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Developing Evidence-Based Approaches for Working with Custodial Grandparents: Findings from a Review of the Literature

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Acknowledgements

The Project Advisory Group:

Linda Eirikson, Children's Services

Carmen Esch, Children's Services

Pat Gilbert, Children's Services

Shirley Meguinis, Children's Services

Ivana Milovac, Children's Services

Catherine Morrison, Alberta Children's Hospital

Janice Popp, Calgary and Area RCSD

Daniel Sadler, Calgary and Area RCSD

Christina Tortorelli, Children's Services

Sherri White Vernon, Children's Services

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1.0 Introduction

Health, social and economic issues such as the opioid crisis, the 2008 financial crisis, and AIDs have contributed to a significant increase in grandparents assuming fulltime care of their grandchildren. Combined with an increasing focus on kinship placements by child welfare agencies in Canada and elsewhere, this comprises a strong imperative for ensuring that health, education, child welfare, and disability services develop effective practice responses to better address the unique needs of custodial grandparents and their grandchildren.

Calgary and Area Regional Collaborative Service Delivery (RCSD) recognizes the importance of enhancing services for this population. Consequently, the RCSD commissioned a literature review in Spring 2019 to provide an evidence-informed foundation upon which they might build a multidisciplinary practice framework.

The literature review was designed to address the following research questions:

- What are the unique benefits of kinship care?
- What unique challenges do custodial grandparents face?
- What are best/promising practices for supporting grandparents as primary caregivers?
- What do Children's Services, Education, Disability Services and Health professionals need to consider when working with this population, and how can they better support these families?

This report draws on the growing body of research on custodial grandparents and grandchildren to answer those questions. It begins with some background information on kinship care generally, including the benefits of kinship care and the differences that exist between foster and kinship families. It then outlines statistical, demographic and age-related considerations to develop a profile of custodial grandparents in North America. The report also explores the many challenges that these families face, including personal, parenting, familial and service-related challenges. Practice frameworks for specifically working with custodial grandparents are briefly described, and other frameworks for working with kinship parents in general are summarized thematically. The report concludes by outlining practice suggestions emerging from the literature, including transdisciplinary suggestions as well as specific recommendations for each of the systems involved in RCSD.

2.0 Methods

The literature search was conducted in two parts, with the first phase focusing solely on practices related to child welfare, and the second phase expanding to include research related to other RCSD systems (i.e., health, education and disabilities services). The searches drew on the following academic databases:

- Canadian Child Welfare Research Portal
- CINAHL
- ERIC
- PsycINFO

In addition, the tables of contents of two prominent journals, *Adoption and Fostering Journal* and *Child Welfare,* were searched, and a Google search of the grey literature was conducted.[1]

The following search terms were used to identify a general pool of research related to custodial grandparents: "Custod*" *or* "kinship" *or* "caregiver*" *and* "Grandparent*" *or* "grandmother*" *or* "grandfather*." Further searches were then conducted using terms such as: school*, heath*, disabilit*, support*, need*, and practice*.

The parameters of the literature review were:

- 2009[2] – current year of publication
- English language
- Articles and practice frameworks from Canada, the US, the UK, Australia, and New Zealand

Over 200 articles were identified in the literature review. After reviewing the abstracts for relevance, duplicates, and inclusion criteria, 167 were retained for review and analysis.

2.1 Limitations

There are two key limitations associated with this review:

- First: The budget for this review did not allow for the exploration of research specific to Indigenous and immigrant populations. Given the distinct experiences of these populations and the high prevalence of kinship care among Indigenous communities in Canada (Margolis, 2017), this is a significant gap – one that should be addressed in subsequent phases of the project.

- Second: Most of the literature identified through this review is based on studies from countries other than Canada (mostly the US and UK, with some articles from Australia and New Zealand). Given that the sociocultural, legislative, institutional, economic and political contexts of those countries differ from Canada's, some of the data may not be wholly applicable. (Only limited effort was made to check whether the issues and practice considerations emerging in the literature were relevant to the Canadian context; further consultation and an environmental scan is needed to confirm the relevance of these findings for Alberta).

It is also important to note that this is not a systematic review.

3.0 Background: Kinship Care

Understanding the broader context of kinship care and the way it differs from foster care is helpful to the process of developing effective practices to support custodial grandparents across systems. This section explores:

- The definition of kinship care
- Types of kinship care

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[1] Due to time constraints, the Google search of grey literature in this area was limited.
[2] In cases where the literature was sparse (e.g., literature specific to the health system or disabilities), articles older than 2009 were accessed.

- Differences between foster care and kinship caregivers
- The benefits associated with this type of care
- Terms used in this report

3.1 Definitions and Context

Kinship care is the "full-time care, nurturing, and protection of children by relatives or other adults who have a family relationship to a child" (Kinship Care Legal Research Center, 2007, quoted in Gallagher et al., 2010, p. 56). While generally thought of as 'relative care,' the policy manual for Children's Services expands the understanding of kinship care to reflect more fluid notions of family, specifying that kin can include not only an extended family member but also "a person who has a significant relationship with the child or is a member of the child's cultural community" (Alberta Children's Services, 2019, Chapter 2, p. 1).

While the surrogate parenting of children by relatives and tribal members is something that is "deeply rooted in human evolutionary and cultural history," it has only become a focus of child welfare legislation and practice within the last few decades (Testa, 2017, p. 13). That focus has intensified over the past 10-15 years as a growing body of research has emerged to demonstrate the comparative advantages of kinship care relative to care by strangers. Now the preference for out-of-home care in countries around the world, kinship care has grown considerably in Canada and other industrialized countries (Connolly, et al. 2017; Margolis 2017). In the Calgary and Area region, kinship placements have more than doubled in the past 14 years, growing from 16% of all placements in 2005/2006 to 35% today.[3]

Kinship care designations are based on whether or not a social service agency and/or the courts are involved. There are three main designations of kinship care, with the first two being "in care" designation and the last being "out of care":

- **Formal Kinship Care:** The court has placed the child in the legal custody of child welfare, and is cared for by a relative or someone designated as kin
- **Voluntary Kinship Care:** The child lives with kin and child welfare is involved, but the state does not have legal custody of the child (i.e., the courts are not involved)
- **Informal Kinship Care:** Relatives provide full-time care for the child without any involvement or support from the state (Child Welfare Information Gateway, 2010)[4]

While any relative or adult associated with the family or cultural community can serve as kinship caregivers, grandparents provide the majority of kinship care, comprising about 88% of all kinship caregivers in the US (Lee, Clarkson-Hendrix & Lee, 2016).[5] Researchers suggest that grandparents are "often the only relatives who have the time and strong familial obligation to commit to the permanent

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[3] Personal correspondence. Carmen Esch, Associate Director, Calgary Region Children's Services, Government of Alberta. August 28, 2019.

[4] Note: For the purposes of this report, only two major distinctions will be made: formal kinship care (which, in this report, will include voluntary care) will be used to indicate any type of kinship care where child welfare is involved; informal care will be used to designate out-of-care arrangements where child welfare is not involved.

[5] Note: Canadian data are presented where available. When not available, US data are provided in this report.

care of these children" (Edwards & Benson, 2010, p. 56). For this reason, "'kinship care often translates as 'grandparent care,' with grandparents, especially maternal grandmothers, being the most frequent caregivers for children in out-of-home care" (Backhouse & Graham, 2013, p. 441).

Grandparents who provide full-time, residential care to one or more of their grandchildren are referred to in many different ways, including:

- Custodial grandparents
- Skipped-generation (or skip-generation) families
- Grandparents raising grandchildren (GRGs)
- Grandparents as parents (GAPs)
- Parenting grandparents
- Grandfamilies
- Grandparent-headed families (GHF)
- Grandparents as parents again (GAPA)

For the purpose of this report, the terms custodial grandparents and skipped-generation families will be the primary terms used to indicate grandparents who provide full-time care to one or more of their grandchildren without the assistance of the child's parents, regardless of whether or not they have legal custody of the child (Van Etton & Guatam, 2012).

3.2 Differences between kinship care and foster care providers

While services for kinship caregivers are often simply adapted from those that are designed for foster caregivers, kinship care differs from foster care in many significant ways, and services should be designed with those considerations in mind (Connolly, et al. 2017; McHugh, 2009).

One of the key differences between the two types of care is the nature of the relationships involved. Whereas foster caregivers are effectively strangers, kinship caregivers usually have an existing relationship with both the child and the biological parent. Furthermore, kinship caregivers are often motivated by personal factors such as "family loyalty, child attachment, family preservation, not wanting to split up siblings, and the desire for the child not to be placed in foster care" (Breman, 2014, p. 10). Because of the personal nature of the relationships involved, the process of assuming full-time care is far more likely to be accompanied by higher levels of anxiety and distress for kinship caregivers because the shift in care is usually the result of traumatic family circumstances (e.g., parental death, incarceration, substance misuse, divorce, mental health issues, etc.) and is often abrupt and/or unplanned (Harnett et al., 2014).

The demographic profile of kinship caregivers also differs significantly from that of foster caregivers. Compared to foster caregivers, kinship caregivers are more likely to be:

- Female
- Older (typically grandparents)
- Less educated

- Experiencing higher levels of parental stress

- Unmarried

- Living below the poverty line

- More limited in their access to social networks and resources

- Experiencing health issues

- Unemployed

(Coleman & Wu, 2016; Harnett, et al., 2014; Breman, 2014; Boetto, 2010)

A notable difference between kinship (particularly grandparent) and foster caregivers is that kin caregivers are far less likely to pursue formal avenues of guardianship and adoption for fear of potentially jeopardizing the relationship they have with biological parent and/or foreclosing the opportunity for the parents to resume custody of the child (both adoption and guardianship require the termination of parental rights). For this reason, many do not acquire legal custody and/or choose to involve the child welfare system. This has implications for their interactions with education and health systems (e.g., legally, they may not be able to provide consent for a medical procedure or enroll their grandchild in school), as well as for accessing financial assistance and child welfare supports (Brandt, 2004; Coleman & Wu, 2016). (This is discussed further in *Challenges*, below).

3.3 Benefits of Kinship Care

Despite the relative demographic disadvantages associated with kinship homes, children tend to fare better in these types of placements than in traditional foster care placements (Harnett et al., 2014; Langosch, 2012; Winokur et al. 2009). For this reason, kinship care has become the preferred type of out-of-home care in countries throughout the industrialized world (Connolly, et al. 2017). Compared to children in foster and/or group care, children in kinship placements tend to experience[6]:

- Greater placement stability

- Better mental health functioning

- Lower risk of re-entering care after being returned to their biological parents

- Better overall physical and mental health

- Better behavioral outcomes, including lower levels of internalizing and externalizing behaviors

- Greater competence in adaptive behaviors

- Less likely to run away

- Less likely to change schools

- Less stigma

- Greater satisfaction with the placement; feeling happier, more valued, and more loved and cared for

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[6] Note: Most of these outcomes are based on studies of children in formal kinship placements. Studies of children in informal kinship placements suggest that this group also fares better than those in foster care, but not as well as those in formal kinship homes (Lee, Clarkson-Hendrix & Lee, 2016; Dolan et al. 2009).

- Greater cultural continuity
- Increased sense of belonging and greater connection to family and friends, including:
  - Greater ability to maintain contact with natural supports and preserve family connections
  - Greater ability to "maintain a sense of belonging and self-identity and feel settled because they are placed with people they know" (Breman, 2014, p. 9)
- Reduced trauma and smoother adjustment period after placement[7]

(Alberta Government, 2017; Boetto, 2010; Breman, 2014; Dolan et al., 2009; Edwards & Benson, 2010; Edwards & Sweeny, 2007; Falconnier et al., 2010; Farmer et al., 2013; Generations United, 2017; Gardiner, 2019; Gleeson et al., 2016; Harnett, et al., 2014; Lee, Clarkson-Hendrix & Lee, 2016; Rubin et al., 2008; Smithgall et al., 2006; Winokur et al. 2009)

Furthermore, some studies suggest that kinship parents' overall parenting practices may be more successful than those of foster parents. Drawing on extensive data from the National Survey of Child and Adolescent Well-Being (NSCAW) in the US, researchers compared custodial grandmothers to foster caregivers on measures of "responsiveness, learning stimulation, punitiveness, use of spanking, and physical environment" (Dolan et al., 2009, p. 789). While grandmothers tended to use spanking more often than foster parents[8], the study found that "grandmothers engage in significantly better parenting behaviors, overall, than foster caregivers, regardless of the child's age and the caregivers' race/ethnicity, education, and poverty level, and that [child welfare system]-involved grandmothers provide a home environment generally as good as the environment foster caregivers provide." (Dolan et al., 2009, 789)

Other studies suggest that kinship caregivers tend to have a more positive view of their children's behavior than foster caregivers and are have a greater awareness of the emotional and behaviour problems of their charges (Lee, Clarkson-Hendrix & Lee, 2016).

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[7] Gleeson et al., (2016) point out that "not all studies of kinship care demonstrate positive results for all children. Sakai, Lin, and Flores (2011) found higher rates of teen pregnancy and substance abuse for adolescents in kinship care compared to those in foster care with nonrelatives and Ryan, Hong, et al. (2010b) report higher rates of delinquency for some populations in kinship care compared to their counterparts in foster care. Also, while children living with kin who are not taken into the child welfare system's custody are generally functioning somewhat better than children taken into custody, families caring for these children informally face a number of challenges and lack access to services and supports that are available when children are taken into custody" (p. 33).

[8] "For punitive behavior, no significant differences were observed between grandmothers and foster caregivers in terms of shouting, scolding, or derogating the child during the home visit, though some grandmothers were observed spanking their children. Spanking among grandmothers [13.1% among grandmothers of children zero to 2 years old, and 5.5% of grandmothers of children aged 3 to 5 years] contrasts sharply, however, with the almost total lack of spanking by foster caregivers. Foster caregivers' direct relationship with [the child welfare system] likely explains their almost total abstinence from spanking: the CWS has strict policies regarding use of spanking among foster caregivers, making them self-conscious during the interviewer's observation and afraid of being reported to child protective services if they disclosed use of spanking." (Dolan et al., 2009, p. 789).

4.0 Custodial Grandparents

In order to tailor service provision and system supports to custodial grandparents, it is critical to understand the characteristics that define this population. This section draws on research findings and surveillance data to offer a general profile of this population and concludes by outlining age-related characteristics and considerations.

4.1 Profile

Many authors have commented on the sharp increase in custodial grandparents in North America (e.g., Lent & Otto, 2018; Edwards & Benson, 2010), with one noting that "grandparents raising grandchildren are the fastest-growing segment of the population" in the US (Van Etton & Guatam, 2012, p. 19).[9]

Data from the Canadian Census show that there were almost 27,000 grandparent-headed skipped-generation families in this country in 1996 (Fuller-Thomson, 2005). According to Statistics Canada's 2011 National Household Survey, that number has almost tripled to 72,665 (Milan et al., 2015). Data from the General Social Survey (GSS) show that skipped-generation homes in Canada are more common among "people reporting a First Nations (28%), Métis (28%) or Inuit (18%) identity (compared with 11% among the non-Indigenous population)" (Margolis, 2017, p. 6).[10]

Grandparents assume custody of their grandchildren for many reasons, but the most common are parental substance abuse, death, child abuse and neglect, teen pregnancy, poverty/unemployment, incarceration, physical/mental health issues, family violence, divorce, and abandonment (Van Etton & Guatam, 2012; Gallagher et al., 2010; Hillman & Anderson 2018). The pathway to custodial care of one's grandchildren is often immediate, but researchers point out that the assumption of a primary caregiving role might happen incrementally and/or through co-habitation with one's children as well (Peterson, 2017).

