $df = 3$
Citizenship					$\chi^2 = 459.58^{***}$, $df = 6$
Native-born citizen	10.33	8.20	1.98	8.98	
Foreign-born citizen	42.50	63.09	54.37	60.14	
Foreign-born noncitizen	47.16	28.71	43.65	30.88	
Speaking English at home	13.06	8.68	17.20	14.61	$\chi^2 = 119.01^{**}$, $df = 3$
Poverty					$\chi^2 = 137.37^*$, $df = 6$
<100%	18.16	12.01	11.47	15.47	
100 -199%	26.51	24.32	19.72	20.20	
200% +	55.33	63.67	68.82	64.34	
Disability number					$\chi^2 = 70.12$, $df = 6$
0	86.94	84.11	81.30	82.75	
1	8.22	7.40	7.27	8.87	
2+	4.84	8.49	11.42	8.38	
Grandparent-headed household	50.15	74.18	63.16	63.86	$\chi^2 = 451.68^{***}$, $df = 3$

* $p < .05$, ** $p < .01$, *** $p < .001$.

By contrast, Southeast Asian caregivers were most likely to be employed (53.6%), foreign-born citizens (63.1%), and to live in GHGs (74.2%). South Asian caregivers were most likely to be married (89.4%), speak English at home (17.2%), and have income above 200% poverty threshold (68.8%). Logistic regression analyses were conducted in the whole sample—East, Southeast, and South Asians respectively—to examine the associations of socioeconomic and cultural factors with caregiver status. In general, older age was associated with lower odds of being a primary caregiver across all ethnic groups (Table 4). Marital status was associated with

higher odds of being a primary caregiver only among South Asians ($OR = 1.98$). Employment status was related to higher odds of being a caregiver among all Asian Americans ($OR = 1.17$), and particularly, in Southeast Asians ($OR = 1.34$). Compared to native-born citizens, East Asian foreign-born noncitizens were more likely to be primary caregivers ($OR = 1.96$). Speaking a language other than English at home was associated with lower odds of being a primary caregiver ($OR = .72$) in the whole sample, especially in South Asians ($OR = .51$). Having household income above the poverty line was associated with lower odds of being primary caregivers for the overall sample, East Asians, and Southeast Asians, but not for South Asians. Compared with East Asians, South Asian grandparents were less likely to be primary caregivers ($OR = .69$). Grandparents living in GHHs were far more likely than those living in non-GHHs to take care of grandchildren in the whole sample and the three subsamples.

Table 4

Logistic Regression Results of Factors Associated with Grandparent Caregiver Status
($N = 14,334$)

Variables	All Asian Americans		East Asians		Southeast Asians		South Asians	
	OR	SE	OR	SE	OR	SE	OR	SE
Age	.96***	.004	.95***	.008	.97***	.006	.96**	.01
Female	1.07	.07	1.04	.15	1.01	.11	.89	.18
Married	.96	.07	.80	.13	.90	.11	1.98*	.60
Some college or higher education	1.05	.06	1.08	.15	1.13	.12	.88	.17
Employed	1.17*	.09	1.08	.20	1.34*	.16	.95	.26
Citizenship (ref: native born citizen)								
Foreign-born citizen	1.15	.16	1.50	.48	.66	.15	.59	.37
Foreign-born noncitizen	1.18	.17	1.96*	.68	.69	.17	.70	.44
Language spoken at home (ref: English)								
Another language	.72**	.10	.68	.20	.91	.18	.51**	.13
Poverty status (ref: <100%)								
100 to 199%	.61***	.06	.54**	.12	.61**	.12	.85	.28
200% or more	.48***	.05	.34***	.06	.46***	.08	.80	.24
Number of disability (ref: 0)								
1	1.06	.11	1.27	.32	1.03	.18	1.07	.30
2 or more	.81*	.08	.62	.19	.84	.15	1.39	.39
Ethnicity (ref: East Asians)								
Southeast	.94	.08	—		—		—	
South	.69**	.08						
Not-specified	.94	.08						
Grandparent-headed household (ref: non-GHH)	3.84***	.27	2.75***	.43	4.22***	.53	5.93***	1.50

Note: Odds ratios (OR) and standard errors (SE) were reported.

* $p \leq .05$, ** $p \leq .01$, *** $p \leq .00$

Discussion

This study contributes to the scarce literature on Asian American grandparent caregiving in the United States by presenting a national profile of grandparent caregivers, assessing ethnic or regional differences, and examining socioeconomic and cultural factors. In line with the life course perspective, findings indicate that ethnicity, socioeconomic status, and immigration, which

may reflect the effects of historical time and place and social stratification, have significant relationships with grandparent caregiving—a pattern of linked lives in later life. In general, younger age, employment status, speaking English at home, less household income, and living in GHHs are associated with higher odds of being a primary caregiver in the whole sample. Yet, significant ethnic differences were observed. Compared with East Asians, South Asian grandparents were less likely to take on the responsibilities of a primary caregiver, but no difference was noted between East Asians and Southeast Asians.

Specifically, among East Asian grandparents, foreign-born noncitizens were more likely than native-born citizens to take on the primary caregiver responsibility. This result is inconsistent with Phua and Kaufman's (2008) finding that recent older immigrants were less likely to care for grandchildren than native grandparents in the general population of Asian Americans. It is possible that studies examining Asian grandparents as one group miss ethnic differences and the different roles of immigration and citizenship in caregiving. As shown in the literature, East Asian grandparents, especially Chinese and Koreans, often feel obligated to help adult children with childcare to cope with various post-immigration challenges, including finances, employment, and career development (Chen, Liu, & Mair, 2011; Yoon, 2005; Zhou, 2012). East Asian families may view grandparents' caring for grandchildren as a family adaptive strategy, thus older immigrants would likely play a significant grandparent caregiving role in multigenerational families. Similar to the culture of familism among East Asians, Southeast Asians (e.g., Filipinos) place a high priority on interdependence, loyalty, and solidarity within the family (Kataoka-Yahiro, 2010). This may explain why there was no difference in their odds of being primary caregivers for their grandchildren as compared with East Asians.

In addition, the study showed that economic disadvantage is a significant factor related to caregiver status among East and Southeast Asians, indicating that grandparent caregivers and GHHs may face greater economic difficulties than non-caregivers and that poverty may be both a cause and an effect of grandparent caregiving (Park, 2006). Working grandparents were more likely to take the caregiving responsibility among Southeast Asians, implying that labor force participation and childcare are both family strategies to deal with financial difficulties and maintain family well-being in this group.

Differing from East Asians and Southeast Asians, South Asians were less likely to be primary caregivers, and socioeconomic factors such as poverty level and employment were not significantly related to the odds of being a caregiver. Indeed, cultural factors such as marital status and language spoken at home were associated with the odds of being a primary caregiver. Marriage is virtually universal, and divorce rates remain generally very low (Jones, 2013), which may explain the importance of marriage in family caregiving and multigenerational co-residence in this population. Traditionally, South Asian (especially Indian) families have been greatly influenced by a patriarchal, joint family system, with mothers, grandparents, and other elders playing a significant role in parenting (Inman, Howard, Beaumont, & Walker, 2007). Taking advantage of British influence on their education system in the home country, most South Asians are proficient in English (Phua & Kaufman, 2008); thus speaking a language other than English at home seems a disadvantage and a potential generational gap, reducing the chances of non-English-speaking South Asian grandparents taking caregiving responsibilities. These findings imply that grandparent caregiving may be based on family system and language ability among South Asian grandparents.

Among all three ethnic groups, the head of a household or the spouse tended to report as the primary caregiver for co-resident grandchildren, indicating the dual responsibilities of running

a household and caring for grandchildren in multigenerational households. Formation of a grandparent-headed household may be an important adaptation for providing grandchild care and addressing family economic needs (Baker, Silverstein, & Putney, 2008). Grandparents caring for grandchildren are already at increased risk for financial strain, poor physical health, psychological distress, and social isolation (Hayslip & Kaminski, 2005). Taking the householder responsibilities may incur greater challenges.

Although we examined ethnic differences by region, the study is limited by the consideration of diverse countries and ethnicities in three aggregated groups and the exclusion of other groups. There is tremendous diversity in Asia, with over 40 countries and more ethnicities than countries. The ACS sample lacks respondents from Central Asia, West Asia, and Native Hawaii and Pacific Islands. Notions of ethnic and national identity carry political, social, and familial meanings and are not captured in the current study. However, grandparent caregiving is a growing phenomenon, and it cuts across the lines of social class, race, and gender (Fuller-Thomson, Minkler, & Driver, 1997; Fuller-Thomson & Minkler, 2003). The challenges faced by the grandparent-headed households are similar across ethnicities, especially when grandparent caregiving is stressful with negative personal, interpersonal, and economic consequences (Hayslip & Kaminski, 2005). Future research needs to focus on specific characteristics of Asian American grandparent caregivers and the diversity in household structures, investigating whether and what social services and programs are culturally and linguistically appropriate to meet both caregivers' and family needs.

Another limitation to this study is the definition of primary caregiver, which was based on the single criterion of responsibility for most basic needs of a grandchild. Primary caregiver could also be defined by the intensity and length of caring for physical and emotional needs, including information about the type of care responsibility, such as basic needs, personal care, medical care, or financial responsibility. The study also lacks information about the number and characteristics of children receiving care. In addition, respondents may have different definitions or understanding about what is meant by "primary caregiver responsibility." It is possible that adult children in multigenerational homes, if asked, might also identify themselves as having the "primary caregiver responsibility" for this same set of children.

Conclusions

Despite these limitations, this study provides a national profile of Asian American grandparent caregivers and improves our understanding of the factors associated with grandparent caregiving across three aggregated ethnic groups. In general, South Asian grandparents were less likely to be primary caregivers of their grandchildren as compared with East Asian grandparents, and no difference was noted between East and Southeast Asians. Socioeconomic and cultural factors had different associations with the odds of being a primary caregiver across ethnic groups. Lower family income and non-citizenship were related to the odds of being a primary caregiver among East Asian grandparents. Among Southeast Asian grandparents, poverty and employment were related to the odds of being a primary caregiver. For South Asians, marital status and speaking English were important factors for being involved in caring for grandchildren. Immigration, non-citizenship status, limited English abilities, and limited social and financial resources are underlying challenges facing Asian American grandparent caregivers, with substantial variations across ethnic or regional groups. Attention and effort are needed in research, policy, and practice arenas to address the specific individual and household needs after considering ethnic, cultural, and economic characteristics.

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Research Article

The Impact of a Goal-Setting Intervention with Custodial Grandmothers: A Demonstration Project

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Abstract

The increasing number of grandparents raising grandchildren underscores the need to provide assistance to grandparent caregivers in terms of training them not only to refresh intergenerationally relevant skills, but also in developing appropriate and effective strategies associated with the setting of personally meaningful goals for themselves. The purpose of this paper is to evaluate the effectiveness of a socio-cognitive pilot demonstration program to improve the health and social psychological outcomes for grandmothers raising grandchildren using the theory of Selection, Optimization and Compensation (Freund & Baltes, 1998). Sixteen grandmothers raising a grandchild under the age of 18 without the assistance of that child's parent participated in 4-individual weekly sessions with a facilitator. Results indicate that an intervention designed to support custodial grandparents using the constructs embodied by the Selection, Optimization and Compensation model is a promising strategy to ameliorate negative outcomes (e.g., stress, anxiety), and initiate changes in the grandmother –grandchild relationship.

