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GrandFamilies: The Contemporary Journal of Research, Practice, and Policy

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GrandFamilies: The Contemporary Journal of Research, Practice and Policy

Submission Deadline: November 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.

The editors of GrandFamilies invite authors to submit manuscripts that examine new or emerging theoretical conceptualization or applications related to grandparent-headed families, practice methodologies, program evaluation, and policy perspectives. International authors with work that expands global knowledge and understanding about custodial grandparents are encouraged to submit. We are particularly looking for papers that address the COVID-19 pandemic.

Manuscript Formats:

- Full articles (20-page max, double-spaced)
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Manuscripts that go over the page limit may not be reviewed. Page limits exclude references, tables and figures.

All manuscripts should follow the electronic publication format found in the APA Style Guide at http://www.apastyle.org/. Authors must acknowledge that the submitted content has not been published in other peer-review journals or online open access sources.

Completed manuscripts should be sent via the journal website at: http://scholarworks.wmich.edu/grandfamilies/

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

Affiliated with the National Research Center on Grandparents Raising Grandchildren http://www.wmich.edu/parenting/
# GrandFamilies: The Contemporary Journal of Research, Practice, and Policy

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A Word about COVID-19…

Our country is currently experiencing a historic pandemic that is creating considerable loss and adjustments for everyone in our society. COVID-19 has changed the way we work, play, and interact as a community; doing the ordinary is no longer prescribed. As such, the editors of GrandFamilies: The Contemporary Journal of Research, Practice and Policy believe we need to take notice of how this astounding event is affecting one of our nation’s most vulnerable, but durable family groups – grandparents raising grandchildren.

While we are busy trying to settle our own families and friends to make sure they are safe, let’s also consider grandparent-headed families during this challenging time. As practitioners, researchers, and decisionmakers working on behalf of these families, we are keenly aware how grandparents have always stepped up to the plate to assume care for their grandchildren, not just because they had to, but because they wanted to. Stepping up to the plate has often meant they experience major financial stress from limited income, causing many grandparents to move out of retirement to return to work on a full- or part-time basis. However, the recent economic decline associated with the coronavirus has created another financial threat from work layoffs, furloughs and temporary suspensions, sometimes without pay. Money will be tight for many families as they struggle to pay the rent/mortgage, utilities, and food.

As our nation contends with the major task of developing and distributing testing kits to groups most at risk for coronavirus, know our grandparents should be included in that listing. If they do not receive priority testing, regardless of age, grandchildren could experience another life trauma and disruption in their young lives. For many grandchildren, their grandparents’ care and nurturance is their only source of stability. To lose that stability will undoubtedly increase the risk of more children needing to enter the foster care system.

Presently, social distancing is important as we work to fight this terrible outbreak. But we must also find innovative ways to stay connected to our communities, be ready to test new service delivery models and establish new criteria for program and policy standards to keep families whole and stable. Battling the coronavirus may not be a short term event; it may require longterm solutions from interdisciplinary groups of providers, including social workers, healthcare workers, business and religious leaders, as well as our elected officials. We recognize success may come in small doses, yet we encourage using GrandFamilies as a primary resource to share novel approaches to service delivery, and original research findings to advance policy decisions. Promoting global understanding of grandfamilies is our goal as a journal; ensuring the wellbeing of these families should be everyone’s vision.

Be safe.

The Editors

GrandFamilies: The Contemporary Journal of Research, Practice and Policy
Research Article

Thematic Dimensions of Grandparent Caregiving: A Focus Group Approach

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Abstract

The present study involved 75 grandparent caregivers (M age = 59) who participated in focus groups targeting their needs and concerns relevant to raising their grandchildren. Based upon a qualitative analysis of group session notes reliably cross referenced across 3 observers, the following themes emerged: 1) Isolation, disenfranchisement, and marginalization with regard to others, 2) Difficulty in dealing with and frustration with the adult child whose child one is raising, 3) The need to be able to cope with one’s own emotions and life situation, 4) Difficulties in coping with the emotional, interpersonal, or behavioral problems of the grandchild, 5) Getting competent, trustworthy, and affordable child (day) care/respite care, 6) Frustration with service providers, 7) Ignorance of what social, medical, psychological, and legal services are available or difficulty in affording or accessing such services, 8) Challenges in managing other life stresses that are superimposed upon or consequences of the demands of raising a grandchild, 9) A lack of legal standing as the grandchild’s caregiver, and 10) A lack of parenting skills and knowledge about child development. Discussed here is the fact that these thematic concerns expressed by grandparent caregivers have a number of implications for grandfamilies’ mental and physical health, access to services, the lessening of isolation and stigmatization among such persons, and the design and implementation of interventions for them.

Key words: grandparent caregivers, resilience, parenting, coping, focus groups
The Challenges of Raising Grandchildren

Ample evidence supports that the number of grandparents who are caring for their grandchildren is far from trivial; nearly 6 million grandchildren are being cared for on either a part-time or full-time basis by nearly 3 million middle aged and older persons (Generations United, 2015; U.S. Bureau of the Census, 2006). While some of these grandparents co-reside with their adult children and the grandchild they are caring for, others do so in the absence of any assistance from their adult children, wherein the adult child plays no active role in the care of the grandchild. The latter are referred to as skipped generation in nature (see Hayslip et al., 2017; Hayslip & Kaminski, 2005; Park & Greenberg, 2007).

Despite their dedication to the welfare of their grandchildren, many custodial grandparents report feeling isolated from age peers, experience a variety of physical and emotional challenges associated with caregiving, feel judged through microaggressions (Yancura et al., 2016) by others because of their perceived failure as parents, or experience shame linked to the stigma of having to raise their grandchildren (Hayslip et al., 2015). The latter is especially relevant because of the divorce, imprisonment, or parental failures of their adult children (Park & Greenberg, 2007), wherein their adult child has used drugs or has physically and/or emotionally abused the grandchild(ren). Likewise, many such grandchildren feel estranged from the parents who had formerly been raising them, and/or experience difficulties in connecting emotionally with the caregiving grandparent(s). Grandchildren also experience feeling different from their age peers whose parents are still raising them (Shore & Hayslip, 1994) and disproportionately suffer from emotional, social, and physical problems relative to non-skipped generation households (Smith et al., 2008). The detrimental effects of being raised by a dysfunctional parent can put these grandchildren at risk for difficulties equivalent to those of children in foster care families (Shakya et al., 2012).

The net effect of these factors is to disenfranchise both grandparents and grandchildren, causing many to feel discriminated against from micro-assaults (Yancura et al., 2016), powerless, and invisible (Wohl et al., 2003). This results in significant numbers of grandparents and grandchildren not seeking out or receiving the help that they need in the form of access to and availability of a variety of medical, social, legal, and psychological services. Consequently, they either fail to ask for help or are difficult to reach regarding what needs and services they require because they have either come to rely on family or friends for support, or have become disenchanted with available services and service providers (Carr et al., 2012). This is especially critical because grandparents often ignore their own needs for service in favor of those for their grandchildren (see Baker & Silverstein, 2008) and often suffer in terms of their own self-esteem (Hayslip & Shore, 2000; Musil et al., 2009).

With the above issues in mind, the present study utilized a focus group methodology approach to document and explore thematic issues relating to grandparent caregivers’ needs for information, barriers to getting help, and experienced difficulties in raising a grandchild giving rise to their needs for information, help, and support.

Theoretical Aspects of the Present Study

The present study’s goal of exploring thematic issues particular to grandparent caregiving can be understood in the context of multiple theories guiding the design and implementation of support services for family caregivers as discussed by Montgomery et al. (2016). In this respect, a focus on the variability across persons in grandparent caregiver needs and the conditions giving rise to them, as well as barriers to seeking help, is consistent with the Behavioral Health model of
Understanding unmet needs and barriers to getting help, and any healthrelated or psychosocial consequences, is also important in light of the stressors faced by grandparent caregivers as well as with grandparents’ efforts to cope with such stress and get social support, where social support is viewed as a mediator of the caregiving stress-outcome relationship (Montgomery et al., 2016). Each of these components is a key feature of a stress process model of caregiving espoused by Lazarus and Folkman (1984) and by Pearlin et al. (1990).

As grandparents are consumers of a variety of medical, legal, and social services, Empowerment Theory (Hooyman et al., 2016) and relatedly, the Consumer-Directed Theory of Empowerment (CDTE, Kosciulek, 2005) are each relevant to the use (or non-use) of services, needs for information and social support, and quality of life-related outcomes associated with empowerment, all of which are central elements of CDTE. In effect, having knowledge and information about available services is empowering. CDTE suggests that in becoming aware of grandparents’ perceived barriers to getting needed help, their feelings about raising a problematic grandchild, the difficulties they face in renegotiating their relationship with the adult child, and their lack of connection to others in the community, practitioners can empower them, increase their self-efficacy and sense of personal control, and improve the quality of their lives (Hooyman et al., 2016; Kosciulek, 2005).

A variety of theories relevant to help-seeking behavior by older adults as reviewed by Wacker and Roberto (2016) are also relevant here. These theories incorporate person-related contemplative factors (e.g., labeling and assigning meaning to one’s needs), exploratory factors (e.g., identifying and determining one’s eligibility for services), and experiential-service-related factors (e.g., history of interactions with service providers).

As Wacker and Roberto (2016) note with regard to future research bearing on the use of services by older persons, “Researchers also must expand their efforts to understand how different types and levels of unmet needs present a unique set of characteristics that in turn influence intrapersonal and interpersonal considerations for seeking formal assistance” (p. 521). The present emphasis on unmet needs, conditions giving rise to them, and barriers to seeking help is consistent with this goal. These varied theoretical perspectives bear on issues and concerns among grandparent caregivers that are the foci of the present study and impact such persons’ roles as caregivers and their often complicated relationships with both service providers and their adult children.

**Rationale Underlying the Focus Group Approach in the Present Study**

Focus groups as a means of uncovering information about custodial grandparents’ needs have many advantages in that they are an excellent source of qualitative data regarding the process by which individuals access available services. Importantly, they provide the opportunity for persons who would not be comfortable in expressing their feelings and attitudes in an one-on-one or questionnaire format to be able to do so in the presence of other grandparent caregivers. Relatedly, they encourage persons to attend to processes rather than to only focus on outcomes (Barbour, 2006; Berkowitz, 2009; Goebert, 2002; McNamara, 2009). Thus, as focus group data may allow us greater in-depth understanding of what grandparent caregivers are facing, and in contrast to interviews and surveys, they provide a needed source of qualitative information about grandparent caregiving. Indeed, the literature on grandparent caregiving is largely void of data gathered via focus groups (see for reviews: Hayslip & Kaminski, 2005; Hayslip et al., 2017; Park
Consequently, given their advantages, this approach has the potential to yield a more finely grained understanding regarding grandparent caregiving, especially as it relates to grandparents’ unmet needs for information and help, areas of difficulty giving rise to such needs, and barriers to getting help.

Consistent with the observations of Montgomery et al. (2016), the present study’s findings are especially relevant to the design and implementation of interventions targeting grandparent caregivers and/or service providers. This is important in that the evidence regarding efficacious interventions for custodial grandparents is sparse (see Hayslip & Fruhauf, 2019; Hayslip et al. 2017; McLaughlin et al., 2017), wherein recommendations regarding design and implementation that are more directly linked to a more finely tuned understanding of such persons’ needs would be quite valuable. The present study’s findings are thus quite relevant to improving the well-being of grandparents and their grandchildren.

Method Sample and Procedure

A total of 75 grandparent caregivers living in North Central Texas participated in eight focus groups, led by the first author, which ranged from four to 10 grandparents in size, and were between one and two hours in length. They were all led by the first author and were held at separate community-based locations familiar to each grandparent. Grandparents for the most part, attended the focus group closest to them geographically. Grandparents learned of a given focus group through senior center announcements and notices placed in both church bulletins and local newspapers, specifying that the purpose of the focus group was to learn about grandparent caregivers’ needs for information, help, and services. For his or her participation, each focus group participant received a restaurant gift card and information regarding self-care and grandparent caregiving in general developed by the first author. This included information was supplemented by access to websites pertinent to grandparent caregiving such as those of the Brookdale Foundation, Generations United, or the American Association of Retired Persons Grandparent Information Center.

Twenty-six grandparents resided in a rural county in North Central Texas, while 49 lived in an urban area. The distinction between older persons being served who resided in either an urban and rural area was on the basis of the joint criteria of population density and distance from the largest town/major metropolitan city (i.e., Dallas, Texas) (see also Texas County Map with Administrative Cities, geology.com).

Demographically (see also Hayslip et al., 2018), most participants were in their mid-50s ($M = 58.68, SD = 7.70$), female (83%), married (53%) or either single or separated (32%), Caucasian (75%) [versus being African American (18%) or Hispanic/ of other ethnicity (7%)], and among those who provided such data, still employed either full-time or part-time (93%), and earned at least $50K annually (37%). Most grandparents rated their health at present as fair to good ($M = 3.08, SD = 1.04$, where 1 = poor and 5 = excellent), and most indicated that their health had either not changed or had worsened somewhat over the last year ($M = 2.85, SD = .57$, where 1 = much worse and 5 = much better). They had been raising one grandson for three years or less, considered themselves to be the grandchild’s full-time caregiver, and were in a skipped generation (where the adult child parent was absent) family.

There was substantial variability in the reasons for assuming care, where in many, but not all cases, grandparents had assumed care due to the drug/alcohol abuse, incarceration, or mental/emotional disorder in the parent, parental incompetence (neglect or abuse) as determined by
the courts, or abandonment of the child by one or both parents. In a minority of cases, the parents had divorced, had died, or were either in school or serving in the military.

**Responses to Survey Based Open-Ended Questions/Focus Group Notes**

Three open-ended questions were completed by focus group participants. These were located at the end of a quantitative survey whose findings have been published separately (Hayslip et al., 2018). Answers to both the quantitative and open-ended questions had been requested by the funding agency, and each set of questions addressing them was developed by the first author. These quantitative questions included 1) 33 items of potentially unmet needs for support, information, and services, 2) 20 areas of difficulty giving rise to needs for information and help, and 3) eight barriers interfering with access to information, support, and services.

To be clear, the present qualitative findings were *in part*, based upon the three open-ended questions at the end of a survey: What are the major unmet needs that you have regarding information, help, and services? What difficulties that you have experienced underlie your needs for help, information, and services? What barriers do you face in getting information, help, and support?

In addition to the above open-ended response survey data, focus group note data were also examined, which was based on each focus group’s discussion of and response to the same three open-ended questions that each person had answered at the end of the quantitative survey. Notes were taken regarding grandparents’ elicited discussion following each of three questions asked by the group leader (the first author) which framed each focus group’s discussion. These questions were identical to those open-ended questions which had appeared at the end of the survey participants completed. In this case, handwritten notes were taken by the third and fourth authors and later transcribed independently of one another regarding what transpired during each focus group discussion.

Importantly, Hayslip et al. (2018) found no urban-rural grandparent caregiver differences in the above quantitative scores. Thus, the focus group discussion notes, as well as answers to the three open-ended questions at the survey’s end paralleling the three scales described above, were aggregated across rural and urban grandparent caregivers. These data formed the basis for the themes describing the experience of grandparent caregivers that is the focus of the present study.

**Derivation of Thematic Content**

The above open-ended responses to the questions at the survey’s end, as well as the transcribed handwritten notes from the focus groups, were examined, and major themes were initially derived by the first author based upon a detailed content analysis of these qualitative data. This thematic summary of the open-ended survey responses, as well as the transcribed notes were then presented to the third and fourth authors. Any areas of ambiguity in the written notes or the responses to the open-ended survey questions were thoroughly discussed among the first, third, and fourth authors, and clarified as necessary as they related to both the open-ended survey responses and focus group notes. In comparing the handwritten notes from the third and fourth authors, in order to be identified as a major theme below, each *must* have been present in *each* set of notes and present in grandparents’ open-ended survey responses to the three questions that guided the focus group discussions. Thus, the salience of a given theme was derived from a careful examination of the open-ended survey responses by the first author and supplemented by the presence of that theme in the written notes of the third and fourth authors, wherein strict criteria were utilized before a given theme was derived.
Based upon the above process for deriving understandable content pertinent to the present sample of grandparent caregivers, a number of themes were derived from both the open-ended responses to the three survey questions at the survey’s end, as well as from the notes of focus group discussions targeting these same three questions. These themes transcended needs for service, information, help, and support; areas of difficulty giving rise to such needs, and barriers to accessing such information, help, support, and services. These themes are both intrapersonal and interpersonal, cultural, or environmental in nature. We present them considering the three areas framing the focus group discussions.

**Results**

**Area I: What are Your Unmet Needs for Information, Help, and Support?**

1) **Isolation, disenfranchisement, and marginalization from others.** Many grandparents expressed anger, grief, and to an extent, some depression regarding “going it alone” in raising a grandchild. This isolation complicated access to service, contact with service providers, and in many cases, is costly in terms of travel expenses. For example, one couple who lived 25 miles from the nearest city (Greenville, TX) had to declare bankruptcy. For this reason they curtailed their trips to gain services/benefits (e.g., Medicaid, CHIPS, TANF) for their grandchildren. Many grandparents expressed a sense of “society turning its head away from grandparents raising grandchildren,” and many expressed anger and frustration at feeling stigmatized because of their newly acquired parental roles. This was especially true of grandparents who had, comparatively speaking, only recently assumed parental responsibility. Such persons are especially vulnerable versus those who have raised a grandchild for many years (e.g., since the child was an infant) and who have come to adapt to their situation. Such grandparents indeed can serve as resources/mentors for those who are “recently on the job.”

2) **Getting competent, trustworthy, and affordable child (day) care/respite care** was a major concern for many grandparents who were isolated, single, raising more than one grandchild, or who must work or are enrolled in school. It is to be noted that a lack of affordable respite/day care might also be considered to be a barrier to seeking help in that not being able to leave home to get help for oneself or one’s grandchild robs one of opportunities to access both family-related or professional help and assistance.

**Area 2: Situations Giving Rise to Needs for Information, Help, and Support**

1) **Difficulty in dealing with and utter frustration with the adult child whose child one is raising.** This is especially true for adult children who are irresponsible, unemployed, incarcerated, in and out of drug or alcohol rehab, or experiencing personal distress interfering with everyday life. In some cases, the adult child’s presence is disruptive to family routines and emotionally upsetting to both grandparent and grandchild. In this case, the frustration, urgency, and in some cases, the desperation of many grandparents was quite apparent in not only what they said, but how they said it. It was not uncommon to see grandparents express their anger and even their grief and sadness (i.e., by crying openly) at their situation regarding the adult child. Many grandparents, despite their frustrations with the adult child, expressed their grief for the loss of this relationship.

2) **Coping with one’s own emotions and life situation.** It was quite common to hear about situations such as: grandparents’ difficulties in dealing with emotional/physical strain;
anger at the adult child; resentment of the sudden and often unpredictable nature of having to take on parental responsibilities; resentment at having one’s future redefined, e.g., interruption of plans for retirement (“When am I going to be able to retire?; I hadn’t planned on this happening”); “being robbed of the opportunity to be dream grandparents”; not being given the opportunity to “spoil” their grandchild; and concerns about eventual health difficulties that would impact their ability to care for a grandchild. Other situations included resentment that they were not afforded the same financial benefits and consideration as foster parents, anger at unreasonable demands made by Child Protective Services (CPS) or being abandoned by CPS, guilt over having failed as parents, helplessness in the event of a child’s emotional and behavioral problems, grief over the death of the adult child or spouse, inability to answer the child’s questions about why he/she does not have a “normal family,” and displacement of anger toward the adult child or work stress onto the grandchild.

3) **Coping with the emotional, interpersonal, or behavioral problems of the grandchild.** Examples include bipolar disease, autism, OCD, ADD/ADHD, depression/acting out/displays of anger, susceptibility to peer pressure, sexuality, attachment disorder/separation anxiety, and special needs children. These issues are experienced as very stressful, and many grandparents expressed dismay over their inability to understand a grandchild’s problems, as well as frustration at being unable to either find help or afford such help for the grandchild.

4) **Managing other life stresses that are superimposed upon or consequences of the demands of raising a grandchild.** It was not unusual to hear couples admit that the stresses of raising a grandchild were negatively impacting their (in some cases, already unstable) marriage, that they were further strained financially, or that they had little “husband/wife time” or “personal time.” A few grandparents were not only caring for a grandchild, but also an older, ailing parent or a great-grandchild simultaneously. A common experience was for the grandparent to be facing his/her own health difficulties (arthritis, cardiovascular problems, kidney failure, lupus, cancer, diabetes), yet still having to deal with the many physical and emotional demands of caregiving for a grandchild. For some grandparents, issues of race and ethnicity were also stress factors if, for example, the grandchild was of a different race/ethnicity from the remainder of the family.

5) **A lack of parenting skills and knowledge about child development.** This was noted especially in matters of discipline and communicating with younger children whose values are different, are more computer savvy than the grandparent, or are resentful about being abandoned by the parent. In cases where grandparents were raising more than one grandchild, older children cared for younger ones in the absence of grandparents. A lack of parenting skills might be especially relevant to grandparents who are raising grandchildren with behavioral, social, or emotional difficulties (see Dolbin-MacNab, 2006; Hayslip & Kaminski, 2006; Hipple & Hipple, 2008; Smith et al., 2008, 2015).

**Area 3: Barriers to Getting Help**

1) **A lack of legal standing as the grandchild’s caregiver.** In many cases, grandparents do not have legal custody or even guardianship (and cannot afford to seek it). Consequently, they have difficulty getting medical care for a grandchild and registering him/her for school because they lack affordable, trustworthy legal representation in such matters.
2) **Either ignorance of what social, medical, psychological, and legal services are available for them or their grandchildren, or difficulty in affording or accessing such services.** This issue underscores the need for someone else to act as a “go between,” educator, resource person, or advocate to support grandparents’ relationship to social, legal, medical, or psychological/counseling service providers regarding questions with issues such as adoption, guardianship, disputes with Child Protective Services, or Medicaid.