Custodial grandparents are diverse and come from a wide range of ethnocultural and sociocultural backgrounds (Gallagher et al., 2010); however, the research literature suggests that a majority are:

- Single, separated, divorced or widowed
- Low income, with about a third living below the poverty line and a majority reliant on government financial support
- Informal kinship caregivers (i.e., not formally supported by the child welfare system) [11]

(Hillman & Anderson 2018; Peterson, 2017; Harnett et al., 2014; Falconnier et al., 2010)

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[9] In the US, this is attributed to the opioid crisis and to the implementation of child welfare policies that recognize kinship placements as preferable where appropriate (Lent & Otto, 2018; Connolly, et al. 2017).

[10] "Several unique family-related characteristics could explain the higher proportion of co-residing grandparents within the Aboriginal population, including Aboriginal custom adoption, which is the 'selection of individuals to adopt a child, by birth parents (or their elders), based on historical Aboriginal adoption practices.' In addition, Aboriginal identity populations, particularly Inuit, have higher fertility levels than the rest of the population—meaning that the Aboriginal population may be more likely to be grandparents." (Milan et al., 2015).

[11] Note: This profile is largely drawn from US studies as very little Canadian data exist in this area.

Custodial grandparents are also more likely to experience greater challenges than non-custodial grandparents, including:

- Poorer physical health

- Higher rates of depression and other mental health issues

- Higher reported levels of stress

- Higher reported levels of fatigue

- More social isolation

- Guilt and self-recrimination because their own children are not able to adequately care for their children

- Greater stigma

(Harnett et al., 2014; Van Etton & Guatam, 2012; Lee 2017; Gladstone et al., 2009; Hillman & Anderson 2018)

Many are also forced to make changes to their employment (i.e., reduce their working hours or quit their jobs altogether) when they assume parenting responsibility for their grandchildren (Brennan & Cass, 2014).

Despite these many challenges (discussed further below), many custodial grandparents report enormous satisfaction with raising their grandchildren, saying that the caregiving relationship brings them joy, a "renewed sense of purpose for living" (Langosch, 2012, p.165), relief in keeping the family together, and appreciation for a chance to parent their grandchildren in ways that they perceive to be better than the way they raised their children (Smithgall et al., 2006; Gallagher et al., 2010; Langosch, 2012).

4.2 Life-Course Considerations

While older adults are diverse and "chronological age is a poor predictor of ability, health, or interests"[12] (Barba, et al., 2010, p. 276), there are some age-related developments and challenges that should be considered when working with this population. For example, reaction times increase, visual and auditory acuity decreases, and the acquisition of new information or skills can take more time (Barba et al., 2010).

Some researchers emphasize the importance of recognizing the differences that often exist between younger (under 55), midlife (55-64) and older (65+) custodial grandparents. These differences are outlined in Table 1, below.

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[12] "Unlike, for instance, adolescence or middle adulthood, 65 years does not represent the age at which any particular physical or developmental changes typically occur. In fact, older adults are by far the most heterogeneous of all age groups, and chronological age is a poor predictor of ability, health, or interests. As an example, consider the fact that children typically learn to crawl and to walk within defined periods of a few months. In contrast, there are 75-year-olds who run marathons and who run businesses and 60-year-olds who need help with activities of daily living." (Barba, et al., 2010, p. 276-277).

Table 1: Age-Related Characteristics of Custodial Grandparents	
Age Cohort	Life-Course Characteristics
Under 55	• More likely to be employed (women are more likely than men to have part-time or casual employment) and more likely to display a stronger attachment to the labour force • More likely to have their own (minor) children living with them • More likely to be providing caregiving support to aging relatives • Healthier (on average) than older cohorts • More likely to report that relationships with friends and participation in community has deteriorated since becoming the primary caregiver for their grandchild • More likely to have a mortgage or be renting • More likely to experience changes to housing as a result of assuming primary care of their grandchildren
55-64	• May still be in the workforce ("this is increasingly true for women as well as men, but women are likely to have re-entered employment following periods of caring responsibilities" [Purcal et al., 2014, p. 472]) • Are often reducing their workhours and planning for retirement • More likely to have care-giving responsibilities for aging parents or other relatives and may provide childcare for other grandchildren • Experiencing mid-life transitions (e.g., menopause)
64+	• More likely to experience long-term illness or disability (however, deterioration in health is reported across all age cohorts) • More likely to experience a decline in physical and cognitive functioning, including possible mobility issues • More likely to have left the workforce and/or retired • Often living on a fixed income and more vulnerable financially than younger cohorts (although all cohorts express perceptions of significant financial stress after becoming custodial grandparents) • Likely to experience a decline in social connections because their situation is out of step with friends who are enjoying more leisure time in their retirement • More likely to own their home outright • More likely to experience loss within relationships (due to declining health and death of friends and family) • More likely to fear their ability to care for their grandchild in the future
Sources: Purcal et al., 2014; Connolly et al, 2017; Backhouse & Graham, 2013; Gladstone et al., 2009.	

5.0 Key Challenges

To be effective, services for skipped generation families must be based on an understanding of the unique challenges that are commonly experienced by custodial grandparents and their grandchildren. This section outlines challenges that are common among this cohort, including challenges related to:

- Conflict with the biological parents and other family members
- Grief and loss
- Parenting challenges
- Physical and mental health issues
- Social isolation
- Financial stress
- System barriers, including barriers to accessing health, education and child welfare services
- Additional challenges for informal caregivers
- Additional challenges for grandparents who are caring for children with disabilities

The section concludes by outlining some of the challenges that practitioners experience when working with this population.

5.1 Conflict with Biological Parents and Other Family Members

In study after study, custodial grandparents have cited conflict with the birth parent as their biggest challenge (Breman 2014; Backhouse & Graham 2013; Lee, Clarkson-Hendrix & Lee, 2016; Langosch, 2012). Because the biological parent is (usually) the adult child of one or more of the custodial grandparents, the relationship is far more complex and conflicted than the relationships that foster parents typically have with a birth parent. Many custodial grandparents feel "caught in the middle" between their adult children and child protection services (Dill, 2010, p. 234), finding it difficult to impose protective restrictions during parental visits (Connolly et al., 2017). Boetto (2010) notes that custodial grandparents "may experience harassment and abuse from the child's parents as a result of working with the child protection agency, and struggle with contact arrangements due to a conflict in loyalties between the child's parents and their grandchild" (pp. 62-63). The relationship can become further strained if the caregiver seeks legal guardianship (Boetto, 2010), a process that many kin caregivers avoid because of the conflict that can ensue (Brandt, 2004; Coleman & Wu, 2016).

Custodial grandparents also report that they struggle with feelings of anger and resentment towards their adult child (Langosch, 2012; Gladstone et al., 2009), with many identifying biological parents' negative behaviors as a "primary source of stress" (Conway et al., 2010, p. 132). The instinct to protect their grandchild can exacerbate the conflict with the biological parent, particularly when parents break promises and behave in ways that negatively impact the child (Crowther et al., 2014). Some also report feeling resentful that their life plans have been interrupted and/or that they are unable to enjoy the benefits of traditional grandparenting because they have had to assume the role of parent (Gladstone et al., 2009).

At the same time, many are eager to maintain a relationship with their adult child, with some finding it very challenging to manage the needs of both the grandchild and the adult child:

> "Some grandparents had feelings toward their children that were conflicted. These grandparents may have been critical of their children's lifestyle and aware of their children's limitations, yet they still may have wanted to preserve their relationships and not alienate their children. […] These ambivalent feelings toward their children left some grandparents in an awkward position. They placed the needs of their grandchildren first, but were also sensitive to the perceived needs of their children, which could have created tension by placing them at cross-purposes with the child welfare agency." (Gladstone et al., 2009, p. 63)

The complexity of this relationship potentially creates enormous tension and ambivalence, as the findings from a Canadian study show:

> "Grandparents may be committed to their grandchildren but feel resentment toward their children for placing them in their current position as surrogate parents; they may be concerned about their children's ability to parent, yet still want their children to have contact with their grandchildren; and they may not approve of their children's lifestyle yet not want to alienate their children, thereby acting in ways that put them at odds with the expectations of child welfare agencies. These complex feelings indicate that, for grandparents, parenting challenges related to raising grandchildren are interwoven with the ongoing challenges associated with being a parent to the middle generation." (Gladstone et al., 2009, p. 69-71)

Assuming guardianship of a grandchild also impacts other relationships within the broader family system. Custodial grandparents say that their decision to care for their grandchildren has impacted both their marriages and their relationships with other family members:

- **Relationship with spouse:** Grandmothers often feel caught between the needs of their grandchildren and their spouse or life partner. This tension can be exacerbated when the spouse is not the child's grandfather and when the arrangement disrupts life plans (e.g., retirement, travel) (Smithgall et al., 2006)

- **Relationships with other adult children and grandchildren:** Other children may resent the caregiving relationship, feeling that it limits the time and attention that the grandparent can offer other children and grandchildren (Smithgall et al., 2006). Grandparents themselves have reported that they feel sorrow, frustration and guilt about having less time and energy for their other grandchildren (Backhouse & Graham, 2013)

5.2 Grief and Loss

Grief and loss are dominant themes in the research related to skipped-generation families. This is not surprising considering the various potential sources of loss for custodial grandparents. Custodial grandparents often contend with:

- Loss of freedom and lifestyle
- Loss of hopes and dreams for mid/late life

- Loss of the "traditional grandparent-grandchild relationship that had been overtaken by the grandparent-as-parent role" (Backhouse & Graham, 2013, p. 448)

- Grief (as well as guilt, shame and stigma) over their child's inability to parent effectively

- Grief and loss (and potentially trauma) related to whatever circumstances prompted the need to assume responsibility for the child (e.g., parental death, substance abuse, mental health issues, etc.)

- Financial loss or insecurity

(Backhouse & Graham, 2013; Boetto 2010; Connolly et al. 2017; Harnett et al, 2014; Langosch, 2012; Lee, Clarkson-Hendrix & Lee, 2016; Lee & Blitz, 2016)

The grief that custodial grandparents experience is made all the more complex by the fact that they have incurred losses that – in many cases – cannot be openly recognized, socially supported or publicly mourned (Backhouse & Graham, 2013). Researchers refer to this as "disenfranchised grief," noting that this has significant implications for the types of supports required:

> "The narratives of grandparents also suggest a view that the community fails to recognise or validate their experience, particularly in regard to the nature and extent of the change, loss, and grief that accompanies the full-time care of grandchildren. For many, there is also considerable shame surrounding the grandchildren coming into their care, as well as guilt and self-reproach, a sense of isolation, challenges with the emotional and behavioral difficulties of their grandchildren, and consequential stigma. We know from other research that the social context in which a loss occurs has a significant influence on the ways people react (Rosenblatt, 1993). The social norms and mores at work within the social network of many of the grandparents in this study meant their grief experiences could often not be shared with, or by, their friends. Such unacknowledged grief accords with Doka's concept of 'disenfranchised' grief (Doka 1989) and merits further consideration by the professionals and agencies supporting these grandparents." (Backhouse & Graham, 2013, p. 451)

5.3 Parenting Challenges/Stress

Studies suggest that custodial grandparents experience more parenting stress than foster parents (Harnett et al., 2014). In one study, grandparents scored significantly higher on the Parenting Stress Inventory (Parenting Domain) and the CAPI (Abuse Scale), with 17% scoring above the lower clinical threshold (i.e., "the level over which treatment services would be recommended") compared to 4.9% of foster parents (Harnett et al., 2014, p. 417-418). Researchers suggest that the following factors may exacerbate parenting stress for this population:

- Exhaustion associated with caring for infants and young children as an older adult

- Lack of training and support – particularly around dealing with challenging behaviors, mental health issues and disabilities

- Complexity associated with households where intergenerational disadvantage and transgenerational trauma are present

- Social isolation (Custodial grandparents report feeling less support from, and involvement with, family and friends compared to non-custodial grandparents)
- Tensions associated with abruptly and unexpectedly taking on parenting responsibilities
- Stress associated with other caretaking responsibilities (e.g., elderly parents, adult children who continue to experience struggles)

(Baldock, 2007; Boetto 2010; Breman, 2014; Harnett, et al., 2014; Lee & Blitz, 2016; Testa, 2017)

Another key factor may be that kinship carers are not well supported to meet the increasingly complex and multifaceted needs of the children and youth in their care. Studies have shown that a relatively high percentage of children in skipped-generation families:

- Have special needs (52%)
- Experience more somatic complaints than children who live with their biological parents
- Experience more anxiety and depression than their peers
- Experience more attention-related problems and aggressive behavioral problems than their peers
- Often experience the types of social and behavioral difficulties that increase their risk of social isolation, bullying, peer rejection and reduced levels of academic support from educators[13]

(Edwards & Benson, 2010; Langosch, 2012)

One author notes that lack of training and support to manage these complexities likely exacerbates the parenting stress of kinship carers:

> "The issues this creates for kinship carers relate to the unique characteristics of kinship care relative to foster care. Given that kinship carers are already disadvantaged and under-resourced relative to foster carers, and have not undergone training about issues associated with children and young people who have experienced abuse or neglect, they may not be equipped to cope with the demands and complexities associated with difficult behaviours, mental health issues and disability. Kinship carers also receive limited ongoing support compared to foster carers (Mason et al., 2002). These factors strengthen the argument for developing a structured framework specifically for kinship care. It is in the best interests of children and young people placed in kinship care to provide kinship carers with appropriate support to manage and respond to the complex needs of children and young people." (Boetto 2010, p.64)

Interestingly, the parenting stress experienced by grandparents seems to be high relative to other kinship caregivers as well: a comparative study of over 300 grandparents found that parental stress was higher among custodial grandparents compared to other kinship carers, even when "demographic differences,

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[13] Researchers point out that, overall, "the research findings regarding CRBG [children being raised by grandparents] do not indicate that the children's difficult functioning is a direct result of being raised by grandparents. Rather, the findings suggest that parent–child separation and other pejorative factors predating changes in caregiver arrangements have indirect adverse effects on children's social–emotional and behavioral functioning. Additionally, the findings indicate that many CRBG experience adverse outcomes due partly to relational and social support problems" (Edwards & Benson, 2010, p. 59).

perceptions of health and emotional well being and perceptions of family needs" were controlled for (Lee, Clarkson-Hendrix & Lee, 2016, p. 36). To better understand this finding, follow up focus groups were conducted with custodial grandparents. The focus groups revealed that

> "…this difference was due to feelings of guilt grandparents hold for their adult children's failure as parents. Grandparents' advanced age compared to other kin caregivers and the concomitant bio-psychological differences experienced by them due to their developmental differences intermingled with their guilt in exacerbating their concern about their grandchild's future. Grandparents recognized and encountered the limits of their own abilities more pervasively than other kin caregivers, which created a sense of urgency to achieve permanency for their grandchildren. In addition, stress because of social isolation due to being a 'second time parent' exacerbated caregiver worry." (Lee, Clarkson-Hendrix & Lee, 2016, p. 36)

5.4 Physical and Mental Health Issues

The parenting stress experienced by custodial grandparents impacts their health: research shows that grandparents who report high levels of parenting stress also report lower levels of physical and mental health (Lee & Blitz, 2016). In fact, custodial grandparents as a cohort experience far more health problems than non-custodial grandparents do, including:

- Twice the rate of clinical depression and anxiety
- Worse self-reported physical and emotional health
- Lower health-related quality of life (HRQOL) scores
- Worse self-assessed bodily pain, role functioning, activity limitations, physical functioning, and social functioning
- Greater incidence of multiple chronic health problems

(Gallagher et al., 2010; Langosch, 2012; Lee & Blitz, 2016; Lee, Clarkson-Hendrix & Lee, 2016; Neely-Barnes et al., 2010)

In one study of informal caregivers, 79% of custodial grandmothers and 81% of grandfathers reported having at least one health problem – and many reported three or more (Smithgall et al., 2006). There is also some evidence that grandparents may overlook their own health needs when they assume fulltime care of their grandchildren (Samuel et al. 2017).

