

Original Article

Becoming parents again: Challenges affecting grandparent primary caregivers raising their grandchildren

Ashley Martin MD, Daniel Albrechtsons MD, Noni MacDonald MD MSc FRCPC, Nadia Aumeerally MD MSc FRCPC, Tania Wong MD MSc FRCPC

Department of Paediatrics, Dalhousie University and IWK Health Centre, Halifax, Nova Scotia

Correspondence: Tania Wong, IWK Health Centre, 5980 University Ave, Halifax, Nova Scotia B3K 6R8. Telephone 902-470-8888, fax 902-470-8137, e-mail Tania.Wong@iwk.nshealth.ca

Abstract

Background: A growing number of Canadian children live in the care of their grandparents, called skip-generation families. Reasons for this include teen pregnancy, death of a parent, mental/physical illnesses, and addictions. These grandparents and grandchildren are at increased risk of physical and mental illness, yet have few resources available to them.

Objective: Our study aims to describe the lived experiences of skip-generation families to better identify their needs.

Methods: We conducted semistructured interviews of grandparent primary caregivers from ten households in our community to chronicle their experiences raising their grandchildren. Participants were recruited by paediatricians using convenience sampling. Interviews were recorded, transcribed, and coded using Atlas Ti software, and classified into themes by consensus.

Results: Five primary themes emerged from the interviews: (1) Changes in family dynamics, (2) Psychosocial impact on grandchild and grandparent, (3) Lack of resources for grandparent caregivers, (4) The challenges of parenting later in life, and (5) Resilience inspired by the love of family. Many participants (n=10) described feeling unsupported after assuming care of their grandchildren and identified a need for additional counselling services, financial support and respite care. All (n=11) highlighted that caring for their grandchildren changed their lives in positive ways.

Conclusion: When grandparents are prioritized as primary caregivers for their grandchildren, our study suggests they receive insufficient community resources to meet their emotional, respite and financial needs. Further research involving this population in Canada is required. Paediatricians can play an essential role in recognizing these vulnerable families and advocating for additional supports and services.

Keywords: *Canada; Caregivers; Grandparents; Paediatrician; Skip-generation families*

A growing number of Canadian children live in ‘skip-generation families’, that is, households that have grandparents as the primary caregiver for children without a parent present (1,2). Canadian census data from 2016 reported that 32,505 children under the age of 14 years (0.6%) live in skip-generation families (1), a 29% increase compared to the 2001 census (3). Reasons

for this differ across the world (4) and include teen pregnancy, mental/physical illness, addictions, parental incarceration, and death of a parent (2,5). The grandchildren in skip-generation families have been shown to have more difficulties with their health and behaviour, lower levels of school engagement, and increased exposure to early adverse events than the general

Received: January 10, 2020; Accepted: March 23, 2020

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population (6,7). The latter is known to result in disrupted neurodevelopment and poor health outcomes (8). Despite these challenges, there appears to be a protective effect for children placed in the care of a family member as they have a lower incidence of behavioural problems compared to those in foster care (6).

Similar to many other nations, grandparent primary caregivers in Canada are more likely to be female, out of the labour force, and of lower socioeconomic status (2,4). Research in the USA found that they are at an increased risk for depression and decreased physical and mental well-being (9–11). In addition to the health challenges of aging, these grandparents must contend with the increasing use of unfamiliar technology such as social media, as well as different parenting recommendations and the challenges of not having peers in similar situations. Parenting the second time around can be a very different and potentially alienating experience; thus, skip-generation households are vulnerable families and should be of particular interest to paediatricians in Canada.

These families may require additional considerations beyond the nationally recommended routine parenting counselling practices. Our study explored the lived experiences of skip-generation families in Halifax, Nova Scotia, to better identify their needs and how the health care system might respond.

METHODS

Overview

This study used a phenomenological approach to data collection, conducting in-depth semistructured interviews with grandparent primary caregivers from ten skip-generation households living in Halifax, Nova Scotia. This approach was selected to understand the essence of the lived experience

of primary grandparent primary caregivers in this area (12). Ethics approval was obtained from our institutional research ethics board (REB 1023978). The study was funded by an Izaak Walton Killam (IWK) Health Centre Mentored Grant.

Participants

Grandparent caregivers were selected by a convenience sample. Participants were recruited through consulting paediatricians affiliated with the regional paediatric hospital using fliers and word of mouth. To be eligible for inclusion in the study, participants had to be acting as the primary caregiver for their grandchild and English speaking. All families were offered the option of completing an interview with one or both caregivers in their household. Written informed consent was obtained on the day of the interview by a member of the study team who was not a medical care provider for the participant's grandchild.

