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Needs Assessment of Grandparents Raising Grandchildren (GRG) in the State of Hawai‘i



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EXECUTIVE SUMMARY

Over 14,000 grandparents are primary caregivers for over 33,000 grandchildren in the state of Hawai‘i. These grandparents raising grandchildren (GRG) are playing an important part in ensuring the well-being of the children of Hawai‘i. They are also saving the state approximately 17 million dollars per month by caring for their grandchildren outside of the foster care system. Some have extensive needs for services, but many do not receive or seek assistance from formal agencies and service providers because the system is not currently set up to meet these needs. This report contains a preliminary needs assessment of GRG in the state of Hawai‘i.

Assessing the needs of GRG is a difficult task because they are not an organized entity and many public and private agencies that serve them do not keep specific records on their service use. This assessment used a multi method approach to gain an understanding of the needs of GRG. Data were gathered from five sources: the Hawai‘i Health Survey (HHS), existing grandparent surveys conducted in some counties, a survey of public and private agencies offering services that GRG might use, a questionnaire survey of GRG, and in-depth focus groups with GRG. Each data source has its own strengths and weaknesses. Taken together – they give a comprehensive picture of the prevalence and needs of GRG in Hawai‘i.

Although there were differences in findings between these sources, some clear commonalities emerged. The average GRG is female and between the ages of 55 and 65. Although GRG are of many different ethnicities, Native Hawaiian, or Part Native Hawaiian are disproportionately represented as GRG (about 40%, according to data from the Hawai‘i Health Survey). Most GRG have very low household incomes and live in rural areas; some already receive public assistance. Many are taking care of their grandchildren because of hardships faced by the children’s parents (i.e., drug addiction, incarceration, or divorce).

The services most needed by GRG are children’s programs, financial assistance, respite, and grandparent rights. Many of these services are already in place, but GRG don’t know that they are eligible for them and/or they don’t know how to access them. There is a need for coordination of services for GRG. The service needs of GRG vary by county and island. GRG are more likely to use services that come from a trusted source, many said that they would use a call-in or walk-in resource center.

Recommended actions include the formation of a legislative committee to explore intergenerational issues. The committee should prioritize objectives and collect data on grandparent-headed families from schools and public agencies. Actions also include raising public, agency, and legislative awareness of the needs of GRG and organizing an infrastructure for providing assistance to GRG. Programs or policies designed to assist GRG should consider that service use of GRG depends upon awareness and access. They should also consider that the issues faced by GRG affect entire families (grandparents, parents, and children) and occur within multiple contexts (schools, poverty, justice system). Emphasis should be placed on programs and policies that assist GRG who are sole providers for their grandchildren.

Acknowledgement

Thanks are due to Pat Urieff of Queen Lili‘uokalani Children’s Center, Wes Lum of the University of Hawaii Center on Aging, and John Tomoso of the Maui County Office on Aging for their kokua and mana‘o throughout the evaluation process. We would also like to thank the support group facilitators without whom the focus groups would not be possible: Kauai Castillo of Queen Lili‘uokalani Children’s Center and Pam Chock of Child & Family Services on Kaua‘i, Lance Niimi of Queen Lili‘uokalani Children’s Center in Hilo, Jackie Chong of Na Tutu, Maria Corpus-George and Iris Kauka of Queen Lili‘uokalani Children’s Center Honolulu Unit, and Mililani Villanueva of Alu Like on Maui. An extra special mahalo is extended to all of the grandparents who shared their stories and their hopes.

BACKGROUND

Act 204 (2007) requested the Executive Office on Aging (EOA) to conduct an assessment of the issues facing, and the needs of, grandparents raising grandchildren in Hawaii. Act 204 also requires EOA to submit a report, including the completed needs assessment and any proposed legislation, to the Joint Legislative Committee on Family Caregiving.

EOA contracted with the University of Hawaii Department of Family and Consumer Sciences, College of Tropical Agriculture and Human Resources to conduct this assessment. EOA would like to acknowledge and thank Dr. Lori Yancura and Ms. Meiko Arai for conducting the research and preparing this report.

According to the US Census, 14,000 grandparents in the state of Hawai‘i are responsible for over 33,000 grandchildren without the presence of the children’s parents in the household. This number of grandparents raising grandchildren (GRG) is growing rapidly. Between 1990 and 2000, there was more than a 30% increase in children living in grandparent-headed households in the United States (AARP, 2003). Typically, these GRG assume responsibility for the day to day care of their grandchildren due to hardships faced by the children’s parents, such as divorce, substance abuse, and incarceration. GRG provide many benefits to their grandchildren - and society as a whole. Despite this, they are a vulnerable population because they do not have many of the legal protections or the emotional and financial resources that parents usually have. This vulnerability places them – and their grandchildren – at risk for health problems and poor social outcomes. Even though GRG are prevalent in the state of Hawai‘i, there has been no comprehensive assessment of their need for services. The following sections describe the importance of the work done by GRG, the reasons why GRG face different challenges than parents, and why a needs assessment is necessary so that they may be given assistance in a beneficial and cost effective manner.

GRG Play a Vital Role in the Well-Being of the Children of Hawai‘i

By raising their grandchildren, GRG are playing a vital role in the well-being of the children of Hawai‘i. They are saving the state money. Most of them look after their grandchildren outside of the foster care system, either informally or by assuming custody or guardianship of their grandchildren. If these same children were to enter the formal foster care system, the cost to the state would be \$529 per child per month – over 17 million dollars per month for the total number of children estimated to be in their grandparents’ care. GRG are also making a difference in the lives of their grandchildren. Children being raised by non-parental family members have been shown to function better in school than those in foster care with non-relatives. They have also been shown to have fewer emotional and learning disabilities, drug and alcohol problems, and truancy/delinquency problems than those in non-relative foster care (Cuddeback, 2004).