Research suggests that physical and/or mental health problems among custodial grandparents can be exacerbated by the following factors:

- Raising more than one grandchild
- Financial difficulties
- Lack of social support
- Limited access to daily living resources
- Grandchild health problems
- Unemployment

(Gallagher et al., 2010; Harnett et al., 2014., 2014; Neely-Barnes et al., 2010)

The experience of parenting again at a time when one's peers are potentially enjoying more freedom is also a source of stress because it is "out of sync with developmental tasks" (Neely-Barnes et al., 2010, p. 87).[14] Custodial grandparents experience dissonance and ambiguity as they navigate relationships in which they are simultaneously parent and grandparent (Backhouse & Graham, 2012). In one study, grandmothers reported that they felt as though they had "lost their identity as loving grandparents and turned into 'mean old ladies'" (Langosch, 2012, p.164). The dissonance that is experienced as they shift back and forth between parenting and grandparenting roles causes custodial grandparents to "revise their lives in their later adult developmental stages," a process that is described in the literature as "life disordering, painful, and protracted" as the shift occurs from one role to the next (Langosch, 2012, p.164).

Montoro-Rodriguez et al. (2012) point out that chronic health issues and psychological distress among custodial grandparents can impact parenting behaviour, particularly when combined with other stressors (e.g., poverty, inadequate support, disrupted retirement plans, familial conflict, etc.). This, in turn, can negatively impact children's adjustment and behaviours (Montoro-Rodriguez, Smith & Palmieri, 2012).

5.5 Social isolation

The circumstances that many skipped generation families find themselves in can be daunting, and both grandparents and their custodial grandchildren may require significant social support. However, this need often goes unmet (Lee & Blitz, 2016). While social isolation can be a concern for many older adults, it is a particular challenge for custodial grandparents for a number of reasons:

- The daily demands of child-rearing can limit the time grandparents have to engage in community activities and/or interact with friends, family, and other grandchildren

- Friends may limit their involvement with the family because they find the child emotionally and physically demanding

- The dynamics that brought the child into care can sometimes lead to the estrangement of other family members

- Fear of judgment and blame can limit grandparents' interactions with others in the community, and the social stigma associated with their circumstances does not "attract the same level of support that the loss of an adult child through death, for example, might result in" (Backhouse & Graham, 2013, p. 447)

- Grandparents can experience a generational gap and feel "out of the loop" with parents that they meet at school or through recreational activities (Lee, Clarkson-Hendrix & Lee, 2016, p. 36)

- As second-time parents, they can also feel developmentally out of sync with, and therefore disconnected from, others their age

(Backhouse & Graham, 2013; Boetto 2010; Bulanda & Jendrek, 2014; Edwards & Benson, 2010; Gallagher et al., 2010; Lee, Clarkson-Hendrix & Lee, 2016)

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[14] This is sometimes referred to as 'time-disordered roles' (Backhouse & Graham, 2013, p. 442).

Peer support groups could help to address the social isolation that many custodial grandparents experience (Lee & Blitz, 2016). However, while a majority of grandparents express a desire for peer support groups (73.2% in one study), most have never participated in one (Lee & Blitz, 2016).

5.6 Financial stress

US estimates show that 38% of kinship families live below the poverty line (Lee, Clarkson-Hendrix & Lee, 2016).[15] Grandmother-headed kinship families are especially vulnerable, with 48% of those households living in poverty (Lee, Clarkson-Hendrix & Lee, 2016). Financial stress is often exacerbated by the following:

- A large proportion of custodial grandparents do not wish to have child protective services involved, and therefore do not access the supports available

- They may also avoid acquiring legal custody of the child and are therefore unable to use any health or dental benefits they might have

- Kinship carers often have to reduce their working hours or quit their jobs when they assume parental responsibility for a child

- Kinship carers who are formally connected to child protective services do not have access to the same level of financial compensation that foster carers enjoy

- Financial resources have not increased in a way that is commensurate with the rise in skipped-generation families

- Many older adults live on a fixed incomes, and the added costs associated with raising a child can create a significant financial burden

- Kinship families often "come from lower socio-economic backgrounds, which places them under financial strain when having to pay for these additional expenses related to the child's needs" (Boetto, 2010, p. 63)

(Backhouse & Graham, 2013; Boetto 2010; Breman, 2014; Coleman & Wu, 2016; Connolly, et al. 2017; Gladstone et al., 2009; Lee, Clarkson-Hendrix & Lee, 2016; Van Etton & Guatam, 2012; Smithgall et al., 2006)

A Canadian study that documented the challenges of custodial grandparents in Ontario noted that government policy can also present barriers to financial well-being:

> "Not uncommonly, grandparents were also caught in a financial dilemma that was rooted in conflicting government policies. These grandparents were not eligible for government subsidies because their incomes were too high. Yet their incomes were not high enough to comfortably provide for all their grandchildren's needs. Moreover, they could not claim expenses on their income tax because they did not have legal custody of their grandchild, yet they were expected by government agencies, such as the child welfare agency, to make financial provisions for their grandchildren. [...] Not having legal custody also meant that grandparents could not identify their

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[15] Other estimates are higher: Falconnier et al. (2010) estimate that 54% of children in kinship families in the US live in extreme poverty. Comparable data for Canada could not be found.

grandchildren as dependents and have them covered on their private medical or dental benefits should they be receiving them through their place of employment." (Gladstone et al., 2009, p. 62)

Given all of these factors, it is perhaps not surprisingly that grandparents are significantly more likely than foster carers to have crippling debt and difficulty paying bills (Harnett et al, 2014).

5.7 System Barriers & Challenges

A growing body of literature shows that, despite high levels of need, children in kinship care receive far fewer services than those in non-kinship care (Coleman & Wu, 2016). Common system barriers include the following:

- Grandparents are often unaware of the services, supports or benefits available
- The wide range of systems needed to support kinship children can be overwhelming and navigating the complexities of program eligibility and requirements is challenging
- Systems are often unaware of and/or unresponsive to the needs of this population
- Interactions with system authorities can be very stressful for some custodial grandparents
- Availability, knowledge and ability to pay also impact access to services
- Structural and interpersonal racism can impact help-seeking behaviours among custodial grandparents, as can other negative historical experiences with formal systems
- Grandparents often experience communication issues when interacting with systems and supports
- Grandparents may underplay their grandchild's behavior difficulties out of fear that they will appear incompetent and lose custody, thereby limiting the opportunity for providers to identify service needs
- Transportation to and from appointments can be difficult for many custodial grandparents

(Backhouse & Graham, 2013; Coleman & Wu, 2016; Crowther et al., 2014; Denby, 2011; Gladstone et al., 2009; Harnett et al., 2014; Langosch, 2012; Lee, Clarkson-Hendrix & Lee, 2016; Peterson, 2017; Smithgall et al., 2006)

In addition to these general system-related challenges, the literature identifies a number of barriers specific to health, education and child welfare. Each of these is briefly outlined below.

5.7.1 Health Services

Children in care have been designated as a population with special health care needs due to the high prevalence of mental and physical health issues – many of which arise because of trauma, neglect, and fetal exposure to drugs and alcohol (Szilagyi, et al., 2015; Shakya et al., 2012). Szilagyi et al. (2015) note that:

- 30-80% of children come into care with at least one physical health problem
- One third of them have a chronic health condition
- 46-60% of children under six have a developmental disability that qualifies them for services
- 80% of children have a significant mental health need

- 20% have significant dental issues (Szilagyi et al., 2015, p. 1146)

Many custodial grandparents report that their grandchildren's health is a "serious issue" and note that they struggle to access services (Shakya et al., 2012, p. 47). This challenge is borne out by data which show that children in kinship care are less likely to access health services than those in foster care (Coleman & Wu, 2016).

One of the most oft-cited barriers to accessing health services is lack of legal guardianship. Research shows that many custodial grandparents are reluctant to seek legal guardianship because of the tensions such a move would create within the family context (Brandt, 2004; Coleman & Wu, 2016). However, without legal guardianship, grandparents cannot authorize health services or medical procedures (Barba, et al., 2010; Gladstone et al., 2009). Nor are they able to list the child as a dependent, thus limiting their options for drawing on health and dental insurance benefits to pay for services for their grandchild (Barba, et al., 2010; Gladstone et al., 2009; Brandt, 2004).

Other reported barriers to accessing health services include:

- Scheduling and transportation issues
- Caregiver's own mental or physical health
- Custodial grandparents' negative experiences with the health system
- Stigma associated with mental health services
- Limited understanding of caregiver strengths and challenges on the part of health professionals

(Coleman & Wu, 2016; Samuel et al. 2017; Smithgall et al., 2006; Tucker, 2009)

5.7.2 Educational Services

Custodial grandparents identify education as another very challenging system to navigate – particularly when they do not have legal guardianship of their grandchildren. Informal caregivers often struggle to establish and maintain "legitimacy as the kinship child's guardian," and research shows that "schools vary in their responses to caregivers' requests and needs" (Lee, Clarkson-Hendrix & Lee, 2016, p. 35).

Other school-related issues identified in the literature include the following:

- Many activities (e.g., homework, paperwork, communication with the school) have now been digitized, and older caregivers may not have the skills to navigate these activities
- Custodial grandparents are likely to be much older than other parents, and this "age and stage-of-life difference may reinforce feelings of isolation from school personnel and lead to disconnecting from peer groups within the school environment" (Peterson, 2017, p. 27)
- Today's educational policies, curricula, norms and requirements may be quite different from what they were when grandparents had their own children (or indeed, were in school themselves)
- Custodial grandparents tend to be less well educated than other populations (including foster carers), and many struggle to provide homework assistance to the children in their care
- Grandparents often experience schools as unwelcoming and uncaring

- Custodial grandparents report feeling "alienation in the face of a rigid system for parent involvement in educational decision-making," feel they lack power, and say they do not have sufficient understanding of school administrative processes (Tucker, 2009, p. 240)

- Many also report "poor relationships and communication with teachers and school staff, which included a lack of understanding by the school about the multigenerational caregiving situation" (Lee & Blitz, 2016, p. 384)

- Older adults – and particularly those with chronic health issues – may have little energy to help with homework and/or address school-related issues

- Schools sometimes direct their communications to the birth parents even when they are "not productively connected to the family nor contributing positively to the children's development," thereby excluding and/or marginalizing the custodial grandparents (Lee & Blitz, 2016, p. 389)

- Grandparents report that they "believe schools hold negative views of their children's custody arrangements," do not understand their needs, and are not willing to offer the necessary support (Lee 2017, p.123)

- Custodial grandparents may lack "role models and sources of information for dealing with the school and may feel overwhelmed with the logistical details of dealing with the various types of services in K-12 settings" (Newsome & Kelly, 2004, p. 67)

(Edwards & Daire, 2006; Gibson & McGlynn, 2013; Lee 2017; Lee & Blitz, 2016; Newsome & Kelly, 2004; Tucker, 2009; Peterson, 2017)

The literature suggests that children being raised by their grandparents "often encounter behavioral, emotional, and academic problems at school" and "require intervention assistance from psychologists, school counselors, and other school professionals" (Edwards & Daire, 2006, p. 113). Furthermore, teachers have reported that children raised by their grandparents tend to present with "more somatic complaints, problems with anxiety, depression, socialization and attention, and more aggressive behaviours compared to children raised by their parents. These factors can impede school success, indicating a need for custodial grandparents to partner with the schools to support the children's education" (Lee & Blitz, 2016, p. 383). For these reasons, addressing the various issues and barriers that custodial grandparents experience with the education system is critical.

5.7.3 Child Welfare
A Canadian study found that many custodial grandparents did not draw upon child welfare services despite the array of services and financial supports that such an arrangement would confer (Gladstone et al., 2009). The study found that concerns related to loss of autonomy were a key factor:

> "Grandparents who were raising their grandchildren could have applied to be kinship foster parents which would have entitled them to monthly supplements and reduce their financial burden. The cost, as perceived by many grandparents, was that their relationship with the child welfare agency would then become more formalized and, as the case with any traditional foster parent, they would be subject to more demands and scrutiny on the part of the child welfare agency. Several grandparents who were not kinship foster parents felt constrained in terms of the decisions they could make regarding their grandchildren" (Gladstone et al., 2009, p. 68).

The study also examined barriers and concerns for custodial grandparents who did have a formal arrangement with child welfare. The researchers found that lack of trust impeded grandparents' relationships with the system and led to an underutilization of services. The following factors tended to compromise caregivers' trust:

- Feeling judged by the caseworker[16]

- Lack of follow-through and/or perceived lack of interest in helping the caregiver

- Incorrect information and/or mixed messages given by the caseworker

- Power imbalances

- Long delays in or lack of responses to requests for information (This is particularly frustrating for grandparents when they themselves are expected to be responsive to caseworkers' requests for information but are not shown the same courtesy in return)

- Young age/lack of experience of the caseworker (Grandparents sometimes feel that young social workers who have no children of their own are not well-equipped to offer parenting advice or to realistically assess children's needs) (Gladstone et al., 2009)

An additional system-level issue identified through the study was the emphasis that most child welfare agencies place on permanency:

> "The agency's policy to establish a permanency plan for grandchildren also was perceived by grandparents to counter the best interests of their family. Grandparents were told that if they did not seek legal custody within a certain period of time (2 years), thereby providing their grandchildren with a 'permanent home,' their grandchildren could be removed and put into foster care. The dilemma for many grandparents was that seeking legal custody ended their hope that their grandchildren might someday return to their parental home. [...] Seeking custody also threatened to alienate grandparents from their children, especially if the middle generation did not support their parents' efforts to get custody." (Gladstone et al., 2009, p. 69)

System barriers and challenges identified in other studies include the following:

- Fear of the child welfare system and/or past experience with child apprehension

- Insufficient information offered about services, supports and entitlements

- Lack of training to help caseworkers understand the unique strengths and challenges of kinship caregivers

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[16] Research seems to suggest that this perception is often accurate. For example, one study found that some workers "portrayed a sense of stigma towards kinship placements—the belief still that the 'fruit does not fall far from the tree.' Workers who did not hold a specialization in working with kin families seemed to harbour this belief more strongly" (Dill, 2010, p. 198). Another study found that workers had "ambivalent feelings" about kinship placements and harboured "doubts about the ability of kinship caregivers to parent, especially if they were grandparents and perceived to have raised troubled children of their own" (Gladstone et al., 2009, p. 56).

- Lack of parity with foster parents (kinship caregivers feel they are not given as much recognition, support or financial compensation)[17]

- Excluded from family group conferencing processes

- Lack of cultural appropriateness in child welfare policies and practice

- Financial pressures imposed by the caseworker (e.g., grandparents are told that their wards need to access more recreational activities, but they are given no additional resources to accommodate this)

(Backhouse & Graham, 2013; Boetto 2010; Breman 2014; Gladstone et al., 2009 Lee & Blitz, 2016; Van Etton & Guatam, 2012)

5.8 Additional Challenges for Informal Caregivers

Census data show that the vast majority of children in kinship arrangements are informal, meaning that they exist outside the child welfare system (Farmer et al., 2013; Gleeson et al., 2016). While this limits the supports and services available to these families, custodial grandparents often choose to remain independent of the system because of concerns about child welfare involvement (Harnett, et al., 2014; Bundy-Fazioli & Law, 2006; Gladstone et al., 2009). Other reasons include lack of confidence in navigating a very complex system and lack of awareness of the services that are available (Bundy-Fazioli & Law, 2006).

Research suggests that informal kinship families experience greater challenges than their counterparts providing formal kinship care and are less likely to receive the necessary services and supports (Bundy-Fazioli & Law, 2006).