Demographic survey

Grandparent caregivers were invited to complete a brief eight-item survey that included their characteristics and those of the grandchildren they parented.

Interviews

Interviews were conducted between November 2018 and May 2019 at two medical clinics in the Halifax Region. Our research team was composed of two paediatric residents, two community consulting paediatricians, and a paediatric academic mentor. All but the mentor took turns conducting the interviews in pairs using a semistructured interview guide (Table 1). Informants were aware that research pairs would conduct interviews prior to consenting. The interview guide was developed by the study team based on clinical experiences and literature review to encourage discussion of the lived experiences of

Table 1. Guiding questions to begin conversation

Questions with additional probing questions

1. Tell us about yourself and your grandchildren.
 - How did your grandchildren come into your care?
 - How many grandchildren are you caring for?
 - How long have you been raising them?
2. Tell us about a typical day in your house.
 - Can you remember any particularly challenging days?
3. How does the experience of parenting your grandchild compare to parenting your own child?
 - Has your approach to parenting changed over the years?
 - How do you balance caring for you own health needs?
 - How do you feel about social media and screen time recommendations?
4. Have any supports in the community been helpful?
 - Have you received any counselling in regard to parenting your grandchild?
5. Are there ways doctors (or the health system) could be better helping your family?

grandparent caregivers. Participants received a stipend for their participation.

Analysis

Interviews were recorded, transcribed verbatim and anonymized. Two team members independently coded the transcripts and developed themes. The team then reviewed this work noting similarities in quotes selected and themes. No major discrepancies were noted. Data was managed using Atlas Ti Software, and themes were determined by members of the study team. Statements of significance were extracted from transcripts. Survey data was described statistically and narratively.

RESULTS

Eleven grandparent caregivers participated in the interviews, representing 10 separate households. In only one home, did both caregivers participate; in this case, the interview was conducted with both caregivers. All completed the demographic survey before commencing the interview, which lasted on average 1 hour but ranged from 22 to 94 minutes. No new themes were noted following the eighth interview, and a total of 10 interviews were completed.

Participant demographics

Of all participants, nine were female, and five were over 60 years of age (Table 2). Ten participants identified as Caucasian and one as African Canadian. Six of the skip-generation households were providing care for one grandchild while four had two grandchildren. The mean grandchild age was 8.7 years old (range 3 to 19 years). Seven of 10 households reported that their grandchild had at least one medical diagnosis. Five of seven families responded that they were very comfortable managing the specific medical condition, while two of seven were somewhat comfortable.

Themes arising from the interviews

Theme 1: Changes in family dynamics

One of the most consistent comments during the interviews was how becoming a grandparent primary caregiver impacted family dynamics. These grandparents frequently transitioned into the role of the parent while the child's biological parent could fall into the stereotypical grandparent role: spoiling their child during limited visits. One grandmother highlighted the differences saying:

“...when you're a grandparent, you LOVE them unconditionally. You know, you really do, you love them all, and you spoil them as grandparents because you're not their parent, you can do that. You can give them that extra, so with poor grandson, I also have to be the disciplinarian, and I have to be the tough guy...”

Table 2. Demographic characteristics of participants

Number of participants, n	11 (10 households)
Age in years, n (%)	
45–55	3 (27.3)
56–65	8 (72.7)
Households marital status, n (%)	
Married	8 (80.0)
Single	2 (20.0)
Sex of participants, n (%)	
Male	2 (18.2)
Female	9 (81.8)
Ethnicity, n (%)	
Caucasian	10 (90.9)
African Canadian	1 (9.1)
Number of grandchildren in grandparent care, n (%)	
1	6 (60)
2	4 (40)
Age of grandchildren, n (%)	
0–4	4 (28.6)
5–10	4 (28.6)
11–15	5 (35.7)
16–19	1 (7.1)
Length of time caring for grandchildren, year (%)	
<1	1 (10)
1–3	2 (20)
4–6	6 (60)
>6	1 (10)
Percentage of households with grandchild medical diagnoses (%)	7 (70)
Attention Deficit Hyperactivity Disorder	6 (60)
Behavioural difficulties	5 (50)
Anxiety or depression	2 (20)
Learning disability	2 (20)
Asthma	1 (10)
Ventriculoperitoneal shunt	1 (10)

For the grandparents in our study, changes in family structure affected their relationships with spouses, other children and grandchildren. The extra emotional and financial attention required for their grandchild resulted in jealousy within the families of approximately half of the study sample. The grandparents that experienced this expressed stress and guilt around not being able to fulfill all of their families' needs. The grandparents that had other children who were supportive of the situation felt their support was invaluable and took a lot of the burden off as other family members offered respite.

