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GrOW National Study of Grandfamilies During COVID-19: Wave I and Wave II Results and Recommendations

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GrOW National Study of Grandfamilies During COVID-19: Wave I and Wave II Results and Recommendations

Cover Page Footnote

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Research Brief

GrOW National Study of Grandfamilies during Covid-19: Wave I and Wave II Results and Recommendations

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Abstract

The COVID-19 pandemic has impacted families across the globe. This study highlights how a multidisciplinary workgroup, Grandfamilies Outcome Workgroup (GrOW) operationalized a caregiver-centered data cycle to learn how COVID-19 has impacted grandfamilies across the United States. The National Grandfamilies and COVID-19 Wave I (n=600, June 2020) and Wave II (n=225, July 2021) surveys recruited grandfamilies nationwide through GrOW's network of kinship community partners. Wave I survey results illuminated that all sources of social support were reduced for grandfamilies during the pandemic, except for online support groups. Wave II provided an opportunity to revise the survey to capture emergent issues relevant to a later stage of the pandemic for grandfamilies. Results indicated that 73% of caregivers were vaccinated. Results also identified gaps in caregiver knowledge of kinship navigator programs and supports in their communities. Recommendations for future research are provided.

Keywords: kinship, COVID-19, Grandfamilies Outcome Workgroup, kinship navigator, culturally responsive research, translational dissemination.

The Grandfamilies Outcome Workgroup (GrOW) is a national coalition of multidisciplinary stakeholders who work across systems of care in partnership with kinship families and kinship-serving organizations. Areas of GrOW members' expertise include: 1) research and evaluation; 2) program administration and social work; 3) child welfare; 4) grief and trauma counseling; 5) law; 6) medicine; 7) cultural anthropology; and 8) gerontology. GrOW has been meeting monthly since 2009 and intentionally integrates the lived experiences of kinship caregivers in its methods, tools, and resources to support best practice in the field of kinship care. With the goal of supporting grandfamilies during an unprecedented historical crisis, GrOW designed and launched the first national study of grandfamilies during COVID-19 in the United States that included Wave I of the study in 2020 and Wave II in 2021.

Methods

Wave I

Figure 1

Researchers, practitioners, and policy advocates had an immediate need for real-time data on the experiences and needs of grandfamilies in the initial months of the pandemic. Utilizing a caregiver-centered approach, the workgroup implemented their GrOW Data Cycle to collect robust data from caregiver respondents across the U.S. (see Figure 1). Outreach and recruitment were achieved in collaboration with GrOW's local, regional, and national network of kinship partners to achieve a sample size of 600 caregivers representing each state.

GrOW Data Cycle



Kinship caregivers provided essential feedback for GrOW during this research process including review of survey items and input on language, topic areas, and length of survey. GrOW launched Wave I of the online study on May 15, 2020, and collected data from 600 caregivers residing in all 50 states through June 15, 2020. Findings from this first national survey of

grandfamilies during COVID-19 were disseminated through regional stakeholder group meetings, shared with national policy advocates for grandfamilies, featured in a national report focused on grandfamilies in the pandemic (Generations United, 2020), selected for presentation in peer-reviewed conferences (Rosenthal et al, 2020; Littlewood et al, 2020a; Littlewood et al, 2020b), and also translated for kinship best practices in a GrOW webinar for stakeholders (Grandfamilies Outcome Workgroup, 2021) and GrOW website (https://www.grandfamilieswork.org/).

Wave II

As some conditions of the pandemic continued and others changed, it became clear to GrOW that a Wave II survey would be beneficial not only for capturing emergent issues for grandfamilies, such as vaccination, but also to build on the Wave I findings. At this new stage of the pandemic, additional qualitative items were added to the survey to further explore the nuances of caregivers' experiences in their own words. Wave II utilized the GrOW Data Cycle with a caregiver-centered approach that included recruitment methods through an engaged stakeholder network. The online survey launched in June 2021 and closed in July 2021 with the participation of 225 caregivers from across the U.S. Table 1 describes the demographics of Waves 1 and 2. Table 2 describes the special issues facing caregivers during COVID-19 in Wave I. Six-hundred caregivers identified 2,631 special issues.