While children in kinship care generally fare better than those in foster care, children in informal arrangements do not seem to do as well as those in formal kinship care. In fact, research shows that children in informal kinship arrangements are:

- At greater risk for chronic health problems and poorer health overall

- More likely to experience mental health problems

- Less likely to access services

- Less likely to qualify for their grandparents' employee health benefits

(Bundy-Fazioli & Law, 2006; MacDonald et al., 2018; Stein et al., 2014)

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[17] Children placed in kinship care "are currently receiving inequitable care compared to children in foster care. If a child with complex needs was placed in foster care, they would be eligible for additional case worker support and additional financial support. However if a child with identical needs is placed with a kinship carer, the level of support does not vary. This places additional stress on the placement household and this study shows that many of these carers are already stretched and in need of more support. Additional case work support for these cases, via changes to the funding model, would see these children receive a more intensive level of case support, according to their level of need, and similar to that received by children in foster care Levels of carer reimbursement also need to vary, according to the levels of complexity of the placement" (Breman, 2014, p. 31).

Compared to formal kinship caregivers, informal kinship caregivers are at greater risk for:

- Poverty/financial vulnerability
- Legal vulnerability (many do not have legal guardianship of their grandchildren and lack the authority to make decisions on the child's behalf)
- Depression
- Negative outcomes related to well-being
- Lower life satisfaction
- Lower satisfaction with parenting

(MacDonald et al., 2018; Bunch et al., 2007; Bundy-Fazioli & Law, 2006; Simpson & Lawrence-Webb, 2009)

This cohort is also less likely to seek services and supports. Moreover, when they do seek help, they often experience social service agencies as unresponsive and unsupportive (MacDonald et al., 2018; Simpson & Lawrence-Webb, 2009). One study found that only 23% of informal caregivers who approached Children's Services for assistance received the help they had requested (Farmer et al, 2013). Some researchers attribute this to "a long legacy of reluctance to help family members to do what many think should be done out of a sense of kinship affection and obligation" and/or a fear that providing adequate care to the vast numbers of informal kinship caregivers will "open the floodgates" and overwhelm the system (Farmer et al, 2013, p. 32).

5.9 Additional Challenges for Grandparents of Children with Disabilities

In more traditional family structures, parents of children with disabilities often rely on grandparents for respite, emotional support and financial assistance; however custodial grandparents don't have this option, and the strain on these caregivers can be significant (Hillman & Anderson 2018). Grandparents raising children with disabilities experience all of the challenges of custodial grandparents who are raising typically developing children – but they also experience many additional challenges (Dougherty, 2009). The literature suggests that, compared to other custodial grandparents, grandparents raising a child with a disability experience:

- Greater levels of caregiving burden (Conway et al., 2010, p. 129)[18]
- Higher rates of social isolation, particularly if they do not know how to talk to others about the disability
- Greater "role strain, financial strain, and life disruption" (Kresak et al. 2014, p. 4)
- Higher levels of stress
- More financial strain
- Greater difficulty finding childcare

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[18] Not surprisingly, one study showed that "the greater the caregiving needs of the child, the more overwhelmed grandparents reported feeling" (Gallager et al., 2010, p. 57).

- Higher rates of emotional and physical exhaustion

- Less leisure time

- Lower rates of physical health

- Lower life satisfaction and family quality of life

(Conway et al., 2010; Dougherty, 2009; Hillman & Anderson 2018; Kresak et al. 2014; Samuel et al. 2017; Kresak et al. 2014)

Other issues and challenges related to fulltime care of a grandchild with a disability include the following:

- May experience denial and/or depression when the disability is first diagnosed

- May not have the legal authority to access services and supports, and may not have access to childhood medical records and other documentation

- May experience exhaustion and burnout when the child's disability requires constant supervision and/or functional assistance (e.g., helping older children to dress themselves) and/or when it involves very challenging behaviours

- Often experience "grief for the loss of the expected healthy grandchild, and sorrow for the lifelong responsibilities their own child will face as they raise the grandchild who has disabilities" (Dougherty, 2009, p. 57) (Note: This grief can be exacerbated by guilt if grandparents feel there is a link between their adult child's behaviors during or after pregnancy and the child's disability[19] (Gallagher et al., 2010, p. 57)

- May overlook their own health and wellbeing in order to care for the child

- May experience even greater fears about the future welfare of the child than their peers and wonder who will attend to their grandchild's needs when they're gone

- May feel a sense of inadequacy and/or may not be able to rely on the parenting approaches that worked in the past because of the unique needs associated with the child's disability

- May have limited "physical and emotional stamina to cope with the behavioral and educational demands of the child" (Dougherty, 2009, p. 77)

- May experience scheduling, time management and travel challenges as they manage various appointments

- May experience housing issues

- May experience challenges "when it comes to providing travel experiences for this child" (Dougherty, 2009, p. 74)

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[19] "Many of the reasons for why grandparents assumed care (i.e., abuse, neglect, and substance abuse by parents) have long been known to have strong linkages to causes of intellectual and developmental disabilities and other similar conditions (McCallion et al., 2004). In addition, these problems may be confounded by premature birth, poor nutrition, and inadequate stimulation in the early years. Research has shown that grandparents of children with intellectual and developmental disabilities experience both the same and heightened needs as other grandparent caregivers (McCallion et al., 2004)" (Gallager et al., 2010, p. 57).

- May experience challenges in understanding information related to the diagnosis as custodial grandparents tend to have lower education levels than traditional grandparents

- May experience increased barriers to participating in support groups and social actitiives with family or peers due to the caregiving requirements of their grandchild

- May experience greater, rather than fewer, caregiving demands as the child ages[20]

(Dougherty, 2009; Gallagher et al., 2010; Hillman & Anderson 2018; Kresak et al. 2014; Samuel et al. 2017; Smithgall et al, 2006)

This population also experiences significant challenges accessing services and supports, despite their heightened need. One study found that only "10% of grandparents raising grandchildren with disabilities had contact with an agency providing disability services" (Gallagher et al., 2010, p. 62). Others have found that these grandparents:

- Often experience stress when they try to obtain specialty services for their grandchild (Kresak et al. 2014)

- May underreport difficulties out of fear of that they will be judged incompetent to raise their grandchildren (Force et al., 2000)

Various studies have reported on the service needs of custodial grandparents raising grandchildren. In one survey, the following needs were most highly rated by grandparents:

- Information about the services that my grandchild might receive in the future

- Information about services that are presently available for my grandchild

- How to ensure my grandchild's safety in the community

- Information about special education law and rights

- How to help my grandchild develop skills

- Information about any disability my grandchild might have

- How to handle my grandchild's behaviour

- Getting special equipment that my grandchild needs

- Locating medical services that meet my grandchild's needs (Dougherty, 2009, p. 143-144)

Other studies have identified the need for assistance with:

- Information related to the diagnosis and treatment plan

- Strategies for managing difficult behaviors (e.g., aggression)

- Skill development for the child

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[20] "Unlike the case of typically developing children, who present less of a caregiving burden as they grow older, past research has shown that the caregiving needs of a typically developing children intensify and become more complex as they age (Statham, 2011). As both the grandchild and grandparent grow older there can be an additive adverse effect on the physical and psychological health of the grandparents, with the caveat that caregiving does not cause a decline in grandparents' health, as demonstrated by Hughes, Waite, LaPierre & Luo (2007)" (Samuel et al. 2017, p. 11).

- Accessing community services and financial supports
- Arranging child and respite care
- Explaining the disability to others
- Family and social support

(Dougherty, 2009; Gallagher et al., 2010)

One study focused on the unique needs of grandparents who were raising a grandchild with a diagnosis of Autism Spectrum Disorder (ASD), and found that the challenges associated with ASD behaviors such as tantrums, communication/social skills issues, eloping, stimming and sensory sensitivities can be very taxing for custodial grandparents (Hillman & Anderson 2018). Furthermore, intermittent and/or unpredictable parental visits that disrupt routine can make children anxious and increase household challenges (Hillman & Anderson 2018).

5.10 Challenges for Practitioners

Some research has explored the challenges that child welfare workers experience when working with this population.[21] Some of the challenges for caseworkers identified in an Ontario-based study (Dill, 2010) include the following:

- Engaging kinship caregivers in training: Workers feel that kinship caregivers often do not see the need for training because of their pre-existing knowledge of the child
- Screening unsuitable potential caregivers out: Workers express emotional difficulties saying 'no' to kin because of their relationship to the child
- Overcoming prejudices: Workers sometimes have a negative idea of kinship parents generally, holding the belief that the 'fruit doesn't fall far from the tree'
- Helping kin caregivers enforce protective measures during parental visits: Workers feel that the line between engaging relatives and protecting children is sometimes blurred in kinship caregivers
- Dealing with "the system bureaucracy that exists with kinship placements": Workers in this study identified three challenges related to the dynamics of the system:
  - o The "overall structure of the system views kin in the same category as foster placements (i.e., stranger placements). For this reason, the clinical and structural elements of kin placements are not well understood within the context of the overall foster care system" (Dill, 2010, p. 203)
  - o They feel that "asking kin caregivers to attend to all of the same requirements as foster parents (e.g., attending a parenting course) does not always make sense or is seen as humiliating for kin caregivers" (Dill, 2010, p. 203)
  - o They feel that the focus on risk in the child welfare system "precludes workers' capacity to fully engage with kin families" (Dill, 2010, p. 203)

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[21] Specific challenges for health and disabilities professionals were not found, and only one challenge was identified for educators in this review of the literature.

In addition to these challenges for child welfare workers, one challenge was noted for educators in this review of the literature: Lee (2017) found that the training that teachers receive "does not adequately prepare them for meaningful engagement with non-traditional families […] and their limited understanding of unique needs of marginalized families can inhibit their effectiveness (p.123)

6.0 Developing a Framework for Working with Custodial Grandparents

This section begins by outlining existing practice frameworks for working with custodial grandparents. It then explores the various programs, practices and approaches for working with custodial grandparents that emerged as promising in the literature.

6.1 Existing Practice Frameworks

Acknowledging the complexity of grandparent-headed families, many researchers and practitioners have identified the need for evidence-based frameworks to specifically guide practice in this area (e.g., Boetto 2010; Crowther et al., 2014; McHugh, 2009). However, while practice frameworks for working with kinship caregivers are now fairly common, frameworks that specifically guide practitioner interactions with custodial grandparents are rare.[22] Moreover, the few practice frameworks that do exist have not been empirically tested.

This review identified three practice frameworks, all of them emerging from the education literature. These include the following:

- *Four-Factor Reciprocal Pathways Model of Social Support:* This framework, developed by Edwards and Benson (2010), is designed to reduce school-related risk among children raised by grandparents (CRBG). The model identifies 'reciprocal pathways' whereby children who receive substantive social support from their grandparents are "likely to function more appropriately in school and more readily support teachers who are striving to educate them," and this in turn has a positive impact on grandparents as "children who are well adjusted and well behaved will present their grandparents with fewer parenting problems and can provide them with meaningful social support" (Edwards & Benson, 2010, p. 55). The four types of support comprising the framework are:
  - o Emotional support (Affective assistance such as love, trust, and empathy)
  - o Informational support (Information or advice provided in specific areas)
  - o Appraisal support (Constructive and evaluative feedback)
  - o Instrumental support (Tangible Assistance)

  The article offers a helpful one-page overview of the strategies and outcomes associated with each form of support. (The specific strategies are discussed in *Practices*, below).

- *A Conceptual Pathways Model to Promote Positive Youth Development in Children Raised by their Grandparents:* Edwards & Taub's 2009 article outlines an approach for working with CRBG that is based on Positive Youth Development (PYD). The authors describe PYD as "an emerging

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[22] There are, however, a number of resources available for grandparents themselves. Some of these are listed in Appendix A.

prevention science model that encourages ready access to supports and services in schools, homes, and communities in order to promote favorable school functioning and life outcomes for all children, and in particular, children who experience negative early life events" (p. 163). They suggest that while PYD is "beneficial to all children because it accentuates each child's positive characteristics, including identifiable talents, strengths, interests, and contextual resources to foster favorable psychosocial and educational functioning," it is "particularly advantageous to children raised by grandparents" (p. 164). The approach draws on the Five Cs of PYD (competence, confidence, character, connection and caring/compassion) to outline ways in which educators and school counsellors can better support CRBG. (Specific practices outlined in the article are discussed further in *Practices*, below).

- *A Model for School Professionals Working with Grandparent-Headed Families:* Lee (2017) draws on findings from a review of the literature on social work and school mental health practice to identify a four-part model for school professionals with grandparent-headed families. The four components include:
  - Attention to family culture and context
  - Attachment-based practice
  - Trauma-informed practice
  - Strengths-based family engagement. (p. 124)

Lee suggests several practical suggestions for ways to integrate these theoretical foundations into everyday practice (discussed further in *Practices*, below).

None of the practice frameworks outlined above have been rigorously tested to this point, although the theories that they draw on are based on a large body of evidence.

While few practice frameworks have been specifically developed to guide practitioner interactions with custodial grandparents, frameworks related to kinship care more generally abound. A brief scan of these frameworks resulted in the identification of a number of common elements, including foundational theories, key principles and practices, and philosophical issues that arise in this field of practice. Each of these are briefly outlined in the table below, and several are explored further in the next section entitled *Promising Practices, Programs and Approaches*.

Table 2: Themes Emerging from a Scan of Kinship Practice Frameworks	
Foundational Theories	• Attachment Theory • Social Role Theory[23] • Social Support Theory • Life Course Approach • Child Development
Principles & Practices	• Strength-based approaches • Relationship-based practice • Trauma-informed practice • Child-centred • Cultural humility and responsiveness; Cultural support plans • Collaborating or partnering with families • Need to respect autonomy and not be overly intrusive • Specialized kinship workers • Family Finding practices[24] • Family Group Conferencing • Kinship-specific assessments for carers (vs. using the same tools and methods that are used for foster parents) • Kinship-specific capacity-building, including training on trauma-informed care, as well as child development, health, behavior and special needs • Supervision and support for kinship placements • Carer financial support • Access to respite • Access to services and supports related to custody concerns, social support, financial stress, legal concerns, emotional well-being, and physical well-being • Opportunities for carers to process grief and loss

[23] Edwards & Benson suggest that "role timing (caregiving role was unexpected), role ambiguity (parent role, sometimes with no legal custody), and role conflict (traditional and expected role as grandparent vs. surrogate parent role)" are important to consider with kinship caregivers (Edwards & Benson, 2010, p. 66).
[24] "The Family Finding model, developed by Kevin A. Campbell, offers methods and strategies to locate and engage relatives of children currently living in out-of-home care. The goal of Family Finding is to connect each child with a family, so that every child may benefit from the lifelong connections that only a family provides." See: http://familyfinding.org/

	• Support for caregivers around parental visitation procedures • Supports for addressing conflict among family members
Philosophical issues/considerations	• Degree to which the state intervenes in/supports informal kinship arrangements • Degree to which kinship arrangements are formalized[25] • Licensing of kinship caregivers • Quality assessment and control • Tension between the need to support informal kinship placements and concerns about overwhelming the capacity of the child welfare system
(Alberta Government, 2017; Boetto 2010; Connolly, et al. 2017; Bundy-Fazioli & Law, 2006; Edwards & Benson, 2010; Edwards & Daire, 2006; Edwards & Sweeny, 2007; Edwards & Taub, 2009; Falconnier et al., 2010; Lee 2017; McHugh, 2009; O'Brien, 2014; Testa, 2017).	

6.2 Promising Practices, Programs and Approaches Applicable to All RCSD Systems

Many of the practices and approaches that emerged in the literature are applicable to varying degrees to professionals in a range of systems, including health, education, disabilities and child welfare[26] – and in fact, the literature notes that a more coordinated approach is critical for these families who often have complex needs that can only be met with a transdisciplinary approach (Neely-Barnes et al., 2010).

