

# GRANDFAMILIES *of Philadelphia*

**STRENGTHS, NEEDS, & SUPPORTS**

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united**

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# Introduction

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**A**cross Philadelphia and the nation, grandparents are stepping in to raise children whose parents cannot. It is not uncommon for these caregivers to start their journey by receiving a phone call from Child Protective Services in the middle of the night telling them to come and pick up their grandchildren or they will end up in foster care. For other families, the transition may be more gradual, such as when a parent struggling with mental health problems or substance use, leaves their child with their grandparents for one night, then two, a week, a month, until grandma and grandpa's house becomes home. Many grandfamily caregivers are retired and living on a fixed income with little room in their budget to provide for the needs of a child. Suddenly, they are thrust from the leisure of retirement into changing diapers, helping with

homework, and stretching their budget to pay for formula, school clothes, and food for the growing family. They face a range of challenges raising the children that often come into their care unexpectedly. These include financial and legal challenges; issues related to their own health needs; the physical, mental, and behavioral health of the children; and inadequate information about services and supports that are available to them.<sup>1</sup>

Despite these challenges, research shows that when these families get the support they need, children raised by grandparents or other relatives thrive. Compared to children in foster care with non-relatives, children with relatives have more stability, better behavioral and mental health outcomes, are more likely to stay connected to brothers and sisters and

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*“At the age of 70, my arthritis is kicking up, my money is funny, my space is limited, and I have to start taking care of children all over again.”*

PHILADELPHIA KINSHIP CAREGIVER

**Grandfamilies and Kinship Families:** In this report, we use the terms “grandfamilies” and “kinship families” interchangeably to mean families in which grandparents, other adult family members, or close family friends are raising children with no parents in the home. These families can be either inside or outside the child welfare system, and the report will distinguish the level of child welfare involvement where it is relevant.

**Grandfamily Caregiver or Kinship Caregiver:** These terms are also used interchangeably in this report. They are used to capture the spectrum of these caregiving relationships, which include close family friends, godparents, and other adults who are not technically “related” to the child.

their cultural identity, and are more likely to report that they always feel loved.<sup>2</sup>

In light of the opioid crisis, more attention is being given to the growing numbers of these “grandfamilies” or “kinship families” across the U.S. Parental divorce, drug use, incarceration, job loss, teenage pregnancy, death, and parental abandonment/abuse of children have also increased the numbers of children living with their grandparents or other caregivers.<sup>3</sup> The COVID-19 pandemic has both heightened the needs of existing grandfamilies and created new grandfamilies, with a higher incidence of death among minority populations.<sup>4</sup>

Seeking to better identify the strength and challenges faced by grandfamilies across Philadelphia, Generations United conducted



the Grandfamilies of Philadelphia project, which surveyed grandfamilies/kinship families and agencies providing services to them. The goal of the study was to help service providers, educators, policymakers, funders, and other community members to better understand the families, the availability of services for them, and the degree to which they are aware of and able to access helpful services.

The study’s findings collected via surveys, key informant interviews, and focus group discussions can enhance the community’s awareness of grandparents’ perceived barriers to getting needed help, their feelings about parenting again, the difficulties they face in renegotiating their relationship with the child’s birth parent(s), and their lack of connection to others in the community. Equipped with such knowledge, practitioners can empower

### Key Questions the Study Sought to Address in Philadelphia:

- 1.** What is the extent to which kinship caregivers vary considering several key demographic parameters (e.g., age, gender, race, ethnicity, health status, level of education, socioeconomic status)?
- 2.** What are the needs of caregivers and their perceived barriers to accessing a variety of psychosocial, medical, and legal services critical to the well-being of themselves as well as of the children in their care?
- 3.** To what extent do caregivers believe kinship care support agencies provide culturally competent services?
- 4.** What is the extent to which grandfamilies are facing and can cope with challenges related to their physical and mental health? To what extent can grandfamilies maintain positive mental health and well-being?
- 5.** What is the extent to which caregivers receive help and support from others?
- 6.** What are the sociodemographic parameters (e.g., health, gender, race/ethnicity, income) that influence well-being, service need and access, and social support?
- 7.** What is the extent to which the COVID-19 pandemic has impacted grandfamilies?

grandfamilies, increase their self-efficacy and sense of personal control, and improve the quality of their lives.

Nationally and in Pennsylvania, kinship care is the preferred placement option when a child can no longer live with their parents. The growth of grandfamilies and other kinship families has created a tremendous increase in scholarly and professional interest to explore and develop new institutional support systems to assist these kinship caregivers and the children in their care.



An accompanying literature review (appendix C) on grandfamilies was conducted as supportive research for the Grandfamilies of Philadelphia Project and provides significant context for its findings and recommendations.

Leveraging the study's findings and the existing research, this report includes a series of specific recommendations designed to help inform stakeholders in Philadelphia to improve the lives of these families.

## Key Study Findings

- ✔ Grandfamilies have many strengths - they are resourceful, resilient, and find ways to cope with and solve many of the problems they face. Research shows with proper supports, children do better in the care of relatives than non-relatives.
- ✔ Many low-income grandfamilies have insufficient financial resources to address the basic needs for their new family constellation (e.g., bills, food, furniture, housing costs, and clothing).
- ✔ Caregivers often have difficulty navigating agency and government services.
- ✔ Caregivers experience significant stress in their new parenting role.
- ✔ Children in kinship care often have behavioral health needs that have gone unaddressed.
- ✔ Caregivers' physical and mental health can be impacted by their new parenting role.
- ✔ Navigating the school curriculum and virtual education presents financial and digital challenges.
- ✔ Government and community agencies may be unresponsive and insensitive to the unique needs of grandfamilies and may lack cultural competence.
- ✔ Informal supports (e.g., family, friends, church) are essential and need to be cultivated and considered within the formal support plans.
- ✔ There are insufficient opportunities for caregivers to overcome isolation, tend to their physical health needs, and not only manage their stress, but also develop coping skills and find resources to enable them to manage the demands of caregiving as well as the stresses associated with the COVID pandemic.
- ✔ The legal hurdles that caregivers face to achieve child and family stability can also be obstacles to accessing services and supports.

# Background on Grandfamilies

Many grandparents and other kin step forward to raise children they did not expect or plan to raise. Grandfamilies are formed for many reasons including divorce, substance use, incarceration, job loss, teenage pregnancy, illness or death of the adult child, as well as parental abandonment or abuse of the child.<sup>5</sup> These circumstances often stigmatize grandfamily caregivers, isolating them from needed social and emotional support and making it difficult for them to be treated equitably by social service providers, peers who are not raising children, and sometimes even other family members. The stigma often causes grandparent caregivers to feel as if they have failed as parents to their adult children.

Widespread crises like the COVID-19 pandemic and drug epidemics- including opioid, methamphetamine and crack cocaine- have

caused more grandfamilies to form and raised the profile of the families. Although these situations and tragedies can happen to any family across socioeconomic, racial, and ethnic spectrums, data shows that African American, Black, American Indian and Alaska Native people are more likely to live in grandfamilies and are also more likely to die of COVID-19.<sup>6</sup> Therefore, this ongoing public health emergency has not only created new grandfamilies but also heightened challenges for existing grandfamilies.<sup>7</sup>

Research shows that grandfamilies face a range of challenges raising children that often come into their care unexpectedly. These include financial and legal challenges; issues related to their own health needs; the physical, mental and behavioral health of the children they are raising; and inadequate information about options and

*“It’s like starting over again. It’s a good thing. I love the kids. I want to keep them out of the system and make sure they have a better life.”*

**GRANDFATHER, AGE 62**

## Resource Spotlight:



**Pennsylvania GrandFacts: State Fact Sheet for Grandfamilies**  
[GrandFactSheets.org](http://GrandFactSheets.org) »

**Adoption and Permanent Legal Custodianship for Children in Kinship Foster Care: Comparison Chart for Pennsylvania**  
[GU.org](http://GU.org) »

	ADOPTION	PERMANENT LEGAL CUSTODIANSHIP
<b>RIGHTS AND RESPONSIBILITIES</b>		
<b>Child Support</b>	Adoptive parents are responsible for child support.	Permanent legal custodianship providers are responsible for child support.
<b>Medical Decisions</b>	Adoptive parents have the right to make medical decisions for the child.	Permanent legal custodianship providers have the right to make medical decisions for the child.
<b>Termination of Relationship</b>	Adoptive parents can terminate their relationship with the child.	Permanent legal custodianship providers cannot terminate their relationship with the child.

benefits that are available to them. In light of the opioid crisis and the COVID-19 pandemic, more attention is being given to the growing numbers of grandfamilies across the U.S. However, some grandfamilies may be hesitant to access existing supports because of lack of trust, poor experiences in the past, or negative interactions with care providers.

It is important to understand and be sensitive to the fact that grandfamilies face a host of challenges that can undermine well-being

and quality of life for some caregivers. These challenges include a lack of information about and access to available services and affordable housing, limited financial resources to meet their daily needs, lack of an automatic legal relationship to the child, less access to educational opportunities, and impaired physical and mental health. Despite these challenges, grandfamilies have many strengths – they are resourceful, resilient, and find ways to cope with and solve many of the problems they face.

### GRANDFAMILY STORY: Ms. Carmen

Carmen had a different plan for her life before her two youngest grandchildren came into the picture. Her later years did not turn into a typical retirement story of leisure time with friends and travel.

Carmen put her plans on hold when she stepped up to raise the children – a situation she thought would be temporary, just until her daughter got help with her drug use. When that didn't happen, Carmen sprang into action to make the necessary permanent arrangements to parent a second time.

Those arrangements meant looking for financial assistance for a new place since her Philadelphia Housing Authority (PHA) home needed repairs and had a rodent problem. Now she is awaiting assistance from Department of Human Services (DHS) to help her move.

These life changes often have Carmen feeling like a contestant, navigating an obstacle course – one that has her dodging disappointments from broken promises and playing phone-tag with social service agents, while at the same time, balancing her health and helping a grandson work through his anger issues over his parents not being there for him.

On top of that, she's doing all of this during a pandemic that leaves her grandchildren feeling trapped in the house.

One lifeline she has is her older granddaughter, who no longer lives with her. She's been helpful, but the college graduate has her own life and work to deal with.

Like so many caregivers, she wonders who will take care of her little ones if something happens to her. She thinks her oldest granddaughter would take the youngest girl, but the boy's anger issues would make it difficult for others to care for him.

That's when her other lifeline kicks in – her belief that God will help her make her way through it.

The silver lining in all of this is that her grandchildren are safe and are connected to their family and culture. An added bonus, Carmen explains, is that her little ones now call her mother.

Research shows with proper supports, children do better in the care of relatives than non-relatives.<sup>8</sup> Research also shows that supports and services can help grandfamilies thrive, but there are often critical gaps in supports and families are not always aware of or connected to existing services.<sup>9</sup>

Complicating matters, grandparent caregivers often neglect their mental health as they prioritize meeting the children’s needs.<sup>10</sup> Not surprisingly, disappointment in the adult child as a poor parent is commonplace; furthermore, some grandparent caregivers do indeed grieve over the losses they have experienced in taking on this new responsibility, as plans for their future, traditional relationships with adult children and grandchildren, and even marital satisfaction are all often undermined or altered.

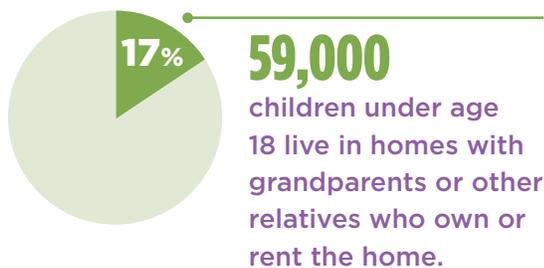
The frequently ambiguous nature of the new caregiver role among middle-aged and older persons complicates matters for

such grandparents. This ambiguity, which grandparents themselves often express (e.g., “Am I my grandchild’s grandmother or mother?”) and experience due to ill-defined circumstances (e.g., having clear legal status versus being informally “responsible”), influences not only how grandfamily caregivers define their roles, but also how others view them. Indeed, such grandparents are often burdened by the perception that they laid the groundwork for the situations (e.g., parental divorce, drug use, or abandonment) that resulted in them raising their grandchildren.<sup>11</sup>

Nationwide, about 2.7 million children are raised in grandfamilies.<sup>12</sup> Over 60% of children in grandfamilies are being raised by their grandparents.<sup>13</sup> African American children are more likely to live in grandfamilies, both in and outside of the foster care system, than any other racial or ethnic group, with one in five African American children living in grandfamilies at some point during their childhood.<sup>14</sup> Kinship

## Children and Grandparents in Grandfamilies in Philadelphia<sup>1</sup>

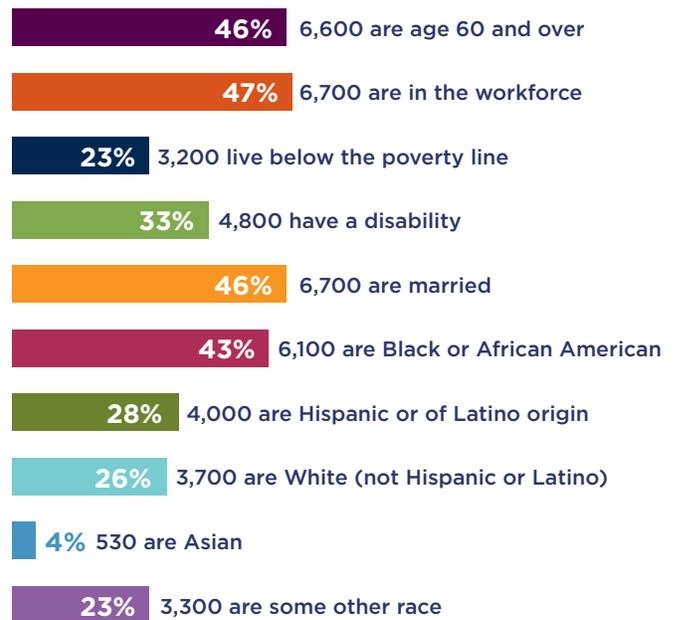
### The Children



**17,000** grandchildren live in homes where grandparents provide their primary care.

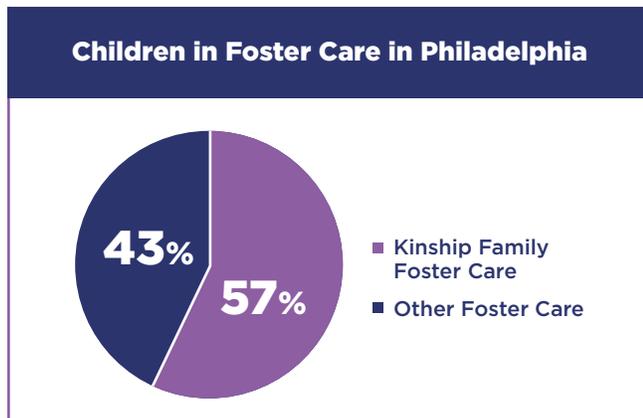
### The Grandparents

**14,300** grandparents are responsible for their grandchildren who live with them. Of these:



care has been a traditional practice in African American families for centuries and is one of the culture's many strengths.<sup>15</sup>

Philadelphia Department of Human Services (DHS) provides the best snapshot of the City's formal kinship care. It's Quarterly Indicators Report cites its strengths as an emphasis on kinship care and decreases in congregate care (group care) as noted by the following statistics from September 30, 2020:<sup>16</sup>



- More than half (57%) of the children in foster care were in kinship family foster care (2,457 youth) and 43% (1,854 youth) were in other foster care.
- Three in five (59%) youth in kinship care or foster care lived within 5 miles of their parent's home, and most (84%) lived within 10 miles, thereby helping them maintain their community connections.