Table 1

Demographic Characteristics Wave I and Wave II

Variable	Response	Wave I		Wave II	
		Frequency	Percent	Frequency	Percent
Age Wave	<34	37	6.2	8	3.6
Ü	35-44	57	9.5	16	7.2
	45-54	144	24.0	37	16.7
	55-64	225	37.5	88	39.6
	65-74	109	18.2	55	24.8
	75-84	12	2.0	17	7.7
	>85	16	2.6	1	0.45
Race Wave	Asian	6	1.0	0	0.0
	Black	101	16.8	51	22.9
	Caucasian	386	64.3	128	57.4
	Hispanic/Latino	34	5.7	26	11.6
	Native American	25	4.2	2	0.9
	Pacific Islander	10	1.7	0	0.0
	Other	5	0.8	9	4.04
	Did not answer	15	2.5	7	3.1
How long have	you been raising a relative's child?				
	Less than six months	46	7.7	12	5.4
	6 months to <12 months	61	10.2	12	5.4
	1 year to <2 years	79	13.2	18	8.1
	2 years to <3 years	67	11.2	19	8.6
	3 years to <5 years	91	15.2	41	18.4
	5 years to <10 years	139	23.2	57	25.6
	Over 10 years	107	17.8	64	28.7
	Did not answer	10	1.7	0	0.0

Table 2Special Issues Facing Caregiving

Special Issues facing caregiving	N*	%
Child with special needs	192	7.3%
Child with behavioral issues	295	11.2%
Food assistance or access issues	131	5.0%
Unemployment issues	65	2.5%
Housing instability	69	2.6%
Health insurance challenges	70	2.7%
School issues with children	229	8.7%
Childcare issues	212	8.1%
Counseling and mental health care for myself	145	5.5%
Counseling and mental health care for children	243	9.2%
Chronic Disease Management for myself	161	6.1%
Chronic Disease Management for child	58	2.2%
Birth parent with opioid or substance use issues	305	11.6%
Incarcerated or detained birth parents	133	5.1%
Family loss, grief and trauma	161	6.1%
Legal/Custody issues	162	6.2%

^{*}n=number of caregivers indicating special issues facing their caregiving; 600 caregivers identified 2,631 issues.

Approach and Participants in Wave I & II

This mixed-methods study was administered with an anonymous, online survey in both English and Spanish to collect data from caregivers during two distinct points in time during the pandemic. For Wave I, recruitment methods utilized existing kinship networks to enroll kinship caregivers from across the United States. This resulted in 600 kinship caregiver study participants. GrOW specialists in research, Rosenthal and Littlewood, analyzed qualitative and quantitative data and considered results with all workgroup specialists representing multiple disciplines and practice fields to formulate GrOW practice recommendations in the pandemic (Grandfamilies Outcome Workgroup, 2021). For Wave II, GrOW continued to employ the caregiver-centered GrOW Data Cycle. Feedback from Wave I stakeholders was integrated into the Wave II survey design, as was feedback from caregiver review of the new survey that included additional qualitative items for a deeper understanding of the caregiver experience. Two hundred and twenty-five kinship caregivers participated in Wave II, representing 32 states and several Tribes.

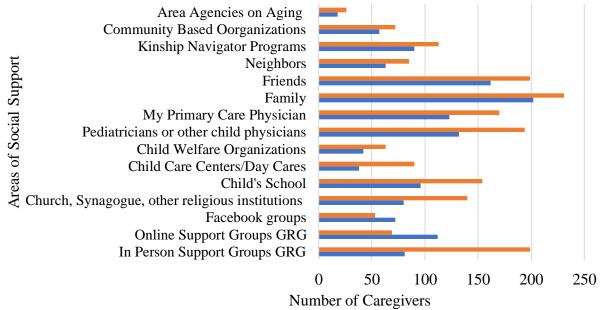
Results

Wave I

Most caregivers in Wave I were experienced caregivers (providing care for at least five years), between the ages of 55-64 years old, and caring for children ages 6-10. Of respondents, 66% were white, 18% Black, and 16% other races. Respondents noted that all sources of social support were less adequate during COVID-19 than prior to the pandemic, except for online support groups (See Figure 2).