Practice suggestions from the literature can be grouped into seven themes:

- Reducing Access Barriers
- Facilitating Social Support
- Addressing Grief and Loss
- Providing Parenting and Behavioral Supports
- Addressing Familial Conflict
- Addressing Financial Stress
- Assessing the needs of skipped-generation families

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[25] Commenting on suggestions that kinship care should be increasingly formalized in order to "ensure children's equal rights to counsel, adequate financial support, and timely permanence" (Testa, 2017, p. 22), Testa (2017) notes that there is no statistical association between greater formality and reduced risk levels, and speculates that "the decision to take a child into public kinship care is more a by-product of bureaucratic routines than a clinically informed response to child and family need" (p. 28). He therefore suggests that, as a general principle, "informal relationships should not be displaced by formal agency relationships unless there is clear evidence of the superiority of greater formality in achieving desired outcomes. [e.g., "manualized procedures, standardized checklists, and decision protocols"] (p. 31). He also recommends partnerships between child welfare systems and families based on "reciprocal avenues of influence so that the public systems that are accountable for child safety, family permanence, and adolescent well-being can be better coordinated with the informal processes of parental responsibility, kin altruism, and adult authority, which make possible the achievement of broader public interests in the welfare of vulnerable children" (Testa, 2017, p. 31).

[26] Practices and programs were included in this section if they applied to more than one RCSD system; not all of them apply to all systems (although most do).

While the literature offers numerous suggestions to guide interactions with custodial grandparents, few have been rigorously evaluated or specifically tested with this population (Crowther et al., 2014). However, most are based on practice experience and approaches that have been tested with other populations.

6.2.1 Reducing Access Barriers

Research shows that grandparent-headed families experience "unique individual, contextual, and familial circumstances which warrant increased formal services to reduce the caregiving strain on the grandparent" (Crowther et al. 2014, p. 251). Because they often encounter multiple barriers to access, these families also require more targeted information as well as support to navigate the complexities of the various systems with which they must engage (Crowther et al, 2014). Kinship navigation programs and supports have arisen to address these needs and they comprise one of the few approaches in this field that have been rigorously evaluated. Kinship navigation programs involve hiring and training staff to specifically work with kinship families (often informal ones) to identify needs and provide service referrals, information, and financial and instrumental supports (Coleman & Wu, 2016).

Quasi-experimental evaluations of kinship navigation programs with kinship families show that, compared to a matched sample of children who did not receive the intervention, children in kinship navigation programs:

- Experienced greater stability
- Achieved more timely permanence
- Were less likely to experience subsequent maltreatment
- Were less likely to re-enter care
- Achieved safety outcomes

(Littlewood, 2015; Testa, 2017, p. 33)

Furthermore, parenting stress is reduced when custodial grandparents have access to "support groups, medical services, legal services, welfare programs, early intervention programs, counseling services, and recreational programs for children" (Conway et al., 2010, p. 130).

Kinship navigator programs have also been shown to be more cost-effective than other services. One five-year evaluation of a kinship navigation program found that child outcomes were met in kinship placements that received the intervention, and the costs of the program were far lower than non-relative foster care and residential group care. (These were six and 21 times the cost respectively) (Littlewood, 2015). The study suggests that "providing case management and supportive services to kinship families can produce positive outcomes, keep children safe, and be fiscally responsible" (Littlewood, 2015, p. 190.)

Essential components for kinship navigation programs include:

- Advertising
- Needs assessment
- Resources and referrals

- Support groups
- In-home services (Rushovich et al., 2017, p. 111)

Findings from a kinship navigator service for informal kinship caregivers suggest that this type of intervention should also consider the following in order to enhance family outcomes:

- Offer support for liaising with the biological parents, and include them in service planning
- Offer means-tested financial support and the availability of an emergency fund to prevent evictions and utility shut offs
- Develop a family drop-in resource centre for kinship caregivers (offer help with homework for children, educational resources for grandparents, etc.)
- Offer an ongoing support group at times that are convenient for caregivers, and provide transportation to and from the venue
- Run a concurrent program for children
- Invite caregivers to participate in family group conferencing sessions
- Ensure ongoing support[27] (Feldman & Fertig, 2013)

Peer liaison programs represent another evidence-based approach to enhancing service utilization and reducing access barriers (Denby, 2011). Peer liaison workers engage with caregivers on an optional basis, helping to mentor and educate them. They also help to educate service providers on kinship issues, advocate for caregivers needs, and collaborate with community providers to improve services and supports for kinship caregivers (Denby, 2011).

In a demonstration project in the US, custodial caregivers were paired with a paid kinship liaison who had provided (or were currently providing) kinship care. In addition to helping caregivers access services and informing them of their rights and responsibilities, the project resulted in several positive outcomes, including significant increases in caregivers':

- Capacity to cope
- Understanding of permanency
- Willingness to become "a permanent resource for the children in their care" (Denby, 2011, p. 223)
- Willingness to disclose safety needs and concerns (Denby, 2011)

Kinship caregivers also reported that the liaison program helped them to feel supported, increase their knowledge, and transition more effectively into the caregiver role (Denby, 2011). The author of the study concludes that "these early data suggest that serious attention must be given to further exploration of peer-based approaches" for relative caregivers (Denby, 2011, p. 224)

In addition to system navigators and peer liaisons, other suggestions for addressing access barriers include the following:

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[27] The navigation program in this study ran for six months and only achieved some of the intended outcomes. The authors suggest that this window might have been "unrealistically short" (Feldman & Fertig, 2013, p. 60).

- Use age-appropriate, culturally sensitive strategies when engaging kinship caregivers

- Establish trusting relationships

- Use a strength-based approach

- Work with families to complete forms, answer questions and ensure that they understand what each referral entails[28]

- Engage family members in ways that allow them to be "actively involved in the helping process" (Gladstone et al., 2009, p. 57)

- Seek to understand grandparents' "perceptions of their family responsibility and the welfare system. Increased awareness and sensitivity about grandparents' viewpoint of their role may be useful in establishing rapport and building trust, as well as understanding the pertinent issues that may be a barrier for seeking assistance" (Van Etton & Guatam, 2012, p. 21)

- Work with schools, doctors and religious institutions to engage custodial grandparents as these are sites where custodial grandparents can be identified; they also comprise the most common pathways to accessing supports

- Coordinate resources and services among school, health and child welfare

- Focus outreach efforts on grandparent-headed families that are not receiving services

- Cultivate knowledge of the resources available across systems

- Address transportation and childcare needs

- Understand the "cultural interpretation of caregiving" (i.e., how ideas about caregiving differ from culture to culture) and address the needs of diverse families (for example, languages spoken at home) (Lee 2017, p. 127)

(Coleman & Wu, 2016; Edwards & Daire, 2006; Gladstone et al., 2009; Lee 2017; Smithgall et al., 2006; Tucker, 2009; Van Etton & Guatam, 2012)

Tailoring services to the specific needs of custodial grandparents is also important (Neely-Barnes et al., 2010; Purcal et al., 2014; Coleman & Wu, 2016; Connolly, et al. 2017). This includes:

- Being aware of the caregiver's own developmental needs, and not just the child's

- Acknowledging how assuming care of one's grandchildren "alters the usual course of middle and old age" (Langosch, 2012, p.16)

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[28] In one study of grandparent-headed families who were referred by school counsellors for mental services, "caregivers remarked that they did not fully understand what services were provided by various agencies, or which person was responsible for which intervention. This was especially true of caregivers whose sons or grandsons had already been identified as having special needs. Caregivers were baffled by the array of terms and forms they had heard of and seen in meetings, and had no useful working knowledge of what any of it meant in terms of the children's education. School counselors need to take the time to be sure caregivers understand what is being said in referral meetings, and need to be available for caregivers' answering questions that may come up after the meeting. Personnel at the meetings should introduce themselves to the parent, and briefly explain why they are involved, and in what capacity" (Tucker, 2009, p. 249).

- Acknowledging the importance of religion and spirituality for many grandparents
- Being sensitive to the economic vulnerability of many grandparents
- Moving from a 'a one-size-fits-all' response to develop:
    - Support systems that are "age-relevant to the caregivers' own life course expectations" (Connolly, et al. 2017, p. 97)
    - Services that account for the wide variation in the health, mental health and circumstances of custodial grandparents (Neely-Barnes et al., 2010)

(Connolly, et al. 2017; Langosch, 2012; Neely-Barnes et al., 2010)

Research also suggests that transdisciplinary, multi-modal services are needed to better address the complex strengths and needs of this population (Littlewood, 2015; Neely-Barnes et al., 2010). One such program combining case management, support groups and parenting classes showed "statistically significant improvements in measures of psychological distress, social support and family coping" (MacDonald et al., 2018, p. 81). Another home-based, multimodal intervention involving support group meetings and home visits by social workers and other service providers was shown to improve mental health, perceptions of social support, access to public benefits, as well as a decrease in parenting and stress and psychological distress for a group of low-income custodial grandparents (Edwards & Benson, 2010).

6.2.2   Facilitating Social Support

Social support is particularly critical for custodial grandparents as they often struggle with the "out-of-sequence life event of taking of care of grandchildren" (Neely-Barnes et al., 2010, p. 88) and frequently experience social isolation (Connolly, et al., 2017). Furthermore, an extensive body of research suggests that social support (and/or *perceived* social support) can:

- Enhance wellbeing
- Buffer stress in both children and caregivers
- Mitigate anxious and externalizing behaviors in children
- Mitigate risk for adverse child developmental outcomes
- Foster overall well-being among children and caregivers
- Help children to manage psychosocial stress more effectively

(Edwards & Benson, 2010)

Social support is also associated with:

- Students' school adjustment and performance
- Reduced levels of emotional and behavioral problems in children in grades five through eight
- Less family conflict, more family control, a highly supportive family environment, and lower stress in adolescents whose primary support providers change over a 7-month period

(Edwards & Benson, 2010)

Given the impact of social support on academic, health and behavioural outcomes in children in kinship families, the provision of social support opportunities has relevance for all RCSD systems.

Support groups are one way of helping to enhance social support. Support groups for custodial grandparents appear to be experiencing "rapid growth, moderate policy support, and success – as determined primarily through non-experimental evaluations" (Smithgall et al., 2006, p. 41). The literature suggests that support groups help to:

- Decrease symptomatology through normalizing and universalizing shared issues
- Help caregivers develop insight and adopt more effective parenting strategies
- Help caregivers utilize more adaptive coping strategies
- Help caregivers to feel that they are understood, accepted and emotionally supported

(Langosch, 2012; Lee & Blitz, 2016)

An evaluation of *We're GRAND*, a school-based support group that ran once a month for eight months in the US, found that the program helped to increase social support, reduce isolation, and help grandparents to better understand the school environment (Lee & Blitz, 2016). The school administrator helped to facilitate the meetings, which allowed grandparents "access to a decision maker and provided important insights into school functioning" (Lee & Blitz, 2016, p. 389).

Lessons learned from the pilot include the following:

- Run a concurrent program for children, combining homework assistance, socioemotional support and fun academic activities (Grandparents suggested that university students could be recruited to help)[29]
- Support participants in understanding historical differences around race. ("Other differences, such as age, life and family stage, and socioeconomic status, could not be bridged until the group learned how to listen and respond to different social and historical experiences around race and racism. As they did so, they were not only able to better understand one another, but they were also able to more openly describe areas of difficulty with the schools.") (Lee & Blitz, 2016, p. 389)
- An understanding and acknowledgement of the emotional and psychosocial benefits of assuming custody of one's grandchild (e.g., enhanced sense of purpose) can be leveraged as "an underpinning for mutual aid in group discussions and supports a strengths-based approach in programme development." (Lee & Blitz, 2016, p. 388)

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[29] Childcare was initially offered in order to accommodate grandparents (i.e., it was not intentionally designed as a support group for children); however, the authors of the study note that "the children developed strong bonds and a cohesive group. The children did homework together with the MSW interns, and older children looked after the younger children, playing games and doing artwork. As the children relaxed and engaged in productive and enjoyable activities, the value of this group became clear" (Lee & Blitz, 2016, p. 386). They therefore suggest developing a more intentional group that children while their grandparents are in their meeting.

- Acknowledge the distinctions in the roles of parents and grandparents, and help grandparents to maintain their dual roles in ways that are adaptive
- Acknowledge the isolation and stigma that many custodial grandparents experience
- Involve grandparents in supporting program development (e.g., they might assist with needs assessments, facilitation, next steps, etc.)
- Include positive examples of successful custodial grandparents and grandchildren to offset negative perceptions (Lee & Blitz, 2016)
- Seek ways for staff to understand the unique challenges of custodial grandparents and acknowledge their commitment to the healthy development of the children they care for (Lee & Blitz, 2016)

Others note that support groups should be designed for children to help them to adjust to the new role that their grandparents now play in their lives and help them to cope with "the loss of their parents, the associated early childhood trauma, and difficulty establishing social networks" (Edwards & Daire, 2006, p. 116-117).

In addition to providing support groups, practitioners from all RCSD systems can work with custodial grandparents to enhance their connections to friends, family and community members. This work may involve helping to assess the "risks and opportunities in their extended family network" and resolve conflict as "family relationships can be fraught" (Connolly, et al. 2017, p. 96).

6.2.3 Addressing grief and loss

One of the key differences between custodial grandparents and foster caregivers is that the circumstances that bring children into kinship care often create enormous grief and distress for grandparents (Langosch, 2012). This dynamic is made even more complex by the fact that grandparents are potentially dealing, not only with their own distress, but also with that of their grandchild's. Langosch (2012) notes that:

> "A kin caregiver who assumes the care of a grandchild due to the death of the parent has the dual task of working through his or her own grief and distress while simultaneously raising a grandchild. In bereaved families, both the grandchild and grandparent are coping with the loss of a parent or adult child, but the meaning of this loss is different for each. The nature of their relationship and the dynamics between the grandparent and grandchild may be a determining factor in the grandchild's adjustment to the loss. For example, when the grandmother puts her grieving on hold or internalizes her feelings – a frequent response – the grandchild believes that they, too, cannot express their grief reactions. The grandchild feels that it is taboo or would upset their grandmother. They may sense their caregiver's unavailability and experience a renewed sense of deprivation, but may not have the capacity or be fearful to articulate these responses. Consequently, there is little opportunity for feelings to be shared safely or for the grandmother to model constructive ways of coping with loss. Grieving then becomes prolonged, complicated, and unresolved." (p.165)

While mental health professionals have a particularly important role to play in addressing this dynamic, practitioners in all systems need to sensitize themselves to this dynamic and find ways to support these families. The literature offers the following practice suggestions:

- Draw out grandparents' perspectives on navigating the significant changes in their lives while anticipating 1) great variation between grandparents and 2) the mix of seemingly contradictory feelings (i.e., simultaneous grief/loss and joy at being able to care for their grandchild)

- Because the grief that custodial grandparents experience is often one that is not socially recognized or validated, acknowledging the sadness and loss that grandparents are experiencing can be helpful

- Grandparents encounter "few people who understand the complexity of their grief;" therefore, practitioners who can help them recognize and process their feelings and develop greater self-knowledge can be "a gift that a practitioner gives to the person for whom he or she cares" (Backhouse & Graham, 2013, p. 451)

- Practitioners can help to facilitate "the process of meaning reconstruction that needs to be undertaken by grandparents as they adapt to their changed circumstances. Such an approach, provided through safe, respectful conversations around the issues that matter most to grandparent clients, is 'consistent and compatible with social work values and ethics and allows the individual to choose when where and how to grieve'" (Backhouse & Graham, 2013, p. 452)

- Ambiguous loss (e.g., when the adult child has not died but is physically absent) is another dynamic that practitioners can help both grandparents and grandchildren to process

(Backhouse & Graham, 2013; (Langosch, 2012)

6.2.4   Providing Parenting and Behavioral Supports

Parenting stress among custodial grandparents and externalizing behaviours among kinship children emerged as significant challenges in the literature. Given the relationship between sensitive parenting and child development outcomes (Edwards & Sweeny, 2007), parenting supports are critical for this population and some research suggests that custodial grandparents may benefit from "the same kind of parenting skills training [that the child welfare system] usually requires of foster caregivers" (Dolan et al., 2009, 790).