The DHS Quarterly Indicators Report noted the following as challenges and areas for improvement:

- Ongoing challenges with achieving permanent homes for children remain.
  - » Reunification with parents, adoption, and permanent legal custody timeliness have declined in the years following implementation of a new quality improvement framework in 2015.

- » The proportion of youth reunifying with their parents has decreased in recent years.
- » Court scheduling and other court delays related to the COVID-19 pandemic have likely postponed children getting permanent homes.

DHS operates a case management system at the community level where a birth family has a single case manager that is responsible for coordinating ongoing services. The case manager is employed by a Community Umbrella Agency (CUA) and is located in the community where the child lives. Alternative caregivers for children in DHS custody are called Resource Parents. They provide children with safe and healthy environments in a family home, temporarily, until the child can achieve permanency.<sup>17</sup>



## GRANDFAMILY STORY: Mr. Larry

When Larry and his wife got care of their two grandchildren, their first concern was getting beds for them as they live on a fixed income.

He knew the children needed counseling as they adjusted to their new lives, but getting help has not been easy. The process for them was like feeling their way through a dark room—knocking against unseen obstacles as they are directed from one agency to another.

To make matters worse, social service support agencies were physically closed because of the pandemic, and Larry’s phone calls go unanswered.

The adjustments also brought along challenging and positive moments that changed the lives of Larry and his wife in ways they could not have imagined.

For starters, the experience forced them to adapt to a culture of parenting different from when they raised their own children. Larry admits that raising teenagers today often strains his patience, especially since the constant togetherness is wearing on all of them.

His greatest fear is what will happen to the children if he and his wife get sick or die. He also worries about them getting the education they need.

But he’s keeping an open mind as he keeps up with current events.

His open-mindedness includes being okay with the children disagreeing with him and his wife, as well as allowing them to speak their minds. When there’s discord, the family works toward a common ground that gets everyone on the same page, which is important to Larry.



# Discussion and Analysis of Study Findings

This project focused on learning about grandfamilies and other kinship caregivers in Philadelphia – their diverse strengths and challenges in caregiving, their physical and mental health, and their need for and barriers to accessing a variety of services and resources.

The study was conducted through a series of surveys, key informant interviews, and focus groups with caregivers and services providers (see appendix A for full methodology). 136 caregivers completed the survey, 31 participated

in individual interviews, and 22 participated in focus groups. A separate survey and series of interviews was conducted with agencies serving the families. Staff from four agencies completed the survey and staff from eight agencies were interviewed by phone by project directors. Those agencies are: Community Legal Services - Philadelphia; Grand Central Kinship Resource Center; Penn State/ Pennsylvania Department of Intergenerational Programs; Philadelphia Corporation for Aging – Caregiver Support; School District of Philadelphia – Office

## CAREGIVER ONLINE SURVEY: Participant Sociodemographic Characteristics

# of Caregivers	Age Range of Caregivers	Gender	Race/Ethnicity	Education	Employment	Annual Income	Referral Type
136 Caregivers	28–88 Years old  Average age 56 years old	116 Female	31 Caucasian	64 Some college-level education	37 Worked full-time	78 Earning between \$10,000–\$40,000 annually	111 Referred by area service providers to the project
		19 Male	71 African American	61 Completed high school or trade school	13 Worked part-time	23 Earning less than \$10,000	25 Self-referred
			24 Hispanic American	9 Some high school	30 Retired		
			4 Asian American		20 Unemployed		
			6 Other				
Familial Relationship to Child	Caregiving Status	Number of Children Being Raised Under the Age of 18	Duration of Caregiving	Legal Relationship to the Child	Expectation for Parental Reunification	Reasons for Assuming Care of Child	
86 Grandmothers	84 Sole caregiver	107 Raising between 1 and 3	19 Less than a year	45 Legal custody of the child	21 Expected the child to be reunited with the birth parent in the next year	Parental divorce, physical or mental illness, substance use, incarceration, death, abuse and/or abandonment of the child, and the adult parents' need to work	
16 Grandfathers	48 Parent assisted with caregiving	4 Raising 4	49 Between 2–5 years	20 Guardianship status	30 Uncertain		
10 Aunts/uncles		7 Raising 5	29 Between 6–10 years	10 Adopted child	77 Did not feel that reunification would occur in the next year		
2 Siblings				35 Informal caregivers			
5 Friends				15 Daily child care only			
4 Cousins							
23 Other family members							

of Community and Family Engagement; Temple University Legal Aid – Pathways to Kinship Care; and Senior Law Center.

The gathered sociodemographic data suggest that the online caregiver survey sample is quite diverse, varying substantially across age, race/ethnicity, level of education, income, and multiple dimensions of caregiving (e.g., duration of caregiving, number of children cared for, factors giving rise to the need to care for the child). Some grandfamilies (1/3) would be described as co-parenting in nature, while the remainder would be termed as ‘a skipped generation.’ The latter group typically face the challenges of caregiving with fewer socioeconomic resources or supportive relationships with organizations or individuals that can help them. Such grandfamilies are likely the most vulnerable. In this sample, African American and white grandfamilies were twice as likely to have parents absent from the home as other grandfamilies, while Latino grandfamilies were equally likely to either have parents present in their homes or not. Though there are some patterns across race and ethnicity in measured self-reported characteristics (e.g., parental efficacy, resilience), this picture is one of great diversity.

While the variety of needs reported below do mirror the concerns of grandfamily caregivers in the literature, in some respects the magnitude of personal distress found in the present sample is still relatively low. This may reflect a positively biased sample, meaning those who responded may be more highly educated, in better health, better off financially, or better personally adjusted, for example, than those grandparents who did not complete the survey. It could also illustrate that grandfamilies can cope with the challenges of caregiving in a personally adaptive manner, allowing caregivers to focus on the basic everyday needs and behavioral health issues of grandchildren. It is not uncommon for grandfamily caregivers to put the children’s needs above their own.

## ***Limitations of the Study***

We anticipated greater response at the outset of this project, but the COVID-19 pandemic and the temporary closing and virtual operations of most Philadelphia agencies limited our access to staff and their caregiver clients. As a result, our original design to hold a project kickoff meeting for agencies and conduct in-person focus groups for caregivers and agencies was forestalled and resulted in virtual outreach by email or phone. Additionally, in-person focus groups would have allowed us to conduct values voting for further prioritization of key themes from a group perspective. Values voting allows each participant to rate the top issues presented by the entire group. The resulting sample of caregivers and agencies is therefore likely to not only be smaller than ideally desirable, but also findings based on such samples of caregivers and agencies may not be generalized to the underlying population of each in Philadelphia. However, the findings provide a snapshot of Philadelphia grandfamilies and are consistent with research findings. At the minimum, these findings can serve as a starting point in understanding racial/ethnic differences in health, well-being, social support, and both access and barriers to services. Such understanding can help practitioners be more sensitive to the unique challenges and rewards they experience and help them develop more culturally-appropriate techniques and effective communications with grandfamilies.

## ***Study Findings***

All of the study findings, along with parallel findings from the literature review, are summarized according to 15 topic areas:

### **Caregivers:**

- Caregiver physical and mental health challenges
- Community health disparities
- Caregiver stress
- New parenting role
- Support of family and friends

### Children:

- Children’s behavioral health needs
- Public schools
- COVID-19 digital divide
- Urban violence

### Agencies:

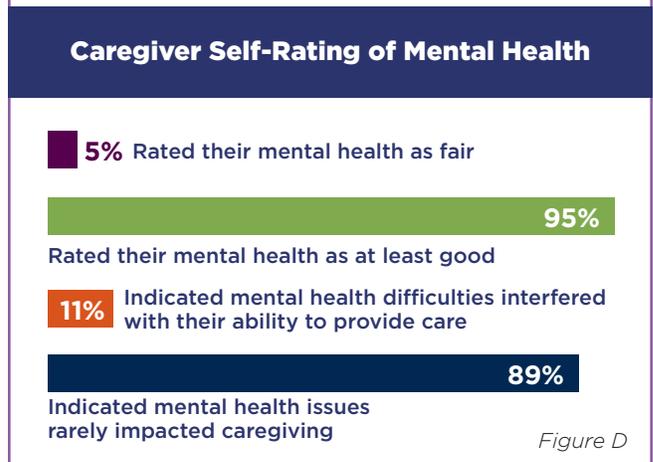
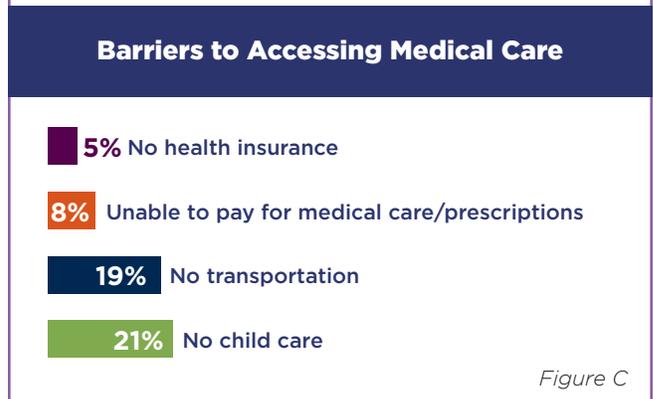
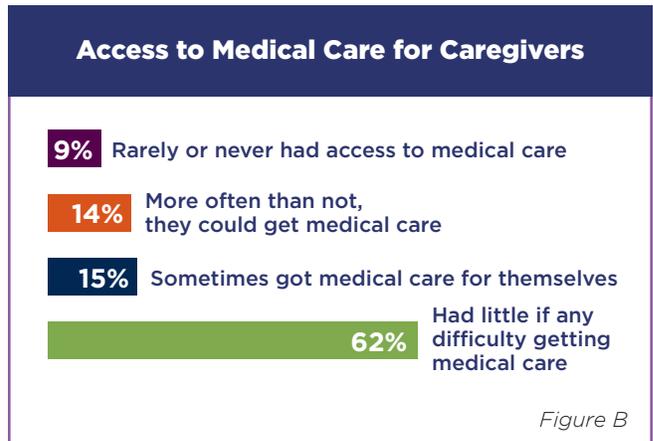
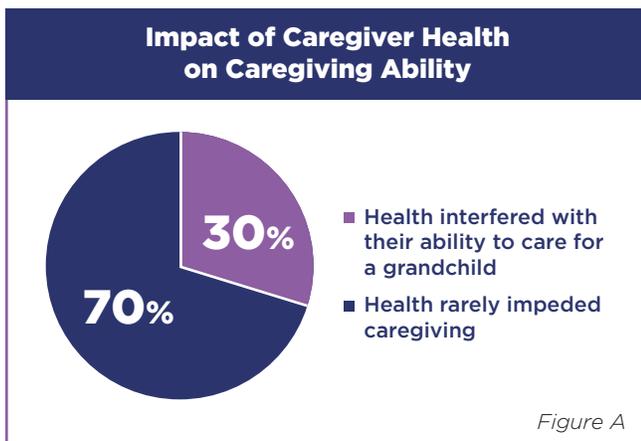
- Siloed grandfamily support services
- Legal issues
- Lack of concrete supports
- Partnerships with faith and religious organizations
- Need for culturally sensitive staff
- Authentic engagement of members of grandfamilies and peer to peer service approaches

### Caregivers

#### CAREGIVER PHYSICAL AND MENTAL HEALTH CHALLENGES

In 2019, almost half of all grandparents raising grandchildren in Philadelphia County were age 60 and older, and 1 in 3 were disabled.<sup>18</sup> These factors typically cause inherent health challenges. The impact of caregiving on grandparents’ physical health is relative to the presence of other factors (e.g., prior health status, intensity and recency of caregiving, social support).<sup>19</sup> Caregivers were asked in this study about their physical health, and 116 of those surveyed rated their physical health as at least good, while 17 rated their health as fair or poor.

Additional caregiver survey results elevate their health care challenges:



*“I do not have enough energy. I am holding on by a thread. I take a nap. I do things with her – I have a walker with a seat on it when we go out. I need more patience – I have to stop and talk to myself. In terms of money, I stretch things as much as possible, though my son helps me.”*

**GREAT GRANDMOTHER, AGE 78**

## COMMUNITY HEALTH DISPARITIES

In 2019, before the pandemic engulfed the community, in addition to the fact that many caregivers were over age 60 and more likely to be disabled than the general population of adults, 43 percent were Black and 28 percent were Latino.<sup>20</sup> These characteristics put these caregivers at higher risk for the COVID-19 virus. Moreover, almost 1 in 4 of these grandparents were living in poverty.

Among caregivers surveyed about their most salient needs before the pandemic, 22 percent reported needing medical treatment for self, 20 percent reported needing mental health treatment for the child, and 13 percent needed medical treatment for the child. During the pandemic, as would be expected given the caregivers’ demographics, grandfamily caregivers expressed grave health concerns for themselves and the children they raise, including concerns about getting sick or dying.

## COVID-19 AND GRANDFAMILY/KINSHIP CAREGIVERS

### Factors Most Strongly Impacting Caregivers’ Lives During COVID-19

Caregivers rated perceived factors that most strongly impacted their lives due to primary (illness) and secondary (government shutdowns, quarantines, community restrictions on everyday life) influences of the virus. The following were rated 4 or 5 on a 5-point scale with 5 being the strongest impact.