GRG Face Different Challenges than Parents

The role of GRG is different from that of parents for several reasons. The first and most obvious is that GRG are older than parents. In many cases, GRGs have chronic health problems that hinder their ability to keep up with the demands of active children and teenagers. GRGs are also

more likely to face financial difficulties than are parents, often because they have already retired or have to reduce the number of hours they work in order to take care of their grandchildren. In addition to this, some GRG face housing difficulties, either because they live in senior housing communities that do not allow children or they have downsized into smaller dwellings. Lastly, it is more stressful to be a GRG than a parent. Off-time social roles, those that do not occur at normative times in the lifespan, are associated with psychological and emotional difficulties.

The Service Needs of GRGs are not Currently Known

GRG have been referred to as a hidden population because many are not receiving assistance from formal agencies and service providers. There are two reasons why this may occur. First, it may be difficult for agencies to assist them because few have programs designed to meet the unique needs of GRG. Second, GRG often do not seek assistance. Although it is difficult to know exactly why, possible reasons include shame associated with the reasons that their children are unable to care for their grandchildren, lack of knowledge of where to go for help, or unawareness of their eligibility for services. Many grandparents may also feel a strong culturally dictated sense of duty to care for their grandchildren, even if the task is difficult for them. GRG also may not seek help because they are hoping the situation leading to the care of their grandchildren is transient and that the children's parents will soon be able to take care of their children. The end result is that, although GRG are providing great benefits to society, their challenging task is made more difficult because they don't have access to many resources available to traditional families.

METHODOLOGY

Overview of the Needs Assessment Project

The purpose of this project was to assess the service needs of GRG in the State of Hawai‘i. As discussed in the previous section, these GRG often have extensive needs for services but do not receive formal assistance. Because they are a hidden population, it is difficult to assess their needs. Therefore, this assessment used a multi method approach in order to maximize the validity of the data for the purposes of formulating policy. Each data source has its own strengths and weaknesses. Taken together – they give a comprehensive picture of the prevalence and needs of GRG in Hawai‘i. A brief overview of each source of data is listed in the table below. Subsequent sections provide detailed descriptions of the sampling procedure, measures, and limitations of each source.

Table 1. Overview Of Data Sources.

Data Source	Population	Sample	Strengths	Weaknesses
Hawai‘i Health Survey (HHS)	Statewide household telephone survey of health and demographic conditions.	N=2106 controls N=138 GRG	Provides comprehensive statewide information about GRG who are not seeking services	Only covers demographic variables – does not address service needs.
Existing Grandparent Surveys	Hi‘i Na Kupuna (Maui)	N=14 GRG	Provides information on service needs and use of GRG	Does not provide comprehensive statewide information or in-depth information
	Na Keiki Aloha O Na ‘Ohana (Kaua‘i)	N=54 GRG		
	Ka Le Mehana O Na Kupuna (Wai‘anae)	N=84 GRG		
Agency Survey	Public and private agencies that serve GRG.	N=63 Agencies	Allows for input from service providers who work with many GRG.	Only covers GRG who are currently receiving services.
Grandparent Survey	GRG	N=54 Only 43 full-time caregivers	Direct input from grandparents through various statewide sources	Information in survey format not always applicable to unique situations.
Focus Groups	GRG from support groups	N=5 groups (45 GRG, 8 staff)	Provides in-depth information about the unique needs of GRG	Only covers GRG who are currently receiving services.

Data Sources

Hawai'i Health Survey (HHS)

Sample/Procedure

Archival data were used from the 2006 The Hawai'i Health Survey (HHS), a continuous statewide household survey of health and socio-demographic conditions modeled after the National Health Information Survey (NHIS). The HHS is administered by telephone using computer assisted telephone interviewing (CATI). Households are selected for inclusion in the HHS by disproportionate random-digit dialing (RDD). The sample is disproportionately selected by island (slightly larger proportions of interviews are conducted on islands with smaller populations). Data are collected on all members of sampled households. Participation in the study was optional and the response rate is not available. For this needs assessment, data were used from all households who reported having a grandparent in them and who answered questions about that grandparent.

Materials

The HHS contains several questions about members of surveyed households. The questions used in this survey assessed age, gender, race/ethnicity, income, education, marital status, island of residence, general health, health insurance, provision of care to family members (children or elders), and utilization of specified agency services.

Surveys of Relative Caregivers

Sample/Procedure

Three recent regional surveys of GRG have been conducted. Their names, locations and dates of completion are listed in the table below. The Wai'anae and Kaua'i reports did not mention sample size, so their sample size is estimated from the reports. The Maui study was a pilot study. Copies of these reports were obtained from the agencies who implemented them. Their results were compared to determine similarities and differences in the characteristics and needs of GRG in these various areas.

Table 2. Surveys Of Relative Caregivers.

Name	Location	Estimated Sample Size	Date
Ka Le Mehana O Na Kupuna	Wai'anae, O'ahu	85	2005
Na Keiki Aloha O Na 'Ohana	Kaua'i	54	2006
Hi'i Na Kupuna Survey	Maui	14	2005

Materials

Each of these surveys used a different instrument, designed specifically for its sample. All contained questions on age, sex, ethnicity, ages of grandchildren, living arrangements and service use.

Agency Survey

Sample/Procedure

Surveys were mailed to 168 agencies that provide services to older adults and families statewide. Eligible agencies were selected from the mailing list of the Hawai'i Caregiver Coalition, the 2005-2007 Senior Information and Assistance Handbook published by the City & County of Honolulu and American Savings Bank, and word of mouth. The Dillman method was used to maximize the response rate. This method consisted of four consecutive mailings: 1) cover letter, survey, and stamped return envelope, 2) reminder postcards, 3) a reminder letter and survey, and stamped return envelope, and 4) reminder postcards. Agencies sending their surveys in were removed from the mailing list and did not receive further reminders. The total number of completed surveys returned was 63. However, 15 agencies also contacted us by letter or e-mail to explain why they were unable to complete the survey (this will be discussed in detail in the results section). When the agencies that responded with reasons why they did not complete the questionnaire are included in the calculation (78/168), the final response rate is 46.4%.