Theme 2: Psychosocial impact on grandchild and grandparent

A common sentiment expressed by all families was that early adverse experiences for the grandchild contributed to the change of caregivers. The urgency with which these children were moved led to complex social situations and many grandparents felt they were ill-prepared to deal with some of the grandchildren's resulting challenging behaviours. One grandmother stated:

"He's capable of bonding, but ...it's not like a normal, healthy child. It's different. It's kind of exhausting, but I reached out to a lot of people. I was at my wits end. My husband would come home, and I'd be sitting in a corner crying ... I think we're getting to the other side. I think. I hope."

Eight of 10 families interviewed gained custody of their grandchild due to involvement with the Department of Community Services (DCS). Examples of adverse childhood experiences in these families included, but were not limited to, parental addiction and mental health challenges and the unexpected death of parents. Grandparents expressed complex sentiments of sadness and anger directed toward their children for exposing their grandchildren to these events:

"... I don't want to hate my son, but I do because you've done this, you know, you've had the opportunity to stop using drugs, and you continue to use drugs, and I have your child. What's it going to take for you to realize that you need to smarten up. This is your guy."

Theme 3: Lack of resources for grandparent caregivers

Ninety percent of grandparent households expressed disappointment in the lack of community services available to them. From the outset, they felt there were inadequate mental health supports provided for their grandchildren, who often had a history of abuse or neglect. Many grandparents also felt that their interactions with the court system and DCS, while establishing custody, were challenging both emotionally and financially:

"If you say you're going to take this child and look after them and you're the grandparents, it's different then if I had stepped in as a foster parent. There's no help for you. You're just taking another child because you're blood."

Many families also highlighted the personal financial difficulties they were facing. Becoming a parent again was unplanned, which resulted in participants altering their retirement plans and continuing to work at an advanced age. There were also challenges balancing work and caring for a young child with minimal financial support from the child's parent or government bodies. One grandparent who was interviewed discussed their health challenges and economic concerns, saying:

"Social Services wouldn't help us. ... I don't like to say this, but their mother never helped us much. ... I done it all myself.

I done without, I done without a lot of stuff, my dear. I went without my medication for 5 to 6 months just to use it [the money] on them. I didn't really care as long as they were looked after."

This grandparent went on to describe a severe health event one month prior that resulted in hospitalization. They did not acknowledge the possible association between this health event and not being able to afford their medications, but this may have been a contributing factor.

Theme 4: The challenges of parenting later in life

The differences in parenting as an older individual were discussed by all grandparent caregivers. Participants had a range of serious health conditions, including heart disease, cancer, diabetes, and recent hospitalizations. They spoke of the impact their chronic health conditions had on raising a grandchild. They expressed feeling exhausted, trying to balance caring for their grandchildren and spouses with self-care.

"With my grandkids, I find that it's hard for me because of where I got arthritis and stuff and back problems that there's a lot I can't do with them, but I do push myself."

This sentiment often led to a discussion regarding the fear of dying before their grandchild was old enough to take care of themselves, which had not been a prominent fear when raising their children.

There were also challenges in today's society that were unfamiliar, such as sexuality and gender identity. Finally, dealing with new and unknown technology such as social media, and changes to parenting practices such as screen time limitations were noted by many of the grandparents, especially those over the age of 60. One grandmother told us:

"Parenting has evolved. When my son was a child, there certainly were no [smart] phones. There was no iPads. There was no Xbox, so things have evolved that way, but you have to adapt along with it."

Theme 5: Resilience inspired by the love of family

All the grandparents interviewed expressed that caring for their grandchildren had profoundly changed their lives in positive ways. Despite the challenges faced, many grandparents said that they had no regrets taking over the care of their grandchildren. The welfare of the grandchild was the top priority, and many described the unique relationships they had with their grandchildren as one of the most fulfilling aspects of their lives. Overall, the love for their grandchildren and a sense of family togetherness inspired resilience in our study population.

"They're my world... Everybody says the love from grandparent to a child is different than the love from your child, and

I believe that. I love my kids dearly, but the love for my grand-kids is ... a stronger love..."