Keywords: grandparenting; successful aging; goal setting; mental health; psycho-educational intervention

One of the most important and impactful of the new developments in the grandfamilies literature over the past decade has been the reformulation of custodial grandparenting in terms of grandparents' *strengths* (Hayslip, Fruhauf, & Dolbin-MacNab, 2017). This perspective emphasizes qualities such as grandparent resilience (Hayslip et al., 2013; Hayslip & Smith, 2013), defined as positive adaptation and positive outcomes despite adversity (Masten, 2001), and resourcefulness (Zauszniewski, Musil, & Au, 2014), wherein such qualities can counteract the negative effects of stressors on grandparents' physical and mental health. Because resilience skills can be taught (see Hayslip et al., 2017), interventions designed to promote resilience, including enhancing protective factors (e.g., social support, better health management; see Bigbee, Boegh, Prengaman, & Shaklee, 2011) and reducing risk factors (e.g., social isolation), may be fruitful avenues for promoting grandparent well-being.

That custodial grandparents are resilient is underscored by the family trauma they have faced and the variety and intensity of their stressful experiences (Lee & Blitz, 2014). This is

important in that some custodial grandparents are facing multiple challenges (e.g., high rates of poverty and disability, raising multiple grandchildren, caring for others), with minimal resources, in raising their grandchildren (Fuller-Thomson, 2005; Kopera-Frye, 2009). Many grandparents raising their grandchildren do feel overwhelmed by the many challenges they face in their new roles as parents to their grandchildren. They also might feel challenged by their limited ability to set priorities and define meaningful short-term and long-term goals for themselves.

The present study explores the effectiveness of a socio-cognitive pilot demonstration program to improve the health and social psychological outcomes for grandmothers raising grandchildren using the theory of Selection, Optimization, and Compensation (Baltes, 1997; Baltes & Baltes, 1990; Freund & Baltes, 1998) as a conceptual framework.

Interventions with Custodial Grandparents

As there is limited research on the effectiveness of interventions with grandparent caregivers, additional work is needed bearing on the effectiveness of interventions/services for custodial grandparents, especially work that is grounded in theory (see Hayslip & Fruhauf, 2019; Kirby, 2015; Smith, Hayslip, Montoro-Rodriguez, & Streider, 2018; Smith, Hayslip, Streider, Greenberg, & Montoro-Rodriguez, 2016; Smith, Hayslip, Hancock, Merchant, Montoro-Rodriguez, & Streider, 2018; Tang, Jang, & Copeland, 2015). Some work has adopted a process approach to studying grandfamilies, where, utilizing the Stress Process Model (Pearlin, Mullan, Semple, & Skaff, 1990) and the Family Stress Model (FSM) (Conger, et al., 2002), Smith and colleagues (2015) utilized structural equation modeling to examine the direct and indirect effects of coping on grandmother's psychological distress, parenting behavior, and grandchildren's internalizing and externalizing behavior problems. Additionally, relying on the FSM as a framework (see Smith et al., 2016)), Smith, Hayslip, Montoro-Rodriguez, and Streider (2018) found both parenting skills and cognitive-behavioral interventions to positively impact grandmothers.

Several published intervention studies with custodial grandparents examined the efficacy of support groups, empowerment training, educational programs, or health promotion interventions (e.g., Brintnall-Peterson, Poehlmann, Morgan, & Shafer, 2009; Collins, 2011; Cox, 2008; Kelley, Whitley, & Sipe, 2007; Kelley, Whitley, & Campos, 2013; Kicklighter et al., 2007). While in many cases, these interventions were efficacious, in other cases, social contact comparison groups and/or definitive outcome measures were lacking, undermining confidence in their efficacy (McLaughlin, Ryder, and Taylor, 2017). However, the work of Smith, Hayslip, Montoro-Rodriguez, and Streider (2018), which is grounded in theory and uses random assignment to treatment and control groups, found that a parenting skills program and a stress and coping program were superior to a non-skill-based control (social support) group in positively impacting custodial grandmother well-being and related grandchild emotional/behavioral outcomes.

Unfortunately, no published work to date has examined the long-term impact of interventions on grandfamilies, though Zauszniewski, Musil, Burant, Standling, and Au (2014) found resourcefulness training (RT) to be effective over 18 weeks relative to several control groups (see also Zauszniewski & Musil, 2014; Zauszniewski et al., 2014). Similar effects were found for an online form of RT (Musil, Zauszniewski, Burant, Toly, & Warner, 2015). In light of the present study's focus on goal-setting and communications skills building, it is important to observe that some work does suggest the potential for personal growth via a variety of interventions targeting grandparent caregivers. For example, Whitley, Kelley, and Campos

(2013) found reliable increases over time in empowerment, family resources, and family support among grandmothers enrolled in a case-management-based intervention program designed to improve the personal attributes and coping skills of such persons (Project Healthy Grandparents). Additionally, Zauszniewski et al. (2014) found ample evidence supporting the fidelity (i.e., understanding and implementation of taught content, impact on resourcefulness) of resourcefulness training (RT), where grandparents with multiple forms of RT improved over time relative to those without RT. Hayslip (2003) found among randomly assigned grandparent caregivers to psychosocial training/education versus a control condition that personal, role-related, and parentally relevant constructs improved, while sensitizing such persons to issues over which they had little control, e.g., a lack of resources, isolation from others, and difficulties with school personnel and service providers.

Selection, Optimization, and Compensation Theory as it Applies to Grandfamilies

In light of the paucity of intervention studies with grandparent caregivers that are theory-based, critically relevant to the present study is *goal-setting*, a central tenet of the Selection, Optimization, and Compensation (SOC) model of aging (Baltes & Baltes, 1990; Freund & Baltes, 1998), wherein goal-setting as an intervention with grandfamilies can be empowering in nature (Cox, 2008). In the context of the potential benefits of goal-setting, because of the limitations imposed on them by either illness or psychosocial isolation from other grandparents and/or other health care/service providers, custodial grandparents may lack the *opportunity* to learn how to make informed decisions and choices, seek help from others, or consider planning for a successful future. Their lack of feedback about their *ability* to make daily life decisions and long-term life plans may affect their health, happiness, and well-being.

According to SOC Theory, individuals can maintain and increase functional capacity by selecting goals to counteract losses or to engage in new objectives (selection), along with investing in goal-directed means (optimization) and using compensatory or substitutive means whenever necessary (compensation). Relevant to the present study, the SOC model clearly suggests that developing a set of *hierarchical personal goals* and engaging in *goal-directed actions and means* will ameliorate the negative impact of stressful demands of raising a grandchild and improve grandparents' well-being and quality of life.

Consistent as well with the present study is the fact that the SOC model also incorporates sociocultural expectations and contextual factors (e.g., resources such as *social support*) that set the boundaries within which individuals formulate their goals and the means by which to pursue and attain them. Social support has emerged as crucial to enabling grandparents to overcome the negative effects of stressful experiences and traumatic events associated with the caregiving role (Dolbin-MacNab, Roberto, & Finney, 2013; Strozier, 2012). Since custodial grandparents are in need of medical, social, or psychological services and may lack the skills to *assertively and proactively ask for information and support* from others (Carr, Gray, & Hayslip, 2012), interventions targeting skills enabling grandparents to proactively access information and support are clearly needed.

Goal-setting, accessing social support, and being able to communicate effectively one's needs are central constructs framing the present study. These concepts are consistent with the SOC theory wherein selection, optimization, and compensation strategies may enable grandparent caregivers to cope with the gains and losses that often accompany raising a grandchild. For grandparents confronted with multiple demands of raising a grandchild, *selection* may allow them to focus on those aspects of caregiving and parenting that are important for their

family situation and guide them to assess and prioritize their needs in the context of current life circumstances. Thus, setting priorities enables caregivers to identify valued goals that are personally beneficial to them (Baltes & Carstensen, 1999). *Optimization* facilitates grandparents' identification of strategies (e.g. learning to communicate one's needs to others) that will enable them to use their personal and social resources in a more efficient manner to achieve valued goals, improve well-being, and enhance the quality of a relationship with a grandchild. Goal-setting strategies enable grandparents to *compensate* for those aspects of raising a grandchild that are beyond their control (i.e., limitations of poor health, being able to change others' expectations and views about them as parental failures, being isolated from others, and being victimized and discriminated against by age peers, school personnel, and service providers) (see Hayslip et al., 2017). Goal-setting also capacitates grandparents to function more adaptively and bring about needed social support from others (see Hayslip et al., 2013; Hayslip & Kaminski, 2005; Park & Greenberg, 2007). Significantly, Lund et al. (2014) have applied the SOC model in developing interventions to help family caregivers of persons with dementia assess their abilities and circumstances, become aware of their challenges and efforts, and/or encourage them to seek help to improve their satisfaction with and use of their respite time.

The Present Study

The goal of this pilot study is to explore the effectiveness of a socio-cognitive demonstration program to improve the health and social psychological outcomes for grandmothers raising grandchildren using the theory of Selection, Optimization, and Compensation (Freund & Baltes, 1998, 2007). This demonstration project also targets improvements in the quality of the relationship between grandmothers and grandchildren by refreshing and enhancing grandmothers' communication skills and strategies to ask for help and receive support from others. In this study, we individually trained grandmothers to select and set goals that are both meaningful and achievable to them. In addition, we taught grandmothers effective communications skills key to getting help and support from others.

Method

Sample

Sixteen grandmothers raising a grandchild under the age of 18 without the assistance of that child's parent were recruited from the community through public announcements about the project, newsletters, church bulletins, and personal contacts with church personnel and local service providers. Two of the 16 reported that the adult child co-resided with them, though the grandparent was principally responsible for the child. Each grandmother received a prepaid gift card for her participation in the project. Participants were predominantly African American ($n = 10$) and Caucasian ($n = 6$), and in their late 50s ($M = 59$, $SD = 5.4$, range = 52-69). They all were at least high school educated, with eight having at least some college. Half of the sample felt that their health did not interfere with their caregiving ability. They were on average raising two grandchildren for a variety of reasons related to family dysfunction or parental absence (e.g., parent substance abuse or child abuse/abandonment or neglect by parent). The average length of time participants had been raising their grandchildren was 6.7 years ($SD = 4.4$, Range = 1 to 14). A minority of grandmothers reported having legal "guardianship" ($n = 6$) or legal custody ($n = 4$) to care for the grandchild. Only six grandmothers indicated that they were working part-time and most ($n = 9$) reported that their household income was less than adequate.

Study Design and Measures

After obtaining approval from the Institutional Review Board governing the ethical treatment of research volunteers, we collected data from each participant. It included: 1) data from grandmothers at pre- and post-program occasions targeting well-being and caregiving (see below); 2) data on a session-by-session basis focusing on levels of stress and goal-setting/attainment; and 3) data on program satisfaction and suggestions to improve the intervention at the conclusion of the program. Consistent with our goal of utilizing SOC Theory to enhance grandmothers' functioning, we used quantitative standardized assessments targeting grandmothers' personal, relational, and caregiving-related well-being. We used a variety of measures in light of the exploratory nature of the study, stressing not only grandmothers' well-being but also multiple aspects of caregiving. Most of these measures have been used in existing grandfamily intervention research (see above) in that grandparent well-being and grandchild relationship quality have been the foci in such studies. In contrast, no such work has explicitly focused on goal-setting (i.e., selection as per SOC theory), especially in examining grandparent's perceptions of their experience with setting meaningful goals on a session-by-session basis. In addition, though we did not explicitly measure aspects of communication per se, the development and enhancement of communication skills to improve seeking help from others (i.e., optimization) was a central tenet of the present study, which we capture using measures of caregiver well-being, social support, and caregiver self-efficacy/satisfaction with caregiving.