Figure 2
Adequacy of Social Support Prior to and during COVID-19

How helpful were these supports prior to and during COVID-19? (n=600) (June, 2020 Wave 1)



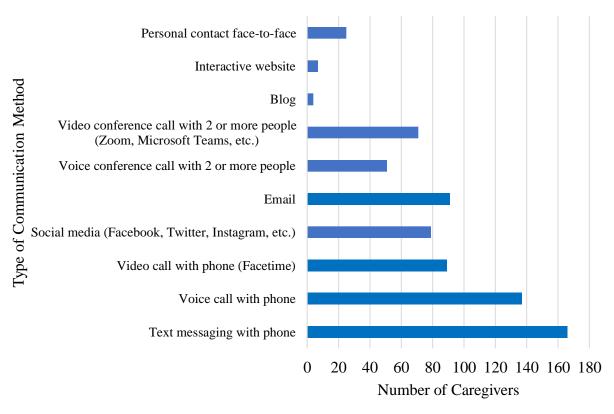
(Higher number indicates more adequate social support for caregivers)

- Adequacy of social support PRIOR to COVID
- Adequacy of social support DURING COVID

Priority needs included keeping children safe, healthy, and successful in school, as well as obtaining financial support when needed. Major areas of concern were helping children succeed in school, childcare, respite, time for self, and healthy sleep. Several notable areas were related to the discrimination caregivers experienced during the pandemic, including discrimination based on their age, lower socioeconomic status, and race and ethnicity. Caregiver survey participants preferred text, voice and video calls, and email respectively for communication during the pandemic (See Figure 3).

Figure 3Preferred Communication Method for Caregivers during COVID-19

Preferred Communication Method for Caregivers during COVID (n=600) (June, 2020 Wave 1)



Caregivers noted that they were less trusting of federal resources, the administration, national news radio, and print to provide credible information. Instead, they preferred state government officials, U.S. Centers for Disease Control and Prevention (CDC), local newspapers, and state public health experts, as trusted data sources for COVID-19 information.

Wave II

Results from the Wave II survey reported here include items of particular interest at this stage in the pandemic, such as vaccination needs for caregivers, and knowledge of and access to kinship navigator programs. Federally funded kinship navigator programs serve as an important resource for public/private coordination of needed information and services to kinship families. In 2018, the Administration for Children and Families provided kinship navigator program funding instruction to state, territorial and tribal title IV-E agencies to guide further program development, enhancement, and evaluation nationwide. Items from this program instruction were included in Wave II of the survey, with an interest in exploring how saturated these components were in the communities where caregiver respondents resided.

Vaccination

Seventy-seven percent (n=166) of respondents reported that they intended to be vaccinated for COVID-19. For the 23% (n=49) of respondents who elected NOT to get the

vaccine, 46% (n=28) did not trust the vaccine, 23% (n=14) did not believe they have enough information about the vaccine, and 18% (n=11) disagreed with the use of vaccines for various reasons. At the time of Wave II survey completion, only 73% (n=157) had received the completed COVID-19 vaccinations, and 27% (n=57) had not been vaccinated. (4% differential from those who intended to be vaccinated compared to those who completed their vaccinations).

Knowledge of Kinship Navigator Program Components

Wave II provided an opportunity to explore how knowledgeable kinship caregivers were about the resources and services available through kinship navigator programs, in the pandemic context. Although there was no rated best practice by the Title IV-E Prevention Services Clearinghouse, at the time of Wave II survey administration, the Administration of Children and Families had provided resources and instructions on how to implement these programs to best serve kin families across the U.S. Table 3 illustrates the number of respondents who did not know about these services and supports in their community. This "do not know" response ranged from 21% (n=45; use of programs and services to meet the needs of the children in their care) to 45% (n=92; connect with a kinship care ombudsman with authority to intervene and help kinship caregivers access services).

Table 3Respondents Who DO NOT KNOW about Supports and Services Available through the Kinship Navigator Program

Item from the Kinship Navigator Program Instruction		
	N	%
Learn about programs and services to meet the needs of the children in your care	62	28%
Find programs and services to meet the needs of the children in your care.	48	22%
Use programs and services to meet the needs of the children in your care.	45	21%
Learn about programs and services to meet YOUR needs as a kinship caregiver.	51	24%
Find programs and services to meet YOUR needs as a kinship caregiver.	51	24%
Use programs and services to meet YOUR needs as a kinship caregiver.	51	24%
Connect with 2-1-1 or 3-1-1 information systems to access services.	69	33%
Become a part of the development of a program to service kinship caregivers.	89	42%
Youth in your care have help to inform services for kinship families.	82	39%
Connect with government agencies.	64	30%
Connect with community-based agencies.	53	25%
Connect with faith-based organizations.	58	28%
Access information and referral systems that link kinship caregivers to each other.	61	29%
Access information and referral systems that link kinship caregivers to support group facilitators.	65	31%
Access information and referral systems that link kinship caregivers to service providers.	70	34%

