SUPPORTING
GRANDPARENT
CAREGIVERS IN
PEDIATRIC PRACTICE:
CLINICAL AND SYSTEM
CONSIDERATIONS

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DISCLOSURE STATEMENT

- The presenter has no financial or personal conflicts of interest to disclose.
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OVERVIEW

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Louisiana Context

Why this Matters in Pediatrics?

Opportunities for Pediatricians

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INTRODUCTION: THE LANDSCAPE OF GRANDPARENT CAREGIVING

- Kinship care is a common response to situations where children can no longer live with their parents
- An increasing number of grandparents are assuming primary caregiving roles for their grandchildren, whether formal or informal arrangements
- Reasons include parents' instability or unwillingness to provide care, parental incarceration, mental health issues, substance abuse, cases of child abuse or neglect, and parental death (Dunifon et al., 2014)
- Almost three million grandparents are serving as primary caregivers, or custodial grandparents and this number has been increasing since the 1970s
- Research suggests that custodial grandparents tend to be between 50 and 80 years old and identify as female. They are retirees, volunteers, parents of dependent children, and sometimes caregivers for their own elderly parents



LOUISIANA CONTEXT

- Louisiana ranks among the top states for the number of custodian grandparents
- Drivers include parental substance use, mental illness, and incarceration, exacerbated by Hurricane Katrina aftermath
- Around 1 in 3 custodial grandparents in Louisiana live in poverty; nearly half are single, older, and managing chronic health issues
- Cultural emphasis on community and family networks--- an asset, but also a resource strain

CHALLENGES

Institutional barriers

Legal and financial issues

Childcare and Parenting

Self-Care

Community and Family Dynamics

DISCUSSION QUESTIONS

- 1. What other challenges do you think grandparent caregivers might experience—either personally or systemically?
- 2. What signs or concerns might you observe clinically during a visit that could indicate a child is being raised by a grandparent or kinship caregiver?
- 3. What challenges have you personally encountered when working with grandparent caregivers in your role?

LEGAL SYSTEM BARRIERS

- Difficulties with both understanding and navigating the legal system as it related to guardianship
- Limited access to information and proper legal assistance, not knowing their rights as grandparents and guardians
- Many grandparents face complex and costly legal processes to obtain guardianship or custody of their grandchildren
- Compared to foster parents, custodial grandparents receive fewer services and are less likely to receive financial or peer-support group services
- Systems often fail to accommodate the unique circumstances of grandparent caregivers
 - In many cases, child welfare system is not involved, as such child caregiving arrangement is usually private and initiated by the family
 - School systems may demand proof of guardianship, creating barriers to enrollment or participation in school activities

FINANCIAL AND SYSTEMIC STRESSORS

- Financial hardship is another issue that many grandparent caregivers face because of the extra expenses associated with child-rearing
- Grandparents may not qualify for foster care stipends or other state aid unless they formally enter the child welfare system
- Difficulty accessing public assistance (e.g., SNAP, Medicaid) due to strict eligibility requirements or lack of legal custody documentation
- Insufficient income support for "kinship caregivers" compared to non-relative foster parents

PARENTING STRAIN

- Many custodial grandparents are of retirement age and had not cared for a minor child for years. They
 may be unfamiliar with how to navigate the changes in culture, technology, and education that had
 occurred since they had raised their own children
 - Demands of caregiving are often more complex than when they were parents
- Negative feelings related to parenting their grandchildren when they had trouble with their own biological children, feeling responsible for their own children's inability to care for their own children
 - Dealing with problems associated with parental absence exacerbates the burden of custodial grandparents
- Many custodial grandparents are caring for children with emotional, behavioral needs, social or learning differences

INTERPERSONAL STRAIN

- Custodial grandparents are tasked with the unexpected role of a parent and therefore redefining their relationship to their grandchildren and reconstructing what a family looks like
- Grandparents' involvement in child caregiving may lead to more complicated familial relationships or may intensify preexisting conflict between grandparents and the grandchildren's parents (Mason, May, & Clarke, 2007)
 - Less likely to receive informal support from other family members because of stresses of family relationships
- Grandparents are often isolated from their peers whose lifestyles no longer include childrearing. This
 can also include grandparents needing to move to another community because their home or apartment
 is too small, subsidized or age restricted
- These challenges illustrate structural lag theories and highlight the cultural expectations of grandparents to care for children, without the economic and institutional supports to do so