Materials

The survey mailed to the agencies was drafted by the assessment team and pilot-tested by staff of the Executive Office on Aging and focus group leaders from Queen Lili'uokalani Children's Center. A copy may be found in the appendix to this report. The final version had 45 questions, divided as follows:

Table 3. Questions In The Agency Survey.

# of Questions	Subject
3	Agency Characteristics
7	Demographics of Agency Clients
8	Demographics of Agency Clients who are GRG
24	Questions about Service Needs of GRG clients and whether they are met
1	Question about what resources they need to meet the needs of their GRG clients
2	Open-ended questions about what they need to better serve their GRG clients

Grandparent Survey

Sample/Procedure

This survey was completed by 54 GRG. Because there is not an existing database of GRG, surveys were distributed through various agencies throughout the state, such as TuTu and Me and Catholic Charities workshops. Special care was taken to contact GRG not currently

attending support groups. None of the GRG completing the surveys were involved in the foster care system, however those that were recruited through the Catholic Charities workshops had expressed interest in receiving help from CFS. Eleven of the GRG completing these surveys were not sole caregivers for their grandchildren (i.e., the children’s parents were present in the household). Because we did not know the extent of the involvement of these parents in the lives of their children, these surveys were not included in the analyses. The final number of surveys from GRG with sole responsibility for their grandchildren was 43.

Materials

The survey mailed to the agencies was drafted by our assessment team and pilot-tested by staff of the Executive Office on Aging and representatives from Queen Lili‘uokalani Children’s Center. The final version had 44 questions, categorized as follows:

Table 4. Questions In The Grandparent Survey.

# of Questions	Subject
6	Grandchildren Demographics
5	Formal and informal sources of help that they use
1	Reasons they have not received more assistance
5	Questions about whether they would use a list of potential services
15	Grandparent demographics
11	Questions about their cultural justifications for caregiving
1	Space for comments

Focus Groups

Sample/Procedure

Thirteen agencies who work closely with GRG were contacted to see if they could assemble grandparent groups to participate in our focus groups. Scheduling these groups was challenging because most of them meet only once a month and the data collection phase of this project was only two months. In addition to this, many groups do not meet during the summer months. The final number of focus groups held was five. Four were held with grandparents on Kaua‘i (N= 4), Hawai‘i (N=12), Maui (N=11), and O‘ahu (N=8). One was held via telephone conference with service providers (N=8) familiar with the needs of GRG statewide.

Materials

The materials used for the service provider focus group consisted of a list of open-ended questions. These questions aimed to assess services needed by GRG, services used by GRG, barriers to service use by GRG, and ways in which these barriers might be overcome by service providers.

The materials used for the GRG focus groups consisted of two exercises and a short series of questions. Copies of these materials are in the appendix to this report.

The first exercise assessed service needs and use by GRG. Each GRG (small group of GRG in the larger focus groups) was given 18 stickers, each labeled with a service applicable to raising grandchildren (see Appendix B). They were then given a sheet of paper and asked to sort each sticker into one of four pre-marked quadrants: 1) services that are essential to which they already have access, 2) services that are essential to which they do not have access, 3) services that are not essential to which they already have access, and 4) services that are not essential to which they do not have access. After they had completed this classification, GRG then placed the stickers on a large sheet of paper marked with the same quadrants as their individual sheets of paper. This resulted in a single visual representation of classifications of all focus group participants. The group then used this information to identify its top 6 most important needs.

The second exercise allowed GRG to prioritize their needs. Each GRG (or small group) was given \$1,000 of play money called TuTu Bucks. They were then instructed to allocate these stickers among the top 6 services they had identified in the first exercise. The allocations for each of the 6 services were tallied and the entire group was given time to comment on what types of services they envisioned receiving in each of the categories.

Each focus group session concluded with group discussion on three topics: 1) whether they believed that the needs of GRG were currently being met, 2) what barriers they perceived to meeting those needs, and 3) their suggestions for overcoming these barriers.

Anonymity of Participants

Information on identifying characteristics of participants in the HHS or the existing grandparent surveys was not obtained for this project. Furthermore, identifying information was not linked to names of any of the participants in the agency and grandparent surveys or the focus groups. Participants were provided with a consent document listing the rights, risks, and benefits associated with participation in this study. The project was approved by the University of Hawai'i Committee on Human Studies.

RESULTS

Hawai'i Health Survey

Respondent Characteristics

In the 2006 Hawai'i Health Survey, 2,106 households with grandparents in them were surveyed. The vast majority (86.4%) of these households did not answer questions pertaining to the grandparents in the household. Of the 283 that did, 138 (48.8%) reported information on GRG – grandparents living in the same household but not responsible for any basic needs. The remaining 145 (51.2%) reported information on grandparents not raising grandchildren (GNRG).¹

Sex

The majority of GRG (75.4%) and GNRG (73.1%) were female.

Marital Status

The vast majority of both types of grandparents were married. Less than 5% of each group were unmarried, separated, or never married. More GRG than GNRG were married and more GNRG than GRG were widowed.