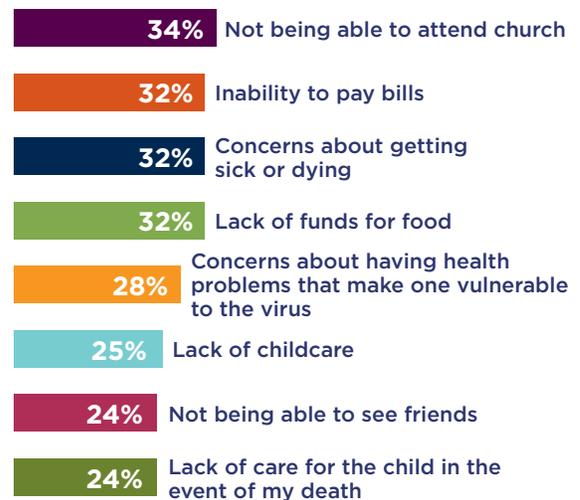


Figure E



## CAREGIVER STRESS

Grandfamily caregivers often suffer from stress-related conditions, and that stress has become more pronounced with their new caregiving responsibilities and the impacts of the COVID-19 pandemic. Grandparents' distress (e.g., depression and anxiety) may arise from the stressors associated with raising grandchildren, as well as other factors that disadvantage such persons, (e.g., being poor, female, and a racial/ethnic minority).<sup>21</sup> Many of these factors have put grandfamily caregivers more at jeopardy than the general population for the impacts of COVID-19. Grandfamily caregivers also illustrated some of their many cultural and other strengths by sharing the supports that have helped them cope with the pandemic.

*“My greatest challenge is childcare. It is important because for me I have to do everything – pay bills, cook meals, do housecleaning. It’s having to take them with you – I need some time to myself. I just recently found a daycare that is clean, licensed and it is reasonable. I still need more assistance.”*

GRANDMOTHER, AGE 61

### Caregivers' Coping Responses to Mandated Virus Lockdowns

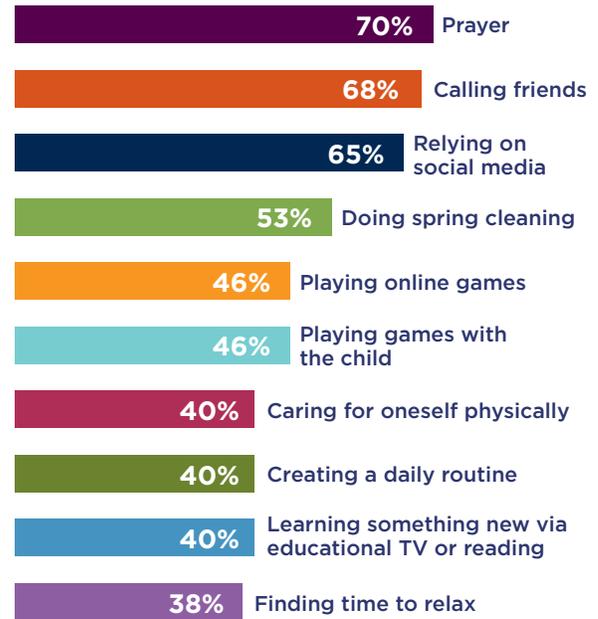


Figure F

### Most Helpful Supports or Resources for Coping with the COVID-19 Pandemic

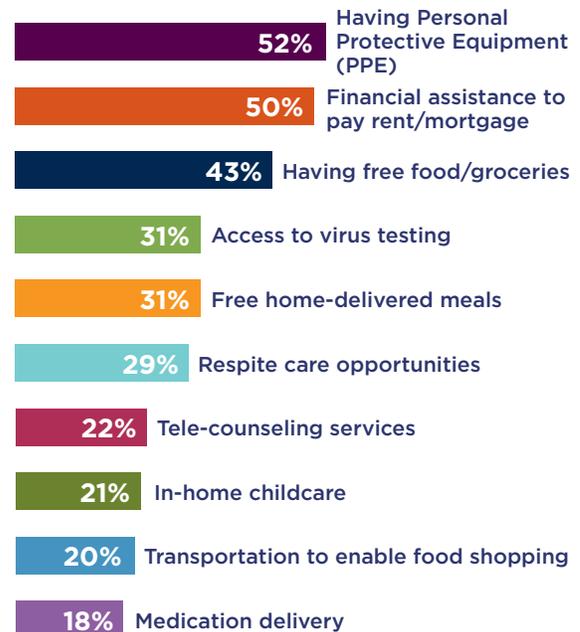


Figure G

## NEW PARENTING ROLE

Many grandfamily caregivers are grandparents and are parenting a second time around. They often come into this role suddenly and unexpectedly at an age and time in their lives they did not expect to be caring for children full-time. The stress of parenting a grandchild is influenced by grandparents' energy and health-related limitations and their psychological distress. They may suffer guilt over their adult children's inability to parent, social isolation, and other health limitations that make it harder to parent. Although caregivers surveyed reported a fairly high rate of parental efficacy, which is defined as effectiveness of parenting skills and confidence in them (M=4.26 out of 5), 14 percent of caregivers gave the highest rating to needing parent education before the pandemic hit. Caregivers responded during focus groups and interviews that one of their greatest challenges as a caregiver has been parenting challenges, especially regarding raising teenagers. Agencies reflected these caregiver concerns by universally rating high the need for parent education.

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*“My greatest challenge is having a lot of patience. You have done that before and now you are doing it again. I try to be on the same page as them. I have done pretty well with raising them. I stay active and keep up with current events. If the children disagree with us, we let them speak their mind, and we come to an agreement.”*

**GRANDFATHER, AGE 61**

## SUPPORT OF FAMILY AND FRIENDS

Extended family, including grandparents, aunts, uncles, cousins, godparents, and close friends, are thought of as



part of the family. Grandparents often hold a special status in the family unit.<sup>22</sup> Extended family members and friends identified by caregivers and young people in grandfamilies should be explored and thoughtfully involved as resources and supports to the family.

Caregiver survey respondents in the study named calling friends as a top coping response to mandated virus lockdowns with 68% identifying it as a strategy, ranking only below prayer. Not being able to see friends was named among the top factors most strongly impacting their lives due to the pandemic. Further supporting these findings, caregivers interviewed in the study named family and friend support among the top three ways they have dealt with and overcome some of the challenges of raising children again.

Agency survey and interview respondents also recognized calling friends as a caregiver coping technique for managing stress and dealing the impact of COVID-19. Despite this, agencies made few recommendations, other than the need for more social events and support groups, relating to promoting or supporting engagement of extended family and friends as a strategy for providing additional help to families. Exploring strategies that design support plans with clearly delineated roles for extended family show significant promise.

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*“My neighbors help me a lot in raising the children. They are grandparents too. They ask me if I need a vacation and if they can take them on trips with them to games. They help with things I need – food for us – they pick it up at the food bank.”*

**GRANDMOTHER, AGE, 59**

## **Children**

### **CHILDREN’S BEHAVIORAL HEALTH NEEDS**

Due to the difficult situations that typically cause a child to go into the care of a grandfamily member, the children often suffer trauma and have behavioral health needs. At a minimum, these children are separated from their parents and may suffer that loss, either alone or in combination with abuse or neglect that may have occurred to them in the parent’s home. Children in the care of their grandparents often experience significant emotional and behavioral difficulties.<sup>23</sup>

Caregivers in this study reflect the broader research. In survey responses, 14 percent indicated that family counseling was one of their most needed services before the pandemic. Among other services used before the pandemic, caregivers elevated the following as among the most used services: support in coping with the children’s learning difficulties, such as in paying attention, staying on task, reading and writing; support for online learning; and mentoring children.

Caregivers in focus groups and interviews shared that one of their greatest challenges as a caregiver has been challenges related to the child’s behavioral health needs (e.g., depression, ADHD), and that they have dealt with these challenges by securing services and supports for children (e.g., counseling, medication, tutoring). Community agencies providing professional counseling have helped them overcome some of these challenges, according to the caregivers. Agency staff reflected the need they are seeing in the community by reporting that they need more training in dealing with trauma.

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*“My children’s behavior has been difficult. I am older and they are both young. Things are a bit different than when I raised my son. The electronics – I have difficulty monitoring their behavior online. Yet, I have done well adjusting to it – we both love them – we enjoy it. You know, raising a kid is raising a kid.”*

**GRANDFATHER, AGE 64**

### **PUBLIC SCHOOLS**

Public schools have the greatest access to children in kinship care but do not have dedicated supports for kinship families. Grandfamilies can experience difficulties related to school enrollment, curriculum, tutoring, special education discussions, and decisions.<sup>24</sup>

Before the pandemic, 14 percent of caregivers surveyed in this study gave the highest rating of 5 to both needing help with the child's school registration and the child's special education. Agencies reflected these concerns in their surveys with unanimity in terms of rated need (4 or 5 on a 5-point scale) for assistance in child school registration. Moreover, agencies mentioned in interviews that coping with the challenges of a child's educational requirements/activities was an issue for caregivers both before and during the pandemic and its resulting school lockdowns.

### COVID-19 DIGITAL DIVIDE

The pandemic has exacerbated the digital divide for kinship caregivers, many of whom are older adults and have difficulty accessing online supports and navigating virtual homeschooling. Technology disparities are even more apparent among less affluent elders who cannot afford the appropriate technology as well as those with lower education levels and literacy capacities.<sup>25</sup>

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*“I try to keep up with them-physically trying to keep up with a seven-year-old. I have to be patient enough to be a caregiver and a teacher with the homework. You have to find things to do while you are locked up instead. I have to explain to a seven-year-old what the pandemic is.”*

**GRANDFATHER, AGE 60**

Caregivers reported one of the most significant impacts of COVID-19 on their lives and caregiving roles had been virtual learning and technology navigation. Agencies also mentioned in interviews that school shutdowns and virtual learning formats during the pandemic presented the most barriers for caregivers because of lack of access to computers and internet service.

### URBAN VIOLENCE

Violence on the streets of urban America is a primary concern of kinship caregivers worried for their children's safety, especially for African American caregivers worried about racial disparities in policing. Black adolescents and young adults are at a higher risk for the most physically harmful forms of violence (e.g., homicides, fights leading to injury, aggravated assaults) when compared with white populations.<sup>26</sup> Caregivers in this study reflected these concerns during their interviews and focus groups, sharing that their greatest fear in raising children, in addition to worrying about what will happen to the children in the event of their death, is community violence.

### Agencies

#### SILOED GRANDFAMILY SUPPORT SERVICES

High among the challenges facing grandfamilies is access to basic information about what, when and where services are available to them. The complex system of existing supports is fragmented and difficult to navigate with poor interagency communication. Many of the systems with whom caregivers interact (such as child welfare, schools, aging services) are not designed with grandfamilies in mind and may not have effective outreach or referral mechanisms to help these families connect to the full range of benefits and supports they need.

Understanding unmet needs, barriers to getting help, and any health-related or psychosocial consequences of these unmet needs and barriers is important in light of the stressors

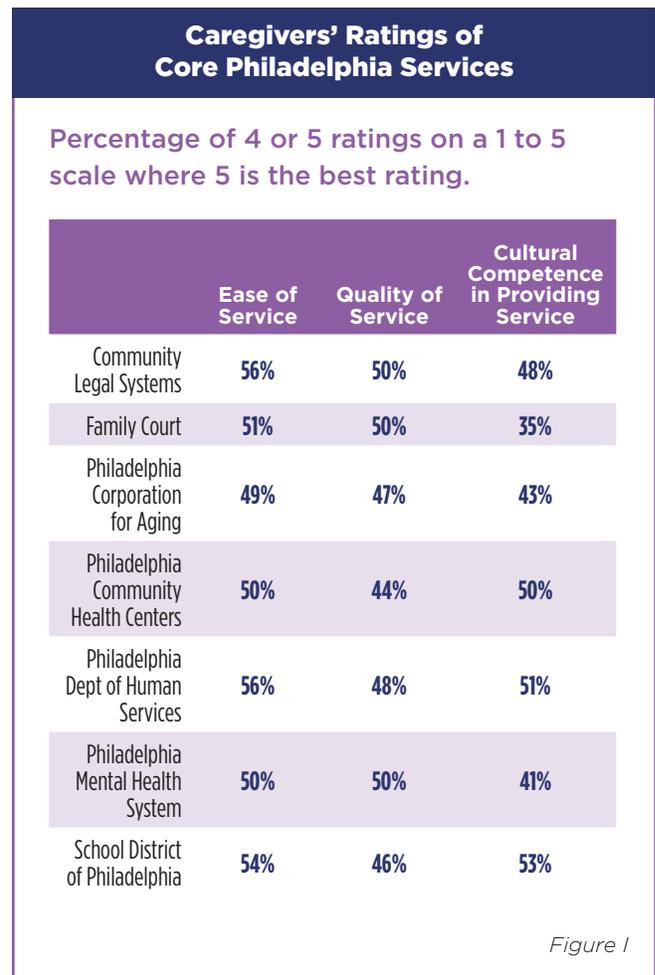
faced by grandparent caregivers. Getting needed social support is viewed as a mediator of the caregiving stress-outcome relationship.<sup>27</sup> Individuals with stronger support typically experience better physical and mental health outcomes borne of caregiving demands while those with less social support tend to fare more poorly in these respects.

Caregivers surveyed in the study rated difficulty navigating government bureaucracy and difficulty connecting and accessing school support among the top 5 barriers to services. (See Figure H) Lack of knowledge of available services was also a barrier and was among the top two reasons for non-attendance at group meetings that provide support or information related to grandfamily caregiving. Results of caregiver interviews and focus groups echoed these challenges. Difficulties navigating the system and timely services were among the top two answers when asked, “What difficulties have you faced in getting these services?” Lack of ready access to services was among the top three answers to “How has COVID-19 impacted your life and caregiving role?”



When asked to rate ease of access to specific core services in Philadelphia, the majority of respondents rated most services with at least a 4 on a 5 point scale (5 being the greatest ease). Still for each of the services, at least 44%

of respondents scored them below a 4, leaving significant room for improvement. While scores were relatively consistent across services named in the survey, the Department of Human Services (56%) and Community Legal Systems (56%) were rated highest. They were followed by the School District of Philadelphia (54%) and Family Court (51%). The Philadelphia Corporation for Aging (49%), Philadelphia Community Health Centers (50%), Philadelphia mental health system (50%) showed the greatest need for improvement in this area. (See Figure I).



Responses from community agencies aligned with caregiver responses. Agencies noted poor access to other community services as one of the most salient challenges in providing grandfamilies services prior to COVID 19. They reported that the navigation of the bureaucratic service systems was problematic for caregivers and complicated by a lack of interagency

collaboration. Increasing this collaboration could reduce replication of services, expand outreach/engagement to caregivers, and expedite timely interventions.

Among the agencies interviewed for the study, the most common referrals were made to the following:

- Banks
- Churches
- Department of Human Services
- Department of Public Welfare
- Drexel University autism project for screening, education and linkages
- Family Court
- Gemma Services
- Grand Central
- Grandparent Resource Center
- Homelessness programs
- Jewish Family and Children’s Services
- Juvenile Justice Center
- Philadelphia Corporation for Aging – Kinship Support Program
- Philadelphia Dept of Behavioral Health
- School District of Philadelphia
- Senior Law Center
- SNAP or food stamps
- Social Security
- Supportive Older Women’s Network (SOWN)
- Temple Law School Legal Aid
- Temple University Family Friends Program
- Temple University Grandma’s Kids

Agencies and caregivers were also asked what recommendations they have for improving services. Agency respondents highlighted a need for more outreach and engagement of families and the need to form interagency partnerships in order to maximize services to caregivers. Similarly, caregivers identified more outreach to caregivers about services and assistance with securing basic needs among the top two recommendations. Caregivers specifically identified a need for a general resource center where grandfamilies could go to get information and be directed to appropriate services.