SELF-CARE AND HEALTH

- Difficulty balancing their own needs with their grandchildren's needs
 - Less time for themselves
 - Less privacy
 - Lack of sleep
 - Less time for family
- Negatively impacting their physical, mental, and emotional health and well-being, hindering their positive aging
- These impacts may be the result of, or exacerbated by childcare needs, financial stress from encounters with bureaucracies, strained relationships with their biological children, and perceiving they have little control over their life circumstances

GRANDCHILDREN'S WELL-BEING

- Children in grandfamilies had poorer academic and socioemotional well-being compared to those living with a biological parent
- Ineffective grandparenting was found to be associated with grandchildren's internalizing and externalizing difficulties, such as emotional symptoms and conduct problems (G. C. Smith, Cichy, & Montoro-Rodriguez, 2015)
- In addition, children of grandmother caregivers with psychological distress were more likely to have behavior problems (Kelley, Whitley, & Campos, 2011)

WHY THIS MATTERS IN PEDIATRICS?

1

Pediatricians are often the first and most consistent professionals families engage with, especially if the child is not involved in other systems

2

Many caregivers lack formal custody which creates barriers to:

- Signing consent forms
- Accessing health records
- Navigating mental health and educational systems

3

Grandparents may hesitate to disclose caregiving status due to fear of child welfare involvement or shame 4

Children in kinship care often at greater risk for health problems, emotional and behavioral challenges 5

Pediatric health outcomes are linked to caregiver stability

OPPORTUNITIES FOR PEDIATRICIANS

Build

Build trust and normalize support

- Use inclusive intake questions
- Normalize diverse caregiver structures and reduce stigma

Screen

Screen broadly

- ACEs (Adverse Childhood Experiences)
- Caregiver stress (PHQ-9 or GAD-7)
- Basic needs (food, housing, transportation, insurance)

Coordinate

Coordinate care

- Help navigate (medical systems, school systems, social services
- Provide letters of medical necessity or statements explaining informal caregiving
- Collaborate with social workers, psychologists, therapists to create care continuity

Follow up

Follow up intentionally

- Schedule frequent follow-ups if possible
- Offer extra time in visits

LOCAL RESOURCES

211 Kinship Hotline: dial 211 or text KINSHIPLA to 898-211; offers legal, social, and resource support

Kinship Care Subside Program (KCSP): \$450/month subsidy, apply via DCFS

Grandparents Raising Grandchildren Information Center of Louisiana (GRGICL). Monthly meetings + legal aid

Tulane T-PEP Kinship Navigator. Local liaison assisting caregivers in Orleans Parish

Council on Aging (NOCOA/NFCSP): Respite care, social services, and peer support

CASE EXAMPLE

Ms. Ruby is a 72-year-old widowed grandmother who has been caring for her 9-year-old granddaughter Jasmine for 3 years after Jasmine's mother was incarcerated. She does not have legal custody and assumed care informally after DCFS closed the case. Jasmine has a history of trauma exposure (domestic violence, parental substance use), frequent school absences, and recent behavioral outbursts. During a routine well-child check, the pediatrician notices missed immunizations and incomplete school records. Jasmine appears withdrawn and anxious. Ms. Ruby seems fatigued and overwhelmed with school and medical forms.

WHAT IS PEDIATRICIAN'S ROLE?

Recognize caregiver status through intake questions

- "Who provides care day-to-day?"
- "Do you have any paperwork from the courts or DCFS?"
- "How's this experience been for you?"

Screen for risk factors

- ACES tools for Jasmine
- PHQ-9 for Ms. Ruby

Validate and normalize

• "You're doing something incredibly important. It makes sense that this feels overwhelming at times."

Provide tailored resources

- Refer to **Tulane's T-PEP Kinship Navigator** for legal help with temporary custody
- Provide school letter template explaining informal caregiving to help with enrollment barriers

Document carefully and refer/consult appropriately

- Note informal caregiver status in EMR
- Consult psychology and/or social work for behavioral health and case management referral

Schedule follow up

• 1 month to check in about legal progress, school support, and mood concerns

KEY TAKEAWAYS

Grandparent caregivers are a growing patient population with distinct needs



Pediatricians can be powerful allies by:

Listening without judgment

Bridging bureaucratic gaps

Supporting both the child and the caregiver's well-being



Small efforts can create lasting impacts on family stability and child health

QUESTIONS?

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