3) **Frustration with service providers.** These providers are seen as either inexperienced, unhelpful, or biased. Grandparents expressed difficulty in getting answers and frustration in not being able to make decisions that they felt would benefit the grandchild, agencies’ losing paperwork, delays in processing paperwork, not getting reliable information, and being ignored by or talked down to by service providers (e.g., the Attorney General’s office, Medicaid, Social Security, Child Protective Services). This communicative orientation regarding grandparents has been termed “microaggressive” in nature (Yancura et al., 2016).

**Discussion**

These focus group data targeting grandparents’ needs and concerns relevant to raising their grandchildren yield important qualitative information about custodial grandparents’ feelings about themselves and their relationships with others, their interactions with service providers, and the many behavioral, emotional, and interpersonal challenges they must confront in raising their grandchildren. These focus group qualitative data do give us additional insight into the lived experiences of such grandparents and thus further enlighten us regarding the nuances of the challenges of raising a grandchild.

These findings also complement CDTE (Consumer-Directed Theory of Empowerment) in that they enhance practitioners’ awareness of grandparents’ perceived barriers to getting needed help, their feelings about raising a problematic grandchild, the difficulties they face in renegotiating their relationship with the adult child, and their lack of connection to others in the community. These dimensions of custodialgrandparenting are therefore relevant to efforts to improve service-related outcomes as embodied by CDTE. Armed with such knowledge, practitioners can, as per CDTE, empower grandparents, increase their self-efficacy and sense of personal control, and improve the quality of their lives (Hooyman et al., 2016; Kosciulek, 2005).

While disenfranchisement, isolation, and difficulties in accessing services are often experienced by such grandparents, their manifestations and impact on grandparents are unique (Baird, 2003). For example, the necessity of finding competent/trustworthy and affordable day care is unappreciated in terms of its emotional impact on the grandparent in deepening a sense of helplessness and marginalization, as are the emotional consequences of experiencing microaggressions in communicating with service providers (Yancura et al., 2016).

Importantly, sensitivity to how grandparents talk about their lives and the challenges they face in the presence of other caregivers can only be gained via being physically present, wherein expressing such (strong) feelings is impossible when one completes a survey or is interviewed by someone who is indeed, viewed as a stranger and/or who is seen as judgmental, given the stigma attached to raising a grandchild. Likewise, prolonged and unrecognized grief at the death of an adult child or in having to give up one’s dreams are unique and often overlooked aspects of grandparent caregiving (see Reed, 2000) that were revealed in focus group note data.
Also underappreciated is the impact of the myriad of psychosocial difficulties grandparents face, each with its own uniqueness in impacting grandparent-grandchild dynamics that require physical and emotional energy for managing the relationship (Hipple & Hipple, 2008). These findings are significant in that grandparents may feel the need to retain a sense of normalcy and consequently underestimate the emotional demands of raising a grandchild. Additionally in this respect, other underappreciated and uncommonly discussed issues emerged revolving around the impact of caregiving on marriages, self-care (see Baker & Silverstein, 2008), the demands of simultaneously caring for an older parent and a grandchild, and the need for advocacy/mentorship in managing the demands of raising a child when one is aged 50 and beyond.

Qualitatively, based upon open-ended responses to the survey as well as focus group notes, it should be noted that while the above themes tended to describe many grandparents, such concerns did vary in that not every grandparent expressed the same set of concerns. In this respect, it is important to note that the quantitative data gathered from this sample presented by Hayslip et al (2018) also reflect the variability across caregivers in measured needs for support, information, and help. Thus, for some caregivers, a given need may be most salient (e.g., getting respite care), while for others, other needs may be more central (e.g., personal/marriage counseling, help for a grandchild). Moreover, the manner in which discussing one’s unmet needs varied across grandparents, wherein some were resigned to their situation, while others were sad, angry, and/or more proactive in expressing their displeasure with service providers and their disappointment with the adult child whose child they were now raising. Consequently, the above themes do not necessarily apply equally to each grandparent caregiver.

It is important to note that the variability in the above themes can covary with factors outside individual persons. Such factors may be environmental or contextual (e.g. physical proximity to services, access to transportation, the nature of such services), or interpersonal in nature (the availability of social support, physical proximity to others, interactions with service providers) (see Conway et al., 2010).

Implications for Practitioners

In the context of the present qualitative findings, we advocate for a needs-based approach as a criterion for receiving help and services (see Neugarten, 1983). This stance underscores the wisdom of an approach which is personalized and yet generalizable across all targeted counties in this project, regardless of location (see Hayslip et al., 2018). This “one size does not fit all” approach argues for an individualized, person-to-person approach to understanding and meeting grandparent caregivers’ needs, and especially in dealing with their isolation, stigmatization, frustration, and disruption of social/friendship networks.

These findings give rise to several observations and recommendations regarding directions that policy makers and practitioners may want to take in meeting the needs of grandparent caregivers and their grandchildren. In some cases, these recommendations stress the development of information-based services, while in other cases, issues of access to services might be paramount: 1) identify or develop accessible and affordable activities programs for children of varying ages being raised by grandparents, and provide ongoing educational opportunities regarding child development and parenting (infants versus young children versus teenagers); 2) develop a voucher program for medications, transportation, respite care/child (day) care, legal representation; 3) capitalize upon/recognition the strengths and resilience of grandparents raising their grandchildren (see Hayslip & Smith, 2013); openly acknowledge the grandparent’s emotional connection, love, dedication, desire to provide the grandchild with a
stable home environment, optimism about the future, sacrifices, and pride in helping a grandchild whose parent is absent, ill, or deceased; 4) create a county-specific reference/clearinghouse for information about services that would advocate for grandparents, coordinate information access and services in a timely manner, help grandparents cut through administrative delays and red tape, improve access to affordable legal advice and help, and organize and schedule social activities for grandparents and grandchildren, wherein churches and senior centers can help in coordinating or providing needed services, support, information, and help (see Rhynes et al., 2013); 5) create a grandparents’ “hotline” that one could rely upon as a starting point in getting one’s questions answered, getting needed referrals, providing information, or getting case management for medical, psychological, or social services; 6) target vulnerable grandparents—those who are single, isolated, ill, those raising more than one grandchild, caring also for an ill family member, and those who are male caregivers; 7) make available community-based and accessible resources for mental health services for grandparents and grandchildren, wherein adapting a proactive stance toward getting grandparents to take advantage of such services for themselves and their grandchildren, as is providing information about mental health services to enhance attitudes toward receiving seeking help; 8) develop county-wide, but geographically centrally based within each county support group/opportunities to connect with other grandparents. Many of these goals might be achieved via a monthly email or mailed newsletter or access to an online support groups (e.g., via Facebook) to enhance communication and information access as well as provided needed social support.

Implications for Interventions with Grandfamilies

Regarding interventions, we suggest the development and implementation of Empowerment Training (Cox, 2000), providing Grandparents Raising Grandchildren Fact Sheets (Brintnall-Peterson et al., 2009) or providing resourcefulness training (Zausniewski & Musil, 2013) to help grandparents develop skills that can benefit themselves and their grandchild (e.g., enhancing knowledge about parenting and child development, assertiveness training, becoming a more skilled consumer, self-care, setting boundaries with an adult child). Relatedly regarding interventions, we also recommend developing and continually emphasizing access to parenting skills training for grandparent caregivers (see Smith et al., 2008; Smith et al., 2015, 2018), especially for those raising for children with emotional and behavioral problems (see Hayslip et al., 1998) or those raising multiple grandchild.

Beyond the above recommendations, these focus group findings underscore the need for the development and implementation of theory-based interventions simultaneously targeting grandfamilies, service providers, and the public at large (see Hayslip & Smith, 2013). Likewise, such interventions could not only be inoculative in nature (e.g., by helping grandparents who are at risk for raising a grandchild develop self-care and coping skills in advance), but also focus on building/capitalizing upon grandparents’ strengths (i.e., resilience, see Hayslip, et al, 2013) or resourcefulness (Musil et al., 2019), rather than focusing solely on alleviating distress. Indeed, one might conceptualize focus groups themselves as a form of intervention, emphasizing mutual support, the license to express oneself openly and spontaneously without shame and/or fear of being judged by others (see Baird, 2003), and the development of a proactive mindset toward solving problems and setting personal goals to be achieved (Montoro-Rodriguez & Hayslip, 2019).

From an intervention perspective, to better serve grandparent caregivers, service providers should continually be updated on all resources available within the community that will help
meet the individualized needs of persons thrust into this role. In this light, using a systems perspective to organize how services can best be provided based on the circumstances surrounding the grandparent caregiver may be helpful (Fruhauf et al., 2015). This adoption of a less siloed process of providing services and information for grandparent caregivers would help to minimize the impact of many of the thematic issues revealed via this focus group approach, enhancing our understanding of the needs of grandparent caregivers.

Limitations of the Present Study

One must acknowledge the relative smallness of the sample of grandparents in the current focus group project and the fact that our findings may not generalize to grandparents in other geographic areas where the physical distance between persons may be greater and/or where services are either less available or less accessible. Moreover, these findings do not address the salience of culture (see Montoro-Rodriguez & Ramsey, 2019) in understanding grandparent caregivers. In this respect, a post hoc analysis of the quantitative data reported by Hayslip et al., (2018) indicated race/ethnicity to differentiate grandparents’ psychometrically assessed unmet needs for information, support, and help, wherein surprisingly, Caucasian grandparents reported greater degrees of unmet needs than did either African Americans or Hispanics ($F_{1,73} = 4.96, p < .05$). This suggests that to an extent, culture may have impacted at least some grandparents’ perceptions of their unmet needs. As the focus group data were collected and taken in a manner that did not allow for the identification of ethnicity, the contribution of race/ethnicity to the present qualitative findings remains unknown. As grandparents were assured of anonymity in introducing those present who were taking notes on each focus group’s discussion, no identification of individuals along any dimension was possible; to do otherwise would have violated IRB approval criteria.

The Value of Focus Groups with Grandparent Caregivers

We feel that the data presented here addressing the thematic dimensions of custodial grandparenting are indeed valuable and complement in part what we have learned on the basis of larger scale quantitative work (see reviews: Hayslip & Fruhauf, 2019; Hayslip & Kaminski, 2005; Hayslip et al., 2017; Park & Greenberg, 2007; Tang et al., 2015). Additionally, these findings suggest that focus group methodology is no less sensitive to the dynamics of grandfamilies than is an orientation emphasizing a more psychometric approach to such issues. That the two approaches complement one another attests to the universality of the difficulties facing grandparent caregivers and to the challenges that they face (see Fruhauf & Hayslip, 2019; Hicks-Patrick & Hayslip, 2003). Both large scale psychometric/secondary data-based approaches, as well as labor-intensive focus group approaches, thus have equal validity in this respect and indeed are necessary to fully understand grandfamilies’ functioning.

References


Texas County Map with County Seat Cities. Geology.com. https://geology.com/countymap/texas.shtml


http://scholarworks.wmich.edu/grandfamilies/vol3/iss1/6

Research Article

Parenting Challenges of Grandparents Raising Grandchildren: Disciplines, Child Education, Technology Use, and Outdated Health Beliefs

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Abstract

BACKGROUND: As of 2015, approximately three million children in the United States were being raised primarily by their grandparents. This study aims to examine, in a large national sample, to what extent grandparents raising grandchildren (GRGs) have difficulty with discipline and meeting their grandchild’s educational and social needs, find computers/other technology challenging, and subscribe to outdated health beliefs.

METHODS: An anonymous online parenting questionnaire was administered to GRGs recruited through state and local grandparent support groups and elderly service agencies.

RESULTS: 733 grandparents that self-identified as the primary caregiver of one or more grandchildren met inclusion criteria. 56.5% of GRGs reported difficulties with discipline, and 19.1% believed corporal punishment to be an appropriate method of discipline. Approximately a third of GRGs reported difficulties with their grandchild’s education, social and recreational activities. Nearly a third of GRGs did not find using their grandchild’s school website or portal to be easy; those who had difficulty were more likely to experience difficulties registering their grandchild for school ($\tau = -0.127$, $p = .007$) and were less likely to feel that teachers maintained adequate contact ($\tau = .242$, $p < .001$). A large percentage of GRGs subscribed to outdated health beliefs, such as scrapes healing better if they are not covered with a bandage (64.0%) and ice baths being an appropriate treatment for a fever (39.8%).

CONCLUSION: GRGs encounter significant parenting challenges, owing to generational differences. Healthcare providers and other professionals should provide GRGs with anticipatory guidance to ensure grandchildren’s needs are properly met.

Keywords: parenting, education, discipline, technology, health beliefs
In recent years, the number of children being raised by grandparents in the U.S. has increased substantially, from 2.5 million children in 2005 to 2.9 million children in 2015 (Wiltz, 2016). Moreover, from 1970 to 2012, the number of children living in grandparent-headed households nationwide has almost doubled (Ellis & Simmons, 2014), and, according to the U.S. Census Bureau, 6.1% of American children under the age of 18 lived in the home of their grandparents in 2019 (U.S. Census Bureau, 2019). The placement of children in non-parental care has recently begun to increase, driven partly by the opioid epidemic (Young, 2016), forcing grandparents to assume the full-time care of their grandchildren. Indeed, it is estimated that over a third of all children who were removed from their homes in 2014 due to parental drug and alcohol use were placed with relatives (Generations United, 2016) and recent increases in the number of grandfamilies and “skipped generation families” have been largely attributed to parental substance use (National Abandoned Infants Assistance Resource Center, 2004).

Challenges Facing Grandfamilies

Although grandparents raising grandchildren (GRG) often report an increased sense of purpose from assuming the care of their grandchildren (Lent & Otto, 2018), parenting a grandchild without adequate support can pose significant challenges to the well-being of elderly primary caregivers such as GRGs, including psychological and emotional distress (Caputo, 2000; Fuller-Thompson et al., 1997; Peterson, 2017), physical health problems (Neely-Barnes et al., 2010; Peterson, 2017; Yoo & Russell, 2020), and added financial burdens (Hayslip & Kaminski, 2008). In addition, children living in grandparent-headed households with parents present are also twice as likely to be living in poverty than children in parent-headed households with grandparents present (Fields, 2003). Researchers have also reported higher incidences of behavioral and emotional problems among adolescent grandchildren in custodial grandparent care relative to other low-income youths (Smith & Palmieri, 2007).

Despite a growing body of literature documenting challenges specific to GRGs and their grandchildren, few studies have focused on parenting challenges arising from generational differences which uniquely affect GRGs. A notable concern regarding GRGs is that some parenting practices, educational settings, and health beliefs may have changed since the time when grandparents raised their own children decades earlier. Specifically, GRGs may have difficulties with maintaining discipline, meeting their grandchildren’s educational and social needs, adapting to the extensive use of computers and other technology by schools, and safely caring for their grandchildren’s health.

Discipline and Limit-Setting

Although grandparents are traditionally allowed to “spoil” their grandchildren, effective limit-setting and discipline techniques are essential for grandparents assuming a primary parenting role. Based on qualitative reports, GRGs report showing greater leniency towards their grandchildren than they did towards their own children (Sampson & Hertlein, 2015) and tend to experience problems with discipline at home (Robinson & Wilks, 2006). Moreover, a quarter of GRGs identify discipline and/or emotional problems of their grandchildren as secondary stressors (Giarrusso et al., 2000). In addition, although corporal punishment has become less common in recent years, it was tacitly accepted and more widely practiced in the past (Zolotor et al., 2011), suggesting that older caregivers may be more likely to use corporal punishment in the household.
since older caregivers were more likely to have practiced corporal punishment when raising their own children. While custodial grandparents have not been shown to differ from parents regarding their belief in the use and value of corporal punishment (Hayslip & Kaminski, 2005), the extent to which endorsement of corporal punishment and difficulties with discipline are associated with the ages of GRGs has yet to be evaluated.

**Academic and Social Challenges**

Educational settings and expectations have changed substantially in the past several decades, potentially precluding GRGs from meeting the complex educational and extracurricular demands of their grandchildren. Research has shown that children raised by custodial grandmothers lag behind their peers in the development of reading and quantitative skills (Pittman & Boswell, 2007). According to Strom & Strom (2000), most GRGs are unsure how to best support their grandchild’s learning and feel alienated when attending parent-teacher association meetings with younger parents. Some GRGs may also encounter challenges when registering their grandchildren for school due to lack of legal guardianship status (Silverstein & Vehvilainen, 2000).

Multiple studies have suggested that GRGs may face unique social challenges. In particular, the demands of the parenting role may isolate GRGs socially from peers who do not have similar caregiving responsibilities (Ehrle & Day, 1994; Giarrusso et al., 2000). Additionally, GRGs often report that they have little in common with the parents of their grandchild’s friends (Ehrle & Day, 1994), which may result in feelings of discomfort when meeting social needs of grandchildren, such as attending birthday parties and extracurricular activities. It remains unclear to what extent GRGs feel that they are meeting the educational and social needs of their grandchildren, and which specific challenges are most commonly encountered by GRGs. Additionally, even though the academic and social demands of children increase in complexity as children advance from primary to secondary education, it has yet to be evaluated whether the academic and social challenges of caregiving are different for grandparents raising grandchildren in primary school relative to those raising children in secondary school.

**Computer and Other Technology Use**

Although Internet use among older adults in America has steadily increased from 14% in the early 2000s to 67% in 2017 (Anderson & Perrin, 2017), lack of confidence in learning new technology and lack of trust in the Internet among older individuals often leads to apprehension of online activities (Gatto & Tak, 2008; Githens, 2007). Furthermore, older adults are more likely to need additional time and to make more mistakes when performing computer tasks (Lee et al., 2011). Additionally, the costs of owning a computer and purchasing Internet access have been cited as the key constraints limiting computer use in older adults (Carpenter & Buday, 2007; Lee et al. 2011), an issue which may disproportionately affect grandfamilies living below the poverty line (Baker & Mutchler, 2010). Even though many schools have embraced the use of computers for school registration, student learning, and teacher communication in recent years, it remains unclear the extent to which barriers related to technology use make it difficult for GRGs to effectively meet their grandchildren’s educational needs; it is also unclear how strongly caregiver age is associated with barriers related to technology use which may preclude meeting grandchildren’s education needs.
Health beliefs

Another parenting challenge subject to generational differences that GRGs may encounter is outdated health beliefs. Many health guidelines have evolved since GRGs were raising their own children several decades ago, such as proper sleeping positions for infants (Engelberts et al., 1991), so it is possible that older caregivers are more likely to follow outdated guidelines or practices. The extent to which GRGs subscribe to outdated health beliefs, which may pose unnecessary risks to their grandchildren’s well-being, is presently unknown.

In our study, using a national sample of GRGs in the U.S., we aimed to evaluate the extent to which GRGs endorse corporal punishment and report challenges with discipline, as well as difficulty meeting the educational and social needs of their grandchildren. We also examined whether GRGs tend to encounter obstacles in using school-related technology and whether they subscribe to outdated health beliefs. Based on previous research examining GRGs and older adults, we expected to identify substantial parenting challenges relating to each of these measures. Additionally, we aimed to assess the extent that some of these measures were associated with the age of the caregiver and grandchild educational setting (i.e., primary vs. secondary school). To the best of our knowledge, this study is the first to report on these parenting challenges among GRGs using a large national sample, and the first to assess whether parenting challenges among GRGs are more burdensome for older GRGs or for grandparents raising older grandchildren.

Methods

Survey Instrument

The GRG questionnaire (GRG-Q) is an anonymous online parenting questionnaire that was developed to assess attitudes towards discipline and limit setting, academic and social concerns, challenges with computers and technology, and persistence of outdated health beliefs in grandparents acting as the primary caregiver for their grandchildren. GRGs were recruited electronically for the study from December 2016 to July 2017 through state and local grandparent support groups and service agencies that support the elderly throughout the U.S., such as those noted in national and state-level grandfamily fact sheets (GrandFacts State Fact Sheets for Grandfamilies). For GRGs raising more than one grandchild, those with children in grade school (ages 5-12 years) were asked to answer questions with respect to their grade school-age child. GRGs raising multiple grade school-age grandchildren were asked to answer the GRG-Q with respect to their eldest grade school-age grandchild, and GRGs raising more than one grandchild where none were in grade school were instructed to answer with respect to their oldest grandchild under the age of 18. This research protocol was approved by the Institutional Review Board of Northwell Health.

GRG-Q items were divided into four subsections for analysis: 1) discipline and limit setting, 2) academic and social challenges, 3) computer and other technology use, and 4) health beliefs. In the discipline and limit-setting section, GRGs were asked if disciplining their grandchild had been more difficult than expected, if they were less strict with their grandchild before they began living in the same household, and if they viewed spanking (and other forms of physical punishment) as an appropriate method of discipline. In the academic and social challenges section, GRGs were asked the extent to which they agreed with a range of parenting statements pertaining to their grandchild’s social life, such as if their grandchild has friends or is teased by other children. Additionally, they were asked if their grandchild’s social and recreational activities were
more difficult for them to handle than expected. GRGs were also asked about their grandchild’s education, including the adequacy of teacher interactions (e.g., feeling welcomed and acknowledged by their grandchild’s teacher), their ability to fulfill parenting responsibilities (e.g., attending Parent-Teacher conferences, school performances, sport games, etc.) and to help with homework, and adequacy of meeting their grandchild’s educational needs (including difficulties with schooling and school registration). In the use of computers and other technology section, GRGs were asked about their own use of technology (including Internet, email, Facebook), if they had difficulty using their grandchild’s school website or portal, if they were unable to help their grandchild with computers and other technology for school when needed, and if they felt less capable of providing assistance with computer and other technology use relative to other parents. Lastly, in the health beliefs section, GRGs were asked to evaluate the validity of several health-related statements about which there are popular misconceptions (e.g., chocolate causes acne, ice baths may be used to bring down a high fever, and infants should be put to sleep on their back).

**Inclusion Criteria**
GRGs were included in the final sample for analysis if they consented to participate in the study and if they reported being a grandparent who is the primary caregiver of one or more of their grandchildren younger than 18 years of age.

**Sample Characteristics**
The GRG-Q was completed by 752 grandparents, of whom 733 met inclusion criteria. Of the 733 grandparents in the sample, 685 (93.5%) were grandmothers; 418 (57.0%) reference grandchildren were primary school-age (5-12 years old) and 153 (20.9%) were secondary school-age (13-17 years old); 162 (22.1%) reference grandchildren were under the age of 5.