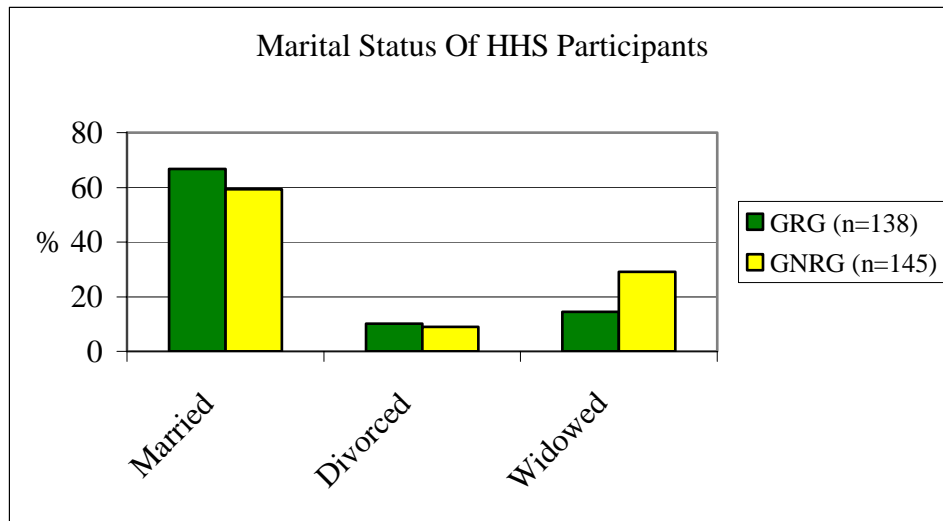


Figure 1. Marital Status Of HHS Participants.

¹ Statistical Note. Because the number of households reporting information on each question varies, sample sizes are listed in parentheses.

Ethnicity

More GRG than GNRG self-identified as Hawaiian, while more GNRG identified as Japanese/Okinawan and Portuguese. Slightly more GNRG than GRG self-identified as White, while nearly equal numbers of both groups self-identified as Filipino. Less than 5% of both groups identified as mixed race, Puerto Rican, or Pacific Islander.

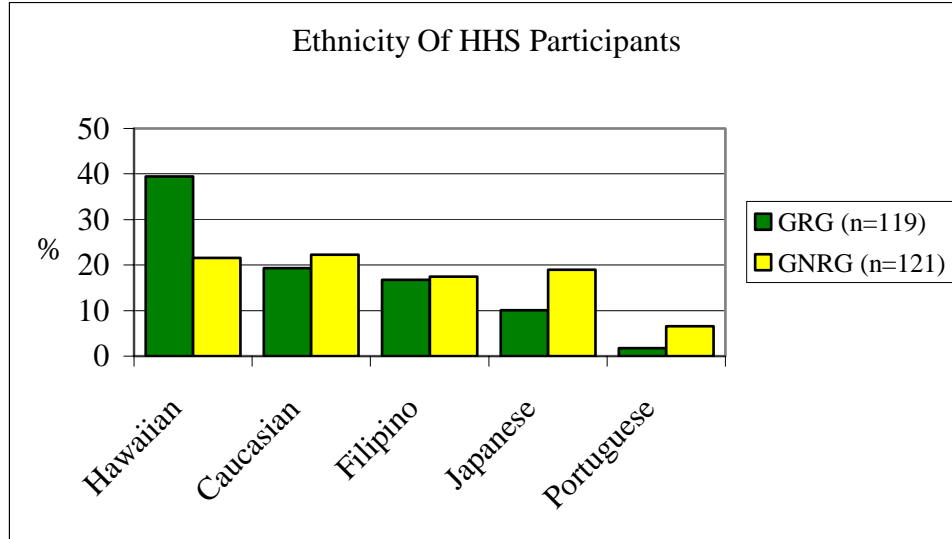


Figure 2. Ethnicity Of HHS Participants.

Age

More GRG than GNRG were under age 54, while, more GNRG were over age 70.

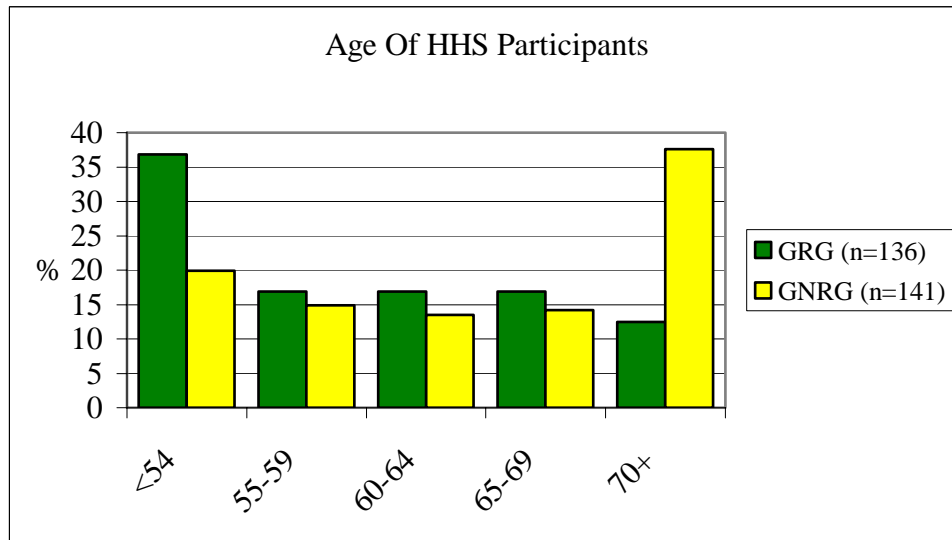


Figure 3. Age of HHS Participants.

Islands

More GRG than GNRG were on the islands of Hawai'i, Maui, Moloka'i and Lana'i. More GNRG than GRG were on the islands of O'ahu and Kaua'i.