## LEGAL ISSUES

Many of the 2.7 million children in grandfamilies in the U.S. are being raised by relative caregivers with no legal relationship – such as legal custody or guardianship. Furthermore, only about 133,000 of these children are living with kin in foster care. Without the support of the foster care system or a legal relationship that is formalized by the courts, kin caregivers face enormous challenges such as enrolling children in school, advocating for educational services, consenting to health care or securing other necessary resources for the children. Legal obstacles can make it difficult for grandfamily caregivers to secure custody of the children (e.g., insufficient legal aid for kinship caregivers and the general difficulty in navigating the legal bureaucracy).<sup>28</sup> It is not uncommon for caregivers to spend thousands of dollars and even deplete their savings on legal costs because they are unaware of or unable to access affordable legal aid.

Eleven percent of caregivers surveyed for this study listed legal aid as an area where they had “a great deal of need” before the COVID-19 pandemic. When asked “what has been your greatest fear in raising children?” the top response from caregivers was “worry about who will take care of the children in case of my death or community violence.” In addition to the social, physical and mental health implications of this response, it implies a need for legal support to secure formal arrangements for the children.

Organizations interviewed for the study listed legal services along with support for basic needs as the most needed services for the families they serve. They identified legal system and navigation knowledge as a staff training need and recommended more places for families to get legal help as a way to improve services for grandfamilies in Philadelphia.

## GRAND CENTRAL, INC.: A Place of Support for Kinship Families

Grand Central, Inc. is the first agency of its kind serving all of Philadelphia's kinship care population. It was developed under the auspices of the Philadelphia Task Force on Kinship Care, which was charged with implementing the recommendations generated by the 1993 National Kinship Care Conference that addressed the growing needs of such alternative caregivers and the children in their care. The volunteer Task Force members were key persons from public and private service agencies (Support Center for Child Advocates, Judicare, Philadelphia Citizens for Children and Youth, Department of Recreation, City Council, Raising Others' Children, AIDS Law Project, Office of Mental Health, Department of Human Services, Department of Public Welfare, etc.). Building on the Task Force's vision, the mission of Grand Central is to bring together a consortium of community-based and public agencies, family members, and community leaders to develop effective, family-focused kinship care services. Grand Central services both formal and informal kinship caregivers by providing the following:

**Support Groups:** Bi-monthly meetings to provide practical tips and resources to kinship caregivers and opportunities for caregiver networking and support

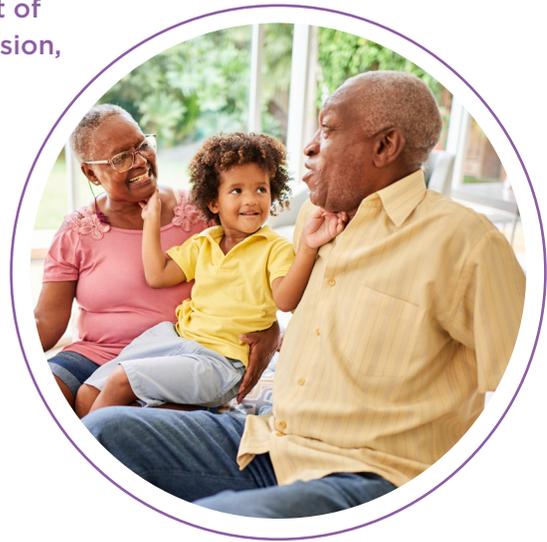
**Information and Referral:** Assistance to families' navigation of public benefits and resources

**Brief Case Management:** Assessment of family needs, linkage to services, and support for their advocacy for children in their care

**Caregiver Advocacy:** Information and support that connects kinship caregivers with services and supports them through tip sheets, videos, and workshops

**Sponsored Social Events (Caregivers and Children):** Annual holiday parties for both youth and caregivers, monthly family dinners, and summer family trips

**Food Pantry:** Provision of free food directly to caregivers in need



*“Grand Central has held my hands every step of the way to help with my new situation. They listened to me and also provide support groups and other fun activities.”*

KINSHIP CAREGIVER

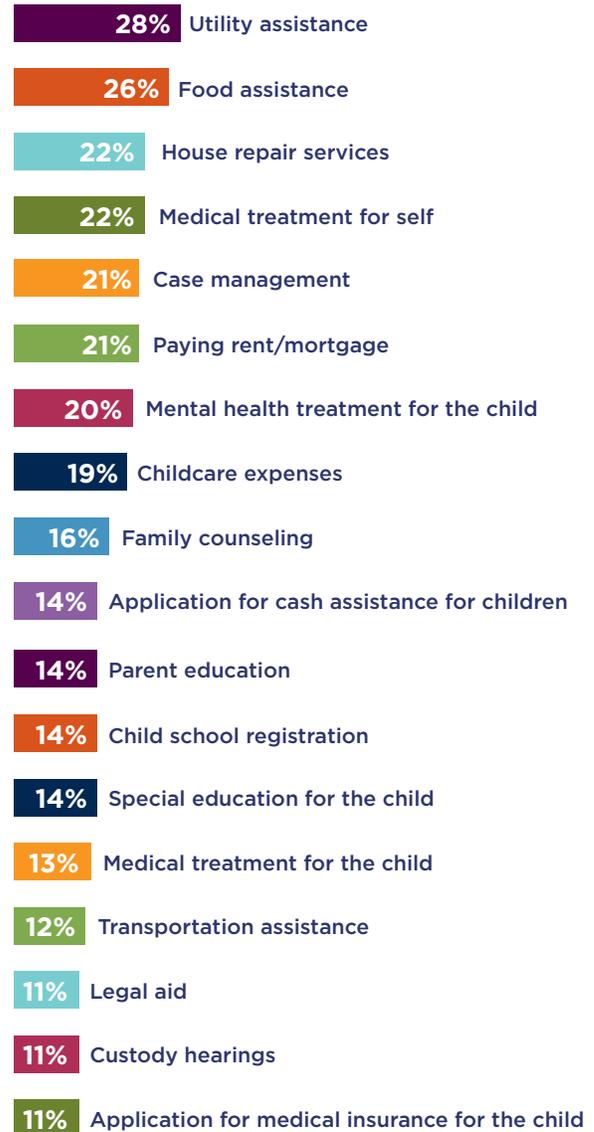
## LACK OF CONCRETE SUPPORTS

Grandfamilies usually step into their role unexpectedly. They may be living on a fixed income and in senior housing or a one-bedroom apartment when their family suddenly expands. When grandfamilies form, they often need emergency help with urgent needs like clothing, beds, formula, diapers, and school supplies. For many, the impact of caring for children places ongoing financial strain on families pointing to a need for help with concrete supports including food, housing, utilities, and transportation assistance. Low-income and minority grandparents are especially likely to face challenges pursuing higher levels of education, obtaining affordable housing, and distrust of social service and medical personnel.<sup>29</sup>

When children go to live with relatives after they come to the attention of the child welfare system, they should be informed about the opportunities to become licensed foster parents which qualifies their family to receive monthly foster care payments for the child. Many families are not told about this option or face barriers to becoming fully licensed. As a result they do not get access to the foster care payments and are often referred instead to Temporary Assistance for Needy Families which provides a substantially smaller level of financial assistance.

As previously mentioned, caregivers surveyed in the study identified “Inadequate funds to support the family and pay for services” as the most common barrier to service. The most salient services requested prior to the COVID-19 pandemic were: utility assistance, food assistance, child care expenses, and paying rent/mortgage (see Figure J). During the pandemic the inability to pay bills, lack of funds for food, and lack of child care ranked among the top six factors most strongly impacting the caregivers’ lives (see Figure B). The top identified most helpful supports or resources for coping with the COVID-19 pandemic included financial assistance to pay mortgage or rent (50%), free food or groceries (43%) and transportation to get food (20%). Access to Personal Protective Equipment,

### Core Services Most Needed Before the Pandemic (% rated as “great deal of need”)



*Not all survey respondents responded to each query. Approximately 100 caregivers responded to such queries*

Figure J

virus testing, in-home childcare and respite were also ranked highly (See Figure C).

Organizations noted insufficient funding as a barrier to providing adequate services both before and during the pandemic. In order to improve services they identified a need for more agency funding that covers financial resources for caregivers' concrete needs.

## **PARTNERSHIPS WITH FAITH AND RELIGIOUS ORGANIZATIONS**

Religious affiliation is an essential part of daily life especially in Black and African American culture and among older populations.<sup>30</sup> Faith and religious organizations are essential emotional supports and trusted sources for many grandfamilies and may be more effective at reaching and sustaining the engagement of caregivers to receive information and supports that help their families thrive.

Caregivers in the study reported reliance on their faith high among coping strategies. Prayer was the most commonly identified response to mandated lockdowns during the COVID-19 pandemic with 70% of caregivers identifying it as a coping response. Not being able to attend church during the pandemic had the strongest impact on caregivers' lives according to survey responses. Interviews with caregivers confirmed this finding and illustrated the reliance on faith prior to the pandemic with prayer and stress management ranking among the top three responses to the question, *"Generally speaking, how have you dealt with the challenges of raising children again?"*

Agency survey responses also noted prayer as a perceived COVID-19 coping mechanism by caregivers and inability to attend church as a perceived negative impact.

Despite these findings, organizations said little about partnering with faith-based groups or religious agencies or organizations as a recommended strategy to conduct outreach or provide support to the caregivers. Thoughtful partnerships with local clergy and faith-based providers could expand the number

of grandfamilies served, increase the number and array of services and help address trust issues that impede caregiver engagement with government service providers.

## **NEED FOR CULTURALLY SENSITIVE STAFF**

Cultural differences are a fact of life. Yet, recognizing, acknowledging and providing services that address these differences is not routine. Failure to do so can negatively impact relationships and practice. A well-meaning white staff person, for example, who is not culturally sensitive may fail to build trust or may damage a relationship by using first names or informal speech when addressing an older African American grandfamily caregiver who identifies the use of formal addresses as a sign of respect. Furthermore, insensitive staff may not recognize or respect the unique challenges of the caregivers who are not all ethnically, racially, or socioeconomically the same.

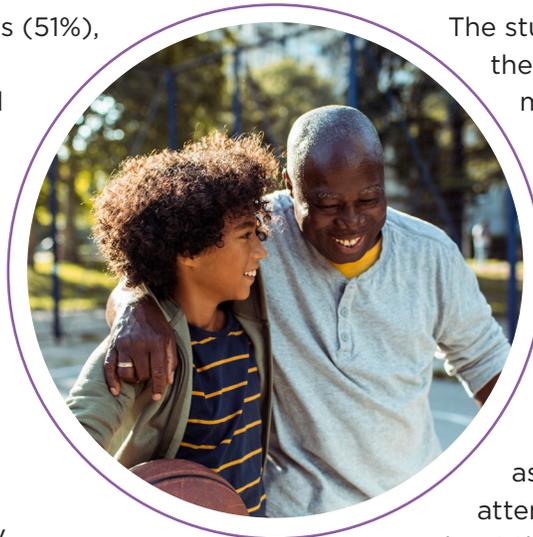
Research shows that Effective Cultural Intelligence gives one the ability to relate and work within diverse populations and extends beyond just cultural sensitivity and awareness to the implementation of appropriate, strategic, and innovative actions for each targeted group.<sup>31</sup>

Recognizing the changing dynamics of our world and providing culturally appropriate/competent services is a process that is evolving. Individuals and organizations are on a continuum of awareness, knowledge, and skills.

While community organizations responding to the study rated staff cultural competence highly, they identified a strong need for professional development and training including communication and diversity training. Recognizing the importance of staff sensitivity, organizations highlighted the importance of providing services with respect and being empathetic of kinship families' circumstances without stigma.

Caregiver ratings of cultural competence of specific core services in Philadelphia showed room for improvement. Only the School District of Philadelphia (53%), the Philadelphia

Department of Human Services (51%), and Philadelphia Community Health Centers (50%) received ratings of 4 or above on a 5 point scale (5 being the highest) by at least half of respondents. Services showing the greatest need for improvement included Family Court (35%), the mental health system (41%) and the Corporation for Aging (43%). (See Figure 1)



Services could be improved by expanding cultural competency training for staff across agencies and by including caregivers and young people in grandfamilies as co-trainers with other professional staff.

### **AUTHENTIC ENGAGEMENT OF MEMBERS OF GRANDFAMILIES AND PEER TO PEER SERVICE APPROACHES**

Participation and feedback from caregivers and young people with lived experience in grandfamilies is key to providing effective, culturally appropriate services. Research from this study and the field show gaps in access and adequacy of services for grandfamilies. This points to the importance of authentically engaging individuals from grandfamilies at all levels of planning, operations, and evaluation of practice and policymaking. This includes use of kinship peer-to-peer approaches such as peer led support groups and engaging caregivers as kinship navigators. Research shows this type of peer at peer engagement to be more effective at connecting caregivers to certain benefits than other traditional approaches.<sup>32</sup>

The study asked caregivers about their attendance at group meetings offering information and support for caregivers. This includes support groups which are a popular model for offering peer to peer help and encouragement. Nearly half of respondents attended such meetings at least twice a year with 9% attending weekly. When asked major reasons for non-attendance, lack of knowledge about the meetings was among the most common responses suggesting an opportunity to engage more families with proper outreach.

While study results demonstrated some alignment of service needs identified by caregivers with those identified by organizations (such as child care assistance and parenting challenges), there were several areas where they differed. For example, caregivers identified insufficient finances to meet basic needs as one of the greatest challenges facing them as caregivers, while organizations rated case management, assistance in child school registration, and social events for caregivers as the most needed services. Establishing a commitment to policies and investments that authentically engage grandfamilies in the development, operations and evaluations in services could help ensure the needs identified by the families better align with services/ resources provided across the city.

# Agency and Policy Recommendations

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The Grandfamilies Project explored the unmet needs of Philadelphia’s grandfamilies, the conditions giving rise to their new caregiving status, and the barriers that interfered with family stability. Issues of access to services and concerns among grandparent caregivers were also an important focus of the present project. Philadelphia’s grandfamily community is ethnically, socioeconomically and culturally diverse. The following provides guidance for community and government agencies to improve their services to grandfamilies based on the project findings and related research:

- **Conduct greater outreach to caregivers to assess their health status and needs as an essential part of any agency intake process.**

Caregivers reported barriers in accessing health care, such as lack of transportation and childcare, and lack of insurance or ability to pay. Agencies can target proactive outreach efforts to caregivers who are in the poorest health and have the fewest resources through their intake process. With the intake results, staff should help secure both health care prevention and intervention care, including individual and family counseling to mitigate caregiver stress. The intake process could include assisting caregivers who need vaccines for themselves and their children to get them as well as making clear their benefits to those who are reluctant to get vaccinated.