The final sample had a mean age of 57.2 (SD = 7.9), and the majority identified as white (n = 625, 85.3%). The highest level of educational attainment for approximately half of GRGs was a high school diploma (n = 391, 53.3%), while 31.8% (n = 233) had a college diploma, and 10.0% (n = 73) had a graduate degree. Almost half of GRGs had been raising their grandchild for more than five years (n = 314, 42.9%); a quarter (n = 186, 25.4%) had been raising their grandchild for three to five years, 22.8% (n = 167) for one to two years, and 8.9% (n = 65) had been raising their grandchild for less than one year. The average age of the reference grandchild was 8.5 years (SD = 4.3) and 57.0% of sampled children were between the ages of 5 and 12 years. Gender was evenly distributed (48.7% girls) and grandchildren were predominantly identified as white (n = 464, 63.3%). Additional demographic information of the sample is displayed in Table 1.
Table 1  
Sample Demographics of Grandparents and Grandchildren in Grandparent-Headed Households (n = 733)  

<table>
<thead>
<tr>
<th>Grandparents</th>
<th>n</th>
<th>(%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mean Participant Age*; y (SD)</td>
<td>57.2</td>
<td>(7.9)</td>
</tr>
<tr>
<td>Participant Gender (Female)</td>
<td>685</td>
<td>(93.5)</td>
</tr>
<tr>
<td>Participant Raceb</td>
<td></td>
<td></td>
</tr>
<tr>
<td>White</td>
<td>625</td>
<td>(85.3)</td>
</tr>
<tr>
<td>Black</td>
<td>71</td>
<td>(9.7)</td>
</tr>
<tr>
<td>Participant Ethnicityc</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hispanic</td>
<td>50</td>
<td>(6.9)</td>
</tr>
<tr>
<td>Highest Level of Education</td>
<td></td>
<td></td>
</tr>
<tr>
<td>High School Diploma</td>
<td>391</td>
<td>(53.3)</td>
</tr>
<tr>
<td>College Degree</td>
<td>233</td>
<td>(31.8)</td>
</tr>
<tr>
<td>Graduate Degree</td>
<td>73</td>
<td>(10.0)</td>
</tr>
<tr>
<td>Years Raising Grandchildd</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Less than 1 Year</td>
<td>65</td>
<td>(8.9)</td>
</tr>
<tr>
<td>1 to 2 Years</td>
<td>167</td>
<td>(22.8)</td>
</tr>
<tr>
<td>3 to 5 Years</td>
<td>186</td>
<td>(25.4)</td>
</tr>
<tr>
<td>More than 5 Years</td>
<td>314</td>
<td>(42.9)</td>
</tr>
<tr>
<td>Grandchildren</td>
<td>n</td>
<td>(%)</td>
</tr>
<tr>
<td>Mean Child Age, y (SD)</td>
<td>8.5</td>
<td>(4.3)</td>
</tr>
<tr>
<td>Gender of Child (Female)</td>
<td>357</td>
<td>(48.7)</td>
</tr>
<tr>
<td>Race of Childb</td>
<td></td>
<td></td>
</tr>
<tr>
<td>White</td>
<td>464</td>
<td>(63.3)</td>
</tr>
<tr>
<td>Black</td>
<td>104</td>
<td>(14.2)</td>
</tr>
<tr>
<td>Ethnicity of Childc</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hispanic</td>
<td>95</td>
<td>(16.1)</td>
</tr>
</tbody>
</table>

* Missing response from 14 participants; b Participants could select more than one response option; c Eleven participants chose not to respond. d Missing response from one participant. e One participant chose not to respond. Missing response from 132 participants.

Statistical Analysis

An alpha of .05 was used for all statistical analyses in this study. All statistical analyses were performed using R, version 4.0.0.

**Discipline and Limit Setting**

For each parenting statement concerning discipline and limit setting, Kendall rank correlation coefficients were calculated to evaluate associations with grandparent age. Additionally, descriptive statistics were calculated for rates of grandparent agreement with discipline and limit setting statements, stratified by grandparent age.

**Academic and Social Challenges**

Chi-square tests of independence were performed to compare responses from grandparents of grandchildren in primary school (ages 5 – 12) and secondary school (ages 13 – 17) across questions in the academic and social challenges section of the GRG-Q to determine if the academic and social parenting challenges faced by grandfamilies differ as the educational and social demands of grandchildren change. Additionally, a composite measure for academic challenges was derived from individual items in the GRG-Q (Cronbach’s alpha = 0.63); a t-test was used to compare this measure between grandfamilies with a reference child in primary school and those with
a reference child in secondary school to evaluate overall differences in academic challenges. A composite measure for social challenges could not be derived due to poor internal consistency of the component measures (Cronbach’s alpha = 0.48). For these analyses, children with Autism Spectrum Disorder and/or an intellectual disability were excluded from the sample. Additionally, children whose grandparents were not sure if their grandchild had an Autism Spectrum Disorder or intellectual disability were also excluded if they currently had an Individualized Education Program or were in a special education class in school. Similarly, children whose grandparents reported they were a slow learner or were unsure if they were a slow learner were excluded if they currently had an Individualized Education Program or were in a special education class in school. These exclusion criteria were intended to reduce the impact of including students with atypical academic challenges in our analyses.

Computer and Other Technology Use
Analyses of measures in the computer and other technology use section of the GRG-Q were restricted to grandparents of children ages 5 to 17 since many of the measures relate to school and education. Kendall rank correlation coefficients were calculated to evaluate associations between frequency of technology use and grandparent age. Additionally, a composite score was derived for the frequency of Internet-based technology use (Cronbach’s alpha = 0.61); the association between this score and grandparent age was evaluated using Kendall rank correlation. Kendall rank correlation coefficients were also used to test associations between grandparents’ ability to use their grandchildren’s school website or portal and both adequacy of teacher contact and difficulties registering grandchildren for school. Chi-square tests of independence were performed to compare responses to measures evaluating grandparent ability to assist with technology between grandparents of grandchildren in primary school (ages 5 – 12) and secondary school (ages 13 – 17) since the technological needs of children in primary school and secondary school are likely to differ in complexity.

Health Beliefs
Associations between correctness of responses to questions in the health beliefs section of the GRG-Q and grandparent age were evaluated using Kendall rank correlation coefficients.

Results

Discipline and Limit Setting
Approximately half of GRGs indicated that disciplining their grandchild was more difficult than expected, but no association was noted with grandparent age ($\tau = .025, p = .36$) (Table 2). Additionally, almost two-thirds of GRGs stated they were less strict with their grandchild prior to their grandchild living in their household and one-fifth of GRGs indicated that they believe corporal punishment to be an appropriate method of discipline. Endorsing physical punishment was negatively associated with grandparent age ($\tau = -.100, p < .001$).
Table 2
Grandparent Agreement by Age of Grandchild with Statements about Discipline and Limit-Setting (n = 733)

<table>
<thead>
<tr>
<th>Grandparent Age in Yearsa</th>
<th>Grandparents in Agreement with Statement, n (%)</th>
<th>Kendall Rank Correlation (\tau) (p-value)</th>
</tr>
</thead>
<tbody>
<tr>
<td>32-40 (n=11)</td>
<td></td>
<td>-100 (&lt;.001)</td>
</tr>
<tr>
<td>41-50 (n=129)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>51-65 (n=475)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>66-81 (n=105)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>All (n=733)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Statement</th>
<th>Grandparents</th>
<th>Kendall Rank Correlation (\tau) (p-value)</th>
</tr>
</thead>
<tbody>
<tr>
<td>“I think spanking (and other forms of physical punishment) is an</td>
<td></td>
<td></td>
</tr>
<tr>
<td>appropriate method of discipline.”</td>
<td></td>
<td></td>
</tr>
<tr>
<td>“Disciplining my grandchild has been more difficult than I expected.”</td>
<td></td>
<td>.025 (.36)</td>
</tr>
<tr>
<td>“I was less strict with my grandchild before we began living in same</td>
<td></td>
<td></td>
</tr>
<tr>
<td>household.”</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a Fourteen participants did not provide their age.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b “Not applicable” response selected by 170 grandparents for this item.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Academic Challenges

Overall, GRGs expressed generally positive beliefs regarding the educational needs of their school-age child (e.g., “my grandchild’s educational needs are well met;” “I am able to help my grandchild with homework when he or she needs it.”). GRGs raising children in primary school expressed positive beliefs for a significantly larger percent of the 10 statements concerning education needs of their child (80% vs. 70%, \(t = 4.39, p < .001\)). Grandparents raising grandchildren in primary school were more likely to feel that their grandchild’s education needs are well met than those raising grandchildren in secondary school (92.7% vs. 84.8%, \(\chi^2 = 5.85, p = .02\)). Significantly more grandparents of secondary school students reported that their grandchild’s education (e.g., schooling, special education needs, etc.) had proven to be more difficult to handle than expected relative to grandparents of primary school students (49.1% vs. 33.0%, \(\chi^2 = 9.00, p = .003\)). Of note, assisting grandchildren with homework was shown to be an area of particular difficulty for grandparent raising older children. Whereas 86.4% of GRGs of primary school students indicated they were able to help their grandchild with homework, only 63.9% of grandparents raising secondary school students agreed with this statement (\(\chi^2 = 27.62, p < .001\)). Few GRGs (26.1%) felt that helping their grandchild with homework was easier than it had been with their own child/children; this was especially true for grandparents with grandchildren in secondary school (17.1% vs. 29.1%, \(\chi^2 = 5.94, p = .02\)).

The overwhelming majority of GRGs felt equally or more capable of attending their grandchild’s school performances/sports/games/recitals and of attending Parent-Teacher conferences, respectively, relative to the parents of their grandchild’s classmates. Most grandparents reported feeling welcomed and acknowledged by their
grandchild’s teacher; however, this was less likely of grandparents with secondary school grandchildren compared to primary school grandchildren (84.8% vs. 94.0%, $\chi^2 = 9.23, p = .002$). A similar disparity was noted with respect to grandparents feeling that their grandchild’s teacher understands the special circumstances of their family (62.0% for secondary school-age children vs. 85.4% for primary school-age children.

**Table 3a**  
Grandparent Agreement with Parenting Statements Regarding Education Needs of School-Age Children (n = 493)

<table>
<thead>
<tr>
<th>Education</th>
<th>Grandparents in Agreement with Statement, n (%)</th>
<th>Grandchild Age in Years</th>
<th>Chi Square (p-value)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>All Children (n=493)</td>
<td>Primary School (Ages 5 to 12) (n=368)</td>
<td>Secondary School (Ages 13 to 17) (n=125)</td>
</tr>
<tr>
<td><strong>My grandchild's educational needs are well met.</strong></td>
<td>435 (90.6)</td>
<td>329 (92.7)</td>
<td>106 (84.8)</td>
</tr>
<tr>
<td><strong>My grandchild's education (schooling, special education needs, etc.) has</strong></td>
<td>173 (37.0)</td>
<td>116 (33.0)</td>
<td>57 (49.1)</td>
</tr>
<tr>
<td>proven to be more difficult to handle than I expected,<strong>a,b</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>I am able to help my grandchild with homework when he or she needs it</strong></td>
<td>381 (80.7)</td>
<td>305 (86.4)</td>
<td>76 (63.9)</td>
</tr>
<tr>
<td><strong>Helping my grandchild with his/ her homework is easier than helping my</strong></td>
<td>121 (26.1)</td>
<td>101 (29.1)</td>
<td>20 (17.1)</td>
</tr>
<tr>
<td>**own child/ children was,**b</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>As a grandparent, I am equally or more capable of attending my</strong></td>
<td>406 (85.7)</td>
<td>303 (85.6)</td>
<td>103 (85.8)</td>
</tr>
<tr>
<td><strong>capable of attending my grandchild's school performances, sports games,</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>**and recitals compared to the parents of his or her classmates,**b</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>As a grandparent, I am equally or more</strong></td>
<td>455 (93.8)</td>
<td>345 (94.3)</td>
<td>110 (92.4)</td>
</tr>
<tr>
<td><strong>capable of attending my grandchild's Parent-Teacher conferences</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>**compared to the parents of his or her classmates,**b</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>As a grandparent, I feel welcomed and acknowledged by my</strong></td>
<td>452 (91.7)</td>
<td>346 (94.0)</td>
<td>106 (84.8)</td>
</tr>
<tr>
<td><strong>and acknowledged by my grandchild's teachers.</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>My grandchild’s teacher understands the special circumstances of our</strong></td>
<td>379 (79.5)</td>
<td>304 (85.4)</td>
<td>75 (62.0)</td>
</tr>
<tr>
<td>**family,**b</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>My grandchild’s teacher maintains enough contact with me.</strong></td>
<td>428 (86.8)</td>
<td>330 (89.7)</td>
<td>98 (78.4)</td>
</tr>
<tr>
<td><strong>As a grandparent, I have had difficulties registering my grandchild for</strong></td>
<td>66 (15.5)</td>
<td>48 (15.0)</td>
<td>18 (17.0)</td>
</tr>
<tr>
<td>**school,**a,b</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*a These items reflect difficulties, whereas all other items reflect positive statements.

*b Individuals who responded “not applicable” were excluded from these analyses.
\( \chi^2 = 28.90, p < .001 \). A significant disparity was also noted with respect to grandparents’ belief that their grandchild’s teacher maintains enough contact with them (78.4% for secondary school-age children vs. 89.7% for primary school-age children, \( \chi^2 = 9.40, p = .002 \)). Notably, 15.5% of all grandparents raising school-age children reported having difficulties registering their grandchild for school. Additional information regarding grandparent agreement with statements about their grandchildren’s education is displayed in Table 3a.

**Social Challenges**

In terms of their grandchild’s social and emotional needs, most GRGs reported that their grandchild has friends (86.4%) and is not teased by other children (79.8%). However, only 70.2% of GRGs reported feeling comfortable socializing with other parents at events like birthday parties or sporting events, and 38.3% of GRGs indicated that their grandchild’s “social and recreational activities have been more difficult to handle than expected.” No associations between type of school (primary vs. secondary) and measures evaluating the social and emotional needs of grandchildren were noted (Table 3b).

**Table 3b**

*Grandparent Agreement with Parenting Statements Regarding Social Needs of School-Age Children (n = 493)*

<table>
<thead>
<tr>
<th>Social</th>
<th>Grandparents in Agreement with Statement, n (%)</th>
<th>Grandchild Age in Years</th>
<th>Chi Square (p-value)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>All Children (n=493)</td>
<td>Primary School (Ages 5 to 12) (n=368)</td>
</tr>
<tr>
<td>My grandchild has friends.</td>
<td>425 (86.4)</td>
<td>319 (86.9)</td>
<td>106 (84.8)</td>
</tr>
<tr>
<td>My grandchild is teased by other children because of our family situation.</td>
<td>87 (20.2)</td>
<td>69 (21.4)</td>
<td>18 (16.7)</td>
</tr>
<tr>
<td>When I attend events for my grandchild (such as birthday parties, sporting events, school meetings or events), I am comfortable socializing with the parents who are there.</td>
<td>344 (70.2)</td>
<td>263 (71.7)</td>
<td>81 (65.9)</td>
</tr>
<tr>
<td>My grandchild’s social and recreational activities have been more difficult to handle than I expected</td>
<td>182 (38.3)</td>
<td>136 (38.0)</td>
<td>46 (39.3)</td>
</tr>
</tbody>
</table>

*a*These items reflect difficulties, whereas all other items reflect positive statements.

*b*Individuals who responded “not applicable” were excluded from these analyses.

**Computer and Other Technology Use**

The frequency of technology use by grandparent age is shown in Table 4. Overall, frequency of using Internet-related technology was found to be negatively associated with grandparent age (\( \tau = -.085, p = .008 \)). Most (92.4%) GRGs reported that
their grandchild’s school has a website or portal, a characteristic which was more common among grandparents of secondary school-age children ($\chi^2 = 6.38, p = .01$) (Table 5). However, 10.7% of these GRGs reported being unable to use this website or portal and 37.1% reported difficulty using it.

Ability to help grandchildren with computers or other technology for school purposes was significantly more common among grandparents raising primary school-age children than those raising secondary school-age children ($\chi^2 = 19.24, p = <.001$). Feeling less able to assist grandchildren with technology than other parents was associated with raising a secondary school-age child ($\chi^2 = 5.86, p = .02$). Lastly, ease of using the school’s website or portal was directly correlated with adequacy of teacher contact ($\tau = .242, p < .001$) and inversely correlated with difficulty in registering their grandchild for school ($\tau = -.127, p = .007$).

Table 4
Technology Use by Grandparents of School-Age Children (n = 571)

<table>
<thead>
<tr>
<th>Grandparent Age in Yearsa</th>
<th>Frequency of Internet Useb</th>
<th>Frequency of Email Useb</th>
<th>Frequency of Facebook Useb</th>
<th>Composite Scorec</th>
</tr>
</thead>
<tbody>
<tr>
<td>32-40 (n=5)</td>
<td>(0.00)</td>
<td>(0.00)</td>
<td>(1.30)</td>
<td>11.20 (1.30)</td>
</tr>
<tr>
<td>41-50 (n=72)</td>
<td>(0.37)</td>
<td>(0.83)</td>
<td>(1.17)</td>
<td>10.82 (1.72)</td>
</tr>
<tr>
<td>51-65 (n=392)</td>
<td>(0.59)</td>
<td>(0.69)</td>
<td>(1.27)</td>
<td>10.68 (2.05)</td>
</tr>
<tr>
<td>66-81 (n=94)</td>
<td>(0.71)</td>
<td>(0.85)</td>
<td>(1.53)</td>
<td>10.09 (2.54)</td>
</tr>
<tr>
<td>All (n=563)</td>
<td>(0.59)</td>
<td>(0.75)</td>
<td>(1.31)</td>
<td>10.60 (2.11)</td>
</tr>
</tbody>
</table>

- Mean Score (SD)
- Kendall Rank Correlation $\tau$ (p-value)

- a Age was not known for eight grandparent caregivers of school-age children.
- b Rated on a 5-point Likert item, ranging from (0) = Never to (4) = Several times a day.
- c Composite scale ranges from 0 (minimal technology use) to 12 (maximal technology use).

Health Beliefs

When asked whether health statements relating to outdated medical beliefs were true or false, GRGs, on average, were able to correctly identify 3.36 (SD = 1.36) of the seven statements as true or false (Table 6). The majority of GRGs correctly identified that butter is not a good first-aid remedy for minor burns and that “infants should be put to sleep on their back, not their stomach or side,” and two-thirds knew that chocolate does not cause acne. However, over half of GRGs mistakenly believed that “putting ice on a minor burn is a good first-aid remedy,” two-thirds did not correctly identify that “scratches and cuts heal better if they remain covered with a bandage,” and most GRGs incorrectly believed that it is not acceptable to “give children milk and other dairy products if they have diarrhea.” Older grandparents were less likely to know that butter is not a good first-aid remedy for minor burns ($\tau = -.067, p = .030$) or that it is acceptable to give dairy products to a child with diarrhea ($\tau = -.107, p < .001$).
Table 5  
School-Related Technology Use by Grandparents of School-Age Children (n = 571)

<table>
<thead>
<tr>
<th></th>
<th>Grandparents in Agreement with Statement, n (%)</th>
<th>Grandchild Age in Years</th>
<th>Chi Square (p-value)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>All (n=571)</td>
<td>Primary School (Ages 5-12) (n=418)</td>
<td>Secondary School (Ages 13-17) (n=153)</td>
</tr>
<tr>
<td>Child’s school has a website or portal.</td>
<td>488 (92.4)</td>
<td>341 (90.5)</td>
<td>147 (97.4)</td>
</tr>
<tr>
<td>School website or portal is easy to use.</td>
<td>324 (67.6)</td>
<td>233 (70.0)</td>
<td>91 (62.3)</td>
</tr>
<tr>
<td>I can help grandchild with computers or other technology for school when needed.</td>
<td>429 (77.9)</td>
<td>331 (82.8)</td>
<td>98 (64.9)</td>
</tr>
<tr>
<td>I am equally or more capable of assisting my grandchild with technology relative to other parents.</td>
<td>402 (73.0)</td>
<td>305 (75.9)</td>
<td>97 (65.1)</td>
</tr>
</tbody>
</table>

a Thirty-one grandparents were unsure if such a website/portal exists.  
b Limited to children whose school have an online portal.

Table 6  
Grandparent Response to Parenting Health Beliefs (n = 733)

<table>
<thead>
<tr>
<th></th>
<th>Correct</th>
<th>Incorrect</th>
<th>Don’t Know</th>
<th>Kendall Rank Correlationa τb (p-value)</th>
</tr>
</thead>
<tbody>
<tr>
<td>“Chocolate causes acne” [False]</td>
<td>491 (67.0)</td>
<td>88 (12.0)</td>
<td>154 (21.0)</td>
<td>-.012 (.694)</td>
</tr>
<tr>
<td>“Putting ice on a minor burn is a good first-aid remedy.” [False]</td>
<td>213 (29.1)</td>
<td>416 (56.8)</td>
<td>104 (14.2)</td>
<td>-.005 (.869)</td>
</tr>
<tr>
<td>“Butter is a good first-aid remedy for minor burns.” [False]</td>
<td>587 (80.1)</td>
<td>98 (13.4)</td>
<td>48 (6.5)</td>
<td>-.067 (.030)</td>
</tr>
<tr>
<td>“Scrapes and cuts heal better if they remain covered with a bandage.” [True]</td>
<td>219 (29.9)</td>
<td>469 (64.0)</td>
<td>45 (6.1)</td>
<td>-.023 (.465)</td>
</tr>
<tr>
<td>“Ice baths can be used to bring down a very high fever.” [False]</td>
<td>323 (44.1)</td>
<td>292 (39.8)</td>
<td>118 (16.1)</td>
<td>-.059 (.057)</td>
</tr>
<tr>
<td>“It is OK to give children milk and other dairy products if they have diarrhea.” [True]</td>
<td>56 (7.6)</td>
<td>601 (82.0)</td>
<td>76 (10.4)</td>
<td>-.107 (&lt;.001)</td>
</tr>
<tr>
<td>“Infants should be put to sleep on their back, not their stomach or side.” [True]</td>
<td>571 (77.9)</td>
<td>101 (13.8)</td>
<td>61 (8.3)</td>
<td>-.027 (.381)</td>
</tr>
</tbody>
</table>

a Correlations were assessed between grandparent age and correctness regarding the health belief.  
b Positive τ corresponds with higher likelihood to answer question correctly with increasing age.
Discussion

Given the substantial increase in grandfamilies in recent years, it is increasingly important to identify the unique parenting challenges of GRGs such that childcare professionals can provide effective anticipatory guidance and resources, not only for grandparents providing full-time care for their grandchildren, but also for the millions of grandparents providing daytime or after-school care for grandchildren. This is the first study of its kind to report GRGs’ difficulties with discipline, education, technology use, and health beliefs in a large national cohort.