While research shows that grandparents can be taught to parent in more effective and sensitive ways (Edwards & Sweeny, 2007), this review did not yield suggestions for specific approaches to, or information on, parental and behavioural supports for custodial grandparents beyond the following:

- Practitioners can help grandparents to understand the importance of secure attachment. Research suggests that "grandparents may need to be much more sensitive to the child's needs than in the typical parent-child relationships where extensive negative life events have not occurred" (Edwards & Sweeny, 2007, p. 18)

- Grandparents may need to understand how to set boundaries at home as "this may be particularly important for promoting rule compliance and good classroom behaviors" (Edwards & Benson, 2010, p. 61-63)

- Grandparents should be offered practical strategies for managing difficult child behaviors

- Grandparents may tend to use spanking more frequently than foster parents, and may need to be offered training on positive disciplinary methods

- Grandchildren should be supported financially to engage in structured recreational activities, and grandparents should be provided with respite and childcare options

- Efforts should be "at least three-pronged, beginning with an assessment of the adequacy of family's resources, social support related to child-rearing, and family health and competence" (Gleeson et al., 2016, p. 40)[30]

(Boetto 2010; Crowther et al., 2014; Dolan et al., 2009; Edwards & Benson, 2010; Edwards & Sweeny, 2007; Gleeson et al., 2016; Harnett et al., 2014)

6.2.5 Addressing Familial Conflict

Familial conflict – and particularly problematic interactions with birth parents[31] – has been cited in numerous studies as the most significant source of stress for custodial grandparents (Breman, 2014; Boetto, 2010; Smithgall et al., 2006). Conflict between the kinship carer and the biological parent can adversely impact the child, and "boundary definitions" can be difficult in this context (Falconnier et al., 2010). Furthermore, relationships with others in the family may be strained as a result of the circumstances that brought the child into out-of-home care and the attention and resources that the grandparent is allocating relative to other adult children and grandchildren (Harnett et al., 2014). It is important for practitioners across all systems to be sensitive to this dynamic and provide practical, emotional and psychosocial supports as needed.

The literature offers the following suggestions for addressing familial conflict:

- Acknowledge the "kinship triad" (grandparent-parent-child), and "develop skills to include that triad in all components of any service delivery mode," including assessment and treatment (Smithgall et al., 2006, p. 32)

- Offer services such as mediation and supervised visitation, as needed

- Be sensitive to safety concerns that can be exacerbated if grandparents struggle to enforce protective restrictions because of family loyalties; take a strength-based approach to helping caregivers acknowledge and manage this dynamic

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[30] These authors caution that "Single solutions that focus on enhancing social support, such as support groups for example, may fall short for families with severe resource deficits. Support groups may be of little help to caregivers in families with insufficient resources to meet their family's basic needs. In fact, the logistics of attending a support group require some minimum level of resources, such as transportation and childcare. Single solutions that focus on empowering families and enhancing family competence may also have little effect for families struggling to meet basic needs. However, in combination with efforts to ensure that families have knowledge of and access to financial and other material resources and services, interventions to empower families and enhance family competence may have a more powerful effect." (Gleeson et al., 2016, p. 40)

[31] Breman's 2014 study of kinship caregivers found that "conflict with the birth parents (77%), followed by financial stress (52%) and concerns over access/fear of reunification (15%) were the most common issues that were reported during the placement" (Breman 2014, p. 6).

- Work to engage birth parents in order to promote successful reunification
- Provide legal information and referrals for those grandparents who are struggling with custody and/or guardianship issues

(Boetto 2010; Connolly, et al. 2017; Smithgall et al., 2006)

6.2.6 Addressing Financial Stress

Significant differences exist between custodial grandparents and foster carers with respect to the level of poverty and available living space (Dolan et al., 2009, 790). Informal custodial grandparents and grandmother-headed families are particularly vulnerable, and the literature notes that this has direct implications for client outcomes, including placement stability and child wellbeing (Breman, 2014). For this reason, researchers have called for changes to child welfare policy to develop "coherent comprehensive and equitable payment policies for this underserved and overlooked population" (Lee, Clarkson-Hendrix & Lee, 2016, p. 37).

While the literature focuses primarily on policy shifts related to financial support, it does mention a few things that practitioners can do in this area. First, practitioners can familiarize themselves with the range of financial supports available so that they are able to help caregivers access any supports for which they might qualify. In US studies, kinship carers have reported that financial supports are terribly confusing to navigate (Dill, 2010), suggesting that providers need to do a better job of giving caregivers "adequate information about roles, responsibilities and entitlements" in clearer and more accessible ways (McHugh, 2009, p. iv). They can also assist with applications for financial support and deliver case management services to reduce financial strain (Lee, Clarkson-Hendrix & Lee, 2016).

Next, health and child welfare practitioners can include economic functioning and stress in their assessments of grandparent-headed families (Falconnier et al., 2010). Falconnier et al. (2010) recommend the Family Risk Scales as they "contain a measure of economic functioning on a four-point, well-anchored scale" (p. 417). The authors note that this type of scale should be integrated into a comprehensive evaluation tool.

Finally, service providers can serve as an advocate for custodial grandparents, "using both informal and formal systems" to support their practical and financial needs (Connolly, et al. 2017, p. 97).

6.2.7 Assessing the Needs of Skipped-Generation Families

While the types of assessments that are undertaken with grandparents will vary from system to system, there are some general principles and practices that apply to two or more disciplines. For example:

- Because custodial grandparents are older and in poorer health than others in their age group, it is important to evaluate their physical health, particularly as limited functioning might impact the care they can give to their grandchildren
- Grandparents may have outdated ideas, beliefs, values and practices related to parenting; therefore an assessment of parenting skills is important, including:
  - Grandparents' understanding of attachment and attachment disorders
  - The importance of emotional warmth

- The impact of trauma on development

- How to facilitate healing and adaptive development

- Boundary setting

- Knowing when professional supports may be required for their grandchild

- Custodial grandparents have higher rates of depression and anxiety than many of their peers. Professionals across systems should be sensitive to this dynamic and provide support and referrals as appropriate

- A "significant (and higher) portion of placement complexity is derived from the carers" in a kinship context[32]; therefore assessments should be undertaken in ways that help providers identify and address these complexities (Breman, 2014, p. 31)

- Grandparents' ability to access the resources they need can be limited. Various systems can conduct formal or informal need assessments, including needs related to:

  - Specialist assessment and treatment services for the child

  - Educational support

  - Financial assistance

  - Access to good housing and health care

  - Legal advice

  - Counselling support

  - Practical assistance (e.g., respite and daycare) (Connolly, et al. 2017, p. 99)

(Breman, 2014; Connolly, et al. 2017; Crowther et al., 2014Falconnier et al., 2010; Neely-Barnes et al., 2010)

One of the key assessment-related findings specific to child welfare is that instruments that are used to assess the strengths, needs and parenting skills of foster parents are not ideal, and ones that are tailored to kinship care should be developed (Falconer et al., 2010; McHugh, 2009):

> "A number of tools used for assessing kinship carers […] appear to be variations or adaptations of tools used for assessing foster carers. Researchers suggest that a specific assessment tool that is sensitive, inclusive, and respectful of the skills and knowledge of a kinship carer be given consideration." (McHugh, 2009, p. 4)

6.3 System-Specific Practices and Considerations

The preceding section outlined practices and considerations that are applicable across two or more systems. The section that follows outlines suggestions for specific systems, including Children's Services, Education, Health and Disabilities Services.

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[32] One study found that "over two-thirds (70%) of carers and half (49%) of children had some indication of complexity. The current funding model, based as it is on the presumption that most placements only require low level of support, is inadequate to provide sufficient support to these kinship care families" (Breman, 2014, p. 6).

6.3.1 What Child Welfare Workers Can Do

Not surprisingly, a majority of the literature that was identified through this review focused on child welfare practice. Practice recommendations emerging from the literature include the following:

- Offer supports in ways that are not too intrusive, ensuring that grandparents have a "sense of control over the contact they have with child welfare agencies so that […] they can maximize their gains and minimize the risks of being involved with the agency" (Gladstone et al., 2009, p. 71)

- Offer emotional support by:
  - Giving grandparents "affirming messages, especially with regards to their effectiveness as caregivers" (Gladstone et al., 2009, p. 65)
  - Validating their concerns about the parenting limitations of their adult child and supporting them in navigating that relationship
  - Providing 'back up' by challenging the biological parent when it is in the best interests of the child
  - Offering reassurance that their adult children cannot "unilaterally take back their grandchildren" (Gladstone et al., 2009, p. 66)

- Acknowledge the fear about the future that some grandparents have, and reassure them that their grandchildren will be cared for after they're gone; assist them with long-term planning, wills, and standby guardianship

- Routinely ask about "loss and trauma, substance abuse, long-term planning, physical health, and stigmatized issues in a nonthreatening manner" (Langosch, 2012, p.168)

- Recognize the level of vulnerability that grandparents feel when they are scrutinized by child welfare, and be careful to pay attention to power differentials and judgmental approaches[33]

- Ensure that concerns regarding the middle generation (i.e., adult child) are taken into consideration in the case management plan (Gladstone et al., 2009, p. 65-66)

- Recognize the complexity of guardianship and/or adoption given the context of familial relationships and adjust permanency goals accordingly

- Recognize the wide range of information and referrals that grandparents might need, including information/referrals for: afterschool care, medical and dental treatment, community-based counseling, legal services, financial assistance, recreational and enrichment activities for their grandchildren, respite care, behavioral and parenting supports (Edwards & Daire, 2006, p. 117)

- Acknowledge the complexity of the caregivers themselves and ensure that case management focuses on positive outcomes for the caregiver as well as the child

(Breman, 2014; Bunch et al., 2017; Dill, 2010; Edwards & Daire, 2006; Gladstone et al., 2009; Langosch, 2012)

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[33] For a good analysis of power dynamics – including reward, coercive, expert, and referent power – see Gladstone et al., 2009.

Custodial grandparents have been shown to have lower rates of trust for younger caseworkers who have no direct child-rearing experience. While age and experience are not factors that are easily changed, the literature suggests that their negative impact can be mitigated when caseworkers "'tune in" to the verbal and non-verbal behavior of grandparents (for example, are grandparents who appear to be put off by the worker's age really wondering whether the worker will be able to understand their situation?) and discuss the issue explicitly, [understanding that] issues do not always have to be resolved; the process of making implicit issues explicit can be empowering to those who feel that they are in a dependent position." (Gladstone et al., 2009, p. 72).

Child welfare leadership should consider specialized kinship care training for workers as well as specialized kinship workers (Dill, 2010). The curriculum might include training on:

- The unique challenges that custodial grandparents and other kinship caregivers face

- The complexities of kinship placements[34]

- How to assess the complex needs and the clinical dynamics that exist for custodial grandparents, including dynamics related to stigmatization, being "caught in the middle" (Dill, 2010, p. 234), time-disordered roles, depression, stress and anxiety, economic vulnerability (including the "structural nature of this disadvantage" [Boetto 2010, p. 66] for grandmother-headed homes)

- How to "tap into grandparents' rich knowledge base of family history, dynamics, strengths, and challenges" (Gladstone et al., 2009, p. 73-4)

- How to approach caregivers in a strength-based, nonthreatening manner, particularly when inquiring about sensitive issues such as "loss and trauma, substance abuse, long-term planning, physical health, and stigmatized issues" (Langosch, 2012, p.168)

(Backhouse & Graham, 2012; Backhouse & Graham, 2013; Boetto 2010; Bremen, 2014; Langosch, 2012; Gladstone et al., 2009)

Finally, some researchers emphasize the importance of a strength-based, holistic approach, one that incorporates principles from the fields of positive aging and child development:

"By emphasizing a perspective based on strengths, social workers should conceptualize caring for one's grandchildren as a choice, and that can contribute to successful aging and child caregiving. The findings suggest that social workers in the child welfare system can best help grandparent caregivers by employing strategies that embrace a holistic perspective. By promoting connections for both the grandparent as well as the child, agencies would be congruent with the significant

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[34] One study found that the most common placement issues for children in kinship care included: "physical and verbal aggression towards others (25%) followed by developmental delays (14%), physical health issues (12%) and significant school issues (11%). Of the cases where an issue was identified for the children after the placement was established (88), over eight in ten (83%) were reported as having a 'medium or high' impact on the placement. Half (50%) of the children who attended primary or secondary school experienced poor educational outcomes (44 out of 88); that is, they were not achieving academically and/or experienced learning difficulties. One in six children (15%) were reported as being socially isolated from connections such as their friends, family, school and/or their community. Most children had other siblings in care (67%)" (Breman, 2014, p. 6). The same study also outlines some of the placement complexities associated with kinship carers.

body of literature that links well-being and resilience in both positive aging and child development." (Bunch et al., 2007, p. 104)

6.3.2 What Educators Can Do

The number of challenges that custodial grandparents have identified in their interactions with the education systems (Peterson, 2017; Tucker 2009), combined with the enormous potential of schools to enhance child and family wellbeing (Edwards & Sweeny, 2007), points to the need for school professionals to work with custodial grandparents to collaboratively design ways of better meeting their needs (Edwards & Daire, 2006; Tucker, 2009). Research suggests that children in kinship care experience more academic and behavioral issues than their peers, and schools can improve child outcomes by better understanding how to work with both kinship children and their families (Edwards & Benson, 2010; Edwards & Daire, 2006).

A growing body of literature now exists to support schools in their efforts to work with custodial grandparents and their grandchildren. Based on this, overarching principles and approaches can be identified. These principles/approaches apply to all school-based professionals and include the following:

- **Strength-based:** The importance of a strength-based approach to working with these families cannot be over-estimated (Edwards & Daire, 2006). Edwards & Daire (2006) suggest that school professionals should be:
  - Empathetic and non-judgemental in their communications with grandparents
  - Avoid blaming the caregiver for the child's difficulties
  - Use language that "builds on strengths (e.g., 'You might already know this…' and 'I'm impressed you are so committed to helping your grandchild succeed,' etc.) in order to better connect with grandparents" (p. 117)

- **Welcoming:** Schools can make custodial grandparents feel more welcome by:
  - Hosting grandparent-only open-houses
  - Soliciting grandparents' questions, ideas and concerns and involving them in decision-making
  - Inviting grandparents to participate in parent-teacher councils
  - Being flexible and understanding that, due to scheduling conflicts, health issues, transportation issues, and unmet childcare needs, many grandparents are unable to attend school meetings
  - Acknowledging that while grandparents may "participate differently," they are "still very actively interested in their grandchild's education (Lee & Blitz, 2016, p. 389-390)
  - Integrating recognition of the diversity of families into school activities
  - Working with grandparents to resolve consent issues in cases where they may not be the legal guardians
  - Moving beyond a 'consent-giving' relationship with caregivers by inviting them to "participate as collaborators, innovators, and critics. This can be accomplished via periodic surveys, inviting parents to give input on school improvement plans, and by

encouraging all parents to get involved with the parent-teacher association" (Tucker, 2009, p. 247-8)

- o Initiating contact with grandparents and being intentional in building relationships with them.[35]

- o Drawing on a family engagement framework that "focuses on strengthening the school–family relationship," "views extended family members as important partners in child development," expands the definition of parent to recognize the prevalence of intergenerational and multigenerational caregiving, and acknowledges the important roles that extended family members play in child development (Lee 2017, p. 124)

(Gibson & McGlynn, 2013; Lee 2017; Lee & Blitz, 2016; Montoro-Rodriguez et al., 2012; Peterson, 2017; Tucker, 2009)

- **Preventative:** Tucker (2009) recommends that school professionals:
  - o Invite caregivers to "participate in the problem-solving process at the first signs of trouble instead of waiting until disciplinary action or retention in a grade is required [in order to] prevent problems from growing to the point of requiring a referral to a mental health care provider"
  - o Ask caregivers about the types of solutions they have used at home in order to "identify areas of strength within the family that might be able to be employed at school"
  - o Gauge the relative receptivity of caregivers to the school's suggestions by "attending to body language and asking open questions, and asking parents how they feel about referrals, particularly in communities where stigma may still persist regarding mental health treatment" (Tucker, 2009, p. 247)

- **Collaborative/Reciprocal & Respectful:** Research suggests that schools can shift from one-way, 'educator-as-expert' communication to a more collaborative form of communication with custodial grandparents by:
  - o "Acknowledging and building on the wisdom already present in the family" (Tucker, 2009, p. 247)
  - o Treating the caregivers as equals, rather than subordinates (Tucker, 2009)

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[35] One author notes that, in order to be successful, school outreach needs to be multimodal and ongoing, and should include activities such as "inviting caregivers to participate in school governance, providing transportation and childcare for caregivers to increase participation in school activities, and asking family members to share their talents and knowledge at school (Lott, 2001). School counselors who want to find ways to involve low-income parents other than as "consent-giver" (Lott) might invite parents to participate as collaborators, innovators, and critics (Bryan, 2005). This can be accomplished via periodic surveys, inviting parents to give input on school improvement plans, and by encouraging all parents to get involved with the parent-teacher association. Participation might be increased by holding meetings in community centers and at various times of day to accommodate shift workers. (Tucker, 2009, p. 247-8) Another author suggests that schools should "develop strategies to identify students in grandparent-headed households" – perhaps by amending school enrollment forms – so that they are better able to serve this population (Peterson, 2017, p. 30).