- **Provide parenting education classes that inform caregivers of resources available to support their new family.**

This recommendation reflects both what caregivers reported was one of their greatest needs before the pandemic began, and agencies agreed. This type of education should be specific to kinship caregivers. A

new curriculum by ZERO TO THREE geared toward grandparents and extended family can help grandparent caregivers of children under age 5.<sup>33</sup> For older children, ensure that any curricula used is not aimed at “parents,” but rather at kinship caregivers. Many of them have parented before and that expertise needs to be respected and leveraged.

- **Include extended family members and friends, that have been designated by the caregivers, in support plans for grandfamilies.**

Extended family, including grandparents, aunts, uncles, cousins, godparents, and close friends who are thought of as part of the family can be critical sources of support. Model approaches such family group decision making and family finding programs which help identify and engage extended family and supportive community members to support the parents and children, are examples of approaches that can help support children in grandfamilies with additional extended family support and engagement.

- **Ensure that children have behavioral health assessments at intake and follow-up counseling.**

Many children in the care of kinship caregivers have behavioral health challenges, often due to the trauma in their lives before they came in their grandparent or other kin’s care. Caregivers report that community agencies that provide professional counseling have helped them overcome some of these challenges. Agency staff reflected the need they are seeing in the community by noting that they need more training in dealing with trauma.

- **Design school activities and events with grandfamilies in mind.**

Navigating urban educational systems is even more cumbersome and time-consuming for grandparents as they face the additional barriers of enrollment and curriculum challenges. With appropriate attention, grandfamilies and educators can collaborate to identify their needs and strategies to address them, such as using family-inclusive language so grandfamilies know they are included in “parent” activities and supports. Currently, the School District of Philadelphia does have a successful and nationally recognized parent outreach engagement program through its Office of Family and Community Engagement (FACE). However, it does not have dedicated staff to address the unique needs of grandfamilies to increase school-family engagement and increase academic success. The School District of Philadelphia has the broadest touchpoint with grandfamilies in the City, whether children are in formal or in informal systems. Family engagement models in use in other parts of the country, such as the Ohio Statewide Engagement Center at The Ohio State University, show promise as approaches that could effectively

reach and serve grandfamilies through school systems and should be explored for adaptation and implementation with grandfamilies in Philadelphia.<sup>34</sup>

- **Identify and provide free or low-cost digital resources and offer technology literacy support.**

Caregivers and agencies both reported that virtual learning and technology navigation presented significant barriers for caregivers because of lack of access to computers and internet service. Consistent with agency recommendations, agencies can play an important role in helping purchase computers for children’s schoolwork and facilitating in-home computer access.

- **Address community safety issues for grandfamilies.**

Agencies can respond to urban violence as one of the greatest fears of caregivers by training and guiding caregivers and their children on how to respond safely if stopped by police and partnering with community-based groups engaging in effective, community-informed strategies to disrupt violence and promote safety in the city.

## Ohio Statewide Family Engagement Center – A Model for Replication

**The Ohio Statewide Family Engagement Center at The Ohio State University** is a leader in the field of family, school, and community engagement. The mission of the Center is to provide schools, families, and community partners with the tools they need to work together so that all children have success in life and learning. The Center has a GrandUnderstandings project designed to provide resources to assist grandfamilies and the educators who support them. One of their useful resources is a research brief on [School Family Engagement with Grandfamilies in Mind](#). This publication provides key strategies for schools to effectively work with grandfamilies. It is designed to help schools explore and understand grandfamilies, uncover their assets that may not be readily seen by educators, understand what grandparents may need to know regarding school and education, and highlight successful interventions and best practices aimed at supporting families and schools. Although Ohio focused, its strategies could be implemented in Philadelphia. For more information, visit [ohiofamiliesengage.osu.edu](http://ohiofamiliesengage.osu.edu).

- **Establish a general resource center where grandfamilies can access information and referrals to services.**

Caregivers and agencies identified a need for a general resource center where grandfamilies could get information and be directed to appropriate services. Research shows that distrust of government child welfare agencies can impede access to services, pointing to a need for a “kinship navigator program” staffed by individuals familiar with the families and resources available to them across the city.

Pennsylvania has recently responded to this need by developing the Pennsylvania KinConnector. However, results from this study highlighting the ongoing challenges grandfamilies face in learning about and navigating services point to a need for increased outreach by the KinConnector program to grandfamilies across Philadelphia. [KinConnector](#) began operating in 2019 as

a statewide free and confidential resource designed to provide empathy, information and referral services, support groups, training and a range of resources including podcasts, videos, and factsheets with information including how to access benefits, understand trauma, and manage complex family relationships. With increased outreach by KinConnector across Philadelphia, more grandfamilies should be able to navigate services to support them. Greater investments in Philadelphia based kinship support service organizations, such as Grand Central and other organizations highlighted in this report, would help ensure adequate, quality information and referral for local families.

- **Provide dedicated financial resources to legal support systems** in order to help caregivers file papers, secure transport to court, or prepare a will or other document to outline their wishes for the children, etc. Legal services were identified among the most needed services

## Community Legal Services (CLS) — Philadelphia

[Community Legal Services](#) provides free civil legal assistance to more than one million low-income Philadelphians. It assists clients when they face the threat of losing their homes, incomes, health care, and even their families. CLS attorneys and other staff provide a full range of legal services and CLS is nationally recognized as a model legal services program. Key programs that support kinship families include the following:

**Family Advocacy Unit (FAU)** provides high-quality interdisciplinary legal representation to parents in Philadelphia dependency proceedings, to strengthen families and keep children safely at home.

**Health and Independence Unit** represents seniors, people with disabilities, families with children, and others with a wide range of health and public benefits issues.

Philadelphia CLS uses an interdisciplinary legal representation model (team of lawyers, social workers, and peer advocates) instead of a sole practitioner representative, which resulted in 77% of children living in a family-like setting (rather than a group or institutional placement) securing kinship care compared with a city average of 56%.<sup>ii</sup> A report by CLS led the Philadelphia Department of Human Services to change its policy to allow kinship caregivers, who come forward after the child is already in foster care, to be approved immediately as emergency placements, allowing the child to live with family immediately rather than wait for the kinship caregiver to complete the required 12-week training.<sup>iii</sup>

for families. Increased supports could include providing legal clinics, more specialized training for lawyers serving the grandfamilies and partnerships with law firms to match pro bono supports to families in need.

- **Provide timely emergency funds or access to free resources to address urgent needs** including food, clothing, utility assistance, cribs, and other emergency supplies when children first enter grandfamily care. This includes partnering with local organizations that offer these services, dedicating new resources for this purpose, and identifying ways to tap existing sources of funds such as federal [Kinship Navigator Program](#) dollars and [National Family Caregiver Support Program](#) funding.
- **Partner with local clergy** to conduct outreach to grandfamilies and offer direct support to grandfamilies as part of their ministry. Faith and religious organizations are essential emotional supports and trusted sources for many grandfamilies. Partnering with them

shows promise for more effectively reaching and sustaining the engagement of caregivers to receive information and supports that help their families thrive.

- **Expand cultural competency training for staff** across agencies serving grandfamilies to mitigate issues of ageism, racism, and other biases. Cultural training gives staff the ability to work with diverse populations and improves the effectiveness of services. Cultural competency training for staff across agencies should include caregivers and young people in grandfamilies as co-trainers with other professional staff.
- **Authentically engage members of grandfamilies** in all aspects of planning, executing and evaluating policy and practice that affects them and **involve them in providing peer-to-peer supports to other grandfamilies**. This includes connecting caregivers to support groups where they can share their concerns, and remedies and feel like there are not alone or different.

## Resources on Authentic Family Engagement

The U.S. Children’s Bureau has identified that family and youth voices are critical to a well-functioning child welfare system and strongly encourage all public child welfare agencies, dependency courts, and Court Improvement Programs to work together to ensure that family and youth voices are central in child welfare program planning and improvement efforts. The agency outlines the benefits and best practices for authentic family engagement including peer-to-peer supports and services in [Information Memorandum ACYF-CB-IM-19-03](#).<sup>35</sup> Among its recommendations, the memo urges practice that challenges the inherent power dynamic between the agency and families, ensures that all parents and youth have high quality legal representation at all stages of child welfare proceedings, invests in peer-led and supported services, enhances the capacity of the workforce to hear and act on voice, and establishes feedback loops for continuous quality improvement.

Family Voices United is a campaign dedicated to ensuring the voices of those with first-hand experience with the child welfare system are heard. Parents, kinship caregivers, and young people work with partner organizations Generations United, Foster Club and the Children’s Trust Fund Alliance to provide information, tools and resources to help promote authentic engagement of family voices. Among the key recommendation highlighted by Family Voices United are being honest about power dynamics, providing clarity of roles, promoting peer support strategies, and providing adequate support to lived experience participants including financial compensation. More information is at [www.familyvoicesunited.org](http://www.familyvoicesunited.org).

# Areas for Further Study

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Considering the findings, research, and recommendations in the above table, three areas of further study would be particularly helpful to improve services and supports for Philadelphia's grandfamilies:

- **Study Kinship Care Children/Youth Perspectives**

There is a significant gap in studies on the views and experiences of children and young people living in grandfamilies. Their voices and perspectives are not sufficiently heard. Most research has tended to focus on the caregiver role. The caregivers posited their view on how children are doing in their new grandfamily environment, but it would be powerful to hear directly how children feel about the separation from their birth parents and why they think it happened, the coping mechanisms that they have adopted, the relationship with their current caregiver, and what they want moving forward. More child-focused studies are needed to inform policy and practice that can be replicated.<sup>36</sup>

- **Conduct a Gap Analysis of Philadelphia Kinship Services**

Kinship Process Mapping (KPM) is a process where child welfare agencies document and assess how they identify, approve and support kin families for children involved with the child welfare system. They use that information to identify gaps and develop solutions to achieve better outcomes for children and youth. The process is adapted from business models to help child welfare agencies increase their efficiency and effectiveness in working with kinship families.<sup>37</sup> A notable finding on the current Grandfamilies Project is the lack of coordinated services among agencies and with other kinship providers. A Kinship Process Mapping analysis can help agencies align their kinship values and practices with local and

national priorities to support grandfamilies. It can also help agency leaders closely integrate their agency's work with kin into the broader context of policies and practices as well as collaboration with other community service providers.

- **Further Explore the Characteristics that Best Helped Grandfamilies Cope and Adjust During the COVID-19 Pandemic**

The more resilient grandfamilies are, the better they are at coping with the pandemic. These characteristics will help them overcome a range of barriers. Further study into the families' strengths at coping with challenges during the pandemic will help inform ongoing service delivery, including techniques for providers to use in nurturing those strengths and supporting grandfamilies beyond the pandemic.

## Conclusion

This project has elevated voices of caregivers and services providers who support thousands of grandfamilies in Philadelphia. Despite physical and financial challenges and needs, caregivers report that their greatest joy has been watching the child grow and do well, as decades of research proves.

Through this project, Philadelphia now has a firsthand account of strengths and challenges faced by grandfamilies and agency staff serving them, along with their own community-specific recommendations. These true experts who have lived experiences as clients and service providers in Philadelphia have their voices meaningfully gathered in one place. Their expertise will inform and drive further study and reform efforts for the city's grandfamily caregivers doing the vital work of keeping children safe and loved with their families when parents cannot.

# Endnotes

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# Appendix A - Study Size and Methodology

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## **Identification of Grandfamily Population and Service Agencies**

Grandfamily caregivers, Philadelphia kinship care support agencies and Pennsylvania agencies serving older adults in Philadelphia were targeted through the following:

- Caregiver participants identified from seven agencies providing kinship services,
- Generations United’s GRAND Voices and agency networks,
- Advertisement in Pennsylvania’s Kin Connector – the state’s kinship navigator providing information, referral, and education for kinship caregivers,
- Public Service Announcement on iHeart Radio in the Philadelphia region,
- Online notification of project through AARP’s Pennsylvania network, and
- Project directors’ contacts in Philadelphia.

## **Agency Invitation to Participate in Study**

Outreach efforts to agencies included emailed invitations to 24 agencies outlining the following about the project: (1) goals, (2) methods, (3) financial incentives for caregivers’ participation, and (4) benefits to the agency. Two follow-up reminder emails were also sent with links to online surveys for caregivers and agencies. There was a special request for participation by the Philadelphia Department of Human Services which required submission to their Internal Review Board; an application was submitted but was denied primarily for confidentiality reasons regarding caregivers and staff.

## **Study Incentives**

- For Agencies: \$150.00 check for making caregiver referrals to surveys, focus groups, and interviews; free copy of the Generations United’s Toolkit for Serving African American Grandfamilies; and copy of the final Grandfamilies of Philadelphia study report and literature review
- For Caregivers: \$35 Amazon gift card for completion of the survey (online and hard copy) and \$75 Amazon Gift card for participation in a phone interview and/or focus group. Gift cards were sent by Generations United to each respondent’s home or by email if they chose.

## **Caregiver Recruitment/Engagement**

An invitation letter (English and Spanish) was provided to each participating agency to distribute to their kinship caregivers. The letters connected caregivers to the survey online or by hard copy and described caregiver incentives for their participation. Participating agencies also provided the project directors with a list of caregivers who agreed to be interviewed over the phone and/or participate in focus groups.

## **Data Collection**

A multi-method approach to the collection and analysis of data was used. The survey protocols for both caregivers and agencies focused largely on grandfamilies’ needs, barriers to getting needed services, caregiving challenges, ways of coping with such challenges, and the impact of the COVID-19 pandemic and methods of dealing with it. Protocols included:

- Caregiver online Survey Monkey questionnaire (available in English and Spanish) asking a variety of issues pertinent to caregivers and the children they raise,

- Caregiver phone interviews by project directors or a Spanish-speaking interviewer for Spanish-speaking caregivers,
- Caregiver focus groups with an option of virtual or in-person,
- Online Survey Monkey questionnaire for agency staff asking about grandfamilies and agency services for the families, and
- Agency staff phone interviews conducted by project directors.

### **Caregiver Interviews**

31 caregivers were interviewed by phone by the project directors for the English-speaking caregivers, and by a native Spanish speaker for a Spanish-speaking caregiver. There were 28 grandparents, 1 stepfather, 1 maternal cousin, 26 females, and 4 males raising an average of 2 grandchildren.

### **Caregiver Focus Groups**

Two caregiver focus groups, one was conducted virtually by the School District's Office of Family and Community Engagement and the other was conducted in person by Grand Central with social distancing measures in place. There was a total of 22 focus group participants.