Discipline and Limit-Setting

The majority of GRGs reported difficulties with discipline, in line with previous studies (Giarrusso et al., 2000; Robinson & Wilks, 2006). Interestingly, older GRGs in our sample were less likely to view corporal punishment as appropriate than younger GRGs, which is seemingly contrary to generational trends (Zolotor et al., 2011). It is possible that this finding can be explained by differences in the ages of grandchildren being raised by younger and older GRGs. The prevalence of corporal punishment is lower for older children (Straus & Stewart, 1999); since older grandparents are more likely to be raising older grandchildren, it is not surprising that they are less likely to endorse corporal punishment. Corporal punishment has been shown to be associated with a range of behavioral and emotional problems in children, adolescents, and adults (Eron et al, 1991; Farrington & Hawkins, 1991), and children who experienced corporal punishment have been shown to be at an increased risk of physical abuse (Crouch & Behl, 2001; Fréchette et al., 2015; Straus, 2000), underscoring the need for anticipatory guidance regarding discipline tailored to GRGs.

The majority of GRGs in our sample reported being stricter with their grandchild when he/she entered their custodial care. GRGs may struggle to strike the right balance in their parenting style when transitioning from their role as a grandparent, which is typically marked by greater permissiveness, to a less permissive caregiving role. The stress of parenting may be especially magnified in GRGs caring for grandchildren with behavioral and emotional problems arising from prior dysfunctional family environments (Billing et al., 2002; Leder et al., 2007), and they would greatly benefit from parenting guidance by mental health professionals.

Educational and Social Challenges

In addition, even though almost all GRGs felt that they are meeting their grandchild’s educational needs, a third of GRGs reported that their grandchild’s education and social/recreational activities had proven more difficult than expected, with more grandparents of secondary school students struggling to meet their grandchild’s educational needs, to successfully help with homework, and to maintain adequate contact with their grandchild’s teacher. Secondary school grandchildren’s increasingly complex school routines and extracurricular demands may prevent GRGs from effectively supporting their grandchildren’s educational and social needs, in turn leading to greater academic struggles. This may, in part, explain the findings of the Welfare, Children and Families study, which noted that children raised by custodial grandmothers lagged behind their peers in the development of reading skills and quantitative skills (Pittman & Boswell, 2007), stressing the need for individualized attention from teachers and school counselors. Teachers of secondary school students in particular should pay special attention to the unique family circumstances of children.
being raised by their grandparents and strive to maintain regular contact with GRGs through appropriate means.

**Computer and Other Technology Use**

As expected, GRGs in our sample encountered significant challenges with computer and other technology use, and older GRGs were less likely to use Internet-related technology than younger GRGs. In line with previous reports of declining Internet use (Madden & Savage, 2000) and level of Internet skill (Teo, 2001) with user age, almost half of GRGs in our sample were either unable to use or had difficulty using their grandchild’s school website or portal, potentially precluding them from maintaining adequate teacher contact and registering their grandchild for school. Grandparent difficulties with use of school-related technology may once again disproportionately affect secondary school-age grandchildren, who are more likely to have an online school portal. These findings point to an elevated need for support in using computers and other technology for grandparents raising secondary school-age grandchildren, especially among older GRGs.

**Health Beliefs**

Lastly, a large percentage of GRGs subscribed to outdated and potentially harmful health beliefs, and older GRGs were more likely to endorse incorrect health beliefs. Of particular importance, putting infants to sleep on their stomach, or the prone position, has been identified as the most significant risk factor for Sudden Infant Death Syndrome (Sperhake et al., 2018). However, the prone position was still widely endorsed when some GRGs were raising their own children several decades ago (Gilbert et al., 2005). Today, most, if not all, parents know to place infants to sleep on their back, or the supine position. Comparatively, 14% of GRGs still believed that infants should be put to sleep on their stomach or side, highlighting a need for anticipatory health guidance. Similarly, whereas ice baths were previously recommended to treat a high fever, they are now contraindicated as they introduce heat-producing mechanisms such as shivering, which can ultimately worsen a child’s fever (Fruthaler, 1985). The strikingly high rate of incorrect health beliefs among grandparents in this study highlights that even though grandparents have already raised children in the past, they may need as much, if not greater, anticipatory guidance regarding current childcare approaches that may have evolved over the years. Even though GRGs as a whole are in need of anticipatory guidance, it appears that older GRGs are particularly likely to subscribe to inaccurate health beliefs, suggesting that greater support and educational outreach may be needed for these individuals.

**Implications for GRGs**

Our study has identified additional key parenting issues where GRGs may experience difficulties: discipline, meeting educational and social needs, comfort with technology, and outdated health beliefs. It is undoubtedly true that grandparent caregivers can provide strong emotional, social and academic support for their grandchildren if given access to adequate resources. Compared to children in foster care with non-relatives, children living with relatives have better behavioral and mental health outcomes, experience fewer school changes, are more likely to have a permanent home, and maintain a deeper connection to their family and community (Lent & Otto, 2018). However, for grandparents to optimally care for their grandchildren in the future,
it is imperative that social support be provided through accessible and affordable resources.

It is crucial for GRGs to be aware of changes in caregiver demands and parenting practices since they raised their own children. Many GRGs would likely benefit from counseling regarding behavior management strategies in order to promote alternative forms of discipline to corporal punishment. Behavioral parent training (BPT) and cognitive-behavioral therapy (CBT) have been shown to be more effective than information-only control conditions at lessening distress and improving parenting practices for custodial grandmothers (Smith et al., 2018). Instead of relying solely on support groups, researchers recommend interventions that combine support and education about contemporary parenting practices (Hayslip & Kaminski, 2005; Strom and Strom, 2000; Kirby, 2015), such as the Parental Skills/Psychosocial Skills Training Program (Hayslip & Patrick, 2003) and the Grandparent Triple P (Kirby & Sanders, 2014), which have been shown to decrease child behavior problems.

Tutoring or homework support for grandchildren being raised by older guardians would also likely be of value, especially for secondary school-age grandchildren. These recommendations are consistent with findings from the Healthy Grandfamilies Project, where 42.6% of GRGs identified “help with homework” as a service they would like to receive for their grandchild (Dunn & Wamsley, 2018). GRGs would also likely benefit from adult education programs focused on technology use (e.g., Center on Research and Education for Aging and Technology Enhancement, CREATE) (Czaja et al., 2001). Indeed, Kautzmann (1990) showed that a one-time instructional session on computer use led by students increased feelings of self-esteem and mastery among elderly persons. Lastly, pediatricians and health care providers should be especially mindful of potential outdated health beliefs when evaluating children raised by grandparents and advising GRGs. Organizations such as Generations United (www.gu.org) and the American Association of Retired Persons (www.AARP.org) provide considerable resources tailored to GRGs to help them embrace up-to-date parenting practices.

Limitations

Methodologically, this study has several strengths and weaknesses. Since recruitment of GRGs was conducted electronically, GRGs who do not use email could not have been recruited, thus limiting our sample to participants with at least some proficiency with computers. As such, our sample of GRGs is likely to be disproportionately younger and more likely to be able to assist their grandchildren with technology than the national population of GRGs. Thus, our findings may underestimate the scope and severity of problems GRGs face regarding the use of computers and other technology. Furthermore, since the GRG-Q is a self-report questionnaire, response bias with respect to social desirability is also possible. Additionally, the measures examined in this study were subjective and could not be externally validated due to the structure of the study. Further research is essential regarding associations between these measures and objective measures, such as caregiver stress and child well-being, academic performance, and behavioral difficulties. Moreover, additional studies concerning parent caregiver perspectives regarding discipline, academic and social challenges of parenting, technology use, and outdated health beliefs would provide valuable normative baselines for identifying disparities in the challenges faced by parent and grandparent caregivers.
Despite these limitations, this is the first study to investigate approach to discipline and corporal punishment, ability to meet grandchild educational and social needs, facility with computers and other technology, as well as endorsement of outdated health beliefs in a single cohort of GRGs. Moreover, whereas most prior studies have relied on small or regional samples, GRG recruitment in this study was nationwide, resulting in one of the largest and most diverse samples to date. However, although our national sample of GRGs is relatively diverse, it is important to note that it is not a nationally representative sample. Thus, our findings may not be generalizable to the entire population of GRGs in the United States.

Conclusion

Our findings from a large, national sample of GRGs provide evidence of GRGs’ struggles with discipline, difficulty managing their grandchildren’s educational and social needs (including helping with school-related technology), and endorsement of outdated, potentially harmful health beliefs. The unique parenting challenges of GRGs call for resources to help grandparents embrace up-to-date parenting practices, as well as special attention from educators and healthcare providers. Academic support for children raised by their grandparents should also be considered, especially for secondary school-age students. Future research examining the burdens and challenges encountered by GRGs would be greatly enhanced by nationally representative data. Additionally, investigation of the association between the challenges faced by grandchildren being raised by grandparents and their grandparents’ parenting practices would shed light on the potential developmental consequences of being raised in a skipped-generation household. It is our hope that findings from this study will be utilized to develop evidence-based parenting programs for GRGs tailored to their unique challenges and needs.

References


https://www.researchgate.net/publication/259205052_A_randomized_controlled_trial_evaluating_a_parenting_program_designed_specificaly_for_grandparents


Research Article

Utilizing a Community-University Partnership to Meet Grandfamilies’ Needs: Development and Evaluation of a Grandchildren-mentoring Program

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Abstract

In response to the increasing rate of grandparent-headed homes and the needs of grandparents and grandchildren, we engaged in a community-university partnership to develop, implement, and evaluate a grandchildren-mentoring program. Prior to developing the grandchildren-mentoring program, a county needs assessment was conducted. The needs assessment revealed that grandparents wanted opportunities for mentorship of their grandchildren. As a result, we partnered with an undergraduate practicum course to create a new option of college students engaging with grandchildren. During our inaugural grandchildren-mentoring program, we conducted focus groups/interviews with grandparents (n = 5) and grandchildren (n = 7) at the end of the nine-month program. Data analysis of the focus group transcripts revealed that grandparents believed the two-hour weekly meetings (between the grandchildren and the student mentor) provided respite and grandparents would enjoy having a student again. Grandchildren commented they trusted their student mentors and did not like that they could not see them after the program ended. The grandchild-mentoring program was well received by grandparents and grandchildren.
and, although it was designed to support grandchildren, the program met a stated need of grandfamilies in our community. As a result, this program may be beneficial to both grandparents and grandchildren and other university-community partnerships should consider working with students to implement similar programming to support grandfamilies.

**Keywords:** aging families, community-based partnerships, engagement, program evaluation, grandchildren

The number of grandchildren in grandparent-headed homes increased after the 2008-2009 recession (Pew Foundation, 2010). In 2015, nearly 6 million children under age 18 were living with a grandparent (Generations United, 2015), with about 2.7 million grandparents having primary responsibility of these grandchildren (Ellis & Simmons, 2014). Grandparents often report the need to care for their grandchildren for many reasons including: drug and alcohol use and abuse, incarceration, financial hardship, abandonment and/or neglect/maltreatment, mental and physical illness, deportation, death of parent and/or divorce (Hayslip et al., 2019). Regardless of the reasons why grandparents assume primary responsibility for grandchildren, both grandparents and grandchildren experience challenges (Dunn & Wamsley, 2018). Researchers discovered that when compared to non-caregiving grandparents, grandparents with primary responsibility for their grandchildren have greater health risks and more chronic diseases, including mental health challenges (Hayslip & Kaminski, 2005; Musil, 2000). Yet, other researchers have found little support for negative effects on grandparents (Hughes et al., 2007). Grandchildren raised by grandparents because of abuse, neglect, or maltreatment from their parents might experience trauma. Experiencing a traumatic event or a series of adverse childhood events may lead to physical and mental health problems, and educational delays (Miller et al., 2019).

Because of such challenges, grandparents raising grandchildren often state they need the assistance of professionals when managing their caregiving demands (Hayslip et al., 2019), and recent research has examined the utility of programs and interventions for grandparents and grandchildren (McLaughlin et al., 2017). Despite the increased attention towards meeting the needs of grandfamilies (i.e., grandparents and the grandchildren in their home) through services and interventions, few programs have focused only on meeting the needs of grandchildren in grandparent-headed homes (Kolomer et al., 2008; Fruhauf et al., 2015). The purpose of this paper is twofold: (a) describe a university-community partnership that led to the development of a grandchildren-mentoring program and (b) describe findings from focus groups with grandparents and grandchildren who participated in the grandchildren-mentoring program

**University-Community Engagement**

University-community engagement may assist in shaping research foci for faculty, provide students with service-learning opportunities, practicum or internships, guide curriculum or program development, and assist community-based agencies and businesses with initiatives and projects (Fitzgerald et al., 2012; McCaslin & Barnstable, 2008). This may happen while...
further supporting applied research in gerontology (Andrews & Muzumdar, 2010) while at the same time uplifting the principles of community-based participatory research when working with vulnerable populations (Israel et al., 2005). In particular, communities have responded to the needs of grandfamilies by engaging in coalition building as well as examining the value in community-based partnerships (Fruhauf & Hayslip, 2013).

The current university-community partnership grew from activities of the Larimer County Alliance for Grandfamilies (LCAG; Miller et al., 2010). Established in 2007, the LCAG's mission is to work collaboratively to identify the needs of grandfamilies and support them through community education, development of support systems, and advocacy for change (for a detailed description of the LCAG, please see: Fruhauf et al., 2012; Miller et al., 2010). Members of the LCAG include grandparents, mental health providers, school liaisons and family counselors, aging specialists, and university faculty and graduate students (Miller et al., 2010). In 2010, the first author and another faculty member at the same university (both members of the LCAG) began conversations with a LCAG partner about establishing a grandchildren-mentoring opportunity through the local university and their social work program. Although there was excitement for a grandchildren-mentoring program, the agency faced barriers that prevented the formation of this partnership. For example, their budget did not allow for payment of background checks of students nor did it support a dedicated person at the agency to oversee the coordination of the mentoring program.

In 2014, a formal needs assessment was implemented through the LCAG and revealed similar results to Conway and Jones’ (2012) findings, whereby grandparents believe their grandchildren need “mentoring opportunities” with young adults who could help with “homework” or “teach grandchildren how to ride a bike.” Although programs such as Big Brothers, Big Sisters are available in the community, grandparents also stated that the wait times were lengthy and the mentors did not necessarily understand the complexity of grandfamily experiences. During a LCAG meeting, these results of the needs assessment were discussed and the fifth author, an alumna of the undergraduate social work program (McCaslin & Barnstable, 2008), stated she believed the social work practicum course at the university would meet grandfamilies’ needs in our community. The agency engaged in the initial process stated they wanted to participate in this university-community partnership, but once again, did not have the capacity to provide oversight to the program. In the meantime, the Grand Family Coalition, Inc. (GFC), created in 2014, is a Colorado nonprofit and includes a network of grandparents and kin raising kin whose purpose is to provide programs and social activities for grandfamilies. GFC showed strong interest in partnering with the university to develop a grandchildren-mentoring program. Furthermore, the GFC did have a dedicated staff member (i.e., the fourth author), the financial support through grants to provide the background checks of the students, and an eagerness to build their nonprofit through university-community partnerships.

Development of the Grandchildren-Mentoring Program. Weinberger (2014) suggests there are four key elements that must be in place for a successful grandchildren mentoring program. These are: (1) program design and planning, (2) program management, (3) program operation, and (4) program evaluation. For program design and planning, the current grandchildren-mentoring program is part of an already developed undergraduate social work practicum course. The course is set up for students to have a one-on-one mentoring experience, thus this grandchildren-mentoring program would be one-on-one (i.e., between the grandchild
and the student) and take place at a location of the grandfamily’s choosing. Program management was completed by the fourth author whereby she worked with her advisory board to bounce off ideas related to managing program information and monitoring the program. She also utilized grant funding to support the students’ background checks.

As is stated by Weinberger (2014) and experienced by the authors, a majority of the work was focused on the third element, program operations. For example, the GFC recruited and screened grandfamilies and students to participate in the program. The fourth author attended a class session early in the semester and presented to students on the mission and vision of the GFC, as well as provided an overview of the challenges and strengths of grandfamilies. She also recruited grandfamilies during her monthly support group meetings and during social gatherings of the GFC. The number of grandchildren matched with students, depended on the number of students selecting GFC as their primary choice to complete their practicum. It is important to note that students were able to choose from a total of four sites, yet the instructor equally divided the number of students between sites. The students were then instructed to write a letter to GFC describing why they wanted to complete their experience with grandfamilies. Students also filled out a background survey including questions about their interests and hobbies to aide GFC in finding a good match, as grandchildren filled out a similar survey. Then the matching process came down to GFC comparing who would be the best match for each grandchild, looking for similar interests and even some differences that would complement the relationshipbuilding process that was part of the curriculum objectives of the course. If a grandchild was not matched to a student, it was because of a shortage of students to serve as mentors and that grandchild would be first on the list for the following year. The GFC worked hard to provide mentors to all families that wanted a mentor, and in one case where a grandfamily had two grandchildren but there were not enough students, the fourth author worked with the grandfamily to assess which grandchild would benefit most from having a mentor; that grandchild was then selected to participate in the program.

Then, all authors worked together (Kolb & Conway, 2015) to create the student and grandchild mentoring applications and expectations, common FAQs for grandparents, and a student orientation. The three-hour orientation for students working with grandchildren consisted of a welcome activity, discussion of students’ fears working with grandfamilies, overview of expectations, and case studies. Both the first author and two research assistants lectured on grandfamilies, childhood trauma, and grief and loss often experienced by grandchildren and grandparents. The fourth author spoke to the students and shared her story of raising her grandson. The orientation ended with students receiving information about the grandchild with whom they were paired for the mentoring program. Finally, the fifth author attended the orientation to help answer students' questions and to assist the fourth author with matching students with grandchildren.

After the initial grandfamily orientation, which students left with information on the grandchild with whom they were matched, the students were then instructed by their course instructor (i.e., the third author) to contact the grandparent to set-up their first two-hour meeting. During this first meeting, they also established a regular weekly meeting time and location. Then, as part of the requirement for the class, the students met with the grandchildren on a weekly basis, only skipping weeks during university breaks, for a total of nine months or two semesters. Further, the fourth author continued communication with the course instructor and visited the
classroom of the student two times during the academic year. She also made herself available to speak by phone with grandparents and students if they had any questions.

Furthermore, in the course objectives and in the lectures to prepare students for the mentoring program, the course instructor engaged students in discussion on how to engage diversity and differences as these factors impact the helping relationship and communication processes with students’ clients. The third author created opportunities for students to dialogue and recognize the extent to which a culture’s structures and values may oppress, marginalize, alienate, create or enhance privilege and power. These included race, sexual orientation, values, socio-economic status, age, and lifestyles. Further, the course instructor discussed with the students how to apply the values of the social work profession in working with all people. They also discussed how students were to maintain safe practices for themselves and their clients. It was imperative that students consult with the instructor if they had concerns about possible abuse or risks to the grandchildren or grandparents as they were mandated reporters, as well as any concerns or risks about going into clients' homes.

As a result of the previous literature review and description of the mentoring program, the guiding research questions for this process evaluation (i.e., step four of Weinberger’s [2014] elements) are: (1) what are the experiences of grandparents and grandchildren who participated in the grandchildren-mentoring program? (2) what suggestions do grandparents and grandchildren have to strengthen the program? Further details about the pedagogical approach for the course and focus group data with the university students are not included in this manuscript, as the focus of those data were on social work practice and skills development and beyond the scope of this paper.

Methods

As Weinberger (2014) explained, measuring mentoring program processes is important to the success and future of any grandfamily-mentoring program. As a result, we engaged in a process evaluation using a basic qualitative approach (Merriam, 1998) whereby we addressed the current grandchildren-mentoring program. We engaged in a process evaluation to further our knowledge and help improve the program for the GFC as they continue to engage in supporting future cohorts of grandchildren in the mentoring program (National Research Center, 2005).

Procedures

Focus groups are a qualitative research method and a way for family studies researchers to support positive development for aging families (Gibson, 2012) through exploration and discovery, context, and depth, and interpretation of experiences (Morgan, 1998). Focus groups include group interviews, utilizing a trained moderator to guide the interview process, while a group of people with similar backgrounds and experiences discuss topics and answer questions the moderator asks them (Morgan, 1997, 1998). Not only are focus groups appropriate for adult participation, it is recommended that small focus groups, including children age seven or older, are the best way to obtain data from children, as it replicates a natural form of communication between peers (Gibson, 2007, 2012).

After human subjects’ approval was granted from the university’s Institutional Review Board, data were collected in April and May of 2016, after the program ended. Separate focus groups, with grandparents and grandchildren alone, were conducted, for a total of three focus
groups (i.e., two focus groups were conducted with grandchildren—one with four children and the second focus group with three children). Further, due to a time conflict with one grandparent, a face-to-face interview using the same focus group protocol was conducted. Separate protocols (one for grandparents and one for grandchildren) were developed and used during the focus groups and interview. Each protocol included the focus group questions and additional probing questions to generate discussion among participants. A total of nine main questions were asked of grandparents and examples include, “what were some of the positive/negative aspects of the program?” and “how has the program changed or impacted your grandchild?” A total of seven questions were included in the focus group protocol for the grandchildren such as “how comfortable were you with your mentor?” and “what did you learn from your mentor?” The first author conducted the focus group with the grandchildren; the second author conducted the focus group with grandparents. Two separate observers assisted during the grandparent and grandchildren focus groups. All focus groups and the interview were audio recorded to aid in data analysis procedures.

