Replication of Family Connections: Lessons Learned From Grandparents

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Dr. Sharpe is an assistant professor at the University of Maryland, School of Social Work. She has extensive training and interdisciplinary practice and research experience related to public health, diversity, and violence. Dr. Sharpe's area of practice and research includes working with African American families that are surviving the homicide of a loved one. She has designed and implemented numerous community-based violence prevention and intervention programs specifically targeting children and families from diverse, marginalized communities. She also has experience developing, implementing, and conducting culturally appropriate research studies and trainings in the areas of children and families coping with school, community violence, and manmade and natural disasters. Dr. Sharpe is the recent recipient of the Henry C. Welcome Faculty Research Fellowship. Her future research includes conducting comparative studies that examine racial, ethnic, and generational differences in coping among homicide survivor populations for the purpose of developing interventions that may best serve these survivors.

Dr. DePanfilis is professor and associate dean of research at the University of Maryland School of Social Work. She is also director of the Ruth H. Young Center for Families and Children, a research center designed to promote the safety, permanency and stability, and well-being of children, families, and communities through education and training, research and evaluation, and best-practice service programs.

During the last 35 years, she has: (1) Provided child welfare services at the local level as a caseworker, supervisor, and administrator; (2) worked as a consultant at the national level conducting program evaluations and providing training and technical assistance to child welfare and community-based programs; and (3) conducted extensive studies related to the delivery of child welfare services, the prevention of child maltreatment, and the implementation of policies and community service programs.

Dr. DePanfilis is principal investigator of research for the Family Connections Program, a community-based family strengthening outreach service program designed to support vulnerable families to meet the basic needs of their children without the need for formal public child welfare services. Recognized by the U.S. Department of Health and Human Services for its efforts to prevent child neglect, Family Connections is being replicated in multiple sites across the United States.

Recent research and publications relate to the epidemiology and prediction of child maltreatment recurrences; child protective services risk assessment, safety evaluation, and decision making; the role of social support in preventing neglect; the costs of caring for children in foster care; outcomes of youth transitioning from child welfare services to independence;
and the efficacy and cost effectiveness of Family Connections. Dr. DePanfilis is co-editor of the *Handbook for Child Protection Practice*, which brings together papers from over 70 interdisciplinary authors. The book is structured to follow the life of a case from the time a report of child maltreatment is made through various pathways in the child protection system. She is also co-author and author of U.S. government-published user manuals on the role of child protective services and the prevention, assessment, and intervention of child neglect.

Dr. DePanfilis is particularly interested in ways to bridge the gap between research, policy, and practice. She is a former president of the American Professional Society on the Abuse of Children, an interdisciplinary association that works to assure that everyone affected by child maltreatment receives the best possible professional response, and she is currently on the board of directors of the Society for Social Work and Research, an organization devoted to the promotion of human welfare through social work research.

Dr. Strieder is a clinical associate professor at the University of Maryland, Baltimore, School of Social Work, where he is the director of family connections/grandparent family connections for the Ruth H. Young Center for Families and Children — an interdisciplinary center dedicated to promoting safety, health, and well-being for children, families, and communities through community and clinical services, research, education, and advocacy. Over the past 32 years, he has: (1) Provided mental health and child welfare services as a practitioner, supervisor, and administrator; (2) served as a committee chair and board member on local, regional, and national levels regarding the development of outcome evaluation strategies and program development specific to treatment foster care; (3) developed and directed intern training programs at the Baltimore, Maryland, Kennedy Krieger Institute Family Center and the Family Connections Program, and taught family therapy in the Johns Hopkins and University of Maryland Child Psychiatry Training programs; (4) developed best-practice models for children and families that have been the victims of maltreatment; and (5) developed community-based service models for families that struggle to meet the needs of their children — specifically grandparent-headed households.

Dr. Strieder’s publications and presentations relate to: the needs of children placed in the child welfare system, community-based programs, and clinical practice related to families that have experienced trauma and families that struggle to meet the needs of their children.