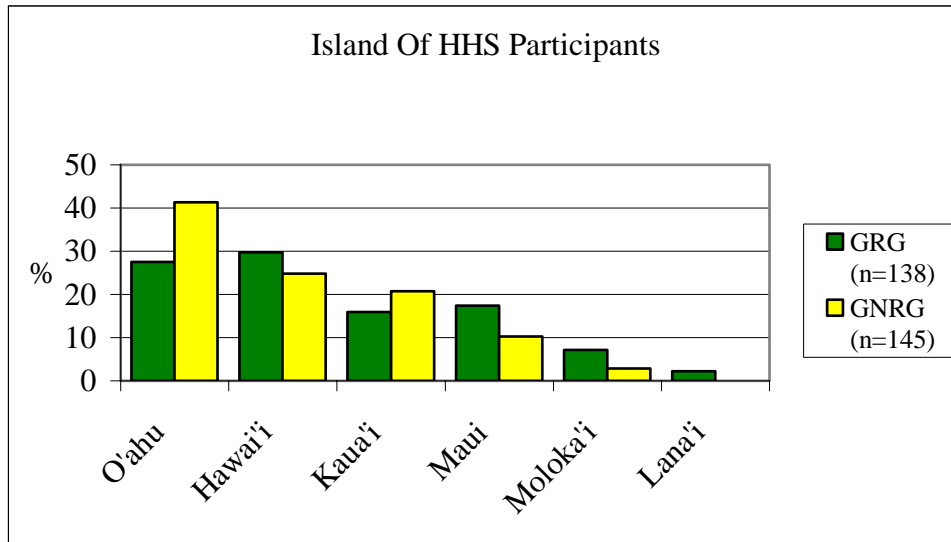


Figure 4. Island Of HHS Participants.

Household Income (N=166)

GRG were more highly represented in lower household income brackets than GNRG.²

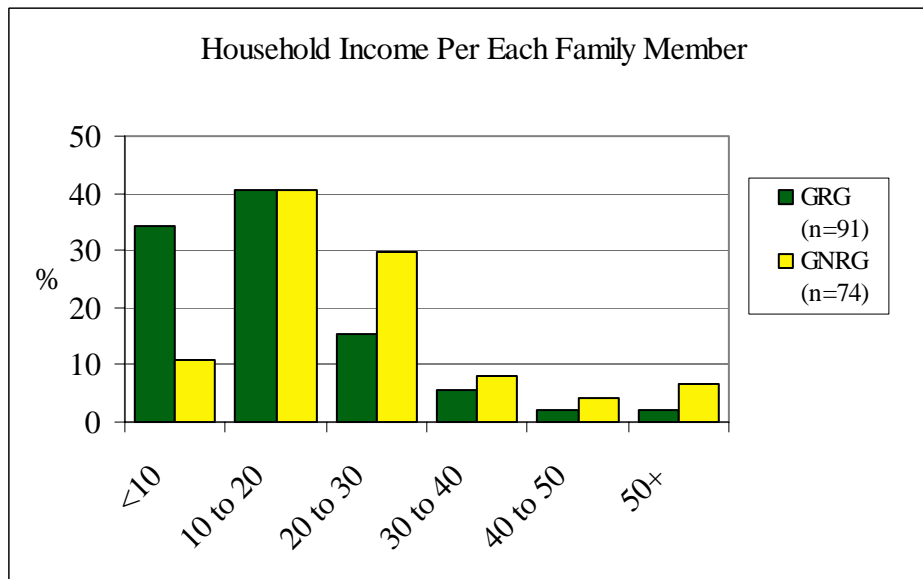


Figure 5. Household Income Per Each Family Member.

² Statistical Note. Because the HHS gathers income data in brackets (rather than as a continuous variable), the Household Income by Number of People in Household variable was calculated by dividing the income figure at the top of the bracket (i.e., \$14,999 for the 10,000 to 14,999 category) by the number of people in the household.

Employment

One-third of the GRG (33.3%) were employed full-time, while just over another third were retired (35.5%). GNRG were more likely to be retired than GRG. Less than 5% of both groups were homemakers, unable to work, or unemployed.

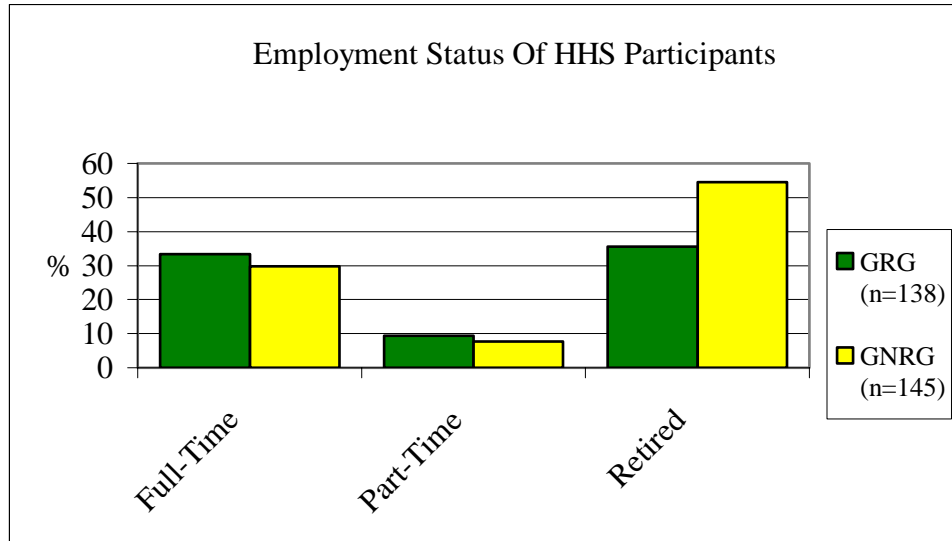


Figure 6. Employment Status Of HHS Participants.

Highest Grade Completed

Both groups of grandparents were fairly well educated. Nearly half of GRG had graduated from high school or obtained a GED. Nearly a third had some college or technical college, and some had college degrees. The educational profiles of GNRG were very similar to the GRG.