Participants

A convenience sample was utilized for this study. Participants were recruited from the eight grandfamilies who participated in the grandchildren-mentoring program in the fall 2015 and spring 2016. A total of four grandmothers and one grandfather, along with seven grandchildren, participated in the study. Five grandparents and four grandchildren did not participate in the focus group because they were too busy or the time and date of the focus group conflicted with previously scheduled activities.

All grandparents who participated in the study were raising their grandchildren with no parent present in the home. Grandparents were between the ages of 55 and 70 years old ($M = 61.5$), and three were married and two were single. Grandparents reported being Caucasian/nonHispanic ($n=4$) and Native American ($n = 1$). Their education levels included: high school diploma ($n = 2$), some college ($n == 1$), and two participants did not report their educational level. Further, two grandparents were employed full-time, one was employed part-time, and two grandparents’ employment status were unknown. Among the grandchildren that participated in the focus groups, their age range was nine to 12 years old and four were granddaughters and three were grandsons.

Data Analysis

After the focus groups and interview were completed, three separate graduate research assistants transcribed all data. The first author and two graduate research assistants, trained in qualitative methodology, read the transcripts line-by-line, taking notes in the margins about keywords and ideas that answered the research questions (Bogdan & Biklen, 1998). Once this step was completed, each researcher created an initial list of codes to aide in data analysis. They then discussed their initial list and refined the coding scheme to reflect their collective understanding of the data. Using the constant comparison approach, where patterns of the data were broken down into codes (Saldana, 2009), the coding scheme was then used by all three researchers to independently go back to the transcripts and code the data line-by-line. The three researchers then met to discuss codes and come to 100% consensus of what the data revealed. Each time the coding scheme was refined to simplify and best reflect what the data represented.
Please note, no different codes or themes were found between the two groups or the face-to-face interview.

**Results**

Findings from data analysis of focus groups/interview with five grandparents and focus groups with seven grandchildren revealed a total of four themes each. From the grandparent data, themes include: (a) how I view the program, (b) how I view the mentor, (c) building family-like connections, and (d) changes I would like to see. Themes from the grandchildren data are: (a) what I liked about my mentor, (b) what I learned from my mentor, (c) what I did not like about having a mentor, and (d) changes I would make to the program.

**Themes from Grandparent Data**

**How I View the Program.** All grandparents discussed general satisfaction of the grandchild mentoring program; they stated it was overall a positive experience. For example, a grandparent reflected, “[The program] wasn’t what I thought. It was better!” Grandparents expressed they liked the one-on-one ratio, length of program, and believed the students gained a valuable experience. One grandparent stated “[the grandchildren] do so much better when they have one-on-one…” and that “it is good [for the students] to be able to see what the kids are really like.” The same grandparent commented that she believes, the “students will take this [experience] with them the rest of their lives.”

Some grandparents noted that having a mentor was a relief of hardships. For example, grandparents stated it was a “break” from the day-to-day caring for their grandchild, and it provided someone else for their grandchild to talk to. All grandparents stated having a younger adult in their grandchild’s life was a benefit. That is, the student could serve as a role model, do things that are more physically active (i.e., ride a bike) with their grandchild and “do young lady things” that perhaps the grandparent could no longer do. One grandparent stated, “I’m old, and I wanted [my granddaughter] to be around someone younger to do things with her. I can’t go roller skating…there are a lot of things I cannot do.” Another grandparent stated, “It was nice having younger people around.” A grandmother said, “it was fun for them to go without grandma to the swimming pool…or to the movie” and they went trick-or-treating together. Finally, grandparents stated that this mentoring experience taught their grandchildren about “healthy goodbyes” and was a great way for their grandchildren to learn and accept saying, “goodbye”. This was illustrated when a grandparent stated that she believed knowing the relationship was only for eight months, taught her grandson “acceptance” that some relationships end.

**How I View the Mentor.** Grandparents stated that the mentors had a number of positive qualities. For example, grandparents stated mentors were kind, patient, well-rounded, reliable and consistent. Some grandparents reported the mentor taught their grandchild values, participated in their grandchild’s school activities, and the mentor modeled respectful/good behavior and taught lessons to grandchildren. A grandparent stated the student, "allowed [my grandson] to express himself and at the same time she respected me so well that when she talked
about [me], she would talk to him about how [to] do nice things...She was teaching him morals, understanding, kindness…" All but one grandparent stated that they believed their grandchild had things in common with his/her mentor. Grandparents stated the mentor had the ability to engage the grandchild, except for one grandparent who noted it was not a good match, as the student did not “[take] the time to do what [my grandson] wanted to do.” Finally, all grandparents stated their mentor displayed respect. A grandparent reflected, “they were comfortable and we were comfortable having them [in our home].”

**Building Family-Like Connections.** Grandparents commented on the gradual process of the building relationships with the student. For example, a grandparent commented, “They did take it slow. They did things at home for a few times and then they would venture out a little bit more.” All grandparents stated they and their grandchildren looked forward to spending time with the mentor. Grandparents also discussed the balance of sharing and not sharing information with the mentor. As their time together progressed, so did open communication between grandparent and mentor. The grandparents noted that some mentors reported to the grandparent about his/her time spent with grandchildren. For example, a grandparent stated, “my mentor would always tell me exactly what went on and what was said, so I was on top of everything” and she also stated that her grandson “genuinely loved her and I could tell…the love wasn’t what he could do for her, it was trust love.”

**Changes I Would Like to See.** Grandparents stated that they would like their grandchildren to have longer visits with their mentor, better communication with the students about scheduling weekly visits, a shared calendar with the mentor, and pre-determined location on where to spend time together. Grandparents also offered that “a guidebook” including “brief background information and a photo of the mentor” would be helpful. Grandparents wanted to be able to share their expectations for the mentor and some grandparents needed clarity about the practicum course. For example, grandparents wanted to know the students’ understanding of their role in the program, the course requirements, and expectations around home visits. Finally, one grandparent commented that the undergraduate social work student needed more training/development before being matched with a grandchild. Another grandparent said there were not enough mentors (i.e., she had other grandchildren in her grandfamily who also wanted a mentor) and that the times of mentors’ availability was a challenge due to other competing demands. Grandparents also stated that sometimes the students “didn’t show-up or they called or sometimes they had to cancel and the grandchildren wanted to know what to expect.” Despite these suggested changes, grandparents stated that the two hours a week provided some respite for them and that they would enjoy having a student mentor again for their grandchild. One grandparent suggested that the agency should “get a grant so that we can do it all year-round.”

**Themes from Grandchildren Data**

*What I liked about my mentor.* Similar to the grandparents, grandchildren were generally satisfied with their individual mentor and the mentoring experience. Grandchildren stated their mentor was “nice” and they “had fun.” One grandchild said he particularly enjoyed having someone to talk to stating, “I liked that he was open to conversation” and that they talked about
“a lot of things.” Grandchildren responded they enjoyed the activities they did with their mentors. For example, they enjoyed playing games, being outside, and engaging in sports. The grandchildren reflected on visiting museums, playing instruments and putting on facial/beauty masks. A grandson also reported he enjoyed teaching his mentor how to skateboard. Finally, all grandchildren said that they trusted their mentor.

**What I learned from my mentor.** Grandchildren stated what that they learned from their mentor. For example, they learned how to “make edible playdough” and a grandchild commented she “learned that we had fun.” One grandchild said, her mentor “taught [her] really good life lessons” and another stated having a mentor meant that she needed to “have [her] chores done before [she] can go out and go places.” One grandchild, however, stated she learned “nothing” from her mentor.

**What I did not like about having a mentor.** Most grandchildren did not indicate there was anything they did not like about having a mentor. However, one grandchild stated that, “when [my mentor] got sick and I can’t do it because my grandma didn’t tell me until that day, so I was disappointed.” Another grandchild said, “it wastes your time” and then a separate grandchild reflected, “and then you don’t get to play with your friends!” Finally, grandchildren stated they did not like the fact that they could not see their mentor anymore. The grandchildren did not seem to understand the concept of termination. Many grandchildren wanted to continue seeing their mentor and would change that the program ended.

**Changes I would make to the program.** Grandchildren wanted to spend time in the summer when it is nicer outside so they could engage in outside activities. Grandchildren wanted more time in the house and did not understand some of the boundary constraints placed on them by their grandparents or the limitations of the mentor (i.e., not having a car to take them places). One grandchild did not like that she did not find out if her mentor was going to be a boy or girl and said, “it was a surprise to find out.” Finally, with the exception of one grandchild, most grandchildren stated they would have the same mentor again if they could.

**Discussion**

As previously described, Weinberger (2014) suggests that program evaluation is a key element to assessing mentoring programs. Thus, the guiding research questions for this process evaluation of a grandchildren-mentoring program are: (1) what are the experiences of grandparents and grandchildren who participated in the grandchildren-mentoring program? and (2) what suggestions do grandparents and grandchildren have to strengthen the program? Based on findings from data collected from five grandparents raising their grandchildren and seven grandchildren in grandparent-headed homes, after the completion of the grandchildren-mentoring program, revealed that both grandparents and grandchildren had a good experience engaging in the program, yet they also had strong suggestions for future cohorts of the grandchildren-mentoring program.

In particular, grandchildren stated that as a result of having a mentor, they learned important skills such as communication (i.e., opening up to someone else) and technical/life
skills (i.e., cooking, engaging in art projects). Grandchildren also reflected that they did not like having to balance having a mentor and being required to meet with their mentor, while at the same time wanting to do other things (i.e., play with friends or play video games by themselves). However, grandchildren might have learned skills necessary to balancing or coping with competing demands. On the other hand, many grandchildren also stated that they did not like when the mentor was sick or could not come to their scheduled mentoring session, as they missed seeing their mentor. Finally, grandchildren also did not like when the program ended and they had to say goodbye to their student mentor.

This was similar to grandparents’ experiences. For example, termination was a topic discussed by all grandparents and in particular, some grandparents disliked the fact that the program ended and the students could no longer see the grandchildren. On the other hand, some grandparents stated that they knew going into the start of the program that it was only going to be for nine months, and they prepared their grandchildren and themselves from the beginning that it was going to end. Regardless, the rewards of the grandchildren-mentoring program seemed to outweigh any negative drawbacks of the program having to end. For example, grandparents stated they were able to take a break from their day-to-day experiences when the student mentor was with the grandchildren. This respite might have provided grandparents with much-needed relief (Landry-Meyer, 1999), thus meeting a need and leading to positive well-being of grandparents caring for grandchildren (Sands et al., 2005). Finally, grandparents also discussed that they and their grandchildren built family-like connections with the student mentor. Grandparents commented on how much they truly enjoyed having the student in their lives and that they saw their grandchildren building trust through sharing, when appropriate and only when grandchildren were ready to share. This later point might support the importance of tightening the generational gap between grandparents and grandchildren and that the students helped fill that gap. Although, grandparents reflected on this potential benefit, it was not an area fully explored and future research should consider how a grandchildren-mentoring program, such as this program, fills a generational gap.

In general, based on our second research question, grandparents seemed to have more suggestions on how to improve the program, than their grandchildren provided. Furthermore, grandparents’ suggestions were more programmatic and less emotional. For example, grandparents recommended having longer weekly visits and welcomed useful tools for scheduling with the student mentor (i.e., shared calendar or increased communication) including set locations for meetings. Finally, grandparents also liked the idea of a guidebook that included background information on the student mentor along with the course requirements. Grandchildren also wanted to continue meeting with the student mentor, well into the summer months when it was nicer weather. Regardless, both grandchildren and grandparents stated they enjoyed having a mentor and would have a mentor again.

Limitations of the Study and Implications for Future Research

The findings from focus groups are limited to grandparents and grandchildren who participated in the mentoring program and who also participated in the focus group sessions. The grandparents and grandchildren who participated in the mentoring program but who did not participate in the focus group might have different opinions of the mentoring program than those who did participate. It could be that those who were “too busy” or had a conflict actually did not
like the program or found the program challenging to manage. As a result, we cannot generalize the findings from this process evaluation to all grandparents and grandchildren that participated in the mentoring program. Further, the racial/ethnic diversity of the participant population was homogeneous and not reflective of national grandfamily data. Thus, these findings need to be taken with caution. Future research should continue to evaluate the usefulness of the grandchildren-mentoring program to see if preliminary results remain the same especially with more diverse samples. Finally, researchers might consider also examining outcomes (both for grandparents and grandchildren) that may change as a result of mentoring relationships between students and grandchildren.

Although not assessed in the current project, some grandparents used the two hours a week as time for respite. Researchers should examine what activities grandparents did during this time for respite, and how grandparents’ feelings of restoration and productivity impacts their self-care practices (Fruhauf & Bundy-Fazioli, 2013; Manns et al., 2017) or general well-being. Researchers may also want to explore how the act of forming a relationship and then engaging in termination of the grandchild-student mentor affects the grandchildren in the future or the entire grandfamily as grandparents reflected building relationships with the students, too. Furthermore, at the onset of recruitment for this mentoring program, some grandparents shared with the community agency that they refused to participate because they did not want their grandchild to go through a nine-month program and build a relationship only to have it end. Grandparents reflected that they have had too many experiences of adults “running out on them” and this would be another difficult experience for these grandchildren. Attention to further training in trauma-informed practice, including attachment theory during the orientation process for the students and perhaps an orientation for grandparents, might be beneficial as grandchildren develop secure attachments with a caregiver or trusted professional (Lee, 2017). As a result, future research might examine how grandfamilies navigate both professional and familial relationships with regard to ending and terminating relationships as it may impact their service use.

Conclusion

This program illustrates how community partners and university faculty, students, and alumni can successfully work together to meet the needs of grandfamilies (Krout & Pogorzala, 2002). Similar to previous findings (Fruhauf et al., 2012), from this current project, we learned that it would have been nearly impossible for one agency to complete this grandchildren-mentoring program on its own. Together, we were able to utilize resources to successfully launch and maintain a new program targeting grandchildren. Although this program was focused on meeting the needs of grandchildren, it had positive implications on the entire grandfamily unit. Grandparents and grandchildren found they enjoyed having a mentor and they developed skills and connections with their mentor. Although there were a number of challenges in having students as mentors, these challenges did not negatively impact the university-community partnership. Instead, it strengthened this partnership and through this university-community partnership, before the second year (2016-2017) of the grandchildren-mentoring program, suggested changes were made to improve the program. The program has continued every year since the initial launch and this evaluation.
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Utilizing Family Life Education as a Resource for Grandparents Raising Grandchildren

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Abstract
Increasingly, grandparents have the responsibility for raising their grandchildren. Using Family Stress Theory as a theoretical framework, this study asked the question How can Family Life Education (FLE) be used as a resource to help grandparents raising grandchildren? Focus groups and individual interviews were conducted with grandparents who are raising their grandchildren. Findings suggest grandparents raising grandchildren could benefit from education in a variety of areas. There are multiple barriers, however, that participants identified toward the utilization of FLE. Interestingly, grandparents identified their adult children or grandchildren as better suited recipients of FLE. Ultimately, there is a lack of collaboration among services and support for grandparents raising grandchildren. Impact and implications for practice, research, and policy are discussed.

Keywords: grandparents raising grandchildren, grandfamilies, Family Life Education, Family Stress Theory, resources

According to the United States Census Bureau (USCB, 2016), 2.7 million grandparents in the United States are responsible for their grandchildren's basic needs. There are 5.4 million children under the age of 18 in the United States living with their grandparents, and one million families where neither parent is present at all (Ellis & Simmons, 2014). With the growing aging population and the increasing number of children without adequate parental care, older adults are left with the responsibility to care for children until the end of their lives and grandparenting is being experienced in a different way than ever before (Conway et al., 2010; McLaughlin et al., 2017).

There are many complex reasons for the tremendous growth in the number of grandparents who have sole responsibility for their grandchildren. Circumstances that give rise to grandparents raising their grandchildren differ greatly (Hayslip & Patrick, 2005) and include teen pregnancy, parental illness, divorce, incarceration, substance abuse, mental illness, HIV/AIDS, child abuse and neglect, and disability and death (Choi et al., 2016; Hayslip & Patrick, 2003;
Hayslip & Patrick, 2005; USCB, 2016). Most grandparents take on a different role unexpectedly and are faced with the new family situation because of the inability of the grandchild’s parents to care for them (Sumo et al., 2018).

**Benefits and Stressors**

Most grandparents who care for their grandchild(ren) feel it is rewarding and fulfilling because they see it as a second chance at parenting, an opportunity to help their grandchildren and ensure their healthy development and reestablish their own sense of purpose (Hayslip & Patrick, 2005). These benefits are often outweighed by the stressors. Some common stressors identified among grandfamilies include financial needs (Hayslip & Patrick, 2005; Kresak et al., 2014; Shakya et al., 2012; Thomas et al., 2000), confusion around current parenting practices and skills, child development, childhood disorders or behavior problems (Dolbin-MacNab, 2006; Hayslip & Goldberg-Glen, 2000; Shakya et al., 2012), navigating their new roles, complicated or dramatic family dynamics (Hayslip & Patrick, 2005; Strom & Strom, 2011), their own decreased energy and agility, physical and mental health issues (Hayslip & Kaminski, 2008; Shakya et al., 2012; Williams, 2011), a lack of social and emotional support, and feelings of social isolation and alienation (Hayslip & Goldberg-Glen, 2000; Shakya et al., 2012). Currently, there are limited services, especially educational, for these families and many barriers to their involvement in the educational services that do exist, which leads to further isolation and marginalization (Dolbin-MacNab et al., 2013; King et al., 2009).

The goal of this study is to move past discussing what grandfamilies need to explore how to get them effective educational resources. Using family stress theory and a qualitative approach, we explored how Family Life Education (FLE) can help grandfamilies alleviate stressors using the following research question to guide the investigation: How can Family Life Education be used as a resource to help grandparents raising grandchildren?

**Family Stress Theory and the Importance of Resources**

Family stress theory aids in understanding the importance of resources to families in this situation. The ABCX model, created by Hill (1949) and Waller and Hill (1951), assumes that whether or not a family will experience crisis depends upon the magnitude of stress, their definition of the situation, and the availability of resources. The stressor event in the case of grandparents raising grandchildren is typically non-normative, as grandparents do not anticipate parenting again during the age of retirement. Non-normative events induce changes in boundaries, roles, and patterns of family interaction. Resources, whether material or nonmaterial, have the potential of stabilizing an otherwise upset family balance that is needed for effective functioning (Zimmerman, 1995). “To the extent that policies and programs represent stressors, they diminish family well-being; to the extent they represent resources, they enhance well-being” (Zimmerman, 1995, p. 217). How a family defines, or perceives, their situation is also integral to the family stress theory. Therefore, a program or policy is only effective if the family perceives it as such (Zimmerman, 1995). Previous research suggests that perceived inadequacy of family resources elevates stress. Alternatively, access to adequate resources can reduce stress (Whitley et al., 2016).
Existing Resources for Grandfamilies

Resources, support, and assistance for grandfamilies come in either formal or informal modalities (Goodman et al., 2007). Grandfamilies receive benefits and support from the local, state, and federal government (Williams, 2011); the child welfare system and case management services with licensed social workers (Kresak et al., 2014); family preservation (Hayslip & Goldberg-Glen, 2000); counseling and therapy (Hayslip & Kaminski, 2008); family life education (Hayslip & Patrick, 2005); and programming through Cooperative Extension (Jurkowski, 2008). Topics for programs currently available for grandfamilies include, but are not limited to sexual health, drug and alcohol use, school violence, and parenting education (Hayslip & Patrick, 2005). Education for grandparents has been disseminated in multiple ways including utilizing technology to provide education from a distance (Brintnall-Peterson et al., 2009; Jurkowski, 2008), group programming (Jurkowski, 2008), and community interventions (Fruhauf et al., 2012; Lee & Blitz, 2014).

Unfortunately, there is a shortage of empirically tested programs (Baugh et al., 2012), treatment interventions, educational opportunities, and adequate policies for helping grandfamilies (Choi et al., 2016; Hayslip & Goldberg-Glen, 2000; McLaughlin et al., 2017; Sumo et al., 2018). Despite progress, most states have a long way to go to ensure a comprehensive set of supports (Generations United, 2015). With more consistency and reliability, community social service programs could be providing higher quality supports (Dellmann-Jenkins et al., 2002), especially with the inclusion of family practice strategies that are often left out of interventions altogether (Whitley et al., 2016). Improving grandfamilies’ access to resources could reduce stress, improve quality of life, and provide them with the capability of providing a supportive and stable home for their family (Kresak et al., 2014). One such resource might include Family Life Education (FLE).

Family Life Education

According to the National Council on Family Relations (NCFR), FLE is the “practice of equipping and empowering family members to develop knowledge and skills that enhance wellbeing and strengthen interpersonal relationships through an educational, preventive, and strengths-based approach” (NCFR, 2019, para. 1). Although services like therapy or case management are based in intervention, FLE is based in prevention through education (Myers-Walls et al., 2011). FLE currently includes 10 broad educational content areas (see Appendix A for a list and explanation of each of the content areas) and includes building skills and knowledge in (a) communication, (b) human development, (c) decision-making and self-esteem, and (d) healthy relationships (NCFR, 2019). Goals of the field of FLE, and the providers who practice FLE, include to teach individuals across the lifespan so that their families can function optimally, to expand programs to audiences currently neglected or underserved, and to expand delivery systems to reach those that are not being reached (Arcus, 1995; NCFR, 2019). To delineate between three very similar domains of family practice—family case management, family therapy, and FLE—Myers-Walls and colleagues (2011) developed the Domains of Family Practice Model. The model depicts each domain as having the similar goal of creating and supporting strong, healthy families, and each domain accomplishes this goal differently and at different times in the family’s trajectory. FLE means to support families by increasing what they know and building skills to deal with needs the family is currently experiencing or will experience in the future (Myers-Walls et al., 2011).
FLE could address the common needs of grandparents raising grandchildren and the individualized needs of these adults and children, if done correctly (Baugh et al., 2012). Agencies working with grandfamilies frequently do not adequately provide opportunities for educational services to grandfamilies (Jurkowski, 2008). Often interventions merely tailor existing education strategies to grandfamilies, but fail to recognize the heterogeneity of the population, the uniqueness of each family’s situation, and grandparents are left with needs that are not met (Dolbin-MacNab & Targ, 2003). Although progress has been made in implementation and delivery of FLE programs to grandfamilies, grandparents still report a lack of availability or frustration with accessibility (Baugh et al., 2012).