- Ensuring that they have the grandparents' support and consent prior to implementing interventions with children (Edwards & Daire, 2006)
- Establishing "consistent, two-way communication that is not problem based" (Tucker, 2009, p. 247)

- **Trauma-Informed:** Given the nature of the circumstances that bring children into out-of-home care, trauma-informed practice is critical. Lee (2017) notes "reactive behaviors in grandchildren can be labeled as defiance and acting out when the children try to gain self-control. Therefore, in the context of the school system, school professionals need to view these problem behaviors as physiological reactions to exposure to traumatic events, such as maltreatment" (p. 124). Unfortunately, however, teachers report "not receiving enough professional development to address the needs of students experiencing trauma and toxic stress" (p. 124)

- **Hub for a range of supports:** A great deal of evidence demonstrates the advantages of leveraging school settings for mental health programs and services. Schools are seen by many grandparents as less threatening and more accessible than health facilities, and a number of successful health and mental health programs have been implemented by using schools as a point of access (Edwards & Daire, 2006). School staff can position themselves to be of greater service to skipped-generation families by being alert to the need for referrals, having a good sense of the resources available, and helping grandparents to access the appropriate services (Edwards & Daire, 2006). Schools can also help to foster the emotional well-being of these families by providing school-based support groups for kinship grandparents and grandchildren (Peterson, 2017)

In addition to these overarching principles and practices, the literature outlines specific approaches that teachers, school administrators and school-based counselling professionals can take.

Teachers can:

- Be a positive source of information and emotional support to grandparents by fostering open communication. Sending notes home that explain concepts that are being explored in class or detailing some of the positive aspects of the child's behavior can be helpful

- Promote grandparent involvement in student learning by sending home manipulatives and flashcards and/or creating intergenerational activities (e.g., "an intergenerational summer STEM camp or after-school activity in which multiple generations participate as a team can be an effective tool not only to create and sustain learning activities at home, but also to strengthen intergenerational attachment") (Lee 2017, p. 127)

- Determine whether modifications might be needed for materials that grandparents need to review (e.g., "sending home letters or permission forms using large print or providing parenting resources on CDs") (Edwards & Benson, 2010, p. 64-65)

- Help grandparents to understand any school processes, policies, approaches and terminology that might have changed since they first parented. This is particularly important when children are involved in special education) (Edwards & Benson, 2010, p. 64-65)

- Encourage grandparents to draw on strategies that have worked for others in their situation. For example, in some studies, custodial grandparents have recommended keeping an expandable file

folder for school-related items, taking notes during school meetings, asking questions of the child, etc. (Gibson & McGlynn, 2013, p. 1837)

- Invite grandparents to express their needs, concerns, questions and suggestions

- Work to normalize a variety of diverse families so that kinship children do not feel different or embarrassed by their situation (e.g., Rather than focusing solely on mothers for Mother's Day, teachers can guide students to make a gift or card for "a special person in their families who takes good care of them, including mothers, fathers, grandparents, foster parents or others. Normalizing a variety of different families can reduce confusion and a sense of shame for children who live in non-traditional families") (Lee & Blitz, 2016, p. 389)

- Support grandchildren to develop socioemotional learning skills

- Pair grandchildren who struggle academically with peer and/or adult tutors or mentors

(Edwards & Daire, 2006; Edwards & Taub, 2009; Edwards & Benson, 2010; Gibson & McGlynn, 2013; Lee 2017)

School Administrators can:

- Work with their colleagues to build awareness of grandparent-headed families within the system. They can also dedicate professional development days to understanding the unique strengths and challenges of grandparent-headed families and the implications for learning and academic achievement

- Provide staff training on trauma-informed practice (TIP) and ensure that school culture and disciplinary procedures are aligned with TIP.

- Enhance stability and predictability among grandchildren by placing them with the same classmates and (when possible) teachers in consecutive years. (The children of grandparent-headed families often benefit enormously from stability and predictability in their schooling)

- Draw on trauma-informed disciplinary measures and avoid out-of-school suspensions (Gibson & McGlynn, 2013)

- Host regular support groups for custodial grandparents. (For a listing of school-based interventions identified in this review, please see Appendix B).

- Host open houses[36] for grandparents or connect with them one-on-one to help them understand the policies and practices of the school and ensure that they feel comfortable bringing any questions or concerns forward. (Having been away from the educational system for many years, custodial grandparents often feel 'out of step' with the policies and practices of schools and having access to a decision-maker within the school can help to build their confidence)

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[36] "Dannison and Smith (2003) noted that initial contact at an open house between grandparents, teachers, and other school officials can help to establish early relationships. These researchers speculated that the environment at an open house can provide an opportunity for all three parties to hear each other's perspective." (Peterson, 2017, p. 28)

- Ensure that grandparents are recognized by the school as the primary caregiver and are not excluded in communications[37]

(Edwards & Benson, 2010; Edwards & Daire, 2006; Lee, 2017; Lee & Blitz, 2016; Peterson, 2017).

School counsellors, social workers and/or psychologists can:

- Work with staff to help them engage in school events and grandparent/grandchild interactions in ways that are sensitive to the needs of this population

- Draw on applicable theories like attachment and social support theories to "offer insight into understanding, and intervening with, children in the care of their grandparents. Important intervention components that can be culled from these two theories include providing the pupils with peer counsellors and adult mentors, brief counselling, and social support networks. Grandparents may also benefit from caregiver training workshops and establishing support groups" (Edwards & Sweeny, 2007, p. 183-4)

- Help to coordinate services and provide helpful referrals to financial, social, health and mental health services and resources,[38] explaining the reason for the referral and emphasizing that the service is optional (Edwards & Benson, 2010; Edwards & Daire, 2006)

- Provide interventions that have proven effective with this population, including Solution-Focused Brief Therapy (SFBT),[39] play therapy, filial therapy, Cognitive Behavioral Intervention for Trauma in Schools (CBITS)[40] and "brief therapy and training groups (e.g., positive problem-solving, social skills, and relationship building)" (Lee 2017; Edwards & Benson, 2010, p. 65-66). "School psychologists possess expertise at employing peer-referenced assessment techniques to obtain information about the level of support provided by classmates and can implement strategies to

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[37] Lee and Blitz (2016) report that schools often do not have current information on custody, and even when they do they sometimes communicate more regularly with the parent despite their lack of active/productive involvement in the child's life. They note that, "if teachers' primarily communication is with the parents, excluding or marginalizing the grandparents, it is frustrating to the grandparents and detrimental to the healthy development of the children" (Lee & Blitz, 2016, p. 389) School administrators can try to identify grandparent-headed families early in the year and alert teachers and administrative staff to the situation (Lee & Blitz, 2016).

[38] A listing of helpful resources for both grandparents and grandchildren can be found in Appendix A.

[39] "Application of solution-focused brief therapy (SFBT) in K through 12th grade that is informed by a strengths-based approach (Saleebey, 2006) can be a unique method in aiding grandparents to view and validate their life experiences and perceive their strengths in their culture and intergenerational family contexts (Newsome & Kelly, 2004). Considering that these grandparents often suffer from caregiving stress, strained family relationships, and limited resources, SFBT led by school social workers with older adults can (a) maximize strengths of the grandparent as an experienced caregiver with life wisdom, (b) recognize the positive changes in their family, (c) focus on a present and future orientation, (d) address current problems with a focus on solutions, and (e) support goal oriented and goal-driven practice" (Lee 2017, p. 126).

[40] "CBITS focuses on reducing trauma symptoms and mobilizing resilience factors to increase students' healthy functioning in school, home, and community contexts. The intervention can be implemented in a group work format in school settings and includes content on psychoeducation about trauma and reactions to trauma, relaxation and anxiety reduction skills, understanding and challenging the dysfunctional thinking process, active approach to trauma triggers, safety assessment, and development of a trauma narrative and problem-solving skills (Jaycox etal.,2012)" (Lee 2017, p. 126)

increase support from classmates when necessary. School psychologists can also encourage family–school partnerships to bolster social support for CRBG [children raised by grandparents] and their grandparents. Facilitating prevention and intervention services for CRBG is one method to expand the practice of psychology in the schools beyond that of the assessment and special education–related services role and this role expansion can help to perpetuate the profession" (Edwards & Benson, 2010, p. 65-66)

- Provide seminars to help family members manage the stress associated with their changing roles, strengthen their support networks, and identify ways to "buffer the stress of surrogate parenting" (Edwards & Sweeny, 2007, p. 186)

- Help custodial grandparents develop "a visual schedule for the child to improve home routines" and design "a behavior chart with motivators for completing homework and performing chores" (Edwards & Benson, 2010, p. 64-65)

- Be aware of the challenges custodial grandparents face, including financial and emotional stress, and connect them to appropriate resources

- Help other staff members to understand the challenges that grandparents and grandchildren may be experiencing and teach/model adaptive ways of interacting with this population

(Edwards & Benson, 2010; Edwards & Sweeny, 2007; Newsome & Kelly, 2004; Peterson, 2017; Strom et al., 2005)

Researchers note that schools also have a critical role to play in the overall wellbeing of grandparent-headed families because children spend so much of their waking hours in school, and schools are often seen as more accessible entry points for mental health and other services (Edwards & Sweeny, 2007).

6.3.3 What Health Professionals Can Do

Given that skipped-generation families are at higher risk for physical and mental health issues, it is terribly important for health professionals to be aware of the unique challenges and strengths of this population and to serve as a source of effective assessments, referrals and supports.

Health professionals such as nurses, physicians and occupational therapists can:

- Consider the implications of health limitations within the context of custodial grandparents' capacity to provide care, and offer resources and strategies for managing those limitations

- Routinely screen for depression in custodial grandparents, particularly in those with chronic health problems and/or functional impairments

- Include an assessment of social support needs, where possible

- Work with multidisciplinary teams to improve grandfamilies' overall health and well being

- Educate grandparents about "the benefits of timely diagnostic evaluations and the scope of interventions […] for children with behavioral problems" and connect them to helpful resources and supports

- Support custodial grandparents' "legitimacy as guardians by "working with them to resolve barriers" such as paperwork (Dolan et al., 2009, p. 37)

- Promote participation in intergenerational leisure activities and provide suggestions for low-cost recreational options
- Encourage practices such as yoga and meditation to support stress management
- Stress the importance of self-care and offer grandparents practical solutions for how to build it into their lives
- Explore and address any potential barriers to services (e.g., transportation, insurance coverage, fear of child apprehension, childcare, caregivers' perceptions of the child's needs, caregivers' past experiences, etc.)
- Advocate for supports for custodial grandparents while also building their capacity for self-advocacy
- Cultivate knowledge about the unique strengths and challenges of this population among health providers and seniors' services

(Breman, 2014; Coleman & Wu, 2016; Crowther et al., 2014; Dolan et al., 2009; Falconnier et al., 2010; Lee & Blitz, 2016; Neely-Barnes et al., 2010; Samuel et al. 2017; Van Etton & Guatam, 2012)

Pediatric nurses and others who are centred on the health of children can:

- Adapt their teaching methods to accommodate the needs of older adults
- Help children to understand age-related challenges and strengths; help them to make sense of some of the normal age-related changes that might impact their interactions with their grandparents, including decreased reaction time and decreased acuity of all senses
- Anticipate potential challenges that might arise for custodial grandparents in administering medications to their wards (e.g., difficulties due to visual loss, tremors, memory issues, etc.) and develop strategies for ensuring the medication can be administered properly and consistently[41]
- Explore whether caregiving is reciprocal (i.e., the grandchild is also helping to care for the grandparent) and if so, to what extent (i.e., assess the type and level of support the child is offering to ensure that it is developmentally appropriate and is not substantive enough to negatively impact the child's ability to maintain friendships and enjoy leisure actitiives)[42]
- Ensure that discharge information is directed to the custodial grandparent rather than directing it solely to parents who are not productively engaged in caring for the child

(Barba, et al., 2010)

Mental health professionals can:[43]

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[41] Barbra et al. (2010) note that "in some cases a friend or neighbour may need to come in and prepare medication doses in ''pill minders'' or other pre-measured formats. This may initially seem like a novel idea to paediatric nurses, but many older adults rely on this sort of help to manage their own medications. In such cases, competence of the person preparing the medications must be assured, and changes in the child's weight (and consequently, in the medication dosage) assessed frequently." (p. 280).

[42] Assisting with care can be very rewarding for children; however, high levels of caring can impact friendships and leisure activities, homework and developmental tasks (Barba, et al., 2010).

[43] Most of the suggestions listed above for other health care providers also apply to mental health professionals.

- Seek out opportunities to deliver mental health services in schools, as research suggests that schools are the "frontline source of mental health services for custodial grandchildren" (Montoro-Rodriguez et al., 2012, p. 214)

- Discuss concerns related to the future (i.e., what will happen to their grandchildren when they can no longer care for them) and assist with long-term planning

- Use "Intergenerational counseling and intervention approaches that address interactions, affect, communication, and emotional support" (Edwards & Daire, 2006, p. 117).

- Provide therapeutic supports to address transgenerational trauma as needed

- Assess grandparents' "appraisals of the situation, such as whether they focus on the stressors, challenges, or potential emotional rewards of caregiving" (Poehlmann, 2003, p. 154).

- Help them "refocus on the positive aspects of aging" (Lee & Blitz, 2016, p. 186) and find meaning in parenting

- Identify "risks for intergenerational patterns of relationship dysfunction and foster experiences leading to alteration of maladaptive cycles" (Poehlmann 2003, 154)

- Build the capacity of custodial grandparents to respond therapeutically to children with disrupted attachments

(Breman, 2014; Edwards & Daire, 2006; Lee & Blitz, 2016; Montoro-Rodriguez et al., 2012; Poehlmann, 2003)

6.3.4 What Disability Services Can Do

The presence of a disability can create additional challenges for skipped-generation families. The literature suggests that disability service providers can help to address these challenges in the following ways:

- Offer accessible explanations of the child's disability as well as plain language interpretations of test results

- Connect them to financial resources, adapted equipment, tutoring, counselling, community services, and childcare

- Ensure access to respite services

- Help custodial grandparents to understand the child's potential

- Offer strategies for managing treatment protocols

- Offer strategies for managing challenging behaviours

- Offer strategies for strengthening family and social support

- Be aware that grandparents may underreport difficulties out of fear of that they will be judged incompetent to raise their grandchildren and consequently may not get the support they need

- Offer peer support groups[44] to discuss common concerns and decrease social isolation

- Provide suggestions for enhancing sibling relationships, where appropriate[45]

- Include a grandparent outreach component in special needs schools

- Provide sector-wide training to help disability professionals better understand the expanded roles and needs of custodial grandparents

- Provide respectful communication, "presenting information in multiple/alternative formats, scheduling meetings at times and places where grandparents are more likely to attend, and respecting their dedication and wisdom" (Gallagher et al., 2010, p. 62)

- Help to allay worries about their grandchild's future by providing custodial grandparents with long-term planning information and supports; this may include identifying and funding assisted living options and residential care for adults with disabilities

- Help caregivers to develop effective coping strategies[46]

(Dougherty, 2009; Force et al., 2000; Gallagher et al., 2010; Hillman & Anderson 2018; Kresak et al. 2014)

7.0 Conclusion

Assuming the full-time care of a grandchild often presents many challenges, including difficulties related to familial conflict, grief and loss, parenting stress, physical and mental health issues, social isolation and financial stress. These challenges are further exacerbated when health, education, disability and child welfare systems are unresponsive, siloed, and difficult to navigate.