### **Agency Online Surveys**

Staff from four Philadelphia area service providers (Grand Central Kinship Resource Center, Philadelphia Corporation for Aging, Temple Legal Aid, and Turning Points for Children) completed the online survey targeting services they provide to grandfamilies and their perceptions of caregivers' and children's needs.

### **Agency Interviews**

Eight agencies were interviewed by a project director over the phone: Community Legal Services – Philadelphia; Grand Central Kinship Resource Center; Penn State/Pennsylvania Department of Intergenerational Programs; Philadelphia Corporation for Aging – Caregiver Support; Philadelphia School District of Philadelphia – Office of Community and Family Engagement; Temple University Legal Aid – Pathways to Kinship Care; and Senior Law Center.

### **Methods – Data Analysis**

*Thematic Content Analysis:* Caregiver and agency interviews, as well as caregiver focus groups, were conducted using interview scripts. There was one set of script questions for caregiver phone and focus groups and another for agency phone interviews. The results were evaluated through thematic analysis that identified caregiver and agency views, opinions, knowledge, experiences, and values.<sup>38</sup> For this analysis of common themes, we used a semantic approach that identified explicit repeated content of the responses as opposed to a latent approach that would involve reading into the subtext and assumptions underlying responses. Responses to the interviews and focus groups further elucidated the quantitative data collected and analyzed from the project's online surveys completed by caregivers and agencies.

*Statistical Products and Social Solutions (SPSS):* SPSS was used to analyze responses to the project's online Survey Monkey questionnaires, both for caregivers and agencies. The SPSS data analysis tool has been described as one of "sociology's most influential" software applications for allowing ordinary researchers to do statistical analysis.<sup>39</sup> In addition to statistical analysis, SPSS provided data management (case selection, file reshaping, creating derived data), and data documentation.

## Appendix B – Project Directors

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**Dr. Anita Rogers** has been involved with the delivery of education, intergenerational efforts, civil rights, human services, reentry program development, violence prevention, victim assistance, and mental health in varied capacities: administrator, fundraiser, program developer, evaluator, strategic planner, teacher, and trainer. As a development consultant, she has raised millions of dollars to help nonprofit and government agencies provide services to underserved populations, especially people of color. Dr. Rogers' clients are wide-ranging and varied and include such notables as the Tuskegee Airmen, Philadelphia Department of Public Health, Philadelphia Department of Human Services, School District of Philadelphia, United Way, Opportunities Industrialization Centers (OIC) of America and Philadelphia, National Urban League, North Carolina Division of Aging, US Center for Mental Health Services, and the US Center for Substance Abuse Prevention. She is particularly proud of the national school-based substance abuse prevention curriculum she developed and adopted by the government of Malaysia on behalf of the US State Department. Dr. Rogers also coordinated a national mentoring project, *Linking Lifetimes*, in 11 American cities for youth at risk of unproductive outcomes and a kinship support program, *Grandma's Kids*, under the Temple University Center for Intergenerational Learning which has served as a national model. Dr. Rogers was the first Executive Director of the Philadelphia Martin Luther King Center for Nonviolence where she worked closely with Coretta Scott King and other civil rights leaders. Here, she initiated the first latter-day freedom rides that took youth from the Philadelphia region to visit historic Southern Civil Rights cities/locations and allowed them to talk with such notable figures as Rosa Parks, Coretta Scott King, Andrew Young and many unsung heroes of the Movement. She recently became a Senior Fellow for Generations United, where

she addresses national intergenerational issues through program development and policy recommendations. Dr. Rogers was a principal writer on the 2020 release of Generations United's Toolkit: *African American Grandfamilies: Helping Children Thrive Through Connection to Family and Culture*. Her community work has been recognized by many national and international *Who's Who*. She earned a bachelor's degree in psychology from Temple University, a master's degree in special education from Antioch University, and a Ph.D. in educational psychology from Temple University.

**Dr. Bert Hayslip Jr** received his doctorate in experimental/developmental psychology from the University of Akron in 1975. He then taught for 3 years at Hood College in Fredrick, MD, and from 1978 to 2013 was on the University of North Texas faculty, where he is now Regents Professor Emeritus. He also teaches courses relevant to lifelong learning for the Osher Lifelong Learning program. He is a Fellow of the American Psychological Association, the Gerontological Society of America, and The Association for Gerontology in Higher Education. He received the Distinguished Career Contribution to Gerontology Award from the Gerontological Society of America in 2016. He was Editor of the *International Journal of Aging and Human Development* and is Associate Editor of *Experimental Aging Research and Developmental Psychology*. His co-authored/co-edited books include *Hospice Care* (Sage, 1992), *Grandparents raising grandchildren: Theoretical, empirical, and clinical perspectives* (Springer, 2000), *Historical shifts in attitudes toward death, dying, and bereavement* (Springer, 2005), *Parenting the Custodial Grandchild* (Springer, 2008), *Emerging Perspectives on Resilience in Adulthood and Later Life* (Springer, 2012), *Resilient grandparent caregivers: A strengths-based perspective* (Routledge, 2012), *Grandparenting: Influences*

*on the Dynamics of Family Relationships* (Springer, 2019), and *Adult Development and Aging* (Sage, 2020). He has received over \$2.7 million in external support from the National Institute on Aging, the National Institute of Nursing Research, and the National Endowment for the Humanities. He was most recently Co-PI on an NINR-funded project exploring interventions to improve the functioning of grandparent caregivers. His published research on aging deals with noncognitive influences on intellectual functioning, grandparenthood, grandparent caregiving, death anxiety, hospice care, funeral rituals, mental health attitudes, grief and bereavement, interventions to improve cognitive functioning, and projective personality assessment.

## Appendix C - Literature Review

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The following literature review is supportive research for the Grandfamilies Project study and provides significant context for its findings and recommendations. Additionally, this information may be helpful for kinship practitioners to use in the improvement of services, development of new policies, and in the formation of concept papers, professional presentations, and needs assessments for proposals.

It has been noted that there has been tremendous growth in scholarly and professional interest in grandparents raising grandchildren over the last several decades (Hayslip & Fruhauf, 2019). Interest in how a new caregiving environment impacts children in such households has also increased (see Hayslip & Fruhauf, 2019; Kaminski & Murrell, 2008; Kahana et al., 2019; Silverstein, 2019). Indeed, considering the family as an interactive system consisting of kin caregivers (often grandparents) and children (see Connidis & Barrett, 2019; Walsh, 2016), it is clear that children are impacted socially, emotionally, physically, and academically by changes in the family system brought about by circumstances such as parental death, incompetence, abandonment, drug use or divorce.

Since 2004, 1067 citations have appeared on grandparent caregiving - constituting nearly 60% of published work on the topic. This formalization of professional interest in kin caregiving, to include grandparents raising grandchildren, is paralleled by the fact that there is indeed ample evidence that the number of grandparents who are caring for their grandchildren is far from trivial. Eight million children co-reside on a full-time basis with a relative (Generations United, 2020). Of these, nearly 3 million children are being cared for on either a part-time or full-time basis by grandparents, other relatives, or close family

friends, with no parents in the home. Moreover, this number rose after the 2008-2009 recession (Pew Foundation, 2010), and again after the COVID-19 pandemic (Generations United, 2020). While the full impact of the opioid epidemic on increasing the numbers of kinship families is not yet known (see Generations United, 2016), the incapacitation or death of adult children due to opioid use is undoubtedly making it necessary for grandparents to assume parental responsibility for grandchildren.

### Overview of Grandfamilies/Kinship Care

Taking on the responsibility of raising one's grandchild is a unique aspect of grandparenthood. Relative to non-caregiving grandparents, such grandparents typically tend to be younger, more often from the maternal side, more socially isolated, poorer, less educated, in worse health, and more often raising boys (Generations United, 2015). Grandparent caregiving can exist in a *skipped generation* household (where the adult parent is absent) or it can be *co-parenting* in nature (the grandparent and adult child co-reside; in these situations, the grandparent likely has primary caregiving responsibility). Grandparents in skipped-generation households tend to fare worse physically and emotionally due to their diminished resources and greater isolation from others compared to co-parenting grandfamilies. Skipped-generation families are more common among Caucasians, while co-parenting families are more common among African Americans, Asian Americans, and especially among Hispanics (see Hayslip, Fruhauf, & Dolbin-MacNab, 2017).

It is difficult to accurately estimate, and consequently, to understand, the stability and extent of caregiving arrangements in co-parenting versus skipped-generation

households. Reasons for such difficulty may include the formal (e.g., adoption, guardianship) versus informal nature of grandparents' parental roles and the fluidity in their caregiving responsibilities consistent with their health, marital stability, work schedules, and/or the nature of an adult child's work/class schedule, the length of an adult child's military deployment, or the resumption of court-ordered parenting by an adult child who had been either physically or psychologically absent in the grandchild's life.

### ***Antecedents of Grandfamilies/Kinship Care***

Grandparent caregiving is often linked to the divorce, drug use, incarceration, job loss, teenage pregnancy, illness or death of the adult child, as well as to parental abandonment or abuse of the grandchild (Hayslip & Kaminski, 2005; Park & Greenberg, 2007; Siordia, 2015). These circumstances often stigmatize grandparent caregivers, isolating them from needed social and emotional support and making it difficult for them to be treated equitably by social service providers, fellow grandparents who are not raising a grandchild, and sometimes even other family members. Not surprisingly, disappointment in the adult child as a poor parent is commonplace, and some grandparent caregivers do indeed grieve over the losses they have experienced by taking on this responsibility, in which plans for their future, relationships with their adult children and grandchildren, and even marital satisfaction are all often undermined or altered.

### ***Grandfamilies/ Kinship Care - An Ambiguous Role***

The frequently ambiguous nature of this role among middle-aged and older persons complicates matters for such grandparents. This ambiguity, which grandparents themselves often express (e.g., "Am I my grandchild's grandmother or mother?") and experience due to ill-defined circumstances (e.g., having clear legal status versus being considered

"responsible"), influences not only how grandparents/kinship caregivers define their roles, but also how others view them. Indeed, such grandparents are often burdened by the perception that they laid the groundwork for the circumstances (e.g., parental divorce, drug use, or abandonment) that resulted in them raising their grandchildren (Hayslip et al., In Press).

### ***Individual Differences and Grandfamilies/ Kinship Care***

Consistent with the notion of increased inter-individual variability with age (Nelson & Dannefer, 1992) is the diversity among grandparent caregivers within several parameters, encompassing both individual and cultural factors such as age, gender, health, race/ethnicity, and needs for services and social support (Hays, 2008; Hayslip & Patrick, 2006). This diversity has been the subject of much research (Montoro-Rodriguez & Ramsey, 2019). Reflecting a diversity perspective, attention has also been given to Lesbian, Gay, Bisexual, and Transgender (LGBT) grandparenting (Fruhauf, Scherrer, & Orel, 2019; Fruhauf, Orel, & Jenkins, 2009; Orel & Fruhauf, 2006). Such persons likely exist among grandparent caregivers given increases in older persons identifying as LGBT (Gates, 2011).

### ***Importance of Race and Ethnicity***

An important parameter differentiating grandparent caregivers is race and ethnicity (see Cox, 2018; Murphy, 2008; Silverstein Lendon, & Giarrusso, 2012; Tang, Jang, & Copeland, 2015). This substantial variation by race and ethnicity (e.g., Caucasian, African American, Hispanic/Latino, Asian American, Pacific Islander, Native American) among grandparent caregivers has important implications for social policy. The relevance of social policy extends to low-income minority grandparents' inability to pursue more education or obtain affordable housing, and distrust of social services and medical personnel whose race or ethnicity differs from their own (Cox, 2018). Caregivers often have difficulty accessing a variety of social and medical

services where racial and ethnic discrepancies clearly exist as barriers to obtaining such services as well as to obtaining an income adequate to meet their needs. This can further complicate matters by negatively impacting the caregivers' health and well-being (see Montoro-Rodriguez & Ramsey, 2019 for a review).

### **Caregiver Relationship with the Child**

We noted above that the many challenges facing grandparents and kin caregivers also impact children. Children in these non-parental care arrangements represent an important public health concern given evidence that living in a household with no biological parent present is potentially associated with poor physical and mental health outcomes (Ziol-Guest and Dunifon, 2014). On the other hand, the fact that the long-term social, economic, academic, and emotional outcomes for children emerging from foster care are often negative (Nugent et al., 2020) underscores the positive influence that grandparents and kin caregivers can have on a child's life. Despite considerable research comparing the socioemotional well-being of those children who receive non-relative care versus kinship care (Washington et al., 2018), scant attention has been paid to the well-being of children being raised by grandparents versus birth parents, irrespective of whether or not formal legal arrangements such as adoption, foster care, or guardianship are made (Hayslip, Fruhauf, and Dolbin-MacNab, 2017).

Reports from grandparents on the extent to which their custodial grandchildren are indeed experiencing significant emotional and behavioral difficulties provide insight into the difficulties experienced by such grandchildren, as psychosocial difficulties among grandchildren being cared for by their grandparents are more common relative to children in intact homes (Smith et al., 2019; Smith & Palmieri, 2007). These children are much more likely to have experienced traumatic events that will negatively influence their adjustment and development (Rapoport et al., 2020). For example, children in grandparent-led households are six times

more likely to have had a parent or guardian serve time in jail, and four times more likely to have lived with someone who has a drug or alcohol problem, researchers found. By school age (6 to 17 years), these kids are almost twice as likely to be diagnosed with attention-deficit/hyperactivity disorder (ADHD) and are five times more likely to be found to have ADHD during preschool (3 to 5 years), the findings showed.

These difficulties may be understood in terms of their inability to cope with family dissolution or difficulties in adjusting to a new caregiving arrangement (Hayslip et al., 1998). Crucially, how their children are faring physically, socially, emotionally, and academically is also central to the well-being of custodial grandparents, who are committed to providing a loving environment and a positive future for their grandchildren. It is notable that grandparent caregivers who are raising children that exhibit problematic behaviors likely suffer psychosocially themselves relative to grandparents raising grandchildren without significant emotional or behavioral difficulties (Goodman and Hayslip, 2008; Hayslip, Jooste and Smith, 2008; Hayslip et al., 1998; Jooste, Hayslip, and Smith, 2008; Sprang et al., 2015). Complicating matters, grandparent caregivers often neglect their health to the exclusion of their grandchildren's as well (Baker & Silverstein, 2008a).

Thus, a concern with grandparent caregivers' perceptions of their own physical and mental health, their parenting challenges, and the difficulties their grandchildren are facing is relevant to the present project. Also, loneliness and isolation (exacerbated by COVID) as well as the importance of social support, are key issues impacting grandparents and their grandchildren.