DISCUSSION

Five major themes were identified in our study: (1) Changes in family dynamics, (2) Psychosocial impact on grandchild and grandparent, (3) Lack of resources for grandparent caregivers, (4) The challenges of parenting later in life, and (5) Resilience inspired by the love of family.

Our study highlights that our population in Maritime Canada may be experiencing similar challenges to grandparent caregivers in other cities in Canada and the USA (13–16). Grandparents are left managing complex social situations often brought on by an urgent family crisis and leading to unexpected financial and emotional stressors. In many instances, the situation may be further complicated by the lack of a legal custody relationship with their grandchild (16). Notwithstanding these challenges, studies have reported that 90% of custodial grandparents would take responsibility for their grandchildren if they had the choice again (9), a sentiment echoed in our study.

Lack of accessible resources was a concern repeatedly raised during our interviews, prompting us to ask participants what resources they wished were available (Table 3). Many of our grandparent caregivers recalled having more financial support, counselling, and respite resources when they had an open file with DCS. They noted a discrepancy in the supports and services provided to grandparents when they become primary caregivers for their grandchild, compared to other arrangements such as the child entering the foster system. Research out

of the USA has advised policy development focusing on expanding targeted services, such as caregiving supports and mental health service provision for these children, as well as additional financial resources (7,15,17).

Our study did have some limitations. We interviewed participants from ten households that were exclusively urban, and most of them were Caucasian. Capturing the experiences of grandparent caregivers from other ethnicities and in rural settings is a crucial next step to understanding whether there are cultural differences in the challenges expressed. We know that First Nations families are over-represented among skip generation families (2). Also, our participants were recruited from paediatric consultant offices, which may represent a higher needs population.

Both the grandparents and grandchildren in skip-generation families are at increased risk of poor health outcomes (18) and face a unique set of challenges. One question of interest was how physicians could better support these families; four of the households reported that physicians, particularly family doctors, were a valued emotional support and encouraged their self-care. Paediatricians and family doctors have an important role in supporting these families as the children are more likely to have behavioural issues and require close developmental surveillance due to increased exposure to early adverse childhood experiences (19). Providing anticipatory guidance on managing challenging behaviours and digital media use, early referrals for counselling services, promotion of subsidized activities for children, and advocating for additional financial and respite resources are some of the ways paediatricians can assist these families.

The results gathered from the grandparent stories in our study suggest that the current system within our community is not structured to support grandparents in skip-generation

Table 3. Most frequent resources suggested by grandparent caregivers during interviews

•Early initiation of counselling services for grandchildren.	"Start, start the counseling as soon as the grandparents get them, as soon as they get them... I had to figure out where to get the help and then I had to do all the phone calling and it's just, and then it took them almost two years before they got help for the kids and they still didn't get them the proper help that they need."
•Support groups for grandparent caregivers.	"I don't even know if this is in existence, but if there are support groups... of grandparents in the same position. It's a way of validating some of what you're feeling. Just hearing it from people who are going through the same thing."
•Additional financial supports and childcare subsidies.	"... My husband because he worked physical labor all of his life he didn't have a pension... When we first got grandson that was, that was a really hard time for all of us but, you know, we did, we made it. We worked it out and we got through it."
•Mentor programs for grandchildren to facilitate participation in activities and respite care.	"... As a grandparent it would be absolutely wonderful to have somebody younger who can do things with him"
•Parenting courses targeted at grandparent caregivers.	"Definitely parenting courses because sometimes I get frustrated and if I don't know what to do with him."
•Community programming to highlight available resources.	"It would be nice for them [DCS] to do some kind of session for a grandparent to let them know what resources there are and where they are because I didn't know nothing. I've basically learned about them through my doctor's office."

households from an emotional, respite and financial standpoint, nor have they felt properly educated in current parenting practices. Further research involving this population in Canada is required. Paediatricians can play an essential role in recognizing these vulnerable families and advocating for additional supports and services.

ACKNOWLEDGEMENTS

The authors would like to thank the grandparent caregivers who participated in this study for sharing their experiences. The authors would also like to thank Dr. Daniel G. Boyce for providing critical feedback to this project.

Funding: Funding for this study was provided by the IWK Health Centre Research Services 'Mentored Grant'.

Potential Conflicts of Interest: All authors: No reported conflicts of interest. All authors have submitted the ICMJE Form for Disclosure of Potential Conflicts of Interest. Conflicts that the editors consider relevant to the content of the manuscript have been disclosed.

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