The systems involved in the Calgary and Area RCSD have an opportunity to work together to better meet the needs of this population, thereby strengthening families and enhancing child outcomes. This literature review provides a basis for developing a multidisciplinary framework for working with skipped-generation families. Next steps might include: a literature review that focuses specifically on Indigenous and immigrant custodial grandparents; an environmental scan to identify existing practices, services and resources; stakeholder consultations; and workshops to collaboratively develop a framework.

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[44] Providing childcare for these groups is important. Hillman & Anderson (2018) point out that, even when childcare is provided, grandparents who are raising children with disabilities may find it difficult to attend support groups in person. Therefore, online options should be explored in addition to face-to-face groups.

[45] "Grandparents raising children with disabilities are often raising typical grandchildren, too, and might need information on sibling relationships when there is a child with special needs" (Gallager et al., 2010, p. 62).

[46] Hillman & Anderson (2018) note that the following strategies have been reported by custodial grandparents as helpful: "downward social comparison, [...] focusing on the positive (i.e., cognitive reframing), celebrating progress no matter how small, unconditional acceptance, and spirituality" (Hillman & Anderson 2018, p. 267-8).

8.0 Appendices

8.1 Appendix A: Helpful Resources for Custodial Grandparents

The table below outlines some of the resources that were identified in the literature review process through a Google search. They include educational resources for grandparents, as well as children's books about children in families headed by grandparents.

Table 3: Helpful Resources for Custodial Grandparents		
Organization/Resource	**Description**	**URL**

GrandFamilies.org
   o *Grand Resource: Help for Grandfamilies Impacted by Opioids and Other Substance Use*
   o *Grand Resources: A Grandparent's and Other Relative's Guide to Raising Children with Disabilities*
	This organization provides legal support to custodial grandparents through education, training and advocacy related to policy.	http://www.grandfamilies.org
		• https://www.gu.org/resources/grand-resource-help-for-grandfamilies-impacted-by-opioids-and-other-substance-use/
		• http://www.grandfamilies.org/Portals/0/Grand%20Resources.pdf

AARP • *GrandFamilies Guide*, 2011	This guide for grandparents who have recently become primary caregivers to their grandchildren, includes information about required documents, helpful resources, and organizational tips.	https://www.aarp.org/relationships/friends-family/info-08-2011/grandfamilies-guide-getting-started.html

University of Florida
   • *Grandparents Raising Grandchildren* Series
	The University of Florida has produced multiple publications for grandparents raising grandchildren including:
	   • *Grandparents Raising Grandchildren: Characteristics of Strong Families*
		http://edis.ifas.ufl.edu/topic_book_grandparents_raising_grandchildren

	• *Grandparents Raising Grandchildren: A Crash Course in Child Development* • *Grandparents Raising Grandchildren: Financial Assistance* • *Grandparents Raising Grandchildren: Health Care Assistance* • *Grandparents Raising Grandchildren: School and Educational Assistance* • *Grandparents Raising Grandchildren: Taking Care of Yourself.*	
HelpGuide.org • *Grandparents Raising Grandchildren: The Rewards and Challenges of Parenting the Second Time Around*	This article focuses on the challenges and rewards of raising grandchildren, and provides useful tips and additional resources.	https://www.helpguide.org/articles/parenting-family/grandparents-raising-grandchildren.htm
Grandparents Plus • *Grandparenting the Children of Addicted Parents: A Review* • *Talking to Your Children's School about Kinship Care* • *Learning with Grandparents*	A national charity that provides advice, resources, and research for custodial grandparents, as well as meaningful stories told from kinship carers.	• https://www.grandparentsplus.org.uk/ • https://www.grandparentsplus.org.uk/news/grandparenting-the-children-of-addicted-parents-a-review • https://www.grandparentsplus.org.uk/news/talking-to-your-childrens-school-about-kinship-care1 • https://www.grandparentsplus.org.uk/learning-with-grandparents
Generations United • (Grandfamilies Page)	This organization aims to affect policy and encourage programs addressing the challenges custodial grandparents face. There are many useful resources on their site.	https://www.gu.org/explore-our-topics/grandfamilies/
DailyStrength • Grandparents Raising Children Support Group	DailyStrength is an online support group for custodial grandparents.	https://www.dailystrength.org/group/grandparents-raising-children
Alberta Foster and Kinship Association	This organization offers many helpful, Alberta-specific resources for kinship families, including a compensation guide	https://www.afkaonline.ca

	for kinship families that are formally involved with Children's Services.	• https://www.afkaonline.ca/wp-content/uploads/2017/03/Compensation-Guide-March-2017.pdf
Grandparents Raising Grandchildren (NZ) • *The 6 Rs: A Roadmap for Grandparents Raising Grandchildren* • *Grandparents Raising Grandchildren: A Handbook for Grandparents and other Kin Caregivers*	Grandparents Raising Grandchildren is a not-for-profit organization which aims to create a community for custodial grandparents by providing education, training, financial and legal support, publications, and helpful links.	https://www.grg.org.nz/ • https://www.grg.org.nz/GRG+Roadmap.html • https://www.grg.org.nz/site/grg/files/GRG%20Publications/GRG%20Handbook.pdf
Grandparents Raising Grandchildren: A Legal Guide	A guide providing information on British Columbian laws, policies and procedures.	https://www.parentsupportbc.ca/for-grandparents/
Children's Link (Calgary) • *Lasting Legacy: A Handbook of Guidance and Hope for Grandparents Raising Grandchildren*	A handbook addressing common questions custodial grandparents have when raising grandchildren. (Note: the guide is not available online. Contact Children's Link to request a copy).	https://childrenslink.ca/
Alberta Government • *Kinship Care Handbook: A toolkit for Kinship Caregivers*	This handbook addresses commonly asked questions about kinship providing care in Alberta.	https://open.alberta.ca/dataset/90207e69-b458-48e9-b0c5-e24ec896172b/resource/f8e3c712-3d60-41ac-9567-e1889112dc95/download/kinship-care-handbook.pdf
Born Into Love: The Unconditional Love of Grandparents Raising Their Grandchildren	A look into the challenges grandparents face when raising their grandchildren.	https://www.amazon.ca/Born-into-Love-Unconditional-Grandchildren-ebook/dp/B00BUBKN1O/ref=sr_1_1?keywords=•+Born+Into+Love%3A+The+Unconditional+Love+of+Grandparents+Raising+Their+Grandchildren&qid=1565814002&s=gateway&sr=8-1
Grandparents Adopting Their Grandchildren: And How It Can Affect Their Relationship With Their Child	A story of a mother's struggle to help her daughter's battle with addiction and lack of parental involvement.	https://www.amazon.ca/Grandparents-Adopting-Their-Grandchildren-Relationship/dp/1451200137/ref=sr_1_1?keywords=•+Grandparents+Adopting+Their+Grandchildren%3A+And+How+It+Can+Aff

		ect+Their+Relationship+With+Their+Child&qid=1565814171&s=gateway&sr=8-1
Grandparents as Parents: A Survival Guide for Raising a Second Family	A book that offers strategies aimed to help mitigate stress and navigate government policies, educational challenges, and laws.	https://www.amazon.ca/Grandparents-Parents-Second-Survival-Raising/dp/1462509150
Help! I'm Raising My Grandkids: Grandparents Adapting to Life's Surprises	An exploration of the challenges custodial grandparents face, with relevant research and helpful tips.	https://www.amazon.ca/Help-Raising-Grandkids-Grandparents-Surprises/dp/1475068409/ref=sr_1_1?keywords=•+Help%21+I'm+Raising+My+Grandkids%3A+Grandparents+Adapting+to+Life's+Surprises&qid=1565814943&s=gateway&sr=8-1
Resilient Grandparent Caregivers: A Strengths-Based Perspective	A positive perspective on the strength and resilience of custodial grandparents as well as examples of successful strength-based interventions.	https://www.amazon.ca/Resilient-Grandparent-Caregivers-Strengths-Based-Perspective-ebook/dp/B00ABLIWU8/ref=sr_1_1?keywords=•+Resilient+Grandparent+Caregivers%3A+A+Strengths-Based+Perspective&qid=1565815556&s=gateway&sr=8-1
Raising Your Children's Children: Help for Grandparents Raising Grandkids	A resource for grandparents wanting to step in and become the primary caregiver for their grandchild.	https://www.amazon.ca/Raising-Your-Childrens-Children-Grandparents-ebook/dp/B00IORA23G/ref=sr_1_1?keywords=•+Raising+Your+Children's+Children%3A+Help+for+Grandparents+Raising+Grandkids&qid=1565815427&s=gateway&sr=8-1
Sometimes It's Grandmas and Grandpas: Not Mommies and Daddies	A children's book which explores the perspective and experiences of a grandchild being raised by her grandparents.	https://www.amazon.ca/Sometimes-Its-Grandmas-Grandpas-Mommies/dp/0789210282/ref=sr_1_1?keywords=•+Sometimes+It's+Grandmas+and+Grandpas%3A+Not+Mommies+and+Daddies&qid=1565815951&s=gateway&sr=8-1
The Sacred Work of Grandparents Raising Grandchildren	A look at the unique challenges grandparents face when raising their grandchildren, with practical tips on how to manage these concerns.	https://www.amazon.ca/Sacred-Work-Grandparents-Raising-Grandchildren/dp/1452536759/ref=sr_1_3?keywords=•+The+Sacred+Work+of+Grandparents+Raising+Grandchildren&qid=1565816226&s=gateway&sr=8-3
Our Grandfamily	A book about children raised by their grandparents, from the perspectives of both the child and the grandparents.	https://books.friesenpress.com/store/title/119734000022236071/Sandra-Werle-Our-Grandfamily

Appendix B: School-Based Interventions Identified in the Literature Review

The table below outlines school-based programs for skipped-generation families identified in the research and/or online.

School-Based Programs Identified in the Literature Review	
Source	Description
Temple University: https://education.temple.edu/igc/programs/grandmas-kids	Grandma's Kids: "Grandma's Kids is an after-school program that targets children in formal or informal kinship placement, foster care, and single parent households, as well as children who are low-income and at-risk of violence and disparities that can mitigate their academic progress. We serve local public schools in the North Philadelphia neighborhood. Grandma's Kids focuses on student growth via homework and academic support and provides a positive social-emotional learning environment for students in Kindergarten through fifth grade. Our goal is to support our students on their journey toward academic success, provide a safe and nurturing environment, and promote a physically healthy lifestyle" Programs and services include: • Academic tutoring provided by trained staff and Temple students • Academic enrichment focused on the areas of Literacy, STEM, Health and Wellness, and Cultural Learning • Social-emotional learning curriculum – Second Step • Free nutritional meals • Free and reduced rates for field trips • Events, celebrations, and family engagement
Edwards, E.W. Sweeny, A.E. (2007) Theory Based Interventions for School Children Cared for by their Grandparents. *Educational*	This article describes an unnamed school-based program in Great Britain that drew on attachment theory and social support theory to improve the functioning of children who are in the care of their grandparents: "In light of their problems with attachment, social support, stress, and the children's social–emotional functioning, a pilot intervention programme was designed to offer substantial support to these families. The intervention programme provided a social and academic support system for these families to help

Psychology in Practice, Vol. 23,2: 177-190.	attenuate stress. The pilot intervention programme originated at a primary school where large numbers of the pupils resided with their grandparents. Many of the pupils were struggling academically, socially, and behaviourally. To help the children, the school's registrar identified all children who resided with their grandparents and notified the educational psychologist. The educational psychologist made contact with the grandparents and teacher to determine whether there was a need for services at the school and at home. Teachers also notified the educational psychologist about struggling pupils. Need for services was based on whether the pupils were earning below average marks in the majority of their subjects. Pupils were also considered in need of services if they received discipline referrals to school administrators. Once pupils began receiving services, they continued to receive services until the end of the school year. If services were needed and the pupil's caregiver provided permission, the pupil was assigned a classmate who served as a peer counsellor. The peer counsellor's responsibility was to help the struggling pupil receive instrumental and emotional support. The peer counsellor offered peer tutoring and friendship. In the majority of cases, a teacher or other school staff member also served as a mentor, an adult advocate, and confidant for the child. The adult mentor provided positive reinforcement and adult support to the child at school. Small group counselling and adult academic tutoring were also provided to struggling pupils who were in need. The aforementioned components of the intervention programme resulted in the formation of vertical and horizontal relationships and a school support system for the child. Several brief counselling groups were offered to grandparents to help them adjust to their situation of custodial parenting. Teaching grandparents appropriate and contemporary parenting skills was important to the success of the programme. In addition, grandparents were encouraged to utilise other family members, friends, or members of their faith-based organisation to assist with homework, transportation, and to serve as helpful resources. Offering grandparents a respite period from caring for their grandchildren may also be helpful. Family members and the aforementioned groups could be asked to make available this type of daycare for the grandchildren (cf. Edwards, 2001). Social workers were asked to provide additional assistance and support. The social worker was able to access agencies outside the school to aid the grandparents in the surrogate-parenting process. The enactment of the ECM Agenda provides an excellent opportunity for public and private social service agencies that offer no-cost or low-cost services to collaborate more closely with schools. These agencies should consider the needs of caregiver families (such as custodial grandparent support groups) during needs assessments and long-term planning (Edwards & Mumford, 2005)" (Edwards & Sweeny, 2007, p. 185-6)
Lee, Y. Blitz, L.V. (2016). We're GRAND: a qualitative design	A school district in the US partnered with a university to design and evaluate We're GRAND, a psychoeducational group of custodial grandparents that meant monthly over the course of the school

and development pilot project addressing the needs and strengths of grandparents raising grandchildren. *Child and Family Social Work,* Vol. 21: 381-390.	year. In the article, "Three phases of the project are described: (i) needs assessment; (ii) design and implementation of a psychoeducational group facilitated by social work faculty and a school district administrator; and (iii) evaluation of programme impact. Major themes from the needs assessment and evaluation are presented. Discussion highlights the need for school and family engagement, recognition of the significant changes in family role required for grandparents, and viewing custodial grandparents as leaders and engaged caregivers. The meaning of diversity in group intervention for this population is also explored.
Newsome, W.S. Kelly, M. (2008). Grandparents Raising Grandchildren: A Solution-Focused Brief Therapy Approach in School Settings. *Social Work with Groups:* Vol 27,4: 65-84.	Newsome & Kelly describe an eight-week GRG (gradparent raising grandchildren) "Solution Group" that was implemented in the US. Based on an SFBT therapy approach, the program explored the following topics: • Week 1: Introductions and Orientation to SFBT GRG Ideas • Week 2: Identifying your Signature Strengths as a Grandparent and Applying Them to Your Mission as a GRG • Week 3: Starting Small: How Small Changes Can Become Big Solutions (Note: The first three weeks are held consecutively; after that, GRG groups take place on a three-week/monthly basis to emphasize the belief that GRGs can both support each other and act creatively and effectively on their own, without the aid of "experts.") (Selekman, 1993) • Week 4: What's Already Working? Identifying Exceptions to Presenting GRG Parenting Problems • Week 5: The "Doing Something Different Day:" Using SFBT Interventions in Daily Life with Your grandchildren • Week 6: Maintaining Change: Ways to Keep Change Going as a GRG (p. 71)

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