Specific strategies geared toward the unique stressors of grandparents raising grandchildren and guided by family stress theory (i.e., developing resources to alleviate specific stressors) may prove to be a more beneficial resource than generalized parenting programs (Landry-Meyer et al., 2005). One approach to increase positive adaptation among grandparents raising grandchildren is by promoting the acquisition of knowledge and skills that make a family more competent (Kresak et al., 2014). Because of the transition these families are experiencing, education in most of a range of content areas could provide a resource that will help them. These areas include: 1) Families and Individuals in Societal Contexts, 2) Internal Dynamics of Families, 3) Human Growth and Development across the Lifespan, 4) Human Sexuality, 5) Interpersonal Relationships, 6) Family Resources Management, 7) Parent Education and Guidance, 8) Family Law and Public Policy, 9) Professional Ethics and Practice, and 10) Family Life Education Methodology. But research has not yet been conducted to determine if FLE would be an effective resource for grandfamilies.

The goal of this study was to explore how FLE can be used as a resource for grandfamilies. Using family stress theory, we explored how FLE can help grandfamilies, who are transitioning through an unexpected situation in their lives, deal with the many stressors they are experiencing. The following research question was used to guide this investigation: How can Family Life Education be used as a resource to help grandparents raising grandchildren?

Methods

Focus groups, a qualitative methodology, provide a way of listening and learning from people within a group dynamic through an environment of open discussion between participants (Morgan & Krueger, 1998). This methodology was used as an exploratory tool to hear from grandparents raising grandchildren how FLE can be used as a resource.

Participants

Upon receiving IRB approval, participants who fit the following criteria were recruited to participate in the study: (a) they were a grandparent of at least one child who was 19 years old or younger at the time of the study, (b) they had primary responsibility for caring for the child, (c) the child resided in the same household, and (d) the parent(s) of the child did not live in the same household. Participants were recruited through a university’s Research and Extension office, a local foster care agency, and other human service and community agencies using email, listservs, and recruitment flyers. Interested participants were screened using the above inclusion criteria and were invited to participate if they met all four criteria. Eligible participants were provided
information regarding the timing and location of the focus groups so they could select the focus group most convenient for them.

At the time of screening and focus group selection, participants’ phone numbers, emails, and addresses were gathered for study reminder purposes. They were mailed a confirmation letter that included the time, date, and location for the focus group or individual interview and a reiteration of the study’s purpose (Morgan & Krueger, 1998). Attached to the letter was a list of the 10 FLE content areas (NCFR, 2011), a FLE fact sheet (Goddard et al., 2014), and an explanation of FLE (NCFR, 2014). The letter asked them to look over these materials to familiarize themselves with FLE to help facilitate useful discussion during the focus groups and interviews as people might have differing definitions of education. Participants were given a reminder phone call or email, depending on preference, 24 hours before each focus group or interview to protect against attrition (Morgan & Krueger, 1998).

Based off interest and availability, two focus groups consisting of five and six participants each were held at the local public library or public meeting room. Three participants were interested in participating after the conclusion of the focus groups, so in order to gather data from more grandparents, who are often a difficult population to recruit, interviews were conducted with these individuals in their homes to make a total of 14 participants, all residing within a 60-mile radius of a Midwestern university town.

**Participant demographics.** A total of eight women and six men participated in this study—11 in two focus groups, and three were interviewed individually. Participants were an average of 62 years old, with a range of 42–76 years; 12 were married, one was divorced, and one was widowed. Grandparents had been raising their grandchildren an average of nine years (range = 1–15 years). The participants’ grandchildren for whom they provided care ranged in age from 1 to 19 years old. Grandparents had responsibility for their grandchildren for a variety of reasons including drug and alcohol abuse, physical abuse, parental and/or child mental health issues, and parental instability.

**Procedure**

To begin each focus group or interview, participants completed an informed consent form. The first author explained the purpose, goals, and rules and expectations of the focus group or interview. Similar interview guides were utilized in focus groups and interviews and included questions attempting to investigate the reasons for caring for their grandchildren, stressors they experience, services they were offered or utilized to alleviate those stressors, and their feelings or experiences regarding how FLE could be used as a resource. Prompts and clarifying questions were used when needed to gain additional insight into the topic discussed. Each focus group lasted between 60 and 90 minutes. The individual interviews lasted between 45 and 60 minutes. All sessions were audio-recorded and transcribed verbatim.

**Data Analysis**

Analysis was done collaboratively among the authors. One author had experience working with grandfamilies and was raised by her grandmother, while the other had more limited experience with grandfamilies, but was a Certified Family Life Educator.
Audio recordings from all sessions were first transcribed. Participants were randomly given pseudonyms during transcription for confidentiality. This served as the initial read through of the sessions to get a broad idea of what was said and what occurred. Notes, including nonverbal cues or other visual data, taken by the facilitator and the support person in the focus groups were added to transcriptions and analyzed. Data analysis began immediately following the first focus group session with open coding procedures. Codes or concepts fall under categories called themes (Corbin & Strauss, 2008). Each transcript was then read through again line-by-line to identify themes. The second focus group and individual interviews were open coded and served as comparisons for identifying themes. Various strategies for analysis and coding were incorporated by those of the research team, including making comparisons; drawing upon personal experience; interpreting visual emotions or nonverbal cues, language, and context to understand meaning; and becoming very familiar with the data by going through it multiple times (Corbin & Strauss, 2008).

Theoretical saturation, an important factor in establishing trustworthiness of the findings and an indication that further data collection is not required, was not reached with two focus groups so, as mentioned above, three individual interviews were also conducted. Participants within all of the individual interviews mirrored the responses of the focus groups, which allowed us to conclude that the findings were trustworthy.

Following data analysis, a questionnaire was developed based on the findings to perform member checking with three participants from each focus group to validate the data analysis. Participants were called on the telephone and asked if they would be willing to help verify conclusions that were made. Questions like “does this statement appropriately summarize your experience as a grandparent raising your grandchild(ren)” or “do you feel you agree with this statement” were asked by specifically mentioning findings. All participants confirmed the following findings.

### Results

This study sought to answer the question “how can FLE be used as a resource to help grandparents raising grandchildren?” The findings suggest participants felt education in areas such as finding resources, navigating systems, parenting and guidance, family relationships and dynamics, and development could be a useful resource to alleviate stress, but participants did not always classify the education as FLE due to a lack of understanding of the field’s purpose. Participants also reported numerous barriers to utilizing FLE, harming its ability to properly alleviate stress. Interestingly, the participants felt their adult children or growing grandchildren would benefit more from FLE than they would themselves. Ultimately, participants reported a lack of collaboration between services, educational or otherwise, and a need for better support overall. See Appendix B for an illustration of themes, subthemes, and supporting quotes.

**Education Identified by Participants as Potentially Useful**

The participants in this study suggested there were multiple areas in which they would like to receive more education. Often the lack of education or knowledge in a certain area had caused them stress. Sarah said:

I could’ve used a lot of education. How to manage my stress, you know.
I just think there should be some places out there where people can go to, either a classroom or for stress related families, or parents or children, or because stress brings on a lot of different things for every person, and I had a lot of stress trying to keep everything together.

Participants most often reported wanting additional education in the following areas: finding resources and answers while navigating the different systems, parenting education and guidance, family relationships and family dynamics, and growth and development across the lifespan. Many grandparents also suggested that each situation is unique and this needs to be taken into consideration when providing FLE for grandparents.

**Finding resources and answers while navigating the different systems.** Grandparents reported finding answers to their questions, identifying useful resources, and navigating the multiple systems involved in their lives as being some of the most difficult issues with which to cope. Not all participants were involved with the same systems due to the heterogeneity between their situations. Calvin reminiscing about the period of transition when taking over care of his 10-year-old grandson explained, “We're in [one state] and the child's in [another state] and [we] absolutely could not get any leverage with the child's system there.” Grandparents felt as if they had little control in regard to helping their grandchild because of a sense of helplessness while navigating the multiple systems.

When the opportunity to take over raising their grandchildren arose, grandparents were faced with decisions regarding the legality of care but found it difficult to find answers to their legal questions. Cindy, a grandmother newly involved in raising her grandchildren, stated, “Just knowing where, I mean, people don't think to explain words to you. Like, ours are wards of the state.” Even when help was offered, it was often inadequate.

The paperwork involved in completing any task related to the legalities of their situation or providing their family with more resources was often overwhelming. Alice, a grandmother raising a grandson with a mental illness said, “There are so many papers that we have to fill out for this program and that program, you know, to get them help. I need a secretary.” The grandparents expressed the need for someone to educate them on completing the necessary steps to obtain legal custody and with navigating the various systems with which they are involved.

**Parenting education and guidance.** Sarah, a grandmother raising her adopted daughter's child said, “Sometimes parents, we just don't know what to do with them… And anybody that hasn't gone through it, doesn't understand it.” Multiple grandparents explained that a lot of stress came from explaining their current situation to their grandchild so the child would still feel wanted and loved. Ellen explained how her new role was sometimes a difficult one: “It's conveying to the kids that I think their parents still love them, know they do, but even though we're the disciplinarians, we love them as well, or as much.”

Grandparents realized that guiding the children down a path to become healthy citizens was something for which they felt very responsible. Angela stated:
That’s really where the education comes in. It’s just, how do we raise these kids to be healthy and whole and...I don’t want to screw him up. I mean, that’s what I think every day, with every interaction I have with him. I do not want to screw this kid up.

Many struggled with being honest and communicating openly with their young grandchildren about their unique situation, but not causing them any harm. Paul said:

One thing I'm struggling with is wanting to be honest, but you can't be honest with a 6-year-old. You just can’t. You can cause more trouble for them down the road and that’s tough… That’s our concern, the fragileness of the little people’s mind, you know.

The grandparents with young grandchildren expressed confusion on handling the task of communicating with the children about their current situation in a way that the child could understand. The grandparents also wanted to make sure the children felt safe, had a family to support them, and a stable home, despite their parents being out of the picture.

**Family relationships and family dynamics.** The grandparents' adult children, other children still at home, and other family members provided a multigenerational situation that was admittedly difficult to juggle. Bob explained the importance of understanding family dynamics:

One of the family dynamics is this multigenerational dynamic. I don’t see a whole lot on that. When we get these three generations together, how do you balance? Obviously, there’s these stressors in the process. How do you manage the dynamics of the family?

Some of the grandparents were raising their grandchildren while their children were still in the home. They explained that the other children in the household were sometimes affected by their parents raising their nieces and/or nephews. Ellen, a grandmother raising her three grandchildren with her youngest child in high school, said, “Probably the internal dynamics of families, understanding of family strengths and weaknesses and how family members relate to each other. I think that's the one thing that I have the hardest time getting a grip on.”

**Growth and development across the lifespan.** Grandparents indicated that because of the extended time since raising children, having information and someone to talk to regarding proper child development would alleviate some anxiety for them. A few grandparents raising young grandchildren experienced the difficulties of toilet training and explained that it was especially difficult because they had not been exposed to it in many years. Others wanted information on child behavior during various stages as they felt times have changed since they parented their own children. Laura stated:
I will say that going through middle school, it was nice being reminded of how middle schoolers behave so that kind of life stage stuff is a helpful reminder...Being told that and the way kids are these days is different than they were the last generation or certainly different than the way I was raised and just a reminder of how they are now was helpful.

**Each situation is unique.** Many grandparents expressed interest in receiving education regarding something that was unique to their situation. For example, grandparents from this study were coping with things like grandchildren with mental illnesses, adult children with drug addictions, spouses suffering from alcoholism, and teenage grandchildren becoming pregnant. When asked about educational opportunities she had been involved in, Alice explained that she found classes related to mental illness to be helpful:

Mental health has been a tremendous value, and we've gone to a lot of classes that they've offered, and how to get a kid that's not gonna do what you want him to do, to do it. That's been very helpful and I think you could probably do that same type of thing.

Sarah admitted that her husband had a substance abuse problem, and that her granddaughter became pregnant as an adolescent. Sarah indicated it would have been nice to receive education on substance abuse, family stress and crisis, and family dynamics. She said:

If I'd had more Family Life Education, someone to go to or to be able to call someone and say this is our situation at this point in time. If there was a way for a Family Life Educator to give me some leads on which way to turn. I can't see where it would be any harder than getting therapy. Because, maybe a Family Life Educator could come into the home and say something different if they saw the home, whereas you go to an office.

**Previous Experience with FLE**

Many of the grandparents had prior experience with FLE in one way or another, whether or not they were aware that it was such. Quite a few of the grandparents involved with the child welfare system had taken the foster parent classes to become licensed foster parents, which may or may not be formally classified as FLE. They explained that the classes were beneficial to receive formal parenting training. Others were involved with programs offered through their school systems that they identified as being useful. Ellen explained that through her youngest grandchild's Early Head Start:

They had family nights where you not only learned about budgeting and child development and the kids’ interaction
with each other, you got to meet the other families, too, and watch your kids play and grandchildren play and interact and find out what they're doing and what they're not.

Others were given books, pamphlets, and various reading material from their local social service agencies. A few reported still utilizing those materials even after much time had passed. Sarah received services from a Parents as Teachers parent educator from the community who came into her home. She said, “I always appreciated whatever information she gave me. … She would evaluate [my granddaughter] and she was very good at it…Talking with [my parent educator] sometimes helped me in some situations.”

**Education is Great, But Not for Me**

Grandparents identified many areas of education as being relevant to their current situation. They also indicated, however, that their adult children or grandchildren would be better suited for FLE than were they.

**Adult children.** Some of the education was seen as needed presently for their adult children. As Bob explained:

Talking about resources and needs, these parents of the grandkids need resources. They’re the ones who need. We could get resources, particularly for our son to get some of the help he needs, and I think it would solve a lot of problems with raising the kids.

Although some of the grandparents felt their children could benefit from FLE (e.g., parenting education or information on growth and development) now, most of the grandparents felt the education was too little too late, that the adult children needed FLE before they had children or while they were having children. Cindy stated:

These people could not become better parents unless it starts way younger. Why aren’t they doing more in high school to teach people how to relate to each other and how to care for each other, even if it’s not caring for children? I just think it all needs to go back a little farther, ’cause by the time it’s in this situation, it’s almost too messed up to fix…I guess I’d just like to have all of these services for my adult children, not necessarily for myself ’cause that’s the stuff. I don’t know where they’re supposed to get it.

**Grandchildren.** The grandparents were determined to make sure things turn out better for their grandchildren. They saw FLE as a valuable tool to prevent their grandchildren from continuing down their parents’ path. Bob said, “We keep talking about grandparents or even the parents, maybe the kids is where the education should be.” The grandparents felt that FLE could
help both their grandchildren's current and future life. Many of the grandchildren were struggling with understanding why their situation was the way that it was. Ellen explained, “I guess if they had a sounding block to speak out to someone about their frustrations. Why is this going on, what's going on here, you know, that type of thing, that may be a good idea.” The grandparents felt extra responsibility for the grandchildren because they felt it was not their fault and they did not ask for their life to be this way.

**Barriers**

The participants of the study also presented many barriers to the utilization of FLE as a resource. The most common barriers included: misunderstanding what FLE was; viewing FLE as irrelevant; timeliness of the resource; believing that educators might not know the information they need; finding it difficult for FLE to be provided in emergencies and to fit unique family situations; and other common barriers to FLE such as time, health, and finding childcare.

**FLE is misunderstood and irrelevant.** The participants were often confused about FLE and why it was relevant to them as grandparents raising grandchildren. Calvin said, “I was actually kind of at a loss as to what it was, and why it was included in the context of what we thought we were gonna come here and talk about.” Other grandparents felt that the idea of FLE was idealistic or unrealistic. Paul said:

> I kinda took it as you’re selling that one agency to educate everybody to be good parents…Get with those people and they’ll give you all the information on how to be the perfect family. I’ve never seen one myself, but give it a shot.

Some of the other grandparents were worried about the accessibility of FLE. Cindy said, “I thought it all sounded wonderful, but how accessible is it? It's a great ideal, but I guess I can't quite see that a person or organization could get all that done.”

**Lack of knowledge in areas of need.** Some of the areas the grandparents identified as being areas they could use more education in, they also felt educators would not “know” because they were not issues involving basic family life skills. For instance, Calvin expressed his concern about the validity of FLE by saying:

> We’re talking about an organization that is offering a sort of family counseling services, or educational services related to the family relationships. Rather than the more tangible things that we’re all talking about, which is food, childcare, bills, and that kind of stuff…I don’t think we know these things so it’s hard to teach them. How do we communicate to a 5-year-old who his real dad is in these situations? Those are more difficult things, the questions I think we’re all still grasping with.
Other grandparents felt concerned that the education provided would not get deep enough to move past general knowledge. Ellen described a situation where her daughter, who had her children taken away, was participating in a parenting class. She said, “When [my daughter] was doing the family parenting class, it dealt with fairly general issues, but just did not get deep enough to where it was ever gonna do her any good.”

Because many participants described needing education suddenly, they thought FLE was an unrealistic answer to their needs. Many participants expressed concerns with how the information would get to them quickly, and that it may not be possible to have information available for every possible situation. Grandparents also shared the importance of the education meeting the needs and unique situation for the family at that particular time. Calvin said, “I think in terms of education, as I sit around and listen to this room, we still all have questions about all of these areas, but specifically dealing with our unique situation.”

**Real life barriers.** The most common issues participants reported were a lack of time and energy and difficulty with finding childcare. Laura said, “I don't have the energy I had 20 years ago.” The participants’ age, fatigue, and energy level came up as deterrents to participating in any form of FLE multiple times. Ellen said, “Finding the actual time to commit to something else. Time and energy level were intertwined because participants admitted even with time available, they did not have the energy. Additionally, finding good and reliable childcare was identified as a barrier. Alice said, “When you have somebody at home that you have to stay with all the time, you can't get out to a support group very easily.”

**Lack of Collaboration**

Ultimately, the participants expressed that a lack of collaboration existed between the many services and systems with which they were involved while caring for their grandchildren. Additionally, participants identified support, whether it be formal or informal, as being important for coping with and managing stress.

**No magic place.** When discussing the issues with finding resources and getting answers to her questions, Cindy said, “I kinda just hope there's this magic place where you can just go and find out all the information you want and it doesn't work that way...There's just not that little magic place to go to.” Grandparents were frustrated that they had to visit multiple places to find the answers they needed. No single place that specialized in their situation existed.

**Support.** When asked about what makes their family resilient, support from friends, family, their church, and the community came up as something that was very important. Grandparents identified with having support as a reason that they felt they were coping well. Ellen said, “Moral support more than anything...The services through Head Start, they were a lot of moral support.”

When the support was lacking, however, or they felt it was inadequate, the grandparents reported needing more. Ellen later said, “Friends can offer advice, but if they're not in the situation, they don't know.” The grandparents identified with support groups as being a useful
thing due to the, as Calvin said, “slightly less academic and more experiential” nature. It was very important to them that the information, education, and support came from those people who were experiencing or had experienced a similar situation. The grandparents explained that a mentor relationship would be beneficial. Cindy said:

I think a support group of people who are there, in the thick of it or have been there. And maybe people who have been there but maybe aren't, like you have older ones, but like somebody who had little ones like we do now but are out of that now.

**Discussion**

These findings suggest there are a number of content areas in which more education could be useful (e.g., finding resources, navigating systems, parenting and guidance, family relationships and dynamics, and development), but numerous barriers to utilizing FLE and other issues exist. Grandparents feel their adult children or growing grandchildren would benefit more from FLE, however, especially if it is given early in life. Ultimately, there seems to be an overall lack of collaboration between services, education or otherwise, and an overall need for more adequate support.

Baugh et al. (2012) presented a suggested list of best practices for FLE with grandparents raising grandchildren. Among those were the need to address multiple issues through education unique to each family, remove barriers to participation and utilization, collaborate with other family professionals, include nuclear and extended family members into educational opportunities, and offer support groups (Baugh et al., 2012). The findings of this research project support this list and suggest that FLE can be a useful resource for grandparents raising grandchildren to alleviate stress should the participants deem it as such, just as the ABCX model and Family Stress Theory suggest.

Although a practitioner can believe education can alleviate some of the stress a grandparent is experiencing while raising their grandchild(ren), the grandparent may not be in congruence with that belief. In order for grandparents to view FLE as beneficial, they need to be aware of the goals providers have when incorporating FLE into their practice, feel those goals are relevant to them and their family, feel they need it, and be offered the types of education in a timely manner. Their values, beliefs, and the meaning they attach to their situation will partially determine the effectiveness of services (Hayslip & Kaminski, 2008). Grandparents must identify with feelings of stress and believe that FLE is a useful resource to alleviate some of that stress (Bailey et al., 2009).

A variety of FLE content areas are relevant to grandparents (Baugh et al., 2012, see Table 1) and could serve as an educational resource connecting grandparents to solutions for their stressors. Similar to the findings of Hayslip and Kaminski (2008) and Baugh and colleagues (2012), grandparents in this study find that there is difficulty with understanding what policies, procedures, and expectations are established as well as where to find resources and how to access them. The FLE content areas of Family Law and Public Policy, Family Resource Management, and Families and Individuals in Societal Contexts can help provide consolation to grandparents.
who face stressors like obtaining legal guardianship of their grandchild, managing childcare instead of retirement costs, and/or navigating various societal systems.