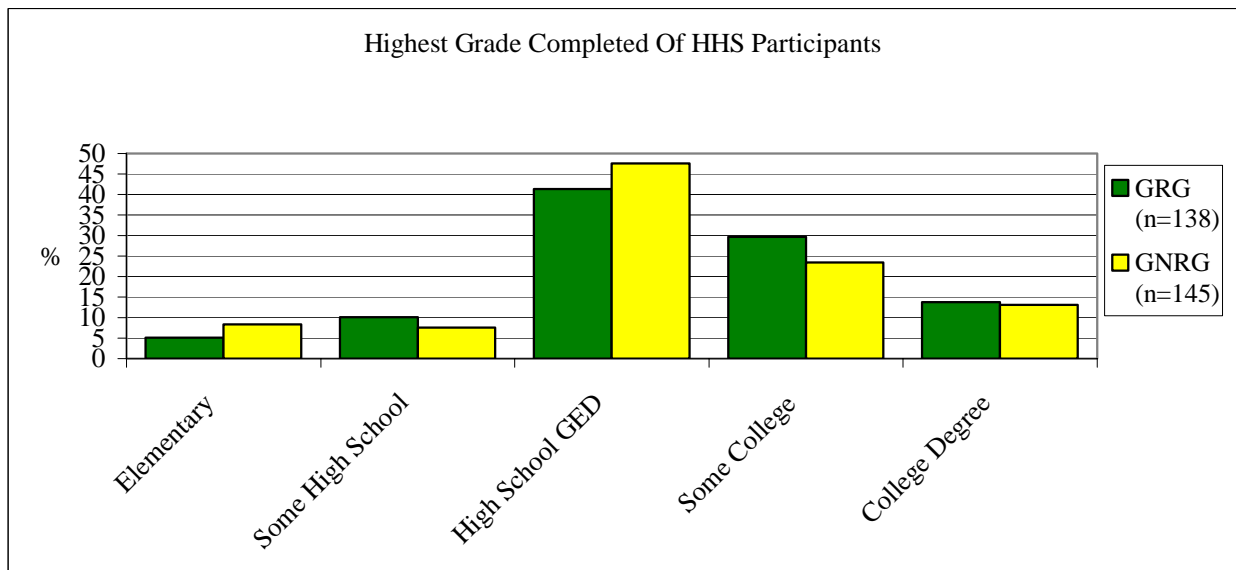


Figure 7. Highest Grade Completed Of HHS Participants.

General Health and Insurance Coverage

General Health

The vast majority of both groups of grandparents reported that they were in good health. Interestingly, GRG were more likely to report their health as excellent or very good, while NNRG were more likely to report their health as good, fair, or poor.

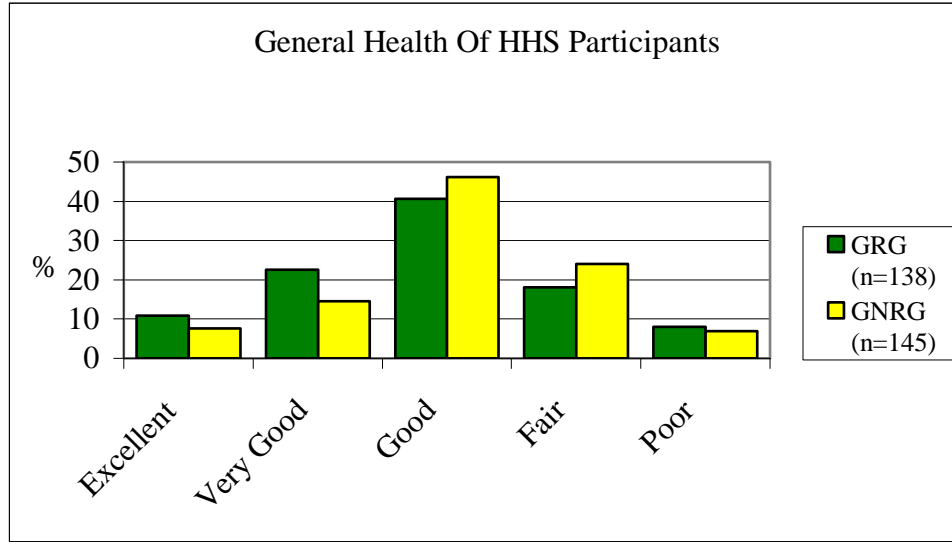


Figure 8. General Health Of HHS Participants.

Health Insurance in Household

The vast majority of GRG and NNRG (96.4% and 95.9%) reported that they had some type of health insurance in their household.

Basic Medical Care Coverage. Of the 44 GRG and 31 NNRG who answered questions regarding their health insurance, nearly all of the GRG (97.7%) and NNRG (96.8%) indicated that they had basic medical care coverage as part of their health insurance plan.

Prescription Drugs and Medicine Coverage. Nearly all of the GRG (97.7%) and NNRG (80.6%) had coverage for prescription drugs.

Dental Care Coverage. The majority of the GRG (79.5%) and NNRG (71.0%) had dental coverage.

Family Caregiving Responsibilities

Provide Care for 60+

Nearly one-quarter of both GRG (23.4%) and NNRG (22.1%) had provided care or assistance to family or friends who are 60 years old or older within the past month.

Responsibility for Grandchildren

Over half (53.6%) of the GRG have had been raising their grandchildren for over 5 years.

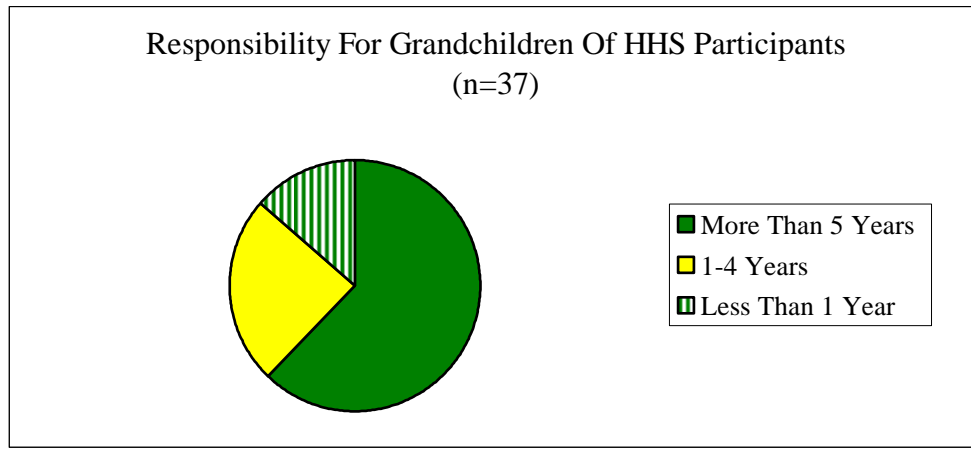


Figure 9. Responsibility For Grandchildren Of HHS Participants.