Graduate students in social work, gerontology, and psychology collected the data on the study measures in a 35-40-minute face-to-face interview with each grandmother. Interviewers were blind to the study's design and purpose.

Satisfaction with Caregiving was assessed using the Revised Caregiving Satisfaction Scale (Lawton, Moss, Hoffman, & Perkinson, 2000). The scale was composed of eight items evaluating positive aspects related to caring for the grandchild, such as how "often do you feel that you really enjoy being with your grandchild." Items used a five-point response scale ranging from "never" to "always." Higher scores indexed greater caregiving satisfaction. The alpha coefficient for the scale was 0.77 in the present sample.

Caregiver Strain. We used a 20-item multidimensional measure of caregiver strain adapted from the Caregiving Appraisal Scale (CAS) (Lawton, Kleban, Moss, Rovine, & Glicksman, 1989). Items described the appraisal of the impact of caregiving on the use of one's time, satisfaction with life, physical health, relationships with others, and emotional health. Items used a five-point scale (from "never" to "nearly always") regarding the extent to frequency of each statement. Higher scores indexed greater strain. The alpha coefficient for this scale was 0.93 in the present sample.

Caregiver Self-Reported Depression was assessed with the 20-item CES-D scale (Radloff, 1977). For each item, participants endorsed the response indicating how many days they felt a particular way in the past week on a four-point scale (from "never" to "5-7 days"). Higher scores indexed greater depression, and the alpha coefficient for this scale was 0.93 in the present sample.

Positive Aspects of Caregiving were evaluated with a nine-item positive aspects of caregiving (PAC) measure (Tarlow et al., 2004). The PAC assessed the caregiver's positive role

appraisals in the context of the caregiving experience, such as feeling appreciated, feeling useful, and finding meaning. Scores for each item used a four-point scale (from “never” to “5-7 days per week”) with higher scores indicating more positive caregiving appraisal. The alpha coefficient for this scale was 0.91 in the present sample.

Positive Affect (PAFF) reflecting the quality of the relationship with the targeted grandchild was assessed with an 11-item measure derived from the Bengtson Affective Solidarity scale (Bengtson & Schrader, 1982). The PAFF measured the perceived quality of the relationship with one’s grandchild, that is, the degree to which grandparents feel trust, fairness, respect, affection, and understanding between themselves and their grandchild. Items used a five-point scale (from “none” to “a great amount”). Higher scores indexed greater relationship quality; the alpha coefficient for this scale was 0.90 in the present sample.

Social Support was assessed with a 37-item multidimensional measure of social support indexing contact with friends and family; emotional, tangible, and informational help and support from others; satisfaction with such support; negative interactions with others; and future anticipated support. We created an overall index of social support based upon items aggregated across the above dimensions for the present study based upon the work of Krause (1999). Participants reported their level of support for the last week using a four-point scale ranging from “not at all” to “always.” Higher scores indexed greater overall social support; the alpha coefficient for this scale was 0.93 in the present sample.

Grandparent Positive Affect measured both the positive and negative emotions exhibited by an individual. For purposes of the present study stressing positive outcomes, we included only positive affect as evaluated by the Positive and Negative Affect Scale (PANAS)(Watson, Clark, & Tellegen 1988). Examples of positive affective states were proud, strong, active, and alert, measured in a five-point response scale ranging from “not at all” to “a great deal.” Higher scores reflected greater positive affect; the alpha coefficient was 0.90 in the present sample.

Anxiety was assessed with the short form of the Overall Anxiety Severity and Impairment Scale (OASIS) (Campbell-Sills et al., 2009). For each of five questions, low values indicated no anxiety, and high values indicated constant anxiety within the last week. Items use a five-point response scale ranging from “not at all” to “a great deal.” The alpha coefficient for this scale was 0.85 in the present sample.

Caregiver Self-Efficacy referred to the caregiver’s ability to manage their performance as caregivers. The Revised Scale for Caregiving Self-Efficacy (Steffen, McKibbin, Zeiss, Gallagher-Thompson, & Bandura, 2002) was used to measure the grandparents’ ability in obtaining respite, managing their negative thoughts, and responding to disruptive grandchild behaviors. Each one of the 15 items was rated in a scale from (0) “cannot do” to (10) “certain can do.” Five items measured obtaining respite and indicated how confident the caregiver was in asking a friend/family member to stay with the grandchild when needed. Five items about managing upsetting thoughts asked the caregivers if they think about unpleasant aspects of caring for the grandchild or if they worry about future problems. Another five items assessed responses to challenging behaviors by the grandchild and included items about the caregiver’s ability to deal with complaining and/or demanding attention by the grandchild. Higher scores

indicated higher level of each dimension of self-efficacy; the overall alpha coefficient for this scale was 0.90; alpha coefficients for the respite, negative thoughts, and grandchild behavior subscales were 0.95, 0.94, and 0.89 respectively in the present sample.

Proactive Beliefs about Caring for the Grandchild, created for the present study, were assessed with a 25-item index of positive beliefs regarding one's ability to care for the grandchild. Participants indicated their agreement with statements related to positive parenting, engaging in pleasant activities with their grandchild, seeking support from family and community services, and using positive coping strategies. Items used a three-point scale (ranging from "disagree" to "agree"). High values on the 25-item index indicated the grandmothers' more positive disposition toward holding proactive beliefs about caring for their grandchildren. The alpha coefficient for this measure was 0.93 in the present sample.

The Goal-Setting and Communications Skills Program

Each grandmother participated in an individualized four-session program held at her home, where each session lasted a maximum of two hours over a four-week time frame. Sixteen grandmothers completed all four sessions, while three only completed two sessions, wherein the latter were not included in the present study's findings.

The first and second authors trained facilitators, who were master's level students in social work, gerontology, and psychology, to deliver each session in the context of individual facilitator-grandmother interactions over the four-week program utilizing a carefully put-together written script, which individual facilitators followed closely in implementing the program. Each facilitator's efforts in faithfully doing so were reviewed and reinforced between sessions to ensure program fidelity. A given facilitator worked with a specific grandmother throughout the four sessions, and data collected via an individual interview format, both pre- and post-program, were conducted by a separate individual trained by the first and second authors.

The emphasis in Session 1 and throughout the following three sessions, as per SOC theory, was on the *selection of valued goals*, where grandmothers could select a maximum of three short-term goals they wanted to achieve, and where the clear majority (15) of grandmothers selected two or three goals. These goals transcended personal, social, and relationship-oriented aspects of caregiving, e.g., arranging for travel to get a grandchild medical care, socializing with friends, organizing one's day so that one could have some "me time" apart from caregiving, exercising, getting a massage, traveling, attending meetings at school, attending an art class, and participating in school projects.

In Session 1, facilitators individually worked with grandmothers in understanding the goal of lessening the impact of stress on one's well-being and introduced the idea of identifying and using effective strategies to overcome stress, increase support, and seek help from others by setting goals. When grandmothers were asked why it was important to them to accomplish these goals, they responded in a variety of ways reflective of their desire to be personally happier and healthier, to be able to connect with friends, to improve their relationships with grandchildren, and to lessen isolation and become more involved in the community. Grandmothers were also asked what obstacles might hinder the attainment of these goals (e.g. time, monetary constraints, caregiving demands) and discussed with the facilitator ways of overcoming such obstacles. In addition, grandmothers rated and discussed the degree to which several types of support were available to them, the extent to which/why they were or were not satisfied with such support, and ways they might increase the support they needed as well as enhance their satisfaction with

social support. Nine of 16 indicated they were at least somewhat satisfied with such support, and 12 of 16 indicated that they thought they should increase the amount of support available to them. Impediments to doing this (e.g. cost, feeling isolated, feeling helpless in dealing with rejection, lacking childcare respite and informational resources) were reported.

Session 2 involved a review and discussion with the facilitator of the grandmothers' earlier selected goals and their rating of the extent to which they accomplished these goals over the previous week, as well as the extent to which they were satisfied with their efforts in achieving their goals. Facilitators also introduced the possibility of revising the grandmothers' goals to make them more attainable. Session 2 also focused on the grandmother's communication/help-seeking skills as a strategy to help goal achievement (optimization), with emphasis on the distinctions between passive, aggressive, and assertive communication styles. The objective discussed with each grandmother was to develop a plan to enhance the use of *assertive* communication (to include a discussion of caregivers' Bill of Rights) in a situation where it was necessary to get needed support and information from others. This communication style emphasizes aspects of interacting with others such as making the use of "I" statements, problem-solving, reaching compromises, and mutual understanding.

Session 3 focused on optimization, i.e., help-seeking and accessing social support, where grandmothers discussed their difficulties in asking for help, creating a list of tasks to do, and learning to ask for help in doing them. Rights of grandmothers caring for their grandchildren were also presented and discussed. As in the previous sessions, the facilitators reviewed the grandmothers' earlier selected goals, their rating of the extent to which they had accomplished their goals over the previous week, and their rating of their satisfaction with efforts in achieving their selected goals. They again discussed the possibility of helping the grandmother to revise and/or propose immediate, realistic, and achievable goals.

Session 4 focused on aspects of both selection and optimization. It included setting goals, revision of such goals, planning for the future in light of one's goals, needs for support, the impact of one's work and retirement plans, and what might happen to the grandchild/who would care for the grandchild in the event of the grandmother's incapacitation, illness, or death. Facilitators discussed how to "plan for the future" in terms of a way to identify problems, prioritize them, gather information, set realistic goals, and evaluate the success of a plan in preparing for what the future might hold. As before, grandmothers discussed and rated their level of stress, support, and satisfaction with it as well as what they had done to attain the goals they had set for themselves (and perhaps modified).

Throughout the four sessions, facilitators stressed the importance of selecting goals that were valued and potentially achievable and the development of strategies to reach these goals, enabling grandmothers to better cope with the demands imposed upon them via caregiving. This program provided parallel emphasis on the essential tenets of *selection*, *optimization*, and *compensation*, characteristic of the SOC model of successful aging (Baltes & Baltes, 1990).

Consistent with the above emphases, throughout the four sessions, there was a one-on-one discussion of goal-setting, effective communication, social support, and ways of effectively getting such support as well as being proactive in getting help and solving problems. At the program's end, all grandmothers received a resource guide detailing local services available to them as well as information about how to access these services. Finally, grandmothers also evaluated the program's worth for them (see Table 3) and offered suggestions about how the program might be improved.

Results

Data Analysis Plan

To explore session-by-session changes and aspects of goal-setting we conducted a series of paired t-tests. Similarly, paired t-tests assessed pre-post program change. Given the extensive number of statistical comparisons conducted and the smallness of the sample, *Bonferroni* corrections were computed post hoc to set the alpha level for a given set of comparisons at .05 separately for the session-by session comparisons ($\alpha = .006$) and for the pre-post program findings ($\alpha = .002$). We also present descriptive statistics regarding the perceived value of the program.