The fact that each grandparent-grandchild/kinship dyad is unique is critical to understanding such relationships, and acknowledging the importance of this relationship is essential to fully capturing the *complexity* of grandfamily relationships. In this respect, educating people about the interrelated challenges and benefits of raising a grandchild may help those in this novel role

develop more positive and realistic expectations of themselves and others (Hayslip et al., 2013). Drawing upon the grandparenting literature, the complexity of these relationships is explained by numerous factors that interact with one another. As grandparent-grandchild relationships are impacted by the *meaning* that grandparenting has for the individual, there may be advantages for middle-aged and older persons whose identities reflect the importance of the role of raising a grandchild (see Kaufman & Elder, 2003; Reitzes & Mutran, 2004). While such meaning is likely to be positive, it need not be to the extent that grandparent caregiving can interfere with their life plans (Jendrek, 1993). Likewise, the meaning one formerly assigned to being a grandparent may or may not be carried over into one's new role in raising a grandchild (Kivnick, 1983). Additionally, one's previous behavioral *style* derived from this meaning (e.g., Formal, Fun-Seeker, Surrogate Parent, Reservoir of Family Wisdom, Distant Figure) may or may not be viable for many grandparent caregivers (Cherlin & Fursterberg, 1986). As such, grandparents often experience role conflict: e.g., 'Am I a parent or a grandparent?', 'How do I cope with the demands of being a parent, a spouse, employee, retiree?'

Underscoring the central feature of most grandparents' experiences is that grandparents and grandchildren each influence one another in ways that may be both productive (in expressing love and support for one another) and counterproductive (when the grandparent must set boundaries for or discipline a grandchild). Furthermore, in addition to being influenced by one's grandparent, at least some grandchildren being raised by such persons might also help influence their grandparents regarding matters of contemporary culture (e.g. using modern technology, school violence, music, fashion, drug use, or sexuality) (Hayslip et al., 2015). Importantly, work explicitly focusing on interactional dynamics between grandparent and grandchild is rare (Sands & Goldberg-Glen, 2000); such work could easily reveal patterns of interaction that might be models worthy of praise or those requiring professional help.

## **The Strengths of Caregivers**

Despite the many negatives often linked to grandparent caregiving, most grandparents are *dedicated* to the welfare of their grandchildren, are *resilient* and *resourceful* in coping with the challenges of raising a grandchild (Hayslip and Smith, 2013; Musil et al., 2019), and must be understood in terms of the social-interpersonal, developmental, cultural, and policy-related contexts in which they care for grandchildren (Hayslip et al., 2017). Many grandparents are already excellent parents. Yet, when necessary, they can also learn new parenting skills to help themselves and their grandchildren. Grandparents *can* cope with the demands of raising a grandchild, often with little warning and in many cases, at inopportune times in life (Hayslip, Fruhauf and Dolbin-MacNab, 2017).

In this latter respect, one of the most important and impactful of the new developments in the literature has been the reformulation of grandparent/kinship care in terms of their *strengths*, including resilience/resourcefulness (Hayslip and Smith, 2013; Zauszniewski, Musil and Au, 2013; Zauszniewski and Musil, 2014), benefit finding (Castillo, Henderson and North, 2013), empowerment (Cox, 2008), and positive caregiving appraisal (Smith and Dolbin-MacNab, 2013), as well as protective external factors such as social support (Dolbin-MacNab, Roberto and Finney, 2013; Whitley, Kelley, and Lamis, 2016).

Grandparent resilience (Masten, 2001; Rutter, 2007), can counteract the negative effects of stressors on grandparents' physical and mental health. In this respect, Hayslip et al. (2013) found that resilience mediated the relationship between stress and psychosocial functioning among grandparents. Interventions, programs, and services designed to promote resilience, including enhancing protective factors (e.g., social support, better health management, greater access to services) (Bigbee et al., 2011) and reducing risk factors (e.g., social isolation), may be fruitful avenues for promoting grandparent caregiver well-being (Yancura,

Greenwood-Junkermeir, and Fruhauf, 2017). The importance of emphasizing grandparents' strengths is underscored by the detrimental impact of family trauma they may have faced and the variety and intensity of the stressful experiences confronting such persons (Lee and Blitz, 2014). This is especially critical in that some grandparent caregivers are facing multiple challenges (e.g., poverty and disability, raising multiple and/or problematic grandchildren, simultaneously caring for an older parent or an ill spouse) with minimal resources for doing so (Fuller-Thomson, 2005; Kopera-Frye, 2009).

### **Caregiver Physical Health**

Physical health is also a factor in grandparent caregiving situations, though research is mixed on the relationship between the two (Yorgason and Hill, 2019). While some have found little evidence of the negative impact of raising grandchildren on physical health (Breeze & Stafford, 2010; Chen et al., 2014; Hughes, et al., 2007; Triadó et al., 2014), other work suggests otherwise (Fuller-Thomson, 2005; Musil et al., 2011), and some indeed link poorer health to quality of life and depression (Neely-Barnes, Graft and Washington, 2010). Ku et al. (2013) found physical health to be *positively* impacted in grandparent caregivers, though such effects varied with the duration and recency of caregiving.

Di Gessa, Glaser, and Tinker (2016a) found grandparental caregiving at baseline to be associated with better health two years later, even after controlling for life events in childhood and adulthood, previous physical health, and socioeconomic influences, though this relationship only held for grandmothers. Di Gessa, Glaser, and Tinker (2016b) also found intensive grandparent caregiving (15 hours/week of care to daily care) to be associated with better health over time, though attrition effects were partly responsible for this association. One reason for these mixed findings is that social support may be a prerequisite for better physical health and may mediate the relationship between poorer health and depressive

symptoms (Hayslip, Blumenthal, and Garner, 2014; 2015). Thus, the impact of caregiving on grandparents' physical health is relative to the presence of other factors (e.g., prior health status, intensity, and recency of caregiving, social support), and whether the data are cross-sectional or longitudinal.

### **Caregiver Mental Health Needs**

Relative to physical health, the mental health concerns of grandparents raising their grandchildren have received less attention. As pointed out by Hayslip and colleagues (2017), grandparents' distress (e.g., depression and anxiety) may arise from the stressors associated with raising grandchildren, as well as other factors that disadvantage such persons, e.g., being poor, female, and a racial/ethnic minority (Collins, 2011). Psychological distress may also result from grief and disappointment associated with the parents' behavior, the need to perform multiple roles simultaneously (e.g., worker, parent, volunteer), the recency of caregiving (Baker and Silverstein, 2008b), the changing nature of the grandparent-grandchild relationship, or the grandparent's loss of freedom and social relationships (Gerard et al., 2006). As grandparents' grief is often unrecognized or minimized by others (Doka, 2002; Hayslip and Glover, 2008-2009; Miltenberger et al., 2003-2004; Walker, 2019), such grief may exacerbate the distress that some grandparents otherwise experience.

Unfortunately, no published work exists as yet regarding grandparent caregivers' attitudes to mental health care, barriers to getting help, or personal beliefs about mental illness in themselves or their grandchildren (Hayslip and Shore, 2000; Hayslip et al., 2000). These are all critical to identifying problems worthy of professional help (Knight et al., 2006), as are interactions with all types of service providers, which for some grandparents are likely to be micro-aggressive (Yancura, Fruhauf, and Greenwood-Junkermeier, 2016).

## **Impact of Social Isolation and Loneliness**

Despite their importance in their grandchildren's lives and the satisfaction associated with guiding and protecting a vulnerable child, grandparent/kin caregivers also report feeling isolated from age peers, experience a variety of physical and emotional challenges associated with caregiving, feel judged by others as failures as parents, or experience shame linked to the perceived stigma of having to raise their grandchildren (Hayslip et al., 2015). Likewise, many grandchildren feel estranged from their biological parents and from peers whose families are still intact, and some experience difficulties in connecting emotionally with their grandparent(s) (Dolbin-MacNab and Keiley, 2009). Smith and Palmieri (2007) found that grandchildren raised by their grandparents tend to fare worse emotionally, socially, and behaviorally relative to age-matched normative samples; however, Harnett, Dawe, and Russell (2014) found such grandchildren function more adaptively than children living in non-relative foster homes.

Underscoring the advantages of grandparents assuming care of grandchildren in the event of a family crisis (e.g. divorce, drug use) versus children being placed in foster care, a recent study by the National Center for Health Statistics and the Department of Health and Human Services (Nugent et al., 2020) found adults who had been in foster care as children were less highly educated (this was especially so for men) and often lacked health insurance and a stable health care provider compared to those who had not been in foster care. Moreover, women who had been in foster care were more likely to have had intercourse for the first time by age 15 and were more likely to have given birth by age 20. These findings as well as others (e.g., having poorer parenting skills, poorer emotional well-being, more behavioral problems) have been echoed in a recent forthcoming review by McDonald et al.

Collectively, these factors highlight the importance of understanding the interpersonal and cultural contexts in which grandfamilies

function and suggest that the nature of this new grandparent role is relative to many factors. These factors often disenfranchise grandfamilies, leaving them feeling powerless, unimportant, and frustrated with their circumstances. In many cases, grandparents either do not seek help or are difficult for service providers to reach because they either rely on family or friends for support (common especially among African American or Hispanic/Latino grandparents) (Montoro-Rodriguez and Ramsey, 2019), have become disillusioned with available services/service providers, or lack the resources enabling them to access such help (Carr, Gray, and Hayslip, 2012). Many consequently fail to care for themselves, often ignoring their health and becoming trapped in a negative cycle as poorer health creates challenges to caregiving (Kaminski et al., 2008; Roberto, Dolbin-MacNab and Finney, 2008). Given these factors, at least some grandparents raising their grandchildren are vulnerable physically and psychosocially, underscoring the need for mechanisms of empowerment (Cox, 2008). Despite these challenges, it is important to recognize that children in foster care with relatives do better than those in foster care with non-relatives (Washington et al., 2018).

## **SOCIAL SUPPORTS**

As social supports may be a protective measure regarding the impact of caregiving on grandparents, it is significant that Strozier (2012) found that caregiving grandparents who participated in a support group experienced greater increases in social support than those who did not attend such groups and that support was quite diverse. Consequently, a key dimension of the above-discussed resilience and resourcefulness of grandfamilies is the possible influence of *protective factors* regarding the risk of mental health difficulties (e.g., depression) among grandparents. In this respect, Musil et al. (2009) found that increased depressive symptoms were associated with less social support and lessened resourcefulness, wherein social support and resourcefulness moderated the relationship between caregiving stress,

caregiver strain, and depressive symptoms. In a 24-month longitudinal study, Musil et al. (2011) found that while stress and health worsened over time for all persons, upon the assumption of caregiving responsibilities, stress, depression, family strain, and family problems all increased further. More specifically, Musil and her colleagues found that those grandmothers who switched to a higher level of caregiving responsibility (e.g., co-parenting/secondary caregiving to full-time primary caregiving) fared worse in the above respects, except for mental health and resourcefulness. When their situations improved (e.g., a child left military service to return home or completed drug treatment), grandmothers' functioning improved (see also Standing, Musil and Warner, 2007).

### ***New Parenting Role***

Parenting is a source of distress for many, but not all, grandparent caregivers (Hayslip and Kaminski, 2008). Some do experience difficulties in parenting a grandchild, especially where the impact of a grandmothers' distress on grandchildren's adjustment is influenced by her dysfunctional parenting (Smith et al., 2008). This distress may sometimes be exacerbated by the grandparent's negative attitudes toward child-rearing, as well the tendency for some grandparents to rely on their grandchildren for emotional support and their failure to set boundaries in their involvement with the grandchildren they are raising (Kaminski et al., 2008).

The stress of parenting a grandchild is also influenced by grandparents' energy and health-related limitations (Hipple and Hipple, 2008), their psychological distress (Smith and Dolbin-MacNab, 2013; Smith et al., 2008), and is often magnified by the psychosocial and behavioral difficulties many grandchildren raised by grandparents experience (Smith and Palmieri, 2007). However, these difficulties in the children might also be explained in terms of grief at the loss of their family of origin or as outgrowths of adjusting to a new family form (Hayslip et al., 1998). Grandparents' outdated ideas about

child development and discipline and lack of familiarity with contemporary issues confronting their grandchildren may also be relevant to the stress grandparents experience in parenting their grandchildren.

Few studies have examined grandparents' actual parenting practices (Smith et al., 2015). Dolbin-MacNab (2006) has observed that while some grandparents perceive themselves as replicating the approaches to parenting that they used with their children, others see themselves as being more effective as a result of being more patient, having greater experience, and investing more time into their grandchildren. Indeed, caregiving grandparents engage in both effective (e.g., giving rewards and monitoring) and ineffective (e.g., harsh and inconsistent discipline, difficulties with limit setting) parenting practices (Smith and Richardson, 2008; Smith and Hancock, 2010). Kaminski and colleagues (2008) found that compared to parents, grandparents have less boundary clarity in the parent versus child roles and are less sensitive to their grandchildren's needs. This in effect creates a situation where the grandparent may be dependent on the grandchild for emotional support. Despite these difficulties in parenting experienced by some grandparents, Kirby and Sanders (2014) found that parent skills training over a six-month time frame (e.g., Triple P program) improved grandchild behavior problems, grandchild relationship quality, parenting confidence, and grandparent psychosocial functioning.

For some grandparents, there is also the possibility that poor parenting skills may be intergenerationally transmitted, in that some had earlier difficulties in raising their children and consequently may face similar challenges in raising a grandchild (Gibson, 2005). Many grandparents are distressed and disappointed in seeing how their adult children have fared as parents and question their parenting ability on this basis (Glass and Honeycutt, 2002; Smith and Richardson, 2008). Some do have difficulty with disciplining and setting limits with a grandchild, and some question their ability to parent effectively due to advanced age or

poor health (Landry-Meyer and Newman, 2004). Indeed, adult children may make poor choices in managing their personal lives and raising their children, despite the grandparent's best efforts (Hayslip et al., 2020). Such grandparents are often judged as poor parents by their peers, contributing to a lack of confidence in their parenting skills (Hayslip and Glover, 2008).

### ***The Value of Culturally Competent Services for Kinship Caregivers***

For minority kinship caregivers, having access to services delivered by providers who are sensitive to their values and family traditions is quite important. In this context, cultural intelligence or CQ is a “globally recognized way of assessing and improving effectiveness in culturally diverse situations” (Cultural Intelligence Center). To achieve Cultural Intelligence generally within diverse and distinct populations as kinship families requires the implementation of appropriate, strategic, and innovative actions for each targeted group. That grandparent caregivers are frustrated with service providers (Collins et al., 2016; Fruhauf et al., 2015; Yancura et al., 2016) emphasizes the importance of sensitizing practitioners to any biases they may have for kinship caregivers and especially with minority grandparents, who are most likely to be raising their grandchildren.