Many of the current FLE programs have strived to address parenting issues for grandparents raising grandchildren (Hayslip & Patrick, 2005) and grandparents identify parent education and guidance as an area of interest. As the participants in this study suggest, the demands of the parenting role provide a unique form of stress and the context of parenting is different from when they parented the first time around (Hayslip & Patrick, 2005). Raising children is off-time and unexpected, and grandparents have lost touch with current parenting trends (Jurkowski, 2008). FLE programs on Parent Education and Guidance can be useful, as long as the education is not merely adapted from current parent education materials, and the unique stressors of raising a grandchild are addressed. Intervention strategies guided by family stress theory can provide resources to alleviate stress for grandparent caregivers as they adapt to the re-parenting role (Landry-Meyer et al., 2005). Providing grandparents with the tools and skills to communicate and guide their grandchildren, especially during their many transitions through life, will help relieve grandparents’ stress regarding their grandchild’s behavior and future and break the cycle of dysfunction.

Most interventions are aimed toward the grandparent to strengthen skills in managing grandchildren’s behavior or to provide emotional support (Thomas et al., 2000). A unique contribution of this study is that grandparents feel they are not the best-suited recipients of FLE, but that their adult children or grandchildren would benefit more. Baugh and colleagues (2012) suggested that family professionals should focus on the physical and mental well-being of grandchildren as a way to provide support for grandparents who are raising their grandchildren. As the grandparents in this study explain, grandchildren need assistance with acknowledging and coping with their feelings about the absence of their parents and having their grandparents as their caregiver (Dolbin-MacNab, 2006). To take it a step further, grandparents in this study also suggest their grandchildren needed to understand their family, in relation to their friends’ families, to find some sense of normalcy. Strom et al. (2000) suggested educating more than one generation at a time creates an interaction where each age group assimilates some aspects of change together and establishes mutual support. Healthy family development requires the adjustment of more than a single generation, therefore, grandchildren, parents, and grandparents should all have access to education (Strom & Strom, 2011). Based on our findings, education regarding communicating with their grandchildren, adult children, and vice versa could be beneficial for each generation (Baugh et al., 2012).

As Bailey and colleagues (2009) also found, grandparents in this study struggle with coping with the confusing family dynamics that come with transitioning into a grandfamily, as well as changing family members’ roles and identities. The Internal Dynamics of Families and Interpersonal Relationships content areas would benefit family members in grandfamilies as they learn to relate to each other again following role shifts and changes. Baugh and colleagues (2012) suggested that incorporating and respecting family diversity and family dynamics into educational opportunities should be considered, which would help with understanding how the family can operate with multiple generations involved in different and changing capacities.

Despite identifying many educational needs that could fall under most, if not all, of the FLE content areas, grandparents express many concerns and barriers to utilizing educational materials. Many grandparents in this study do not understand the purpose of FLE. Even after being offered very detailed explanations of FLE, it is difficult for grandparents to make the
connection between its purpose and their lives. Even for those grandparents in this study who have worked with Family Life Educators, it is difficult for them to believe FLE is relevant to them. Possibly, as Dolbin-MacNab and Targ (2003) found, they are either unfamiliar or have a negative history with such services that causes confusion. The findings of this study suggest that grandparents raising grandchildren experience a lack of awareness of the existence of programs, feel the programs that do exist are irrelevant to their families, and feel services fail to meet the unique needs of their family, similar to the findings of Goodman and colleagues (2007).

Many of the grandparents in this study have been raising their grandchildren for quite some time now, and they have found all of the resources and the education they feel they need. It is during the initial crisis phase of taking on caring for their grandchildren that grandparents experience so many changes and shifts in roles, perceptions, and resources (Bailey et al., 2009). Whether or not a grandparent identifies an opportunity as useful or helpful depends largely on their other life roles and sequencing of life transitions (Luo et al., 2012). In order for FLE to be deemed appropriate by grandparents who are raising their grandchildren, it must be offered and available at the appropriate time.

Participants in this study explained they would find information most useful for them if shared in ways that are less academic and more experiential and if they could access resources and information quickly in an emergency situation. Hayslip and Kaminski (2008) explained that grandparents’ situations often do not allow for any time to prepare or progress through steps to adapt as they are confronted with multiple stressors and problems at once (Hayslip & Kaminski, 2008), which imposes an additional barrier. What is more, each family’s experience of a similar situation will be different. The results of this study support Goodman and colleagues (2007) finding that formal services often fail to meet the unique needs of these families. Therefore, the education must come quickly, fit the unique situation of that family, and still be valid and useful material.

Ultimately, as Family Stress Theory suggests, it is important that in order for education to be an effective resource it must be identified as necessary and needed by the grandparents and family members in the situation. Many grandparents raising their grandchildren who have been involved in some sort of FLE have identified it as being useful. Previous experience with, and participation in, educational opportunities are relevant to whether or not a family will utilize existing resources that are offered (Baugh et al., 2012). If the education they were involved with met their unique needs at the time, they report positive feelings toward it.

Implications

The findings of this study hold many implications for practice and family policy. There is a gap that needs to be bridged between FLE and grandparents who are raising their grandchildren. Additional publicity regarding what FLE is and how it is relevant to grandfamilies would be beneficial. As family professionals, it is our job to learn what grandparents need, what we and others can do to help them, make sure those who need help are receiving it and it is ultimately useful (Hayslip & Patrick, 2006), and to address potential barriers. Fruhauf and colleagues (2015) suggested that not only is there an educational component that grandparents raising grandchildren need, but service providers across all areas of family service need better training regarding what stressors grandfamilies are experiencing and what their needs are. FLE could be used as a resource to not only educate grandparents, but also the various service providers who work with grandfamilies.
In addition to providing FLE for grandparents, FLE needs to broaden its targets and reach the individuals in all three generations within grandfamilies to provide education and support. The education that is implemented must be comprehensive, yet adaptable and individualized. Programs aimed to help parents and children in these situations would have spillover effects to also help grandparents and the entire grandfamily and vice versa (Pilkauskas & Dunifon, 2016). Additionally, involving the participation of all generations together through an inclusive program could further promote adjustment (Strom & Strom, 2011).

Many interventions and programs in place do not include the family as a whole or even include FLE or family practice strategies (Whitley et al., 2016). Including family fun and interaction in FLE programs for grandfamilies will promote motivation to learn and decrease defensiveness while accounting for strengths and empowering participants (Dolbin-MacNab, 2006). Additionally, involving families in the development of services makes it easier to ensure their needs are met.

Having one educator who works one-on-one with the grandfamily would provide family members a person they could turn to for guidance, education, and support, as well as to provide information in a timely manner, which would help to reduce potential barriers. It is also important that the FLE understand that they will likely need to collaborate with professionals in other fields to meet the grandfamilies’ needs. Just as the Domains of Family Practice Model depicts, family case management, family therapy, and FLE have different goals and are needed at different times in family situations (Myers-Walls et al., 2011). It is important that FLEs and other family professionals be properly trained to effectively refer clients to other providers when necessary. As this study’s findings suggest, support needs to be integrated into a network of established collaboration between professionals from all arenas to provide the best resources for grandparents raising grandchildren (Goodman et al., 2007). Similar to the recommendation by Kaplan and Perez-Porter (2014), creating a continuum of support that builds an integrated web of programs, structures, and policies to help grandfamilies would be a step toward a “magic place” or “one stop shop” for them. FLE could potentially alleviate grandparents’ stress as educators could answer their questions, provide referrals, and the educator could be a source of support through an often chaotic and sudden life transition.

Family Life Educators need to be able to not only educate grandfamilies on the usefulness of FLE, but also policymakers on the importance of support for grandfamilies and funding for FLE programs. Another way to help reduce stressors for these grandparents would be encouraging state governments to enact grandfamily-friendly laws and policies (Generations United, 2015) such as de facto custody laws, education and health care consent laws, and policies surrounding financial assistance.

Limitations and Suggestions for Future Research

Although this study adds to our understanding of how FLE can be a resource for grandfamilies, there were limitations, and more research is necessary to clearly understand how FLE can be used as a resource for grandfamilies. Recruitment was difficult, so the decision was made to conduct individual interviews to complete the data, as two focus groups were not enough to reach theoretical saturation. The information gleaned from the interviews complimented the focus group data, but the difference in group dynamics versus a solo interview may have affected the participants’ responses. Even with the added interviews, a total of 14 participants all from the same Midwest region does not allow us to generalize findings.
Additionally, the participants’ understanding of FLE was difficult to interpret accurately. Although not all participants had read the FLE materials prior to the focus groups, even those who read the materials did not seem to comprehend FLE as a practice or how it could be connected to their family. Possibly a better explanation of the materials and purpose of the study were needed prior to data collection. It is difficult to say, however, if that would have biased the participants’ responses. Future research could focus on distinguishing differences between participants who had participated in previous FLE and those who had not. This characteristic could also guide recruitment to further narrow the research question. Furthermore, this issue points to the need for improvement in this area for the field of FLE.

Additional research needs to be conducted with grandparents in other geographic regions, especially those utilizing kinship navigator services, for comparative reasons and for the purpose of developing something more comprehensive. Additionally, more research is needed to understand the modes through which grandparents would prefer education and how a comprehensive education model for grandfamilies can be designed and implemented. Additional research investigating how FLE can be used for the adult children and the grandchildren involved with grandfamilies is also needed.

**Conclusion**

Hill (1949) said, “We believe that it is high time national and local policy was shaped which places family life first, not only in the national scheme of values, but also in the investment of time, personnel, and programs devoted to the common wealth” (p. 337). Even though Hill stated this more than 65 years ago, this statement is still accurate. Instead of being free of their parenting responsibilities and being able to enjoy their last years of life, grandparents are caring for their grandchildren now more than ever. Grandparents are in a vulnerable state themselves, yet state and local governments rely on them to take up the burden of caring for the nation’s most vulnerable population, their grandchildren (Generations United, 2017).

The current state of resources available for grandparents raising their grandchildren is inadequate. What is more, FLE could be doing a better job of meeting the needs of grandfamilies. Grandparents raising their grandchildren identify this education as being important and needed, but a number of barriers limit grandparents’ use of FLE. Ultimately, collaboration among family professionals is key to helping these families cope with their stress. As Ellen, the participant, said, “It’s kinda like a recipe. You put the seasonings in, but if it doesn't taste right to you, try a different seasoning, cut something out, change it, but at least you have a basic recipe some place.” We know the many needs of grandparents raising grandchildren, which forms the foundation or basic recipe for us. The rest of the work includes perfecting it to each family’s taste buds so that they may find what we have to offer useful.

**References**


Conway, P., Boeckel, J., Shuster, L., & Wages, J. (2010). Grandparent caregivers’ use of resources and services, level of burden, and factors that mediate their relationships. *Journal of Intergenerational Relationships, 8*(2), 128-144.


### Appendix A Family Life Education

#### 10 Content Areas and Explanations

<table>
<thead>
<tr>
<th>Content Area Name</th>
<th>Brief Explanation</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Families and Individuals in Societal Contexts</td>
<td>An understanding of families and their relationships to other institutions, such as the educational, governmental, religious, healthcare, and occupational institutions in society.</td>
</tr>
<tr>
<td>2 Internal Dynamics of Families</td>
<td>An understanding of family strengths and weaknesses and how family members relate to each other.</td>
</tr>
<tr>
<td>3 Human Growth and Development across the Lifespan</td>
<td>An understanding of the developmental changes (both typical and atypical) of individuals in families throughout the lifespan. Based on knowledge of physical, emotional, cognitive, social, moral, and personality aspects.</td>
</tr>
<tr>
<td>4 Human Sexuality</td>
<td>An understanding of the physiological, psychological, &amp; social aspects of sexual development throughout the lifespan, so as to achieve healthy sexual adjustment.</td>
</tr>
<tr>
<td>5 Interpersonal Relationships</td>
<td>An understanding of the development and maintenance of interpersonal relationships.</td>
</tr>
<tr>
<td>6 Family Resource Management</td>
<td>An understanding of the decisions individuals and families make about developing and allocating resources including time, money, material assets, energy, friends, neighbors, and space, to meet their goals.</td>
</tr>
<tr>
<td>7 Parent Education and Guidance</td>
<td>An understanding of how parents teach, guide and influence children and adolescents as well as the changing nature, dynamics and needs of the parent/child relationship across the lifespan.</td>
</tr>
<tr>
<td>8 Family Law and Public Policy</td>
<td>An understanding of legal issues, policies, and laws influencing the well-being of families.</td>
</tr>
<tr>
<td>9 Professional Ethics and Practice</td>
<td>An understanding of the character and quality of human social conduct, and the ability to critically examine ethical questions and issues as they relate to professional practice.</td>
</tr>
<tr>
<td>10 Family Life Education Methodology</td>
<td>An understanding of the general philosophy and broad principles of family life education in conjunction with the ability to plan, implement, and evaluate such educational programs.</td>
</tr>
</tbody>
</table>

# Appendix B

**Illustration of Themes, Subthemes and Supporting Quotes**

<table>
<thead>
<tr>
<th>Main Theme</th>
<th>Sub-Theme</th>
<th>Supporting Quotes</th>
</tr>
</thead>
</table>
| **Education** | Finding Resources and Answers while Navigating the Different Systems | “There are so many papers that we have to fill out. For this program and that program. You know, to get them help. I need a secretary.”
<p>| | | “…the system makes no sense.” |
| | Parenting and Guidance | “That’s really where the education comes in. It’s just, how do we raise these kids to be healthy and whole and have... I don’t want to screw him up. I mean, that’s what I think every day, with every interaction I have with him, I do not want to screw this kid up.” |
| | Family Relationships and Family Dynamics | “Probably the internal dynamics of families, understanding of family strengths and weaknesses and how family members relate to each other. I think that's the one thing that I have the hardest time getting a grip on.” |
| | Growth and Development across the Lifespan | “I will say that going through middle school it was nice being reminded of how middle schoolers behave so that kind of life stage stuff is a helpful reminder, from time to time.” |
| | Unique Family Situation | “Well, I think personally, if I'd had more Family Life Education, someone to go to or to be able to call someone and say this is our situation at this point in time. If there was a way for a Family Life Educator to give me some leads on which way to turn.” |</p>
<table>
<thead>
<tr>
<th>Previous Experience with FLE</th>
<th>Not for Me</th>
<th>FLE is Misunderstood and Irrelevant</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult Children</td>
<td>“I guess I'd just like to have all of these services for my adult children, not necessarily for myself. You know, 'cause that's the stuff, I don't know where they're supposed to get it.”</td>
<td>“I was actually kind of at a loss as to what it was, and why it was included in the context of what we thought we were gonna come here and talk about.”</td>
</tr>
<tr>
<td>Grandchildren</td>
<td>“We keep talking about grandparents or even the parents, maybe the kids is where the education should be.”</td>
<td>“I don't know that it's relevant to us. There are parts of it that are okay. But not all of it. So, I think the family has to be strong in order to survive it. So, I don't know if there's a way you can teach that.”</td>
</tr>
<tr>
<td></td>
<td>“I guess if they had a sounding block to speak out to someone about their frustrations. Why is this going on, what's going on here, you know, that type of thing, that may be a good idea.”</td>
<td></td>
</tr>
<tr>
<td>Barriers</td>
<td>Lack of Knowledge in Areas of Need</td>
<td>“So again that was a thing I thought when [my daughter] was doing the family parenting class was that, it dealt with fairly general issues, but just did not get deep enough to where it was ever gonna do her any good.”</td>
</tr>
<tr>
<td></td>
<td>Real-Life and Not Uncommon Barriers</td>
<td>“I don't have the energy I had 20 years ago.”</td>
</tr>
<tr>
<td>Lack of Collaboration</td>
<td>No Magic Place</td>
<td>“I kinda just hope there's this magic place where you can just go and find out all the information you want and it doesn't work that way.”</td>
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<tr>
<td>-----------------------</td>
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<td>----------------------------------------------------------------------------------</td>
</tr>
<tr>
<td></td>
<td></td>
<td>“Because by and large, the folks that we've dealt with know a very teeny little area, and if it's outside that area, you know, forget it.”</td>
</tr>
<tr>
<td>Support</td>
<td>Support</td>
<td>“Friends can offer advice, but if they're not in the situation, they don't know.”</td>
</tr>
<tr>
<td></td>
<td></td>
<td>“I think support groups can be very helpful and do that mentoring thing for grandparents that are just beginning to take it over.”</td>
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</table>
Practice Brief

Online Certificate in Grandfamilies Leadership: Identifying and Fulfilling the Training Needs of Grandfamily Practitioners

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Abstract
This practice brief discusses the development and delivery of a unique online certificate program in grandfamilies leadership designed to serve the needs of a wide variety of grandfamily professionals and support personnel. To-date the program has engaged 177 learners from across the U.S. and Hong Kong representing a diverse set of organizations and professional and lay roles. Evaluation results from the first seven learner cohorts underscore the effectiveness of the program content as well as the utility of an initial program needs assessment to guide curriculum development. Practice implications for future continuing education efforts targeting grandfamily professionals and lay leaders include the need for accessible online education along with additional training opportunities covering topics such as the long term impacts of substance use disorder and trauma along with more local-level content on resources and legal issues.

Keywords: continuing education, online education, distance education, professional development

As the number of grandfamilies continues to grow in the U.S., so too does the need for cross-disciplinary continuing education for those who support the children and caregivers within these families. Yet, despite the growing numbers of grandfamilies, continuing education gaps are noted by professionals who serve this population, with as many as 85% reporting no formal education on grandfamily topics (Smith, 2018). Furthermore, research literature underscores the need for continued professional education and learning on topics that impact children, caregivers, and families, such as grandfamily dynamics, grandparent well-being, child development, community resources, and effective grandfamily program models (Fruhauf et al., 2015; Hayslip & Kaminski, 2005; Peterson et al., 2019).

Online learning programs in a variety of formats from webinars to massive open online courses (MOOCs) to virtual conferences are increasingly popular and such programs have brought a renewed focus to online instructional design. Based on prior research on distance education, an online, asynchronous e-learning format has been found to be both an effective and appealing
approach for learners with at least some college education and prior experience with online education (Donavant, 2009). Beyond learning platform format, educational design best practice places the learner needs assessment as a cornerstone of effective curriculum design and an important first step in the continuing education development process (Cekada, 2010).

There are several factors that make grandfamily professional development a key priority. First, grandfamilies represent a diverse population shaped by racial, ethnic, and cultural considerations as well as rural and urban differences (Hayslip et al., 2017). Such diversity demands diverse and innovative approaches to service delivery. Second, the provision of services to this population often requires an understanding of a variety of issues and corresponding resource needs from child development, legal issues, education, to housing and aging services (Yancura, 2013). It is essential that grandfamily professionals understand such issues from both national-level and local-level perspectives with a special focus on policies, programs, and available resources (Fruhauf et al., 2015). Third, the circumstances that precipitate a grandfamily arrangement, such as the death of a family member or incarceration, create the need for families to navigate an array of service systems including the legal, mental health, and substance use disorder treatment systems. Training for professionals who work with grandfamilies, when available, is likely to be piecemeal, siloed either by system or discipline, and may not provide a comprehensive picture of both the child and caregiver content necessary to successfully serve families.

As a response to these educational gaps, the following practice brief discusses a unique online educational program that was developed at the University of Maine Center on Aging based on needs assessment data and feedback gathered from professionals and lay leaders in the field who are currently working with and supporting grandfamilies.

Program Development

The online Certificate in Grandfamilies Leadership program was developed with funding from the Brookdale Foundation Relatives as Parents Program (RAPP) using curriculum based on needs assessment data collected through a national survey of RAPP network contacts. The curriculum development survey gathered information on a potential target market for the program including program and geographic areas served by potential participants, training areas of interest, common programmatic challenges, and respondent educational background and use of technology. A total of 40 training needs assessment surveys were collected from professionals and lay leaders located in 17 different states. Responses represented individuals working primarily in rural areas (60%), followed by those working in metropolitan areas (43%) and those in suburban areas (30%). The majority worked for agencies focused on serving kinship families (80%), followed by those that serve caregivers generally (58%) and those agencies that serve older adults as a focal population specifically (55%).

The top four services provided to grandfamilies included caregiver support groups, caregiver education, legal assistance, and respite care. In examining service delivery challenges, key issues were noted surrounding program funding (86%) and sustainability of programming (60%), followed by program evaluation (40%) and managing volunteer staff (37%).

Legal and financial topics of interest included resources for grandfamilies (88%), local level legal issues faced by kinship families (74%), and federal and state laws pertaining to kinship care (47%). Children’s mental health issues ranked the highest among clinical topics of interest for providers (68%), followed by discipline and guidance techniques for grandparents and
caregivers (53%) and helping caregivers understand the impacts that grandfamily arrangements can have on children (50%). In addition, the following program administration needs were noted by respondents: increasing caregiver participation (44%), maintaining and expanding programming with limited funding (41%), and the need for effective fundraising strategies (38%). Most respondents had the experience and skill necessary to participate in online learning including the ability to use web and computer-based e-mail, conduct web browsing, word processing, Internet searching, accessing and reading PDF files, and webinar participation. See Table A1 in the appendix for additional detail regarding needs assessment findings.

Final Program Curriculum and Format

Based on needs assessment data, a program curriculum was developed and segmented into nine distinct modules that span a range of administrative and clinical topics relevant to grandfamilies. Module one, the introductory module for the course, discusses grandfamilies and the issues that they face from a broad overview perspective. Module two covers legal information and supports including navigating the legal system and guardianship arrangements. Module three discusses mental health and special needs topics including caring for children with special physical, development, and mental health needs. Module four discusses strategies for taking care of the caregiver and aging-related issues faced by older grandparents. Module five covers identifying and supporting grief and loss as experienced by the children, the family, and caregivers. Module six covers special populations and issues including helping families affected by substance abuse and incarceration, and working with military families and Native American families. Module seven includes a discussion of ethics content including the use of self in practice, professional boundaries, and self-care for the provider/service professional. Module eight covers program development including building a volunteer base and developing a mentor program component. The concluding module, module nine, covers program sustainability topics such as grant writing, developing collaborations, and program evaluation strategies. See Table A2 in the appendix for a full curriculum outline and description.