Overall Program Impact

We report findings for all data in Tables 1-3. Findings that are statistically significant ($p < .05$) via paired-samples t-tests are indicated. Session-specific data on the goal-setting and attainment strategies indicated no statistically significant changes overall by Session 4 (see Table 1). While findings for goal attainment confidence were unchanged, they remained generally positive in nature over sessions. However, goal attainment estimates of success, satisfaction with such efforts, and the helpfulness of goal-setting in getting social support all evidenced slight declines over three sessions. Grandmothers did report lessened stress as a function of goal-setting and the development of assertiveness training in asking for social support and help from others. Except for the helpfulness of goal-setting indicating a statistically significant decline over sessions as per the nonparametric Friedman test ($\chi^2 = 7.95, p < .01$), all of these trends were statistically nonsignificant.

Based on pre- and post-demonstration program data (where post-program measures were collected within two weeks of the program's end), findings indicated that, as a function of their participation (see Table 2), grandmothers reported less stress ($t(15) = 2.77, p < .014$), and less anxiety ($t(15) = 2.87, p < .013$). However, they also reported reduced positive affect regarding their relationship with the grandchild ($t(15) = 2.49, p < .028$), and a decline in their beliefs about their ability to proactively improve the relationship with their grandchildren ($t(15) = 2.13, p < .049$). While each of these findings is on its own statistically significant, *Bonferroni* corrections rendered them not significant.

Additionally, data from pre- and post-program assessment indicated that although non-statistically significant, several aspects of program efficacy were trending in a positive direction, such as improvement in the physical strain and social relationships of grandmothers, less negative thinking, and fewer negative interactions with others (see Table 2). There was also some evidence of increases in satisfaction with social support and greater confidence in the likelihood of attainment of the goals they had set for themselves.

Table 1
Average by Session Program Changes (N=16)

Variables	Session 1	Session 2	Session 3	Session 4	Sig.
<u>SESSION Measures</u>	Mean (SD)	Mean (SD)	Mean (SD)	Mean (SD)	
Self-Rated Caregiver Stress (1-10)	6.06 (1.3)	5.63 (1.7)	4.69 (2.1)	4.56 (2.0)	<i>p</i> < .05
Overall Support Satisfaction (1-5)	3.19 (.90)	3.34 (1.0)	3.35 (.92)	3.37 (1.1)	
Confidence Goal 1 Attainment (1-5)	2.63 (.50)	2.69 (.60)	2.38 (.55)	2.50 (.51)	
Goal 1 Attainment Success (1-5)	-	3.56 (1.2)	3.13 (1.7)	2.94 (1.4)	
Goal 1 Satisfaction (1-5)	-	3.81 (1.5)	3.63 (1.4)	3.19 (1.5)	
Goal Helpfulness (1-5)	-	3.38 (.61)	3.25 (.77)	2.63 (.91)	<i>p</i> < .05

Table 2
Pre--Post-Program Changes (N=16)

Variables	Time 1	Time 2	Sig.
	Mean (SD)	Mean (SD)	
CES-Depression (0-60)	23.18 (8.6)	23.46 (7.5)	
OASIS-Anxiety (0-20)	7.18 (5.1)	6.07 (4.5)	<i>p</i> < .05
Satisfaction with Caregiving (0-32)	26.93 (4.9)	25.84 (3.9)	
Positive Aspects Caregiving (0-27)	21.18 (6.8)	20.15 (6.9)	
Positive Affect (PAFF) (0-40)	36.43 (7.3)	32.53 (7.8)	<i>p</i> < .05
Caregiver Strain with:			
Time Dependency (0-20)	9.43 (4.6)	9.46 (4.4)	
Life Development (0-20)	8.62 (5.7)	8.61 (3.7)	
Physical Health (0-16)	6.25 (4.0)	5.46 (2.9)	
Social Relationships (0-20)	7.00 (2.5)	7.69 (3.3)	
Social Support			
Friends Contact (0-9)	3.50 (1.9)	2.61 (1.3)	
Kin Contact (0-9)	3.87 (1.8)	3.07 (1.4)	
Emotional Support (0-12)	6.56 (3.2)	6.46 (2.3)	
Tangible Support (0-12)	2.81 (2.3)	2.84 (2.1)	
Information Support (0-9)	3.62 (2.3)	3.23 (2.1)	

Proactive Beliefs about Caring for GC (0-75)	63.21 (12.0)	58.77 (15.1)	$p < .05$
PANAS-Positive Affect (GP) (0-40)	31.6 (8.5)	29.0 (7.2)	
Negative Interactions (0-12)	6.06 (3.2)	5.69 (2.3)	
Caregiver Self-Efficacy:			
Obtaining Respite (0-50)	34.06 (15.3)	29.61 (17.0)	
Turn Off Negative Thoughts (0-50)	33.43 (15.1)	36.92 (13.0)	
Responding to CG Behaviors (0-50)	34.06 (10.6)	26.58 (13.0)	

Note: Time 1 = Pre-program Baseline; Time 2 = Post (1-2 weeks)-program

Relationships between Goal-Setting and Grandmother Attributes and Program Outcomes

Relevant to the salience of selection as per SOC theory as reflected in goal-setting per se, pre-program depression was negatively associated ($r = -.53, p < .03$) with greater Session 2 self-rated helpfulness of goal-setting to enhance social support. In addition, greater Session 2 goal-setting helpfulness was also related to less pre-program caregiver strain ($r = -.52, p < .03$); greater Session 2 helpfulness was associated with more pre-program social support ($r = .52, p < .04$) and less pre-program anxiety ($r = -.71, p < .01$). These findings suggested some grandmothers were initially more likely to rate themselves as having goal-setting success, i.e., those who were less depressed initially had more social support and were less strained regarding caregiving, but all found goal-setting more helpful.

Importantly, while the relationship between Session 2 goal-setting helpfulness and post-program depression was less strong, but still substantial ($r = -.48, p < .09$), this finding indicated that perceived helpfulness of goal-setting did predict less depression. Session 3 satisfaction with one's efforts at goal-setting predicted greater satisfaction with caregiving post-program ($r = .54, p = .05$) as well as less anxiety post-program ($r = -.65, p < .01$). Session 3 satisfaction with goal-setting efforts predicted higher proactive beliefs about caregiving post program ($r = .71, p < .01$) as well as greater positive affect post program ($r = .55, p < .05$).

In contrast, Session 4 satisfaction with one's efforts in goal-setting was associated with greater post-program depression ($r = .49, p < .09$), and in Session 4, less self-rated likelihood of goal accomplishment was associated with more anxiety ($r = .67, p < .01$). These findings reflected the frustration grandmothers experienced in implementing their goals.

Rated Program Satisfaction

Finally, post-program estimates of program satisfaction (see Table 3) among grandmothers and their overall perception of the program's content and worth were very positive ($M = 3.81$). On a four-point scale (where 4 is very positive), grandmothers reported high levels of satisfaction with the amount of help received in the program ($M = 3.44$), as well as with their ability to better plan their needs ($M = 3.38$) and better manage effectible family problems ($M = 3.25$). They also indicated that they were very satisfied with the setting/attaining goals process to improve their needs for support ($M = 3.38$), better use of their communication skills ($M = 3.56$), and with the content of the program ($M = 3.56$).

Table 3
Program Satisfaction (N=16)

	Mean	SD
Amount of help received in the program	3.44	.62
Help you to better plan your needs	3.38	.71
Assist you to deal more effectible with family problems	3.25	.77
How confident you can set goals to improve the amount of help you need	3.38	.61
Help to improve your communication skills	3.56	.62
How helpful you find the content of the program	3.56	.72
How likely you will use what you learned in the program	3.63	.80
Overall how would you rate your experience in the program	3.81	.40

Note: Scale: 1 (Not at all) to 4 (Most positive)

Discussion

The present study explored the effectiveness of a socio-cognitive pilot demonstration program to improve the health and social psychological outcomes for grandmothers raising grandchildren using the theory of Selection, Optimization, and Compensation (Freund & Baltes, 1998) as a conceptual framework.

The results of this demonstration pilot study indicate that an intervention designed to support grandparents raising grandchildren in terms of grandparents' strengths using the constructs embodied by the Selection, Optimization, and Compensation (SOC) model may be a promising strategy to ameliorate negative outcomes of caregiving grandmothers (e.g., stress, anxiety) and to initiate changes in the grandmother-grandchild relationship. The trend toward improvement of grandparents' mental health (i.e., depression, anxiety) indicates that individually facilitated approaches to helping caregivers in the context of innovative theory-based strategies may have a positive impact on caregivers' ability to manage their relationship with their grandchildren. This result may be so to the extent that grandparent mental health and positive parenting strategies are related in producing positive dyadic outcomes (see Smith & Dolbin-MacNab, 2013; Smith, Palmieri, Hancock, & Richardson, 2008).

Additionally, as many of the session-specific indicators of goal-setting success predicted post-program grandmother depression, caregiver strain, caregiving satisfaction, and anxiety, these findings suggest that selecting goals and devising strategies to meet such goals may be beneficial for grandparent caregivers. At the same time, some pre- and post-program data, as well as correlational findings, indicate that efforts at goal implementation may have frustrated many grandmothers, suggesting that this component of the program deserves greater emphasis in the future.

These data however also suggest that such improvements in grandchild relationship quality may be negatively impacted by goal-setting. It may be that relationship quality and associated grandchild behaviors may have been undermined by changes in the grandmothers' behavior borne of her more positive emotional well-being and the very act of setting new goals for themselves (e.g. greater efforts at self-care, improving one's communication skills with others), disrupting everyday routines and interactions with the grandchild (see Table 1). Certainly, the energy they formerly invested into dealing with the demands of caregiving and managing a grandchild's behavior may have been redirected toward self-care.

It thus seems important to separate personal mental health benefits and relationship-related outcomes in studying the impact of goal-setting and communication skills enhancement in grandmother caregivers, wherein improvements in one are not paralleled by improvements in the latter. More effort may be required not just to set but also to implement goals that benefit oneself *and* one's relationships with a grandchild. This mixed picture of program effects is paralleled by earlier research investigating the impact of a randomized assignment to treatment versus control conditions in a psychoeducational intervention study where grandparent psychosocial functioning was positively impacted, yet participants were sensitized to factors over which they had little control (e.g. others' expectations of them, discrimination by service providers or school personnel) (Hayslip, 2003). These dual outcomes thus require future research in the context of the potential benefits to grandmothers personally versus their relationship with a grandchild in terms of goal-setting and communications skills.

It may be that the nature of the goal-setting process, as well as the nature of the goals themselves (e.g., being unrealistic or better seen as long-term in nature), may have disrupted grandmother-grandchild relationships in this sample, resulting in decreased stability/predictability and the introduction of new routines/time constraints for the grandchild. Consequently, lessened stress as a function of goal-setting may come at the cost of restructuring one's relationship with a grandchild, to which many grandchildren might react negatively. Consistent with this interpretation is the finding that grandmothers' proactive beliefs about their caregiving abilities lessened over time, suggesting that such changes may sensitize grandmothers to the limits of their own proactivity.

These findings argue for a more comprehensive understanding of empowerment via goal-setting in light of the potential impact of grandparent-grandchild dynamics (see Cox, 2008). We interpret this pattern of findings as requiring a greater emphasis on goal implementation, setting more realistic goals, differentiating short term versus long-term goals, and assigning goals for one's self versus those for a grandchild, stressing the relational context in which any program designed to impact grandfamilies should be understood.