Ms. Gregory is the research coordinator for the Ruth H. Young Center for Families and Children. She is also a family therapist for a community-based agency in Baltimore. Her practice experience includes working with families and children in public and private foster care agencies. She has also worked as a school mental health clinician in the Baltimore City Public School System. Ms. Gregory’s experience in training and staff development enabled her to collaborate with the Baltimore City School System and Police Department to train officers in using strengths-based interventions when interacting with students and their families. As a social worker, her personal mission is to serve families in a variety of capacities that foster empowerment, self-sufficiency, and prosperity in all areas of life. Ms. Gregory is a licensed graduate social worker in Maryland and received her master’s degree from the University of Maryland, Baltimore, School of Social Work.
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Introduction

Grandparents as the sole primary caregivers are one of the fastest growing family types in the United States, representing a growing phenomenon in child welfare (Bowers & Myers, 1999; Jooste, Hayslip, & Smith, 2008; Kelley, Yorker, Whitley, & Sipe, 2001; Sands & Goldberg-Glen, 2000). Between 1990 and 2006 the number of children living in households maintained by grandparents increased by 44%. This roughly translates into more than 2.5 million children living with grandparents who were responsible for meeting the basic food, shelter, and clothing needs of their grandchildren (U.S. Census Bureau, 2006). Census Bureau data indicate that there are now more than 6.7 million children across the nation growing up in these unique “grand families,” representing 9% of the nation’s children living in families.

Although grand families provide a safe haven for many children, research suggests that these families face unique challenges. Grandparent caregivers often experience increased caregiver psychological stress and physical health problems (Climo, Patterson, & Lay, 2002; Kelley, Whitley, Sipe, & Yorker, 2000; Kelley, Whitley, & Sipe, 2007), social isolation (Musil, 1998), legal problems related to custody (Kelley et al., 2001), and added challenges due to inadequate and inaccessible resources (Ehrle & Geen, 2002; Grant, 2000; Scarcella, Ehrle, & Geen, 2003). Additionally, children who are placed in their grandparents’ care due to unfavorable circumstances (e.g., abuse, neglect) often have a high percentage of emotional and behavior problems (Scarcella et al., 2003). Caring for a grandchild with psychological and/or physical problems is associated with caregiver stress (Sands & Goldberg-Glen, 2000). Thus, grandparent caregivers often find themselves addressing ongoing, significant personal problems while facing the financial, medical, and mental health challenges associated with parenting vulnerable children (Dowdell, 1995; Jooste et al., 2008).

Grandparent caregivers often fall between the cracks of foster care, aging, education, and disability service systems.
Replication of Family Connections With Grandparent Families

Hayslip and Kaminski (2008) suggest that multilevel, multimodal approaches are needed to successfully intervene with grandparents and grandchildren; therefore, the design of the Grandparent Family Connections (GFC) Program was structured to respond to the unique strengths and needs of grandparent families. This service delivery strategy was consistent with the Family Connections (FC) framework. The approach to revising the program to be responsive to grandparent families involved incorporating the literature about grandparents raising grandchildren to adapt the family assessment protocol, and to test the relevance of appropriate interventions. In addition, practitioners were trained on the unique needs of grandparent families. Outreach strategies were revised to directly reach grandparent caregivers, and clinical supervision emphasized the challenges for families during weekly individual and group meetings.

Importance of Advocacy and Interdisciplinary Intervention

Reviews of grandparent family-based interventions suggest that advocacy services are particularly important for these families (Ehrle & Geen, 2002). Thus, a component of GFC services includes providing GFC families with legal advocacy services that are particularly relevant for grandparent families (e.g., services relating to issues of housing, custody, appropriate school placements). Prior research on interventions with grandparent families also suggests that interdisciplinary programs for grandparent caregivers can improve well-being in the areas of psychological distress, mental health, and social support (Kelley et al., 2001; Kelley, Whitley, & Sipe, 2007). Therefore, a component of GFC involved providing grandparent families with social work and health-related services.

Tailoring Assessments to the Unique Roles and Needs of Grandparent Families

Other modifications to the intervention manual, family assessment protocol, and the training and supervision focused on parenting-role and life-stage issues that grandparent caregivers face when they take on “parenting” functions. These role conflicts lead to struggles in integrating their parenting and personal roles related to timing, conflict, and ambiguity (Landry-Meyer & Newman, 2004). For example, grandparents may experience role conflict as a sense of loss, as they lose a traditional grandparent role in order to incorporate a new role as primary caregiver (Landry-Meyer & Newman, 2004). And in many cases, grandparents are assuming caregiving duties at a point and/or age in their lives when they had expectations of abandoning parenting responsibilities (Landry-Meyer & Newman, 2004). Finally, grandparents may experience uncertainty in their functioning as caregivers due to the “lack of clear guidelines or socially agreed on behaviors regarding a role” (Landry-Meyer & Newman, 2004, p. 1008).