Connect with a kinship care ombudsman with authority to intervene and help kinship caregivers access services.	92	45%
Determine eligibility for federal benefits.		33%
Determine eligibility for state benefits.		28%
Determine eligibility for local benefits.	61	29%
Enroll in federal benefits.	59	35%
Enroll in state benefits.	61	29%
Enroll in local benefits.	71	34%
Participate in training to assist with caregiving for children in your care.		34%
Participate in training on obtaining benefits and services.		41%
Access to legal assistance.		35%
Access to a kinship care website.	60	29%
Access to kinship caregiving resource guides.	60	29%

Discussion

Wave I provided an opportunity to scan all states in the U.S. and capture salient issues for grandfamilies during the COVID-19 pandemic, including loss of supports, challenges related to online school for kinship children, discrimination, and identification of credible sources of information. Wave II built upon these findings and importantly provided information about caregivers' experiences accessing and receiving full COVID-19 vaccinations, at the time of Wave II survey administration. According to Our World in Data (Ritchie et al., 2021), respondent vaccination rates (73%) reported by caregiver study participants were more similar to those reported in France, Italy, and Britain (70-73%). The U.S. trails at 53% vaccination. More research is needed to better understand how caregivers have such high uptake of the COVID-19 vaccines and to identify the facilitators of vaccination for grandfamilies. Also noteworthy is the phased dissemination of vaccines in the U.S., which prioritized older and at-risk populations, such as kinship caregivers living in multigenerational households. Hence, it was important for Wave II to include items to learn more regarding the barriers for those kinship caregivers who elected NOT to receive the vaccine.

Wave I documented the shift from the adequacy of in-person social support to technology-based social support. Wave II illuminated an urgent need for states and kinship navigator programs to conduct further outreach to connect caregivers to these statewide programs, as well as to share information and referrals to needed supports for grandfamilies. Of respondents, 21% to 45% were unaware of available resources and supports provided by kinship navigator programs. Further research is needed to focus on the outreach and connection needs of kinship caregivers during the ongoing pandemic, as well as culturally responsive program implementation strategies that integrate trusted, virtual methods of communication reported by caregivers in Wave I as a priority for service connection.

Limitations

This study used support group networks and other existing professional groups who serve grandfamilies to help recruit and enroll participants. Due to the availability sampling, generalizability is limited, and the sample might not include those grandfamilies who are not connected to the help and support they need. This omission may result in a bias towards those who have access to the supports and resources they need.

Conclusion

This research brief highlights the translational efforts of the Grandfamilies Outcome Workgroup, in partnership with kinship caregivers, to learn about the changing needs of grandfamilies with a national, online survey in the context of ongoing societal change during the COVID-19 U.S. pandemic. Utilizing these research findings, and their practitioner relationships and experience in kinship communities, GrOW members disseminated findings to the broader kinship field that included culturally responsive research and practice recommendations to identify needed supports for kinship families at different stages of the pandemic. Recommendations for future research with grandfamilies during COVID-19 are discussed in Figure 4.

Figure 4

Recommendations

GrOW Recommendations for Research With Grandfamilies during COVID-19

- Identify your translational research purpose in partnership with kinship caregivers and in alignment with current practice needs.
- Co-design study administration/data collection processes, including virtual methods, and items in collaboration with feedback from kinship caregivers, service providers and advocacy organizations.
- Consider culturally responsive, equitable research and evaluation approaches, as well as trauma-informed communications to ensure all kinship caregivers and other stakeholders in the data cycle feel supported during this particularly stressful time for families.
- Collaborate with your partnership networks for outreach and recruitment to kinship communities for study enrollment.
- Include both quantitative and qualitative methods for a nuanced data story.
- Explore what counts as well-being from the perspective of kinship families, and include strategies for coping, as well as needs, in discussions of grandfamilies during COVID-19.
- Document the role of technology and the needs and preferences of kinship caregivers and youth in utilizing technology to stay connected to their networks of support and to engage in the study process.
- Present preliminary analysis to stakeholders for validation and discussion. Consider creating multiple waves of a study to capture changes in the landscape and emergent issues as you learn more.
- Diversify dissemination outlets, including: conference roundtables; webinars; website, reports; state and local community meetings; and online interviews.
- Tailor dissemination of findings for specific audiences with diverse interests and needs
 from the data findings, such as kinship navigators, congressional aides, caregiver
 advisory groups, and practitioners. Include practice recommendations that translate
 research findings and kinship stakeholder input into relevant, actionable next steps.

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