Not only might grandmothers feel more frustrated with the relative lack of success they experienced in implementing the goals they had set for themselves, it might also be the case that grandmothers were not fully invested in the goal-setting process, undermining their success in implementing them. A greater emphasis on both goal-setting and goal implementation in the context of a program of greater duration may be key to yielding findings reflecting success in goal-setting. Our findings, despite the positive personal impact on grandmothers, therefore, suggest that goal implementation was not successful for some grandmothers and that estimates of goal-setting parameters over three sessions need to be examined over a longer time frame. In this respect, many of the goals set here revolved around respite, self-improvement, and reducing isolation; these likely take time to implement and are subject to a variety of barriers that need to be identified and overcome. Having success in implementing set goals may further one's faith in the fact that such goals are indeed important and achievable. This finding underscores the priority assigned to manage the demands of caregiving via *goal-setting* and the importance of *goal implementation* in reaching caregiving-related and personal well-being goals.

Limitations of the Present Study and Implications for Future Research

This demonstration pilot project was limited in important design and sample aspects that may have hampered its full potential to observe benefits of the multiple components of the SOC-based program (e.g., the small size of the current sample hampering generalization and

undermining statistical power, the lack of a comparison group, the lack of a long-term follow-up). Yet, this study produced important information and knowledge that may be valuable in learning how to better utilize the strengths of grandparents to address the challenges of providing care to their grandchildren.

In understanding and interpreting these findings the following influences thus bear on the strength and value of the programmatic effects found here: 1) the small size of the sample ($N = 16$) influencing the statistical power of our analyses; 2) the number of statistical tests performed in concert with the small sample rendered findings as relative weak statistically (as per *Bonferonni* corrections) that would otherwise have been deemed as statistically significant ($p < .05$); 3) the selective nature of the sample which was somewhat biased in terms of socioeconomic status, level of education, and ethnicity, hampering the generalizability of findings; 4) given the nature of this demonstration project, we lacked a control group against which to compare the intervention; and 5) only immediate post program findings are available.

Ultimately, these concerns merit further work to document more effectively the impact of a goal-setting/communication skills-based intervention that *also* emphasizes more strongly the implementation of one's goals. Such an effort would serve to empower grandmothers in light of the many challenges they face in tending to their own well-being and in productively raising their grandchildren. A promising avenue for future research would place a greater focus on goal implementation with an additional emphasis on the identification of barriers in concert with a longer program required to achieve these outcomes. Goal-setting may be but one avenue toward grandparent empowerment, complemented by the acquisition of skills to improve communication, stress management, and child behavior management *as well as* goal implementation as a means of empowering custodial grandmothers. Nevertheless, the emphasis on goal-setting per se, though it likely parallels notions of grandparent empowerment (Cox, 2008) in the context of SOC theory, is unique to the present demonstration project, in contrast to the above-reviewed grandfamily intervention literature.

The increasing number of grandparents raising grandchildren demands our attention and underscores the need to provide assistance to grandparent caregivers in terms of training them not only to refresh intergenerational skills (communication styles, positive parenting), but also to develop appropriate and effective strategies associated with the setting of personally meaningful goals for themselves (see also Hayslip & Fruhauf, 2019). The SOC theory guided approach of this intervention addressed the latter by focusing on grandparents' needs and prioritizing their areas of improvement to proceed with the development of specific goal-setting and goal attainment strategies that are appropriate for each priority of the grandparent. In doing so, grandparents can improve their ability to plan and anticipate actions that are conducive to enhance their relationship with a grandchild as well as being able to better access support from others and/or to communicate effectively with professionals and family members.

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*Research Article***A Pilot Study: Baseline Educational Achievements of Children Raised by Grandparents in a Kinship Care Program**

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Abstract

This pilot study reports the baseline data of a prospective longitudinal study examining the educational achievements of grandchildren being raised by grandparents in parent absent homes. The baseline data includes 117 grandchildren in grades K-12 in two school districts in a Southeastern state. School records reporting 2,230 grades were examined for grade point average (GPA) and attendance for K-12 and conduct in grades K-5. Many of the grandchildren achieved A/B averages. There were no significant differences between gender, pre-care experiences, placement by welfare agencies, or paternal involvement across years of schooling. GPAs were lower in the grandchildren who had been exposed to drugs in-utero across the school trajectory in math, language arts, science, and conduct.

Keywords: kinship, grandparents, educational achievement, children in out of home care, foster care

Promoting academic success and well-being for children in foster care remains an important societal issue that crosses national borders (O'Higgins, Sebba, & Luke, 2015). Academic success in school can be a positive counterbalance for trauma experienced by children and youth in foster care. Of the over 400,000 U.S. children in foster care, there are 270,000 school age children. Although a relatively small subgroup comprising only 0.5 percent of students nationwide, children in foster care require the greatest need for academic support and services (U.S. Department of Education [ED] and U.S. Department of Health and Human Services [HHS], 2016).

Poor educational outcomes in this at-risk subgroup as compared to school age peers not in care include academic achievements and performance (Barrat & Berliner, 2013; Berger, Cancian, Han, Noyes, & Rios-Salas, 2015; O'Higgins, et. al., 2015; O'Higgins, Sebba, & Gardner, 2017; National Working Group on Foster Care and Education (NWGFCE), 2018; Wiegmann, Putnam-Hornstein, Barrat, Magruder, & Needell, 2014), academic growth (Clemens, Klopfenstein, Lalonde, & Tis, 2018), and school engagement (Bramlett, Radel & Chow, 2017; Radel, Bramlett, Chow, & Waters, 2016). Children in foster care are twice as likely to be absent

from school (Zorc et al., 2013), to have repeated a grade (Radel, et al., 2016; Zima et al., 2000), change schools, and receive special education services (NWGFCE, 2018; Radel et al., 2016). Furthermore, children in foster care demonstrate more school behavior problems, have higher rates of expulsions (Kothari et al., 2018; Zima et al., 2000), experience lower graduation rates (Barrat & Berliner, 2013), are more likely to obtain a graduate equivalency diploma (GED), and have lower postsecondary education enrollment and completion (NWGFCE, 2018).

Pre-care traumatic histories have been found to partly explain some of the differences for children in foster care (Szilagyi, Rosen, Rubin, & Zlotnik, 2015; Turney & Wildeman, 2016). To date, the documented literature acknowledges controversy in finding a direct effect of a child being in foster care and poorer educational achievement outcomes (Maclean, Taylor, & O'Donnell, 2018). Furthermore, statistical significance in relation to the degree and strength of the relationship between a child being in foster care and educational achievement outcomes have been difficult to measure (O'Higgins et al., 2015). There are more positive educational outcomes for children in foster care when confounding variables and pre-existing or pre-care experience risk factors are addressed. Poorer educational achievement outcomes are more likely associated with higher levels of adverse childhood experiences and pre-foster care experiences such as maltreatment and poverty rather than a child being in foster care (Berger et al., 2015; Maclean, Taylor, & O'Donnell, 2017).

Placement Types

The number of traditional foster care homes for abused and neglected children is declining. Inversely, the number of children in kinship care in the U.S. (18%) grew six times faster over the past decade than the number of children placed in foster care (3%) (Ellis & Simmons, 2014; Connolly, Kiraly, McCrae, & Mitchell, 2017; The Annie E. Casey Foundation, 2017). When children are placed in foster care, family or other kin is generally the best alternative for permanency, and to maintain family ties and culture. Many states' child welfare agencies are recognizing kinship care as a valuable alternative to placing children in traditional foster care, group homes, or residential care. For every one child in formal kinship care (placed by welfare agencies), there are 19 children being raised by grandparents and other relatives outside of the formal foster care system (Generations United, 2018).

Grandparent-headed households are one of the fastest growing family forms in the country, particularly in the South and Southwest states (Ellis & Simmons, 2014). In the U.S., over 2.5 million grandparents are responsible for their grandchildren's care (Generations United, 2018) with over 1 million children living with grandparents with neither parent present (Ellis & Simmons, 2014). Caregiving commonly exceeds five years and often occurs while grandparents are still in the workforce. Almost 20% of these households live below the poverty level and as such, grandparent kinship care households often lack adequate financial resources and require the greatest social and community service support (Generations United, 2018; Kelley, Whitley & Campos, 2011; Littlewood, Strozier, & Whittington, 2014; Littlewood, 2015).

Grandparent Kinship Program

Recognizing the need to support grandparents providing kinship care, a grant funded home and community-based support services program began in 1999 in a Southeastern state. Overtime, anecdotally, the team noticed how well the grandchildren were achieving academic benchmarks. One of the major foci of the grandparent kinship program (GKP) is to support grandparents with the education of their grandchildren. This effort includes helping grandparents to understand the educational system including support services provided by the school such as testing, counseling, and tutoring. Grandparents are provided with information and guidance on accessing resources outside of the school setting that support academic success. The grandparent program coordinator may attend Individual Educational Plan (IEP) meetings with grandparents to help them through the process of identifying problems or needs their grandchildren may be facing in the classroom, as well as identifying solutions to those problems.

Purpose and Aims

The purpose of this pilot study is to describe the first-year baseline data of a prospective longitudinal study examining the educational achievements of children being raised by their grandparents in a formal support program. The study seeks to expand the evidence for the educational outcomes of children in kinship care, as well as to strengthen the understanding of the relationship between children raised by grandparents in parent-absent homes and educational achievement. The baseline aims are: (1) to determine educational achievement of children in grades K through 12, (2) to describe school attendance patterns, and (3) to report the K through 5 conduct grades.

Methods

Design/Measurements

One-year baseline data for a prospective longitudinal study of school performance for grandchildren being raised by grandparents are reported. Baseline educational achievement variables include academic course grades and school attendance patterns for grade levels Kindergarten (K) through 12th grade, and school conduct grades for K through fifth grade. Other variables of interest included demographic information about the grandchildren and grandparents, previous pre-care experiences, placement characteristics and parental involvement.

Sample/Setting

The sample included school records from 117 grandchildren between the ages of 5 to 17 in grades K through 12 of primary education (most records from first grade, $n = 84$) in two Southeastern school districts. Records included end of year report cards (or final report cards) for a total of 570 completed school years. Report cards included final grades on both core and elective subjects, and the number of absences for the school year. Records also included final conduct grades ($n = 424$) for K through fifth grade.

Grandchildren. At the time of the study, the average age of the grandchildren was 12.82 years (range 7 to 27 years). There were 52 (44.4%) boys and 65 (55.6%) girls. The average age of a child when placed into grandparents' care was 3.94 years. At the time of placement, 34 (29%) of the children were of school age. Only 30 children were already in a school system prior to placement; four children, although age appropriate, missed K when they were with their parents. Eleven of these school age children transferred from out of state into grandparent care.

The grandchildren were mostly black (90%) and female (55.6%). Children were in the care of grandparents primarily due to parental drug and alcohol abuse ($n = 50$) and child maltreatment ($n = 48$). Child maltreatment included children who were identified as being abused, neglected, abandoned, and exposed to domestic violence. Other reasons for grandparent care included parental incarceration ($n = 3$), parental mental health problems ($n = 6$), parental death ($n = 8$), and parent was a teenager ($n = 2$) (Table 1). Eighty-three (71%) of the children began living with their grandparent at age 5 or younger. Twenty-nine (25%) of the grandchildren are the only child living in the home with another 53 (45%) living in homes with three or more grandchildren. Of the 88 grandchildren living in homes with multiple grandchildren, one has a different mother than their sibling and 15 have a different father than their sibling. There were no cousins in the homes in this baseline data collection.