Training and Supervision Tailored to Unique Strengths and Needs

The special nuances of grandparent families were particularly important to address in the training of practitioners because there are special factors that need to be considered:

- Experiencing the loss of a parent (for both the grandparent caregiver and the grandchild)
- The relationship of each child’s special needs to previous caregiving experiences
- Becoming a blended family with potential implications for lingering intergenerational conflict
• The grandparents’ attitudes about assuming the role as caregiver and their mental and physical health status

• Overcoming poor housing, financial insufficiency, and overall health status of family members

• Managing complicated legal matters pertaining to school, access to health care (including mental health care), and guardianship and custody

• Addressing the need for the acquisition of specialized parenting skills to respond to children who often have behavioral and emotional problems

Comprehensive assessments must address these factors and service plans need to be formulated that are sensitive to grandparents’ adjustment to their new caregiving role.

Quantitative research methods alone would not convey the degree to which the modifications made to FC to address the needs of grandparent families were perceived helpful; therefore, a qualitative study was conducted to explore which interventions were the most helpful from the perspective of grandparent participants.

Method

A qualitative study was conducted with a self-selected sample of 16 grandparent caregivers using a semi-structured interview guide designed to discover insights about each participant’s perceptions of the GFC Program, the quality of services they received, and the strategies they used to manage stressors that coincided with caring for themselves and their grandchildren. The interview guide was created based on information obtained from grandparent caregiving literature and quantitative program evaluation results.

Sample

The inclusion criteria for this sample were that respondents be grandparent caregivers who had completed the GFC Program. Respondents were recruited by generating a mailing to 89 previous GFC participants. Seventeen grandparents agreed to be interviewed. However, only 16 met the inclusion criteria. The participant who was excluded from the sample was the daughter of a deceased participant of the GFC Program. Respondents were primarily low-income, female, and African American.

Procedures

Informed consent and biographical information were obtained on the same day face-to-face interviews were conducted. Each participant was interviewed once, was asked the same questions in the same order, and received a $25 stipend immediately following the completion of the interview. Interviews lasted approximately 60 to 80 minutes at a location of convenience for the respondents (e.g., the participant’s home). Interviews were individually conducted by members of the research team. Interviews were audiotaped and transcribed. A code number was assigned to each participant upon completion of the interview so no identifying information was included on the interview material or tapes. Transcriptions of the interviews were carefully read and analyzed, looking specifically for insights into each participant’s perceptions of the GFC’s impact on aiding his or her capacity to care for his or her grandchildren.

Data Analysis

Responses to the interview questions were organized into domains, which were determined by the common themes that emerged from participant responses. Interviews were transcribed by an external resource. Each transcript was reviewed and coded first.
individually and then collectively by the primary researcher and two research assistants assigned to the project. The primary researcher has extensive knowledge relevant to practice and qualitative research with diverse populations. Research assistants received training in the area of qualitative program evaluation and analysis. Data analysis consisted of an inductive process to identify and cluster themes found throughout participant narratives. Charmaz (1983), Chenitz (1986), and Glaser and Strauss (1967) refer to this method as the constant comparative method of analysis. This analytical method requires that the researcher constantly compare findings, from the point of collection to the coding, and generate plausible themes. The researcher analyzes data to the point of redundancy and saturation of themes.

For this study, the researcher determined that a theme was saturated if it appeared in at least half of the interviews and if it resonated with the study respondents in member checks (Tutty, Rothery, & Grinnell, 1996). “Member checking” incorporated a review and approval of the transcribed data by respondents to ensure internal validity of findings (Tutty, Rothery, & Grinnell, 1996). Finally, transcripts and findings were reviewed by three additional readers and respondents to ensure neutrality and credibility of the results (Creswell, 2003).

Results

Qualitative findings revealed that the perceived impact of the program fell into three domains: Support and Services, Skill Building, and Affect and Behavioral Changes.

Support and Services

The first domain, Supports and Services, encapsulates the GFC Program’s ability to connect grandparents to social support networks, community resources, and services.

Social Support Network

Interacting with other grandparent caregivers appeared to be very meaningful for many GFC clients. This is evidenced by the experience of a 47-year-old grandmother, who stated:

Well, I think the thing that helped me the most is to see that I’m not the only one. It’s a lot, I know, I mean since I been in the program, I see there’s a lot of grandparents raising their children; so why (I just thought) I’m the only one who’s out here having to suffer to take care of my grandchildren…it’s hard.