From this content, the following course objectives were articulated for learners: 1) identify and explain typical needs of and issues faced by grandfamily caregivers and formulate strategies for addressing these needs; 2) discuss issues of health and mental health for caregivers and for children in care and analyze how these issues may have an impact on the extended family; 3) integrate personal self-care strategies into daily practice, demonstrating understanding of the importance of self-care in professional practice; 4) define ethical and personal boundaries in professional practice and explain the importance of maintaining awareness of such boundaries in relation to service provision for grandfamilies; 5) employ strategies for developing, maintaining, and evaluating programs; and 6) use technology to complete professional development opportunities.

Given the target audience of working professionals and lay leaders, program curriculum was delivered exclusively online in an asynchronous format, accessible at any time of day. An established online learning platform was used to organize the content for learners. For the first five cohorts, the Moodle platform was used with a conversion to Ruzuku for subsequent cohorts. Each content module was designed to take approximately one hour or less to complete. The course curriculum was scheduled such that each Monday a new module was released in the course sequence. All modules were accessible from the day they were released until the conclusion of the
course. Also built into the course schedule was a break after every three modules to allow participants to catch up, as needed, on outstanding course content. In addition, each module was organized around a prerecorded lecture or series of brief lectures from national experts ranging from clinicians, researchers, and consultants to nationally recognized extension educators.

Some modules included optional readings and an optional discussion forum was provided for participants for each module week. The discussion forums, originally a required component, were converted to an optional learning component due to the staff-intensive nature of monitoring and facilitating online conversation across a cohort of 20-30 participants. Similar to a college course, participants were given a syllabus prior to the start of the course that outlined the course objectives, course structure and online access information, module descriptions, and a week-by-week course schedule.

**Learners and Results To-Date**

Launched in 2016, the program has offered two learning cohorts per year, one in the spring and another in fall. To-date, seven cohorts of learners have completed the course with an eighth cohort closing out in early 2020 and a ninth cohort closing out in spring/summer 2020. Over the course of the program a total of 177 learners have successfully completed the course components and attained a noncredit-bearing certificate credential.

Data collection was integrated into the program registration process and final course evaluation survey to better inform future program efforts. To gain an understanding of the target audience for this program, each participant completed a demographic profile as part of the course registration process. The certificate program was then evaluated by each participant at the conclusion of the program using an online survey tool delivered via the Qualtrics survey platform. This evaluation tool collected information on the extent to which course objectives were met; learner self-report of anticipated application of their learning into practice; self-report of post-course knowledge, skill, and comfort level in serving grandfamilies; individual module ratings, as well as ratings for each technical component of the course including the learning platform, recordings, options discussion boards, quizzes, use of a cohort model, and course pacing/schedule.

**Participants**

Participant data indicate that the program appealed to a wide variety of learners including professionals who work with children (51%) and those who work with older adults (52%) as a primary audience of focus. A majority of participants served caregivers (61%), broadly defined, and grandparents raising grandchildren (81%) specifically as a target client population. A little more than half (56%) of the learners to-date worked at agencies that served over 40 grandfamilies clients per year in their role. See Table 1 for additional organizational information.

**Table 1**

*Participant Demographics: Organizational Information*
The program has thus far attracted those with some level of postsecondary education, online education, and professional experience. The majority of participants have included those with four-year college degrees (42%), learners with master’s degrees (33%), and those with some college credit (10%). Fewer numbers of participants represented individuals with postmasters education (6%), two-year college degrees (6%), and high school education (3%). The majority of learners held formal administrative or direct service program roles such as case manager, kinship specialist, kinship advocate, program coordinator, manager, program director, and social worker.
The majority of learners (77%) have worked in their respective fields for under 10 years and the remaining reported 10 years or more of work experience. The program was also successful in attracting lay audiences as 11 individuals self-identified as either grandparents, caregivers, support group lay leaders, or retirees with a personal interest in grandfamily issues. See Table 2 for additional information on the professional and educational background of participants.

Table 2

<table>
<thead>
<tr>
<th>Variable</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Years in current position (n = 167)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>0-1 year</td>
<td>37</td>
<td>22</td>
</tr>
<tr>
<td>2-4 years</td>
<td>57</td>
<td>34</td>
</tr>
<tr>
<td>5-9 years</td>
<td>36</td>
<td>21</td>
</tr>
<tr>
<td>10-14 years</td>
<td>23</td>
<td>14</td>
</tr>
<tr>
<td>15-19 years</td>
<td>6</td>
<td>4</td>
</tr>
<tr>
<td>20-29 years</td>
<td>5</td>
<td>3</td>
</tr>
<tr>
<td>30 or more years</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>Education level (n = 177)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Four-year college/university</td>
<td>74</td>
<td>42</td>
</tr>
<tr>
<td>Some college</td>
<td>17</td>
<td>10</td>
</tr>
<tr>
<td>Masters</td>
<td>59</td>
<td>33</td>
</tr>
<tr>
<td>Post-masters</td>
<td>11</td>
<td>6</td>
</tr>
<tr>
<td>Two-year college</td>
<td>11</td>
<td>6</td>
</tr>
<tr>
<td>High school</td>
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<td>3</td>
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<tr>
<td>Prior online education (n = 177)</td>
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<td></td>
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<tr>
<td>Yes</td>
<td>169</td>
<td>95</td>
</tr>
<tr>
<td>No</td>
<td>8</td>
<td>5</td>
</tr>
</tbody>
</table>

Note: Percentages may add up to more than 100 due to multiple choice options or rounding.

Participants hailed from 28 different U.S. states, along with one participant joining the program from Hong Kong. In examining the reported catchment areas served by learners, the majority were serving rural (71%) or suburban (48%) areas of the U.S. A little over half of program participants served grandfamilies through a private nonprofit (54%), followed by those who worked for an area agency on aging (15%) and those who were employed by a department of health and human services or other local or state governmental organization (13%).

Marketing and Outreach

As the course was designed for working professionals, initial and ongoing program marketing has targeted potential participants via existing e-mail databases and listservs, and marketing materials distributed at local and national conferences. Outreach methods have included e-mail distributions to the University of Maine Center on Aging contact database (local
and national contacts), the Brookdale Relative as Parents Program (RAPP) network listserv, Generations United newsletter, and e-mail communications sent via National Association of Area Agencies on Aging. Certificate program information was also distributed via local aging-related and child welfare conferences, as well as the Brookdale RAPP Network conference for current and past RAPP grantees.

Participant pre-program data indicate that friends and colleagues were the top source of referral to the program (37%) followed by e-mail announcements from the Brookdale Foundation (28%), e-mail and other announcements provided by local organizations and groups (15%), and UMaine Center on Aging communications (12%). Additional sources of referral included Generations United and web searches.

**Learning Outcomes**

Self-report, post-program, learning outcome data suggest that course content was effective in increasing knowledge and skill, as well as creating intention to apply learning to practice. An examination of post-course ratings reveals that the majority of learners felt their knowledge of best practice was high post-course (93%) as was their skill (90%), their understanding of the challenges faced by grandfamilies (99%), and comfort level in working with grandfamilies (93%).

The content of each module was assessed by a question as to whether or not the learner anticipated using the module content in their practice based on a four-point rating scale from “strongly disagree” to “strongly agree.” All modules were rated favorably with all scores ranking in the “agree” or “strongly agree” range. The minimum score reported as 3.46 \((n = 157, \ SD = 0.59)\) for module 8 which covered volunteer recruitment and building mentorship programming and the maximum score was 3.79 \((n = 167, \ SD = 0.45)\) for the module that covers encouraging caregiver self-care.

**Online Learning Format and Features**

Overall, the online learning features garnered positive ratings from participants. Though the learning platform changed over the course of the first four years of the program, learner ratings of the online platform were high regardless of the system used, with ease of use rated at an average of 3.75 \((n = 166, \ SD = .50)\) out of a possible 4 points. The use of recorded lectures and overall lecture quality were also rated highly, each earning an average rating of 3.56 \((n = 165, \ SD = .61)\) and 3.65 \((n = 166, \ SD = .54)\) respectively. The pacing of the program, course quizzes, and the use of a cohort model received similarly favorable ratings. The discussion forum ratings received lower ratings with an average of 2.84 \((n =158, \ SD = .86)\) out of 4 possible points. Higher ratings were generally provided by users early on in the program’s development when a weekly discussion post was a mandatory component of the course and discussions were facilitated by staff.

There were several challenges noted by the learners and course facilitators. First, the use of an online format requires ongoing updating and tech support be available to participants. For example, learners noted issues with broken links in their evaluation forms that warranted additional upkeep to the established modules. This is a consideration for future program development as adequate resources need to be allocated to monitor and update program content.

**Training Gaps**
Program evaluations noted a range of post-course training needs in the following categories:

**Substance use disorder and trauma topics.** While some course content was provided on substance abuse and trauma topics, participants desired more in-depth information on the long term effects of these issues on children and families.

**Child and family topics.** A variety of child and family topics arose including helping children as they transition to adolescence and young adulthood; family activities on a limited budget; helping kinship caregivers establish boundaries with children, health promotion for children and families; and helping grandparents support their LGBTQ youth, among others.

**Program development.** Program development topic suggestions included content on evidence-based programs, partnerships within the education system, the use of media, successful grandfamily outreach and engagement strategies, tenets of support group development and facilitation, and in-depth information on cultural differences and how to address those in practice. In addition, several learners expressed an interest in learning about more practical “nuts and bolts” program ideas and information.

**More localized information.** Several learners noted that additional information on local resources and legal information would be helpful to their practice. This program, being national in scope, is not currently able to deliver this kind of content directly but does so indirectly by connecting participants with nationally available resources that can provide such information.

**Discussion**

The work of supporting grandfamilies occurs at the nexus of a variety of systems including child welfare, education, health, and aging services. With the need for core education documented across a variety of disciplines that serve grandfamilies, the certificate program curriculum was designed to provide education on a range of topics that impact children, caregivers, and the family system. Participant data, illustrating interest and learning among a wide range of individuals, further support the need for this type of cross-disciplinary education.

Online continuing education is a growing trend across all fields and provides an accessible means of engaging distance learners. Evaluation results from the first four years of the online certificate program indicate that this type of education, when anchored in needs assessment data, is an effective means of building capacity within the grandfamily professional network. Furthermore, several key considerations arise from the experience of facilitating this program that can inform future educational efforts for this network.

First, program evaluation findings suggest that content and format adjustments, as well as different marketing and outreach activities, may be needed to reach other populations more successfully, such as lay-leaders and grandparent caregivers themselves who may have lower levels of formal education but who may wish to continue their own education.

The instructional design for the course was driven by needs assessment data and designed to provide a flexible format for a primarily working audience. The engagement of nationally recognized guest lecturers was used to ensure quality curriculum was designed and delivered in a prerecorded fashion and in alignment with course learning objectives. For course designers who lack access to experienced guest lecturers, additional quality control measures may be needed
including orientation of instructors to tenets of adult learning, coaching on the use of distance technologies, and strategies for making learning content concise and impactful.

Given the demographic alignment of those who participated in the initial program needs assessment and those who ultimately completed the course, it is clear that this program is reaching the audience it was intended to engage and for whom it was designed. Learner outcomes further support this practice with favorable content and learning ratings reported by participants. These findings together suggest that carrying out a program needs assessment process is a key strategy for developing an effective continuing education curriculum for grandfamily professionals. It is recommended that future continuing education efforts follow this planning sequence when possible to target key groups of learners.

Early results suggest that an easy-to-use online platform is recommended for continuing education programming. Discussion forums, as part of this platform, are likely to garner higher ratings when thoughtfully used and facilitated by staff. This is a component that was phased out as a participation requirement for the course, and when that transition was made, learner ratings of the forum component dropped. It is recommended that future online program facilitators consider the extent to which such a component is of utility to participants and whether or not their use outweighs the staff time and effort needed to facilitate such discussion or interaction.

Additional training gaps exist in the field that can be addressed by future continuing education programming that focuses on in-depth content in substance use disorder issues and trauma, local resource and legal information, and program development topics. Based on certificate program experience, such information can be integrated into future online course design efforts.

Outreach and marketing data suggest that casting a broad net with program communications will increase the likelihood of connecting with target learners. Once awareness of the program and participation increases, word of mouth referrals, built on positive program experiences, are likely to be a key source of program participants for future programs.

Furthermore, the practice experience and data gathered via the online certificate course in grandfamilies leadership emphasizes not only the importance of continuing education in the field but the valuable tenets of practice that can be applied to future educational efforts targeting the range of professionals and lay leaders who serve a growing cadre of grandfamilies. This education provides an opportunity not only to strengthen individual knowledge but also to ultimately translate that knowledge into stronger and more effective services for grandfamilies.

References


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**Appendix**

**Table A1**

*Select Needs Assessment Data*

<table>
<thead>
<tr>
<th>Variable</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Greatest agency challenge (<em>n</em> = 35)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sustaining programming</td>
<td>21</td>
<td>60</td>
</tr>
<tr>
<td>Identifying and using volunteers</td>
<td>13</td>
<td>37</td>
</tr>
<tr>
<td>Case management</td>
<td>8</td>
<td>23</td>
</tr>
<tr>
<td>Accessing continuing education</td>
<td>2</td>
<td>6</td>
</tr>
<tr>
<td>Utilizing technology effectively</td>
<td>7</td>
<td>20</td>
</tr>
<tr>
<td>Collaborations to expand programming</td>
<td>12</td>
<td>34</td>
</tr>
<tr>
<td>Networking with other kinship professionals</td>
<td>9</td>
<td>26</td>
</tr>
<tr>
<td>Educating other professionals</td>
<td>7</td>
<td>20</td>
</tr>
<tr>
<td>Accessing resources and research</td>
<td>5</td>
<td>14</td>
</tr>
<tr>
<td>Program funding</td>
<td>30</td>
<td>86</td>
</tr>
<tr>
<td>Recruiting program participants</td>
<td>12</td>
<td>34</td>
</tr>
<tr>
<td>Developing program materials</td>
<td>2</td>
<td>6</td>
</tr>
<tr>
<td>Managing long-term participant involvement</td>
<td>8</td>
<td>23</td>
</tr>
<tr>
<td>Evaluating program outcomes</td>
<td>14</td>
<td>40</td>
</tr>
<tr>
<td>Staying informed about current topics</td>
<td>6</td>
<td>17</td>
</tr>
</tbody>
</table>
Locating appropriate program staff 2 6
Staff training and ongoing support 6 17
Maintaining quality programming 4 11

**Suggested topics for certificate program (n = 34)**

**Legal issues**
- Federal and state kinship law 16 47
- Local-level legal issues 25 74
- Accessing legal resources 12 35

**Financial issues**
- Resources for grandfamilies 30 88
- Resources for program staff 8 24

**Family clinical issues**
- Supporting relationships with bio parents 9 27
- Discipline and guidance 18 53
- Conflict management 10 29
- Family communication 17 50
- Acknowledging ambivalent feelings 12 35
- Rebuilding a family 8 24

**Helping caregivers understand the impact of**
- kinship care on child 17 50
- Dealing with stigma 3 9
- Youth resiliency and self-esteem 9 27
- Mental health issues 23 68

**Caregiver issues**
- Caregiver stress 26 77
- Self-advocacy for grandparents 12 35
- Respite 16 47
- Behavior issues 14 41
- Caring for special needs children 12 35
- Self-care 10 29
<table>
<thead>
<tr>
<th>Topic</th>
<th>Number of Respondents (n=36)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Isolation</td>
<td>4</td>
</tr>
<tr>
<td>Mental health</td>
<td>17</td>
</tr>
<tr>
<td>Health</td>
<td>12</td>
</tr>
<tr>
<td>Program-related issues</td>
<td></td>
</tr>
<tr>
<td>Increasing caregiver participation</td>
<td>15</td>
</tr>
<tr>
<td>Budgeting</td>
<td>8</td>
</tr>
<tr>
<td>Fundraising</td>
<td>13</td>
</tr>
<tr>
<td>Personnel</td>
<td>3</td>
</tr>
<tr>
<td>Volunteer recruitment</td>
<td>7</td>
</tr>
<tr>
<td>Volunteer retention</td>
<td>4</td>
</tr>
<tr>
<td>Volunteer management</td>
<td>4</td>
</tr>
<tr>
<td>Marketing</td>
<td>7</td>
</tr>
<tr>
<td>Tools and resources for providers</td>
<td>2</td>
</tr>
<tr>
<td>Peer support models for kinship programs</td>
<td>8</td>
</tr>
<tr>
<td>Leadership skills</td>
<td>5</td>
</tr>
<tr>
<td>Doing more with less</td>
<td>14</td>
</tr>
<tr>
<td>Providing an assortment of interventions</td>
<td>8</td>
</tr>
<tr>
<td>Collaborations</td>
<td>5</td>
</tr>
<tr>
<td>Storytelling (telling personal stories)</td>
<td>3</td>
</tr>
<tr>
<td>Working with boards</td>
<td>1</td>
</tr>
<tr>
<td>Advisory committees</td>
<td>5</td>
</tr>
<tr>
<td>Replicable program ideas</td>
<td>6</td>
</tr>
<tr>
<td>Respondent experience with technology (n = 36)</td>
<td></td>
</tr>
<tr>
<td>Computer-based e-mail programs</td>
<td>35</td>
</tr>
<tr>
<td>Internet-based e-mail programs</td>
<td>34</td>
</tr>
<tr>
<td>Web searching</td>
<td>36</td>
</tr>
<tr>
<td>Social media</td>
<td>30</td>
</tr>
<tr>
<td>Opening and reading PDF files</td>
<td>35</td>
</tr>
<tr>
<td>Watching online videos</td>
<td>32</td>
</tr>
</tbody>
</table>
Participating in webinars &nbsp;&nbsp;&nbsp; 30 &nbsp;&nbsp;&nbsp; 83
Skype &nbsp;&nbsp;&nbsp; 19 &nbsp;&nbsp;&nbsp; 53
Google Docs &nbsp;&nbsp;&nbsp; 18 &nbsp;&nbsp;&nbsp; 50

Note: Percentages may add up to more than 100 due to multiple choice options.

Table A2

*Grandfamilies Course Curriculum*

<table>
<thead>
<tr>
<th>Module</th>
<th>Content</th>
</tr>
</thead>
<tbody>
<tr>
<td>Module 1: Introduction and general resources for families</td>
<td>Grandfamily context and overview; General resources for grandfamilies; The challenges and opportunities of serving grandfamilies</td>
</tr>
<tr>
<td>Module 2: Legal information and supports</td>
<td>Navigating the legal system from the grandfamily perspective; Various forms of legal guardianship; Child protective services</td>
</tr>
<tr>
<td>Module 3: Mental health and special needs</td>
<td>Review of mental health and special needs issues faced by children in grandfamilies; Navigating formal support systems to receive assistance for relative children</td>
</tr>
<tr>
<td>Module 4: Taking care of the caregiver/ issues of aging</td>
<td>Caregiver stress and strategies and resources for supporting caregivers</td>
</tr>
<tr>
<td>Module 5: Identifying and supporting grief and loss for children, families, and caregivers</td>
<td>Grief and loss across the lifespan</td>
</tr>
<tr>
<td>Module 6: Special populations</td>
<td>Helping families affected by substance use disorder, military deployment, or incarceration; Supporting Native American families</td>
</tr>
<tr>
<td>Module 7: Ethics: Use of self in practice, boundaries, and self-care</td>
<td>Overview of compassion fatigue and burnout and strategies to avoid and address both.</td>
</tr>
<tr>
<td>Module 8: Program development</td>
<td>Building a volunteer base, including engaging clients as volunteers; Developing mentor programs</td>
</tr>
<tr>
<td>Module 9: Program sustainability</td>
<td>Grant writing; Developing collaborations and partnerships; Program evaluation strategies</td>
</tr>
</tbody>
</table>
Book Review


The title of this book—Grandparenting: Influences on the Dynamics of Family Relationships edited by Bert Hayslip, Jr and Christine A. Fruhauf—highlights the central theme of this text: That grandparents have historically played indescribably important roles in insuring and preserving family functioning and stability, and continue to do so. Over time, as our world has become more complex, families are often geographically distant and more technologically dependent. The complex and intricate roles of grandparents as influential players in families is more essential than ever before.

Grandparenting overviews many of the intricate ways that grandparents influence families, including but not limited, to grandparents caring for grandchildren. Drs. Hayslip and Fruhauf have divided this text into four sections: 1) Understanding Grandparenthood, which provides a foundational approach for viewing roles grandparents play in families in relation to both grandchildren and adult children, 2) Grandparents and Diversity, which focuses on nontraditional aspects of grandparents’ roles, 3) Difficulties and Strengths in Grandparenting, which highlights age-related physical and emotional health challenges as well as unique strengths that grandparents bring to the table, and 4) Cultural/Societal Aspects of Grandparents, which documents grandparenting in the face of a rapidly changing society. Each section contains submissions from distinguished scholars, covering a wide array of topics including multigenerational family issues, step-grandparenthood, grandparent caregivers, sexual orientation and gender-related issues, race and ethnicity, grandparents and grief, and grandparenting from afar. Several chapters focus on age-related health issues, including increased life expectancies and the related effects on family relationships, grandparents in global contexts, and resourcefulness and resiliency in grandparenting. Grandparent roles related to emerging social policies, educational opportunities and directions for future research are also presented. The authors do not attempt to simplify these intricacies. Many of the themes presented in these chapters are over-arching and inter-related, emphasizing the layered and complex nature of grandparents’ relationships within families. Although each chapter focuses on a single issue, inter-relationships between topics are clear. As stated in the book’s foreword, this book “creates a powerful impression of grandparenthood as a relationship that is woven throughout the tapestry of human life and society” (xiv).

This text is an exceptional compilation of research that explores, supports, and at times, redefines grandparents’ roles in family relationships. Grandparents frequently live longer and
families are frequently more complex than in previous generations. There is a clear need to capitalize on the unique insights, knowledge and strengths that can be provided through grandparent relationships. As stated by Hayslip and Fruhauf, their hope is that this book will “. . . promote the advancement of theory, research, and practice, as well as their integration in coming to a fuller understanding of the experience of being a grandparent in the context of family relationships”. (xx). This book provides an excellent foundation for researchers and policy makers who will determine the direction of future research, programs, and services for grandparents.

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Professor, Western Michigan University
Co-Editor-in-Chief, GrandFamilies: The Contemporary Journal of Research, Practice and Policy
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 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.