Nearly one-third of GNRG (30.7%) reported that they had primary responsibility for raising grandchildren at some time in the past.

Services Used by Respondents

Local Area Agencies on Aging. About half of GRG (50.7%) and GNRG (48.6%) reported that they had heard of their local Area Agency on Aging. However, the vast majority of them (83.8% of GRG and 88.6% of GNRG) had not called or received services from their area agency.

AARP. Most of the GRG (81.9%) and GNRG (85.2%) reported that they had heard of AARP. However, the vast majority of them (75.9% of GRG and 69.4% of GNRG) had not called or received services from AARP.

Executive Office of Aging. Some of the GRG (30.4%) and GNRG (36.6%) reported that they had heard of the Executive Office of Aging. The vast majority of them (100% of GRG and 98.1% of GNRG) had not called or received services from AARP.

Aging and Disability Resource Center (ADRC). Few of the GRG (3.6%) and GNRG (3.6%) reported that they had heard of the ADRC. None of either group not called or received services from ADRC.

Summary of HHS Data

There were many differences between the GRG and the GNRG in this sample. The GRG were, on average, younger, healthier, more likely to be married, more likely to report their ethnicity as Hawaiian, and more likely to live on the islands of Hawai'i, Maui, and Moloka'i than the GNRG. Both groups, however, were predominantly female, had some type of health insurance coverage,

and did not use the services of the Area Agency on Aging, AARP, the Executive Office on Aging, or the ADRC.

Surveys of Other Relative Caregivers

Overview of Recent Surveys of Relative Caregivers

Three local agencies recently conducted surveys of relative caregiver populations. Because the vast majority of participants in these studies were GRG, the results are summarized and presented here to provide background on GRG.³

Respondent Characteristics

Age

Most of the caregivers in all three studies were between the ages of 61 and 65. The ages of the caregivers in these studies ranged from 36 to 85 years.

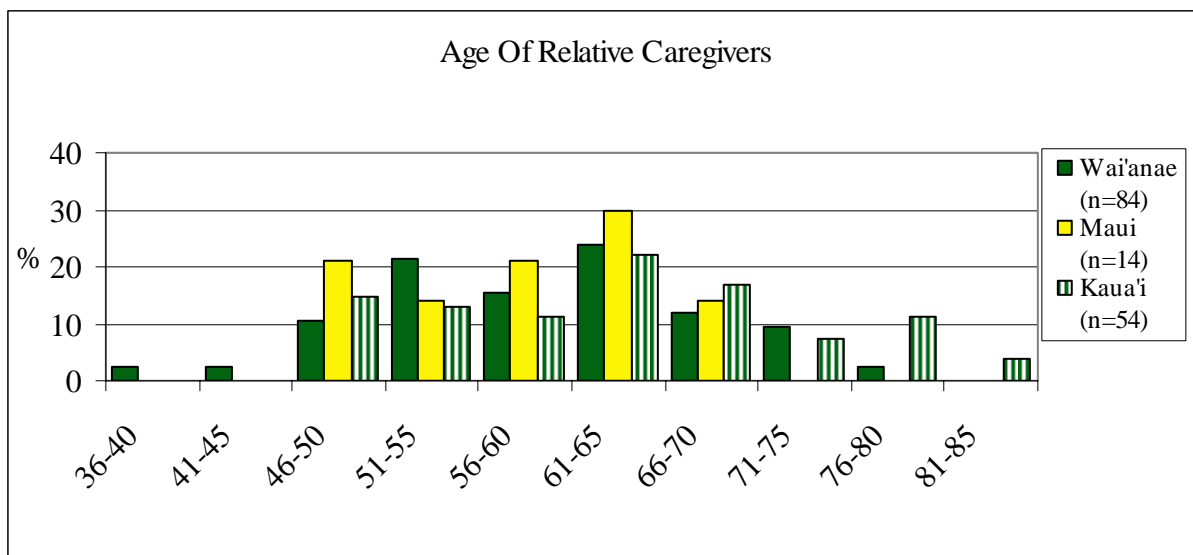


Figure 10. Age Of Relative Caregivers.

Sex

Most of the caregivers were female (Wai'anae, 92.9%; Maui, 79%; Kaua'i, 85.2%).

³ **Statistical Note.** There are variations in sample size between and within these studies. The number of caregivers answering each question is listed the legends of the graphs. Results are reported in percentages to allow for comparison among studies. In cases where a large number of responses are reported, multiple responses were allowed. Some questions were only asked in two studies, this is noted in appropriate text and charts.

Ethnicity

The largest ethnic group in all three studies was Native Hawaiian. There were proportionately more Filipino and less Caucasian caregivers on Maui than the other islands. Less than 5% of the caregivers were American Indian, Latino, or African American. Studies conducted in Wai‘anae and Kaua‘i allowed multiple answers for this question, so comparisons must be made with caution.