Table 1
Grandchildren Demographics

Reason In Care		Pre-Care History	
Abandonment	16	Open CPS* Case	65 (56%)
Abuse	6	Placed By CPS*	54 (46%)
		Placed in Foster Care by CPS*	18 (15%)
Alcohol	3	Placed with GP** without CPS* involvement	63 (54%)
Domestic Violence	4	Comorbidities	
Drugs	47	Mental Health (MH) Diagnosis	35 (30%)
Neglect	22	Medication for MH	29 (25%)
Parent's Death	8	Counseling for MH	26 (22%)
Parent's Incarceration	3		
Parent's Mental Health	6	Asthma	26 (22%)
Teen Parent	2	Diabetes	1 (.01%)
		Hearing Loss	1 (.01%)
		Prenatal Drug Exposure	8 (.07%)
		Seizure Disorder	1 (.01%)
		Sickle Cell Disease	2 (.02%)
		Spina Bifida	1 (.01%)

*Child Protective Services

**Grandparent

Age of Child When Placed		Maternal Involvement (N = 117)	
Birth	27	None	27
1 year	12	<1 per month	59
2 years	8	>1 per month	17
3 years	10	Deceased	10
4 years	13	Incarcerated	4

5 years	13		Paternal Involvement (N = 117)	
6 years	9			
7 years	8			
8 years	1		None	51
9 years	7		<1 per month	27
10 years	1		>1 per month	4
11 years	4		Deceased	4
12 years	3		Incarcerated	16
15 years	1		Unknown	15

Of the 117 children included in the study, 65 (56%) had an open case with Child Protective Services (CPS) prior to living with their grandparents. Of those 65 children, 18 (15%) were placed in the formal foster care system prior to being placed with their grandparents. Of the 117 children included in the study, 54 (46%) were placed with their grandparents by CPS, while grandparents assumed the care of the remaining 63 (54%) children on an informal basis without CPS involvement. Thirty-five (30%) of the children have a clinical mental health diagnosis including Attention Deficit Hyperactivity Disorder ($n = 21$, 60%); Oppositional Defiant Disorder ($n = 2$, .06 %); Post-Traumatic Stress Disorder ($n = 1$, .03%), depression ($n = 9$, 26%) and autism ($n = 2$, .06%). Twenty-nine (25%) are taking medications for their mental health diagnoses with 26 (22%) receiving counseling services. One grandchild has physical limitations related to a diagnosis of spina bifida. After placement, 100 (86%) of the children had low or no contact with their biological mother, while 113 (93%) had low or no contact with their biological father. Low contact was measured as less than one contact a month by phone or in person. Incarceration of parents included 16 fathers and four mothers.

Grandparents. There were 113 custodial grandparents caring for the grandchildren with an average age at time of placement of 52.28 years (grandmothers = 52.18 years, grandfathers = 52.44 years). Of the 117 grandchildren included in the study, 47% (55) were being cared for by a single grandparent, with four of the 55 being cared for by a single grandfather. Fifty-eight (50%) of the grandchildren lived in a household with at least one working grandparent ($n = 68$), while 18 (15%) lived in a household where both grandparents ($n = 15$) were working. Of the 113 grandparents, 68 (60%) were still in the workforce. Average length of placement in grandparent care was 8.73 years (Table 2).

Table 2

Grandparent Kinship Family Demographics

Number Of Grandchildren In The Home			Children Raised By	
1	29		Maternal Grandmother	39
2	35		Paternal Grandmother	7
3	26		Maternal Grandparents	51
4	15		Paternal Grandparents	11
5	11		Maternal Great Grandmother	3

6	1		Paternal Great Grandmother	2
Number of Siblings In The Home			Maternal Grandfather	4
			Work Status (113 Grands)	
1	35			
2	26		Full-Time	60
3	15		Part-Time	8
4 or >	12		Both Grands Working	15

Procedures

This study was approved by the institutional human subject review board. After consent, custodial grandparents were asked to request a copy of each child's permanent school records from the school each child attended and deliver the records to the research team. If grandchildren were ages 18 years or older, the consented grandchild was asked to request a copy of their own permanent school records from each school attended, subsequently delivering the records to the research team. The data was de-identified prior to examining the variables. The data collected from the school records included: (1) gender of the child, (2) completed school year grade(s) attended at the time of data collection, (3) academic grade for each of the four core subjects—language arts, math, social studies, and science, (4) number of school absences per year, and (5) conduct grades for K through 5.

Records were categorized into K through 5th grade; 6th through 8th grade; and 9th through 12th grade to create congruency between the school districts from which the population was sampled. The core variable “language art” included grades in reading, English, and literature. The math variable included grades in algebra, geometry, and calculus, while the social studies variable included history, geography, government and civics, economics, and American government. The science variable included grades in earth science, physical science, life science, astronomy, geology, hydrology, evolution, and biology. Parental involvement was categorized as yes = any involvement or no = none, deceased, or incarcerated.

Analysis

Analysis of all data was performed using the Statistical Package for Social Sciences (SPSS) 25th version. Chi square tests were performed to test the association between variables of interest with a level of 0.05 significance.

Results

Study Aims

Aim 1—Educational Achievement. Core subject grade point averages (GPA) were calculated with A = 4 points, B = 3 points, C = 2 points, D = 1 point and F = 0 points. The core subjects were comprised of language arts, mathematics, social studies, and science. The overall core GPA for grandchildren in grades K through 5 was 3.11 ($n = 424$); for 6th through 8th grade 2.48 ($n = 100$), and for 9th through 12th 2.92 ($n = 46$). These GPAs were calculated on 2, 230 grades collectively from the 570 records (Tables 3 and 4).

Table 3

Grandchildren Demographics from School Records: All Core A/B Grades; Days Absent, and Conduct A/B Grades

School Year	School Variables		
	All Core A/B %	Days Absent from School	Conduct A/B %*
K (n = 76)	90.2%**	5.4 days	79.2%
1 (n = 84)	92.4%	4.1 days	91.8%
2 (n = 80)	90.1%	3.7 days	81.5%
3 (n = 72)	82.6%	2.9 days	90.3%
4 (n = 62)	85.9%	3.2 days	88.7%
5 (n = 50)	79.5%	3.6 days	92.0%
6 (n = 41)	67.0%	3.2 days	-
7 (n = 35)	60.7%	3.8 days	-
8 (n = 24)	71.9%	4.0 days	-
9 (n = 16)	48.4%	3.2 days	-
10 (n = 14)	62.5%	5.7 days	-
11 (n = 9)	91.7%	3.3 days	-
12 (n = 7)	92.8%	2.7 days	-

Note. *Conduct grades not given after grade 5.

** Missing data for 30 records for some of the core grades.

Table 4

Grandchildren Core Grade Point Averages and Conduct Grade Point Averages*

School Year	Number of students	Language Arts - GPA	Math - GPA	Social Studies - GPA	Science - GPA	Conduct - GPA**
Kindergarten	76	2.88	2.87	2.96	3.85	2.79
1 st Grade	84	3.45	3.39	3.68	3.69	3.42
2 nd Grade	80	3.35	3.14	3.49	3.57	3.31
3 rd Grade	72	3.11	3.03	3.14	3.39	3.38
4 th Grade	62	3.06	2.94	3.08	3.47	3.32
5 th Grade	50	3.14	3.02	2.9	3.12	3.56
6 th Grade	41	2.78	2.71	2.68	2.61	---
7 th Grade	35	2.57	2.46	2.57	2.57	---
8 th Grade	24	2.67	2.71	2.79	3.00	---
9 th Grade	16	2.38	2.25	2.06	2.19	---
10 th Grade	14	2.57	2.79	2.93	2.5	---
11 th Grade	9	3.22	3.44	3.11	3.44	---
12 th Grade	7	3.57	3.43	3.57	3.29	---

Note. *Grade Point Averages = GPA, **Conduct grades not given after grade 5.

Aim 2—School Attendance. Of the attendance recorded across the years of data collected, there were 88 instances of no absences. On average the grandchildren in grades K through 5 ($n = 424$) were absent 3.80 days; grades 6 through 8 ($n = 100$), 3.69 days; and grades 9 through 12 ($n = 46$), 3.72 days (Table 3).

Aim 3—Conduct Grades. Using the same scale as for core subject grade calculation, the conduct grade for grades K through 5 were calculated. For grandchildren in grades 6 through 12, conduct grades were not given. The average conduct grade for K through fifth grade ($n = 424$) was 3.30 (Tables 3 and 4).

Associations with Variables of Interest

Educational achievement and absences in grades K through 12, and K through 5 for conduct, were examined for associations with gender, in-utero drug exposure, pre-care, placement by Child Protective Services (CPS), and parental involvement. Significant associations with gender were found in absences from K and first grade (Table 5 for χ^2 statistics); conduct in K and second grade; and course content in social studies for grades 5 and 6. In K, boys were more likely to be absent and have lower conduct grades and this finding is seen in first grade absences and second grade conduct. Boys had lower GPAs in fifth grade and sixth grade social studies.

Parental involvement had few and varying significant associations (Table 5). Maternal involvement was significant only for social studies in grade 6. Paternal involvement or lack thereof was only significant for absences in K, first grade science, and fourth grade social studies. When mothers were involved, the grandchildren did better in sixth grade social studies. Whereas when the fathers were not involved, the grandchildren were absent less in K, did better in first grade science, and did better in fourth grade social studies.

Placement by CPS with the grandparent was significant for math in grade 2 (Table 5) as well as absences in grade 2. For those grandchildren placed by CPS, their GPAs in second grade math were lower than their peers, yet, they were less likely to be absent than their peers in the second grade. Significant associations were found between pre-care in fostering situations with K social studies; grade 2 math; grade 3 math and science; grade 4 math; and grade 5 math. Grandchildren who had experienced foster care prior to placement with their grandparents performed better in school than their peers who had not been in foster care prior to placement in K social studies, grade 2 math, grade 3 math, grade 3 science, grade 4 math, and grade 5 math.

Drug exposure in-utero was associated with grade 4 language arts; grade 5 language arts, math, science, and conduct; and grade 6 science (Table 5). Grandchildren who were exposed in-utero to drugs consistently had lower GPAs than their non-exposed peers.

All core classes were combined as was absences and conduct grades. There were no significant differences between genders, pre-care, placement by CPS or paternal involvement across years of schooling. However, significant associations were found with maternal involvement and in-utero exposure (Table 5). Maternal involvement across time was important for social studies, with higher GPAs in grandchildren who had maternal involvement. In-utero exposure to drugs was associated with math, language arts, and science. Across all grades K through 5, in-utero drug exposure was associated with conduct as well. GPAs were lower in the grandchildren who had been exposed to in-utero drugs across the school trajectory in math, languages arts, science, and conduct.