A 60-year-old grandmother expressed a similar sentiment, stating, “And there were other grandmothers who would say to me a lot of times, don’t feel like you’re by yourself because I go through this with my grandchildren...” GFC social activities such as potluck dinners, arts and crafts expos, and stress management seminars were described as “fun” and “helpful.” Moreover, social activities enabled GFC participants to “just sit down and dialogue” with other grandparents who were caring for their grandchildren and eventually create a network of support for grandparents.

Community Resources/Services

Grandparent caregivers often relied on GFC for support in meeting some basic, concrete needs. For example, a 47-year-old grandmother of six found GFC to be very helpful in navigating the educational system for her grandchildren:

I needed help with registering them for school and taking them, too; find out how I take them to the doctor to get their shots and stuff like that. I was able to do it, but I couldn’t do it because I didn’t have no guardianship or nothing over them. So I needed to know my steps and what I need to do. So they told me
Protecting Children

Several grandparents commented on assistance they received from GFC to secure housing and tend to financial matters. One 42-year-old grandmother of two explained,

> It took until after I got out of Grandparent Family Connections to get a place, but it wasn’t like they didn’t help me to try to find a place. One time I had a problem with the gas and electric, they helped me with that. There was another time that I needed some food, they helped me with that.

A 60-year-old grandmother of one reported, “I thoroughly love my apartment, which the Grandparent Connections were very instrumental in helping me to obtain.”

Many respondents indicated that they have experienced financial difficulty as the result of becoming the primary caregiver for their grandchildren. Some cited GFC as a resource for connecting grandparent families to services. One grandparent caregiver reported that GFC connected her to the University of Maryland, School of Law:

> He did some paperwork and I was able to increase my income from $467 to...about $600, about $200 more...I wouldn't have known about it if I had not came through this program because I didn’t even know...that I was qualified for this particular aspect of Social Security.

Skill Building

The second domain, Skill Building, refers to grandparents’ learning about the social, emotional, behavioral, and developmental challenges that their grandchildren may have exhibited and the skills they developed through GFC to better understand how to manage them. The following excerpts reflect participant perspectives of the development of skills designed to better assist them in caring for their grandchildren.

For example, one grandparent of five children commented on skills that she acquired as a participant of GFC that helped improve her caregiving skills:

> One thing she had taught me [a GFC worker] and they told me, when they [grandchildren] couldn’t get their way, put them in time out, take the TV from 'em. But I wasn’t doing that. And don’t give what they want. She said just punish them. Like they want an ice cream or something; just take their snack and stuff from 'em.

Another 42-year-old respondent and grandparent of five grandchildren stated,

> Well, I’m a little bit more patient now compared to what I used to be; because I wasn’t patient at all. I did a lot of cussing and my daughter had to get on me like that because my favorite word is that ‘B’ word. And every time [name of a grandchild] would make me mad, it would come out my mouth just entirely too frequently. And [name of worker] was like, ‘Sometimes you just gotta count to 10 and hold your breath and don’t do that.’ I’m doing a lot better compared to what I used to be ’cause I wasn’t, I just didn’t care no more.

A 60-year-old grandmother of one commented on the knowledge gained through her participation in GFC relevant to the social, emotional, behavioral, and developmental challenges that grandchildren often experience and how she discovered ways to adapt to and/or manage the behavior of her grandchildren:
Grandchildren are not like they were when, you know, when I was raising mine in the 60s and the 70s, right. I’ve learned that with children these days you got to be a lot more flexible than, you know, then...when I was raising my children right. And that’s what I learned through this program, you know, is that children today you’ve got to be able to listen to them more. You’ve got to be a lot more patient, you know, especially with a child like [name of grandchild], because [name of grandchild] had extra problems ‘cause for one thing she had lead poisoning like when she was little...Well, hers [grandchild’s behavior] was improved but mine was, mine was improved more so because with hers she’s an adolescent and they go through (you know, their cerebral cortex is developing) so this girl, she’ll do well for a while, and then like any other typical adolescent she will switch up, you know, so what I’ve learned is that with her when she switch up I still stay the same...But the program has been instrumental in teaching me how to better cope with her changes, you know.

The GFC’s ability to provide respite to the caregivers was instrumental in reducing grandparents’ stress. For example, a 47-year-old grandmother of six stated:

...they had the pampering day where they took us (the grandparents) out for pampering...just little stuff. And it’s no children, there were no children. I think my grandchildren were at school that day. It was during school hours while the children [were] in school. And they just took us there, they fed us and we did arts and crafts and then people had to share; we had a speaker talking. That stuff just means so much to me, just little stuff. And then it’s free. It was like nobody looked at how many chicken wings you got or how many pieces of chicken you got. If you sitting down they’ll bring you more. They see our plate gone, they bring you more. They just some real people. I never ever been around real people like that. They picked us up and carried us to where the gathering was at. And then leftovers, they let you bring it home. It’s just real to me. That stuff means so much to me.