Underscoring the fact that minority grandparent caregivers may especially have difficulty accessing a variety of services for themselves and their grandchildren (Montoro-Rodriguez and Ramsey, 2019), the National Center for Cultural Competence at Georgetown University suggests the following strategies for agencies to become more culturally competent; these have direct implications for practitioners who work with grandparents raising their grandchildren and can have implications for grandparent caregivers: 1) Have a defined set of values and principles, and demonstrate behaviors, attitudes, policies, and structures that enable them to work effectively cross-culturally; 2) Value diversity in conducting cultural self-assessments periodically; 3) Manage the dynamics of differences and cultural

interactions; 4) Acquire and institutionalize cultural knowledge; and 5) Adapt service delivery to diversity and the cultural contexts of communities that are served. In this respect, kinship provider agencies and community stakeholders can use some of the same strategies that behavioral health providers adopt to reduce the trauma of family separation to reflect their sensitivity to minority grandparent caregivers.

Also relevant to minority grandfamilies' access to social, medical, and legal services, as well as the trauma associated with family dissolution giving rise to grandchildren being raised by their grandparents, the National Child Traumatic Stress Network (2016) has suggested some tips for providers to build supportive relationships to address trauma for African American youth that are relevant to grandfamilies in the present project. Among such strategies are: 1) getting to know the community one serves, 2) prioritizing engagement and earning trust as essential components of interactions, 3) focusing on what persons have been through rather than ‘what’s wrong’ with them, 4) normalizing persons’ reactions to the demands of raising a grandchild and providing practical tools for coping with them, and 5) supporting, creating and building essential connections between themselves and grandparent caregivers.

### ***Kinship Social Services***

The present project's goal of exploring grandparent caregiving in Philadelphia can be understood in the context of multiple theories guiding the design and implementation of support services for family caregivers as discussed by Montgomery, Kwak, and Kosloski (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 Anderson (1995). Understanding unmet needs and barriers to getting help and any health-related or psychosocial consequences are also important in light of the stressors faced by grandparent

caregivers, as well as with their efforts to cope with such stress and get needed 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 grandparent caregivers are consumers of a variety of health care, legal, and social services, Empowerment Theory (Hooyman, Mahoney, and Sciegaj, 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 theory suggests that in becoming aware of grandparent caregivers' 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, Mahoney, and Sciegaj, 2016; Kosciulek, 2005). Consistent with one of the goals of the present project is understanding why services are not being utilized by grandparent caregivers (Bigbee et al., 2011; Carr, Gray, & Hayslip, 2012; Hayslip et al., 2020).

In this respect, a variety of perspectives relevant to help-seeking behavior by older adults as reviewed by Wacker and Roberto (2016) are also relevant here. These perspectives 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) (Hooyman, Mahoney, and Sciegaj, 2016; Kosciulek, 2005). Many such factors will be

assessed in a survey format as well as revealed via focus groups with both grandparents and service providers.

The concern in the present project with grandparents' unmet needs, conditions giving rise to such needs, and barriers to seeking help is consistent with understanding them in context. These service access issues and concerns among grandparent caregivers are an important focus of the present project and impact such persons' roles as caregivers and their oftentimes complicated relationships with both service providers and their adult children. As noted above, interactions with all types of service providers are likely to be micro-aggressive (Yancura, Fruhauf, and Greenwood-Junkermeier, 2016). Indeed, Dolbin-MacNab (2015) has argued for service providers to confront their own biases about grandparent caregivers to better support and serve them (see also Fruhauf, Pevney, and Bundy-Fazioli, 2015). While such interactions certainly contribute to grandparent caregivers needs not being met (Collins, Fruhauf, and Bundy-Fazioli, 2016), we know virtually nothing about service providers' attitudes toward these caregivers, which may or may not mirror the concerns about barriers to services raised among grandparents themselves (Fruhauf, Pevney, and Bundy-Fazioli, 2015). This issue will be addressed via focus groups of providers and grandparents in the present project.

In the above aspects regarding grandparent caregivers' needs for information, support, and services, on the basis of focus group data gathered from grandparent caregivers (Hayslip et al., In Press), the following thematic dimensions were derived that bear directly on the goals of the present project: 1) Isolation, disenfranchisement, and marginalization from others; 2) Getting competent, trustworthy, and affordable child (day) care/respite care; 3) Grief over, difficulty in dealing with, and utter frustration with the adult child whose child one is raising; 4) Coping with one's own emotions and life situation; 5) Coping with the emotional, interpersonal, or behavioral problems of the grandchild (see Kelley, Whitley, and Campos,

2013); 6) Managing other life stresses that are superimposed upon or consequences of the demands of raising a grandchild; 7) A lack of parenting skills and knowledge about child development; 8) A lack of legal standing as the grandchild's caregiver, impairing his/her ability in getting health care for a grandchild and registering him/her for school; 9) 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; and 10) Frustration with service providers, who were seen as either inexperienced, unhelpful or biased, where such communicative orientation regarding grandparents has been termed "micro-aggressive" in nature (Gladstone, Brown, and Fitzgerald, 2009; Yancura, Fruhauf, and Greenwood-Junkermeier, 2016).

### ***Legal Issues***

One important influence defining the context in which grandparents raise their grandchildren is their interactions with the legal system (Cox, 2019; Hayslip and Fruhauf, 2019; Hayslip, Fruhauf, and Fish, In press). In this respect, federal and state laws continue to evolve to address the unique needs of kinship caregivers (Wallace, 2016). Still, kinship families face many legal obstacles (Cox, 2009; Letiecq, Bailey, and Porterfield, 2008). Those obstacles cited include parents' constitutionally-protected rights to the custody and care of their children, which may result in some unintended consequences when kinship care is considered or secured; mandated court parental visitation that threatens children's stability; continued litigation by the parent to regain custody; some resistance by courts to place children in kinship care; insufficient legal aid for kinship caregivers seeking custody; and the general difficulty in navigating the legal bureaucracy. In the last three decades, federal laws have been established to prioritize the placement of children with relatives. The 1978 Indian Child Welfare Act (ICWA), the 1996 Personal Responsibility and Work Opportunity Reconciliation Act, the Fostering Connections to Success and Increasing Adoptions Act of

2008, and the 2018 Family First Prevention Services Act (Family First) laws acknowledge and build upon a preference for placing children with kin when they must be removed from their parents. The 2012 Preventing Sex Trafficking and Strengthening Families Act amended the Guardianship Assistance Program (GAP) established under Fostering Connections to allow "successor guardians" to be named to take over the care of a child upon the death of a relative guardian. Relevant to the present project, the GAP program in Pennsylvania is known as Subsidized Permanent Legal Custodianship (Child Welfare Information Gateway).

### ***COVID-19 Impact/Health Disparities***

It is no secret that the rapid spread of COVID-19 across the nation has created an uncertain future for many persons, though the gravity of the pandemic has abated somewhat as more persons have received vaccination for the disease. However, for many persons, COVID-19 remains a stressful challenge to emotional and physical health as well as to economic security. This is especially true for persons of color, those with lower pre-pandemic incomes, and those who lack access to affordable child care which would allow them to return to work. The isolation and stress associated with the COVID-19 pandemic has elicited a variety of emotional responses and associated behaviors ranging from fear, anger, grief, denial, commitment to others, belongingness, and hope. It is also clear that the rate of infections and deaths linked to the virus has greatly strained the U.S. health care system, where ICU bed availability declined and deaths rose in tandem with the virus' spread. As of this writing, nearly 600,000 Americans have died from the virus, many of them older and of minority group status. Because of the virus's highly infectious nature, persons who are hospitalized are isolated from loved ones, and if they die of the virus, family members are prevented from planning and attending a funeral, robbing them of the opportunity to say goodbye and to grieve, as well as to support one another in the face of

the loss of a parent, grandparent, spouse, or child (Goveas and Shear, 2020; Ishikawa, 2020; Stroebe and Schut, In Press).

These events have sensitized health care professionals, the public, and policy-makers to the fact that older adults, the poor, persons of minority status (African Americans, Hispanic Americans, Native Americans), and individuals with underlying health conditions such as cardiovascular illness, cancer, chronic upper respiratory illnesses (e.g., COPD), depression (wherein some have predicted an increase in suicide rates among children and adults, see Zaisman et al., 2020), and diabetes are all especially vulnerable to serious illness requiring hospitalization and potentially causing death due to the virus. Such persons often have the fewest resources and the least access to affordable health care, and consequently experience the most severe physical and mental health outcomes (Xu et al., 2020), wherein COVID-related infection, disability, and loss and their impact on small business' viability and persons' employment, create even more emotional distress for individuals and families. As a consequence, persons have had to alter their everyday routines (e.g., staying home more, shopping online, take-out vs. eating in a restaurant, canceling family and job-related get-togethers, online learning vs. in-class attendance), which, in and of themselves, are secondary stressors superimposed upon those directly linked to COVID-19 infection, illness, and death. Many now rely on employment benefits and are forced to accept charitable donations of food, in contrast to feeling self-sufficient and productive before the pandemic.

While the overwhelming focus thus far has been on the negative impact of the virus on older persons, many such persons have the requisite coping skills to deal with age discrimination in treatment and relationships, isolation from others, family illness, caregiving stress, and the loss of income that the virus has accentuated (Aschwanden et al., 2020; Callow et al., 2020; Carstensen et al., 2020; Lopez et al., 2020). However, older persons, especially older women, who are living alone and/or isolated from others

via quarantines may be more psychologically fragile (Garcia et al., 2020). Feeling valued as a person in the face of social isolation is key to many older persons' health and well-being (Flett and Heisel, 2020).

COVID-19 has also impacted the intergenerational family system, to include children, adolescents, and adults (Brown et al., 2020; Gassman-Pines, Ananat and Fitz-Henley, 2020; Prime, Wade, and Browne, 2020; Rogers, Ha, and Ockney, 2021; Rollins, 2020; Stokes and Patterson, 2020). It should not be overlooked, however, that many older adults (which would encompass grandparent caregivers) are indeed resilient (see Hayslip et al., 2013) in the face of COVID-19. In one of the few published studies to date exploring the impact of COVID-19 on grandparent caregivers, Xu et al. (2020) found, not surprisingly, that parenting stress is reduced if grandparents' material and mental health needs are adequately met. With this one exception, *no published work deals specifically with the impact of COVID-19 on many grandfamilies*. Indeed the direct and indirect consequences of caregiving, i.e., being overburdened by the demands of caregiving, being disadvantaged economically and health-wise (as grandparents often put their own needs behind those of their grandchildren, see Baker & Silverstein, 2008), isolation from others, facing stigma associated with being perceived as parental failures, difficulties in getting support, help, and services from others which are both timely and effective (see Hayslip and Fruhauf, 2019; Hayslip et al., 2017) are likely to be exacerbated by COVID-19.

Significantly, however, there does exist recent survey data collected by Generations United (2020) which support the contention that grandparents who are raising their grandchildren are likely aged 60 and over, more likely to be suffering from multiple disabilities, more likely to be Black or Native American, disadvantaged economically, suffer from food insecurity, face discrimination in getting affordable housing, and face unique legal hurdles in adopting, getting a guardianship, and getting services for their grandchildren. Nationwide survey data

(*N* = 600) gathered from grandparents and other kinship caregivers by Generations United (2020), conducted in partnership with GrOW and Collaborative Solutions, indicated that while family, friends, and physicians remained a source of support, perceived declines due to COVID-19 were most common for persons who previously had access to in-person support groups (necessitating an increase in online support). Moreover, fears of losing one's housing, not being able to pay rent, food insecurity, and threats to one's plans for the grandchild were salient concerns among grandparents (Generations United, 2020). Online support, access to health care professionals, and kinship navigator programs were seen as most critical to such persons' well-being, safety, health, and long-term stability as a family. Not surprisingly, difficulties/conflicts in managing technology between grandparents and their grandchildren have been documented by Ivan and Nimrod (2020) and Brunissen et al. (2020). Such issues have been brought into sharp focus via grandparents' attempts to manage technology in the context of the virtual learning of their grandchildren necessitated by the COVID-19 pandemic.

This lack of information regarding the pandemic's impact on grandfamilies needs remediation, and especially so, for purposes of the present project regarding grandfamilies in Philadelphia. Regarding the pandemic: what are the challenges they face? What resources do they have to assist them? What resources do they need? What personal, adaptive qualities help them cope with the pandemic's challenges, health-wise, and in relation to social support and access to needed services, emotionally, and educationally?

### ***The Digital Divide***

One of the issues that has been brought to light via restrictions on children's school attendance due to the virus is the role of technology. Technology is a necessary part of our daily

experiences of living, aging, and caregiving and it is accelerating (Orlov, 2017). Nationally, about one-third of adults over age 65 have never used the internet, half don't have internet access at home, and half of those using the internet say they need help with set-up or use (Tech Crunch, 2019). While internet use among older adults in America has steadily increased from 14% in the early 2000s to 67% in 2017 (Anderson and Perrin, 2017), there is apprehension by many elders to learn to use new technologies and a lack of trust in them (Gatto and Tak, 2008). However, with the ongoing emergence of new technologies, there are more and more digital interventions to support family caregivers' health, social isolation, financial, and behavioral health needs.

While new technological opportunities are exciting, the challenges they present include equity, inclusion and access, privacy and security, socioeconomic disparity, and distribution networks (Lindeman et al., 2020). These latter issues result in digital disparities that are even more apparent among less affluent elders who cannot afford the appropriate technology (Lee et al., 2011) as well as those with lower education levels and literacy capacities (Pew Research, 2017). The COVID-19 pandemic has exacerbated the digital divide for kinship caregivers, many of whom are older adults. During these challenging times, kinship caregivers have had to navigate social services through virtual engagement, health care treatment through telemedicine online formats, and virtual at-home educational sessions for their children. Even before the pandemic, schools encouraged the use of computers for school registration, student learning, and teacher communication. The multiple barriers related to technology make it difficult for kinship caregivers to effectively meet their grandchildren's educational needs (Brunissen et al., 2020).

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## About Generations United

Founded in 1986, Generations United's mission is to improve the lives of children, youth, and older adults through intergenerational collaboration, public policies, and programs for the enduring benefit of all. In 1999, Generations United established the National Center on Grandfamilies, a leading voice for families headed by grandparents, other relatives, and close family friends. Center staff conducts federal advocacy, provides technical assistance to state policymakers and advocates, and trains grandfamilies to advocate for themselves. The Center's network includes a broad group of organizations that provide a range of services to grandfamilies across the country including support groups, information and referral, case management, legal assistance, training, and financial assistance. The Center has also championed a range of successful legislation to improve critical supports and services. Each year, the Center staff research, write, and release *The State of Grandfamilies Report* which includes the latest numbers and delves deeply into relevant topics such as the opioid crisis, immigration, and the value of trauma-informed care. Generations United provides a range of information and resources to support grandfamilies that are available at [www.gu.org](http://www.gu.org) and [www.grandfamilies.org](http://www.grandfamilies.org).

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