Table 5
*Characteristics of Grandchildren and Variables of Interest with Significance**

Variables	Association with Variable	<i>n</i> (%) Categorical Result	GPA	χ^2 Value**	df	Asym Sign (2 Sided)
Gender Boys = 52 (44.4%) Girls = 65 (55.6%)	Kindergarten Absences (<i>n</i> = 76)	Boys - 31 (40.8%) Girls - 45 (59.2%)		25.265	15	.046
	Kindergarten Conduct (<i>n</i> = 76)	Boys - 31 (40.8%) Girls - 45 (59.2%)	2.65 2.89	11.292	3	.010
	Grade One Absences (<i>n</i> = 84)	Boys - 35 (41.7%) Girls - 49 (58.3%)		26.469	14	.023
	Grade Two Conduct (<i>n</i> = 80)	Boys - 37 (46.3%) Girls - 43 (53.8%)	3.11 3.49	9.318	3	.025
	Grade Five Social Studies (<i>n</i> = 50)	Boys - 20 (40%) Girls - 30 (60%)	2.65 3.07	10.174	4	.038
	Grade Six Social Studies (<i>n</i> = 41)	Boys - 15 (36.6%) Girls - 26 (63.4%)	2.47 2.81	8.414	3	.038
Biological Mother's Involvement with Child (N = 117)	Grade Six Social Studies (<i>n</i> = 41)	Yes = 23 (56.1%) No = 18 (43.9%)	2.57 2.83	8.439	3	.039
	All Social Studies Core (<i>n</i> = 116)	Yes=75 (64.7%) No=41 (35.3%)	2.93 2.76	14.010	4	.007
Biological Father's Involvement with Child (N =107)	Kindergarten Absences (<i>n</i> = 76)	Yes = 21 (27.6%) No = 55 (72.4%)		24.780	15	.025
	Grade One Science (<i>n</i> = 84)	Yes = 25 (29.8%) No = 59 (70.2%)	3.96 2.52	9.806	2	.007
	Grade Four Social Studies (<i>n</i> = 62)	Yes = 15 (25.8%) No = 46 (74.2%)	2.80 3.17	9.772	4	.044
Was the Child Placed with Grandparent's by CPS (N = 57)	Grade Two Math (<i>n</i> = 80)	Yes=32 (40%) No=48 (60%)	3.03 3.17	10.508	4	.033
	Grade Two Absences (<i>n</i> = 80)	Yes=32 (40%) No=48 (60%)		24.881	13	.024
Was the child in Foster Care Before	Kindergarten Social Studies (<i>n</i> = 45)	Yes=6 (13.3%) No=39 (86.7%)	3.16 2.92	7.008	2	.030

Being placed with Grandparent (N = 18)	Grade Two Math (n = 80)	Yes=12 (15%) No=68 (85%)	3.83 2.99	10.546	4	.032
	Grade Three Math (n = 72)	Yes=13 (13%) No=59 (81.9%)	3.76 2.88	11.196	4	.024
	Grade Three Science (n = 72)	Yes=13 (18.1%) No=59 (81.9%)	4.30 3.25	8.403	3	.038
	Grade Four Math (n = 62)	Yes=12 (19.4%) No=50 (80.6%)	3.75 2.72	13.203	5	.022
	Grade Five Math (n = 50)	Yes=13 (26%) No=37 (74%)	3.54 2.84	8.723	3	.033
In-Utero Exposure to Drugs (N = 8)	Grade Four l Language Arts (n = 62)	Yes=5 (8.1%) No=57 (91.9%)	2.00 2.90	23.788	4	.000
	Grade Five Language Arts (n = 50)	Yes=4 (8.0%) No=46 (92.0%)	2.50 3.20	8.786	3	.032
	Grade Five Math (n = 50)	Yes=4 (8.0%) No=46 (92.0%)	1.75 3.13	15.466	3	.001
	Grade Five Science (n = 50)	Yes=4 (8.0%) No=46 (92.0%)	1.50 3.26	26.708	4	.000
	Grade Five Conduct (n = 50)	Yes=4 (8.0%) No=46 (92.0%)	2.75 3.63	15.300	3	.002
	Grade Six Science (n = 41)	Yes=4 (9.8%) No=37 (90.2%)	1.50 2.73	13.146	4	.011
	All Math Core (n = 117)	Yes=8 (6.8%) No=109 (93.2%)	1.88 2.81	10.040	4	.040
	All Language Arts Core (n = 110)	Yes=7 (6.4%) No=103 (93.6%)	1.71 2.97	14.100	4	.007
	All Science Core (n = 116)	Yes=7 (6.0%) No=109 (94.0%)	1.71 3.03	20.761	4	.000
	All Conduct K-5 th (n = 106)	Yes=6 (6.4%) No=100 (94%)	2.67 3.42	13.466	4	.009

Note: * Variables with non-significance available upon request due to volume

**Pearson Chi-square value

Discussion

The first-year demographic data of children being raised by their grandparents enrolled in a formal support program are consistent with the characteristics of kinship families in the literature. Grandparent kinship caregivers are older at the time the grandchild entered the home, as well as being more likely to be non-Hispanic black, female, and still in the workforce. Grandparents provide care for more than 5 years and are raising more than one grandchild. The literature also reports grandparent kinship providers are usually of lower socioeconomic status and as a whole have lower educational levels (Harrington & Kandic, 2017; Hayslip, Fruhauf, & Dolbin-MacNab, 2017). The study population reflects the geographic area in which the study was conducted where most study children (91%) reside, mean household income of \$39,430, poverty rate of 23.7%, 83% of residents with a high school education, and 34.4% with a bachelor's degree or higher. The racial composition of the geographic area includes 56.7% black, 38.2% white, 5% Hispanic, 1.8% multiracial, and 1.8% Asian (Quick Facts, 2018).

Similar to the literature, grandchildren are entering into kinship grandparent care at younger ages (Font, 2014) with more than 80% of the grandchildren in this study placed in grandparent care at an average age of 3.94 years and before the formative education years. The reasons why the study grandparents are raising their grandchildren mirror the findings in the literature including child abuse/neglect and parental drug/alcohol abuse in order to keep grandchildren out of foster care (Ellis & Simmons, 2014). The study findings also reflect the growing trend of social problems related to parental substance use and abuse (Generations United, 2018); of the 27 grandchildren placed at birth with grandparents 8 were exposed to drugs in utero.

School Performance

The baseline data of the grandchildren's school performance in the four core subjects of language arts, mathematics, social studies, and science over the trajectory supports the research teams' anecdotal findings of the grandchildren achieving academic success. The majority of the grandchildren achieved A/B averages. In contrast to our findings, children in kinship care were found to have decreased reading scores (Font, 2014) and lower success in academic achievements for grandparent kinship households (Solomon & Marx, 1995). Unlike the literature, study children with previous foster care placements had higher GPAs; however, it was a small sample (NWGFCE, 2018; O'Higgins et al., 2017).

The age and timing of the child's development when placed into the grandparents' care may have served as protective factors for educational outcomes. In this sample, 71% of the grandchildren were under 5 years of age when placed in the grandparents' care, and thus prior to school entry. This finding may be suggestive that grandparent kinship care providers value and support grandchildren school preparedness, learning, and successes similar to findings of Littlewood et al. (2014).

Across the entire school trajectory, gender associations were not found. Girls performed just as well as boys. However, gender associations and educational achievements in the literature have been mixed depending on the type of placement studied. In a systematic review examining foster and kinship care populations, no significant gender differences on cognitive, reading, or math test scores were identified, yet other studies in the review found that girls outperformed boys on varied educational achievement measures such as reading and school performance (O'Higgins et al., 2017).

As a whole, grandchildren in this study were present at school. On average grandchildren K through 12 missed less than four days during a school year even when confounding factors were considered. This result is in contrast to the literature findings that report increased risk for higher levels of absenteeism for children in out-of-home care and for those children experiencing more frequent school changes (NWGFCE, 2018; Zorc et al., 2013). These sample populations are reported as aggregate populations of children in out-of-home care rather than disentangling out-of-home care placement types. The attendance associations found in this study conceivably could be related to placement stability and permanency of the study population (Winokur, Holtan, & Batchelder, 2018). Additionally, while attending school, the study grandchildren have better conduct grades. Grandparents may be serving as a role model for their school age grandchildren by articulating the importance of receiving an education and making school attendance a priority (Hayslip et al., 2017).

Our finding that exposure to drugs in utero had negative associations with academic achievements reflects the literature (Ross, Graham, Money, & Stanwood, 2015). The grandchildren exposed to drugs in utero had lower educational achievement especially in the math, language arts, and sciences and in grades K-5 lower conduct grades.

There is a significant amount of published research and literature on the poorer educational achievements for children in foster care, however, less is known about children placed in care with relatives. Results of the grandchildren's final grades for K through 12th grade, their attendance patterns, and conduct grades for K through fifth grade expand the limited evidence of the relationship between children raised by grandparents in parent-absent homes and educational achievement. Early secure and loving attachments are fundamental for a child's future success, especially during critical periods of brain development and educational instruction (Hagan, Shaw & Duncan, 2017; The Annie E. Casey Foundation, 2013). The baseline data suggest that these children in grandparent kinship care have favorable educational achievements even with pre-care adverse childhood experiences.

Limitations and strengths

A limitation of this pilot study includes the small cohort sample size of academic records; therefore, the findings may not be generalizable. However, the study is novel in that quantitative academic grades, attendance patterns, and conduct grades are analyzed. Another limitation is that data was not collected on grandparent(s) socioeconomic status or educational attainment which may have been mitigating factors for the results of our study.

A strength of our study is that we have examined educational achievements for grandparent kinship care households. This data may provide support for why grandparents may be an optimal choice for kinship placement.

Future directions

Over the past two decades, a vast amount of national and international attention concerning grandparent kinship care has resulted in important changes to policy, program development, and interventions that support the health and well-being of these grandparents. Undoubtedly, grandparent well-being is key to maintaining the caregiver role and providing a safe, nurturing, and loving home for the grandchildren in their care. With the increase in children being placed in the care of grandparents, this study provides a baseline to understanding school age grandchildren development toward positive academic achievements.

The current kinship care literature highlights deficiencies in methodology, selection bias and lack of objective measurements for reporting school age children academic achievements (O'Higgins et al., 2017; Winokur et al., 2018). Research recommendations highlight the importance of utilizing objective measurements and quantifiable longitudinal data captured from school age children report cards, transcripts, or academic archived databases to improve the strength of the studies (Maclean et al., 2018). Other data collected should include graduation rates for grandchildren and completion of post-secondary education. A better understanding of the factors impacting educational achievements for grandchildren being raised by grandparents, in parent absent homes will support future practices of care for this vulnerable population.

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Practice Brief

Planning and Presenting a Yearly Informational Conference for Grandfamilies

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Abstract

This practice brief describes the planning and implementation of a local yearly conference for grandparents raising grandchildren. The conference was first held in 2002, and today is offered by a task force consisting of Area Agency on Aging staff, grandparents, Human Service program staff, representatives of various provider agencies and organizations, and academics from a local university. This practice brief describes funding, venue, logistics of the conference day, topics of most interest over the years, and the challenge of reaching grandfamilies. Also described is how evaluation by grandparents has helped the conference evolve to remain relevant and meaningful for grandfamilies today.

Keywords: grandfamilies, conference planning, task force, Public Law No: 115-196

In July 2018, the *Supporting Grandparents Raising Grandchildren Act*, was passed into law by the 115th United States Congress (Public Law No: 115-196, 2018). A focus of the law is to establish a federal task force/advisory council to identify how states, agencies, and organizations are best supporting grandfamilies, and to disseminate this information to the public. A key finding reported during Senate hearings was that “Grandparents would benefit from better coordination and dissemination of information and resources available to support them in their caregiving responsibilities” (Senate Bill 1091- 4, 2018, section 2, Findings, #7). Although no funding appropriation is attached to this legislation, the Council will conduct outreach that gives states, agencies, organizations, and grandparents opportunities to provide information on best practices, and other recommendations that could help grandparents raising grandchildren.