A 58-year-old grandmother of four further elaborated on components of the GFC that enabled her to manage her stress:

Well, I think of all the different things that my staff counselor has been talking to me about. And just to have somebody to talk to about the kids and things that they’re doing that’s upsetting me. And with them just talking to me and listening to me, that sort of takes some of the stress away...I felt a lot better because I didn’t feel so burdened...
And I wasn’t stressed out a lot. And I wasn’t depressed a lot because they came in and they helped me with a lot of my problems.

In response to how her quality of life has improved as a result of her participation in the program, a grandmother of three stated,

Makes me want to join something else or do something else instead of staying home and cleaning and ironing...Most of the time I don’t dress up and put no clothes on. I might put on a pair of shorts or whatever around the house...it’s more to life then taking care of grandchildren and just staying in the house...that made me feel good about myself.

Responding to observed behavioral changes in her grandchildren following participation in the GFC Program, a grandmother of two stated, “...they [grandchildren] were more respectful. They were more understanding to me. They listened to me more...They did things that I told them to do.”

**Discussion**

The results suggest that grandparent caregivers benefit from programs that provide opportunities to engage in activities with other grandparents, promote the continuity of those relationships, focus on the well-being of the caregiver, and assist in meeting concrete needs (e.g., housing, food). The findings provide several implications for practice. First, the emotional support that grandparents provide to one another suggests that programs and services are best received by participants via a collective, communal group format that provides practical information and services, as well as opportunities for fellowship.

Although teaching new and innovative ways to parent grandchildren is an important component of many grandparent intervention models, it is imperative that practitioners assess the short- and long-term medical, mental health, and practical (e.g., food, clothing, shelter, education) needs of the grandparent family. To meet the needs of grandparent families, practitioners must be fully knowledgeable about an array of accessible resources and services that are available to grandparents and their grandchildren. An imperative component of obtaining such knowledge is fostering relationships with service providers for the purpose of informing and easily connecting grand families to services.

**Strengths**

Using a qualitative program evaluation design allowed for (1) The exploration of individual differences between participants’ experiences and outcomes; (2) an understanding of the meaning of the GFC Program to its participants; and (3) the collection of data from a population of respondents in a manner that supported their heavy reliance on oral traditions for the sharing of information (Boyd-Franklin, 2003; Hill, 1997; Hill et al., 1993).

**Limitations**

There are limitations to this study that should be considered. There was a small number of participants \((N = 16)\). In addition, there was significant variation within the purposive sample relevant to the age of participants and the number of grandchildren in their care. These characteristics limit the transferability of the findings to other populations.

**Implications for Social Work Practice**

Findings suggest that the distribution of services, resources, and support may best be implemented using a group format. Moreover, providing services in a group setting allows for grandparent caregivers to discuss processes, and empathize with and provide feedback to one another. Additionally, grandparent caregivers may benefit from engaging in regular self-care
routines, which could include reading, shopping, meditation/prayer, and exercise. Activities such as these are enjoyable and focus on self care, factors that are paramount to reducing stress and enhancing grandparents’ capacity to identify and attend to their individual needs — which can ultimately increase their ability to care for their grandchildren.

Grandparents who assume the role of caregiver for their grandchildren take on an additional financial burden and often struggle to meet the basic needs of their families. Thus, taking care of practical needs is critical to the well-being of the caregiver and the family as a whole. With this in mind, programs should assist grandparent caregivers in meeting tangible needs such as securing food, clothing, and shelter.

**Future Research**

Further research pertaining to grandparent caregivers should focus on the relationship between engaging in self-care routines and grandparents’ ability to meet the needs of their families. Understanding how caregivers attend to their own needs and are able to manage specific challenges associated with parenting vulnerable children would be imperative in developing more effective interventions and models of service delivery for this population. Additionally, a longitudinal mixed-method study that examines the development and progression of Support and Services, Skill Building, and Affect and Behavioral Changes could enhance understanding relevant to the needs of grand families as well as inform the development and implementation of interventions. Finally, an examination of service utilization before and after participating in grandparent caregiver interventions requires further examination.

**References**