Passage of this bill reflects what local service providers have long observed: there are increasing numbers of grandparents who have sole responsibility for raising their grandchildren, and in addition to love, this “off-time” parenting role may result in financial hardship, social isolation, inability to obtain policy-based resources or engage with the schools if not legal custodians, lack of mental and emotional help for the children, and complications of parenting due to grandparent health (e.g., Dunifon, Ziol-Guest, & Kopko, 2014). In response, some service providers have already stepped up to form coalitions that support grandfamilies in their

communities. This practice brief describes how one community coordinates to support grandfamilies, with information that could be useful to the new Federal Advisory Council as well as to other communities.

The strategy of bringing together representatives from various helping agencies and organizations is how our community targets local grandfamily needs. The Grandparents Raising Grandchildren Task Force idea was initially sparked by personnel in the local Area Agency on Aging (AAA), which brought together individuals representing a number of community agencies and organizations. Over the years the task force has consisted of local Area Agency on Aging staff, grandparents, local university personnel, county extension personnel, independent service providers for older adults and children, and representatives from the county Department of Human Services, including adult protective services, kinship services, and the family caregiver coordinator. The task force is currently chaired by the AAA information and assistance coordinator. Since its formation, members of the task force meet once per month to touch base on grandfamily experiences each has observed, as well as to plan supportive activities, including facilitated support groups, informational events, and social events where grandfamilies (including the children) may get together.

This practice brief describes how a local community has implemented an annual conference for grandparents who are raising their grandchildren, in part through support offered through the Older Americans Act. The conference addresses grandfamily needs for information about topics of concern and an in-person gateway to resources in the community.

Planning the Annual Conference

The goal of the Grandparents Raising Grandchildren Task Force annual conference is to provide expert speakers who have information about topics of importance for grandfamilies, as well as a place for local agencies and organizations relevant for grandfamilies to meet in person with attendees to give information about their services. Conference planning takes place at monthly meetings, with each task force member contributing ideas for topic speakers and resources from their respective areas of expertise. Funding for the Task Force and its activities is allowed for grandfamilies from the Older Americans Act National Family Caregiver Support Program (ACL Administration for Community Living, ND., Yagoda, 2002), under Title 111-E, which allows resources for adults age 55 and older who provide care to children under the age of 18. The local AAA allots a part of these financial resources for the conference. Task force members are also adept at engaging local businesses for donations of refreshments, gift cards, and other items given as door prizes or giveaways during the conference day.

The first year of the conference was held in a local recreation/senior center that had enough room to hold 100 people, as well as several smaller rooms for concurrent sessions and for community resource providers to set up exhibit tables. This venue also had a kitchen, convenient for preparing refreshments and serving lunch, which included donated refreshments, as well as items purchased with funds from the Task Force budget. There was no charge for use of this venue from 2002-2013.

There were two conferences a year for the first few years, one in fall and one in spring. In 2014 the task force mailed a “How Can We Help?” survey to grandparents in local support groups, as well as to those who had attended prior conferences. The survey was also sent to any other known grandfamilies in the county through their engagement with task force member agencies. The purpose of the survey was to ask grandparents their views on current resources for grandfamilies, including the annual conference. Results showed that a one-day conference was

preferred to two and the most convenient time for attending would be mornings, because grandparents needed to collect grandchildren from school in the afternoons. They also liked the original senior center location where the first events were held, mainly because it was a familiar location. Unfortunately, that venue became too expensive in 2014, and the conference has moved among several other venues that cost little or nothing and have meeting rooms, free parking, and kitchens. Venues after 2014 included a business building in the community and church meeting halls, all of which received positive feedback from attendees.

Getting the Word Out

The greatest challenge in presenting the conference is how to find grandfamilies in addition to those already affiliated with the AAA or their support groups. Task force members often have custodial grandparents they serve in their own agencies, and these are referred to the grandfamily support system. However, outreach to the community at large, i.e., grandfamilies not affiliated with any helping organization, remains difficult. Analysis over the years shows that the majority of attendees learn about the conference through attending AAA grandparent support groups and Human Services kinship groups. Other ways they learn of the event are by contacting AAA Information and Assistance initially for other reasons, or through case management personnel and family or friends. Fewer than 5% reported that they attended based on advertising in the newspaper.

The Conference Day

The conference day begins with registration at 8:30, then light refreshments and a keynote speaker, followed by time to visit with community resource providers. The keynote speaker is selected based on his or her expertise and engaging presentation style. The keynote topic is usually related to grandfamily relationships, as that subject is consistently of interest each year. Throughout the planning process, task force members seek door prize donations from community businesses and services. These prizes are given throughout the conference day, which provides a great deal of fun and a short break from some of the heavier topics covered in the sessions. Donated door prizes include gift cards for groceries and gas, as well as children's toys, school supplies, and tickets to family entertainment venues. Centerpieces of flowers or plants are also given as door prizes so that someone at every table is sure to get something. A provided lunch is held between concurrent sessions, and the day ends by 2:30.

Community Providers: The Resource Roundup

In order to provide as much information as possible in one day, we invite various nonprofit agencies and organizations to bring information about their services. A separate room is set up with tables, and each year agencies (n=12-18) bring personnel who visit and share materials about their services with grandfamilies at a time set aside for that activity between presentation sessions. Grandparents have expressed appreciation for learning about supportive services all in one place and being able to meet face to face with individuals who work in those organizations. Attendee evaluations suggest the community resources most grandfamilies plan to connect with after the conference include county social services, grandparent support groups, the county AAA, legal assistance, financial help, medical care for grandchildren, the library district for homework help, counseling and strategies to manage family relationships and conflict, education mentoring, and activity programs for the children. Attendees indicated they were less

likely to seek out resources that had high or ongoing costs or would require a great deal of long-term grandparent commitment to a resource, such as 4H involvement.

Expertise: Sessions and Presenters

In past years, attendees could choose among several concurrent sessions according to their particular interests. Conference topics are chosen by task force members based on current research on the most pressing grandfamily issues, task force member observation of needs of those whom they serve, and most importantly, grandparent suggestions and requests for information. Presenters are found through task force member contacts and outreach with local professionals and practitioners, including law enforcement, human and social services, private and public sector counselors and program facilitators, university faculty, school district personnel, university extension specialists, legal services, and others. Over the years, evaluation results consistently show four themes about which grandparents are interested in learning; 1) how to deal with difficult family relationships, 2) how to help grandchildren emotionally, 3) keeping grandchildren safe, and 4) how to find community-based resources and information, including financial and legal assistance, health care for grandchildren, working with the schools, and emotional support for themselves.

A short, anonymous written evaluation is collected from attendees at the end of each conference and used for planning future conferences. Results consistently indicate that all topics covered in the sessions have been of some interest to most attendees. The most successful sessions are those led by high-energy presenters, who get attendees involved in discussion or activities during the presentation. This personalization has been done in various ways. For example, a presenter may ask attendees to write down their most pressing difficulty about being a parent, then randomly choose several responses to address during the session. Another presenter came in character as “Supernanny” and engaged attendees in strategies to handle specific discipline difficulties with their grandchildren. In a stand-out session, a local school security officer gave a straightforward presentation on strategies to keep grandchildren safe and out of trouble at school.

Demonstrating specific strategies to deal with problems yet balancing that with time for audience questions is a characteristic of successful sessions. The least successful sessions were those that relied on 45 minutes of informational lecture with no opportunities to address questions from the audience. For example, many of today’s grandparents have heard of, but aren’t knowledgeable about cyberbullying, and successful conference sessions on this topic have included asking attendees to briefly describe their concerns. The engaging presenter addresses those specific concerns and then follows with information on how to spot cyberbullying, who to contact, and what might be done at home about it. Another highly rated session had adults who had been raised by their grandparents as children come and speak about their appreciation for grandparents who had loved them enough to take them out of difficult parent situations. The end of this session consisted of tears and hugs all around, with some grandparents commenting that connecting with these successful adults was comforting and inspiring and gave them more confidence that they were doing the right thing for their grandkids.

Revising the Conference to Meet Preferences

The conference day has evolved over the years. Evaluation surveys indicated that attendees had difficulty choosing which concurrent sessions to attend because they were interested in all of them. Accordingly, the format was changed so that all grandparents would attend each session together. Even though some of the sessions are not applicable to all grandparents (e.g., a session focused on teen relationships with parents was not as relevant for those who were raising toddlers), we found that because many of the same grandparents attend for several years, most topics become relevant to everyone over time. This format also allows grandparents, not all of whom attend support groups, more opportunities to visit with each other and share information and experiences. Time to visit with each other informally is now built into the conference day, as we observed how much attendees enjoyed this time together, especially those who were new to raising their grandchildren. The conference day was also shortened to accommodate grandparents needing to pick up grandchildren from school, and today, the conference ends after lunch, by 1:30 PM

Conclusion and Implications

In the United States, grandfamilies are not generally considered a “normative” family structure (Hicks Patrick, Stella Graf, Nadorff, & Hayslip, 2015), and formal community infrastructures have been slow to develop accessible resources, especially for informally constructed grandfamilies (Dunifon et al, 2014). Although recognition is now occurring at the legislative level, direct financial support for grandfamilies, when available at all, is still a matter of complex navigation through existing social and human service systems that were not created to accommodate this family structure. That is the next step that needs to take place. In the meantime, communities that recognize needs other than financial may come together to provide grandfamilies with a source of recognition for what they do and provide creative resources on a local level.

An implication of this practice brief is that service providers who find themselves working with grandfamilies may use this example to reach out to individuals within other agencies and organizations in the community who are willing and able to include grandfamilies in their services or able to carve out specific services for grandfamilies. Support groups, social events, and informational conferences are only a few of the ways that task forces or coalitions may come together to support grandfamilies. The annual grandfamily conference described herein continues to provide valuable information and support for the grandparents raising grandchildren in our community. This conference is among the various other events and resources offered to families, which include contact points with AAA programs, support groups, a summer get-together, and a holiday party for grandparents and their grandchildren. The conference is a more formal event, and attendees have told us that they appreciate their concerns being taken seriously enough to warrant a special day of topics relevant for grandfamilies, along with the chance to learn, to visit with each other, to exchange ideas, and to know that they are not alone.

Although resources for grandfamilies are available in some communities, it remains difficult to reach out to and find local grandfamilies as yet unaffiliated with agency or organizational support. The passage of the *Supporting Grandparents Raising Grandchildren Act* at the Federal level in 2018 may bring nationwide attention on grandfamilies to the public, for example, through media. The federal task force/advisory council will gather and disseminate findings on best practices in communities, such as the conference described in this practice brief.

With such national attention, more agencies and organizations may find a public more aware of and in support of resources for grandfamilies.

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National Research Center on Grandparents Raising Grandchildren

Mission

Our mission is to improve the well-being of grandparent-headed families by promoting best practices in community-based service delivery systems, and to advance the work of practitioners and scholars in the development, implementation and evaluation of new knowledge and services in the field.

Core Beliefs

Grandparents contribute to the preservation of family systems when taking on the responsibility of raising their grandchildren. Grandchildren, as well as all children, deserve to be loved and cherished in safe and nurturing families. Parents should have primary responsibility for their children, but when they are unable/unwilling to assume that role, grandparents should be given the resources and support to assist them in managing parental responsibilities. Generally, communities are better served by grandparents taking on the custodial care of their grandchildren, when needed.