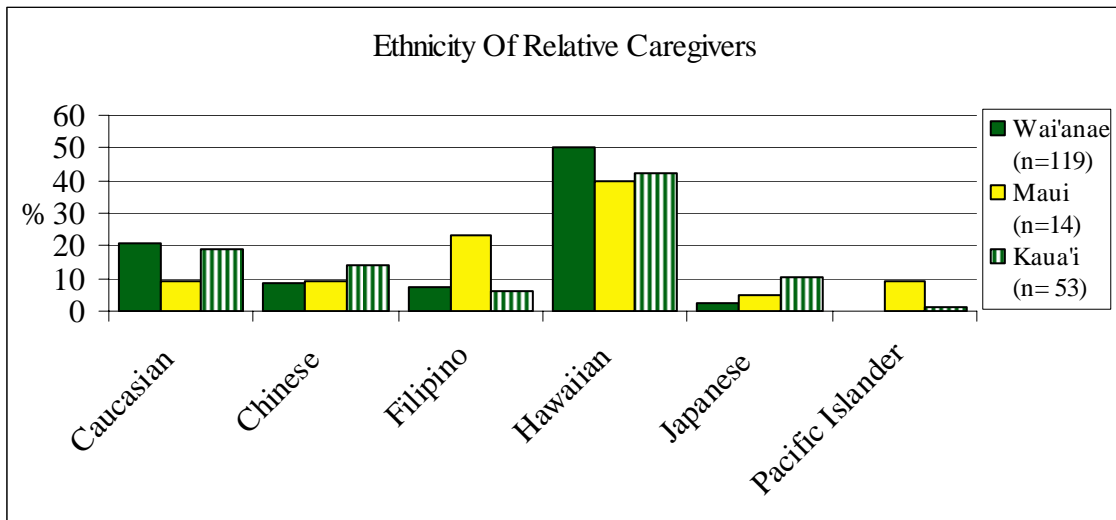


Figure 11. Ethnicity Of Relative Caregivers.

Relationship to Children

The vast majority of the caregivers in all three studies were grandparents raising grandchildren.

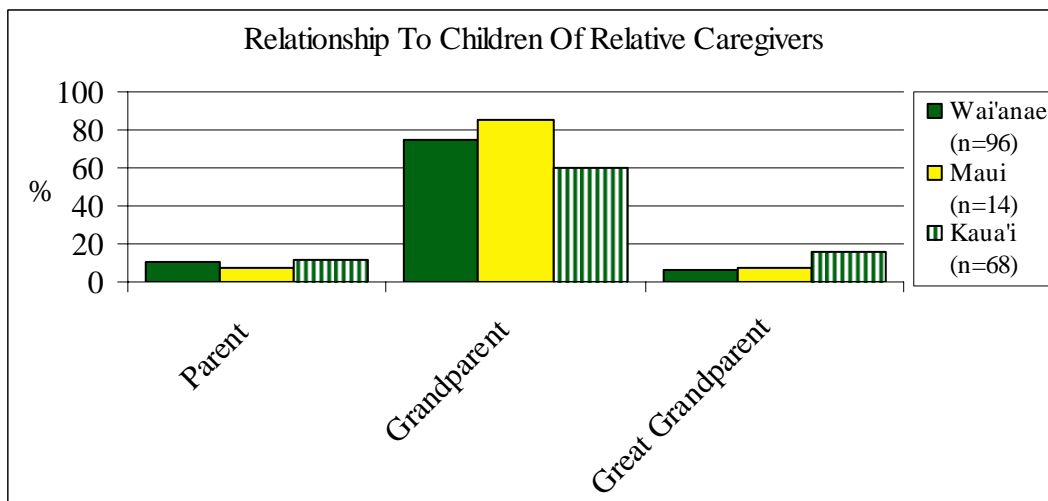


Figure 12. Relationship To Children Of Relative Caregivers.

Age of Children Cared for

Most of the caregivers in all three studies were taking care of children under the age of 14.

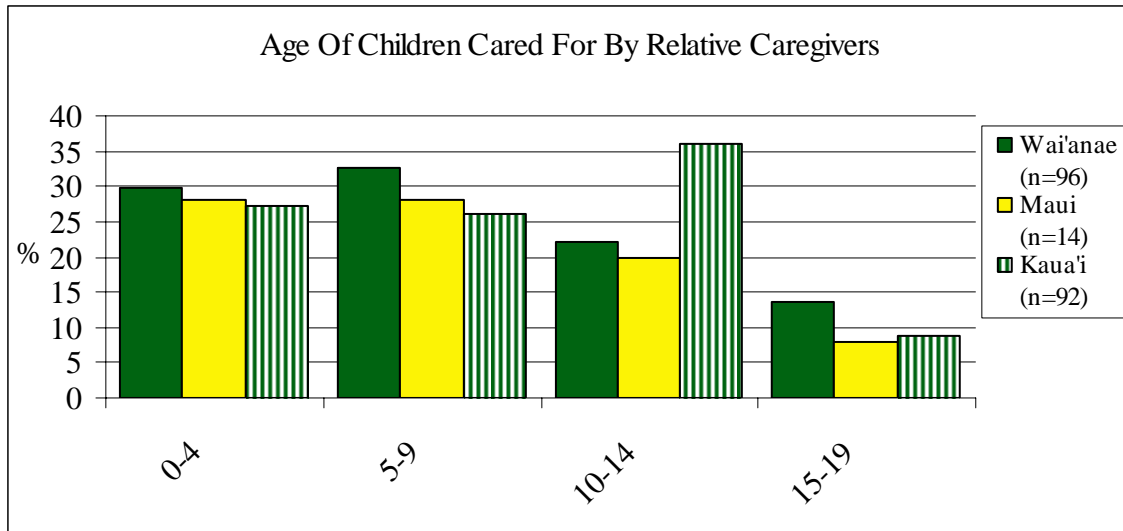


Figure 13. Age Of Children Cared For By Relative Caregivers.

Adequate Living Arrangements

Many caregivers noted that they did not have adequate living arrangements: nearly 20% on Kaua'i, 15% on Wai'anae 15%, and 8% on Maui.

Types of Adjustment Made to Work Schedule to Give Care

Over one-third of the relative caregivers retired early to provide care for their children.

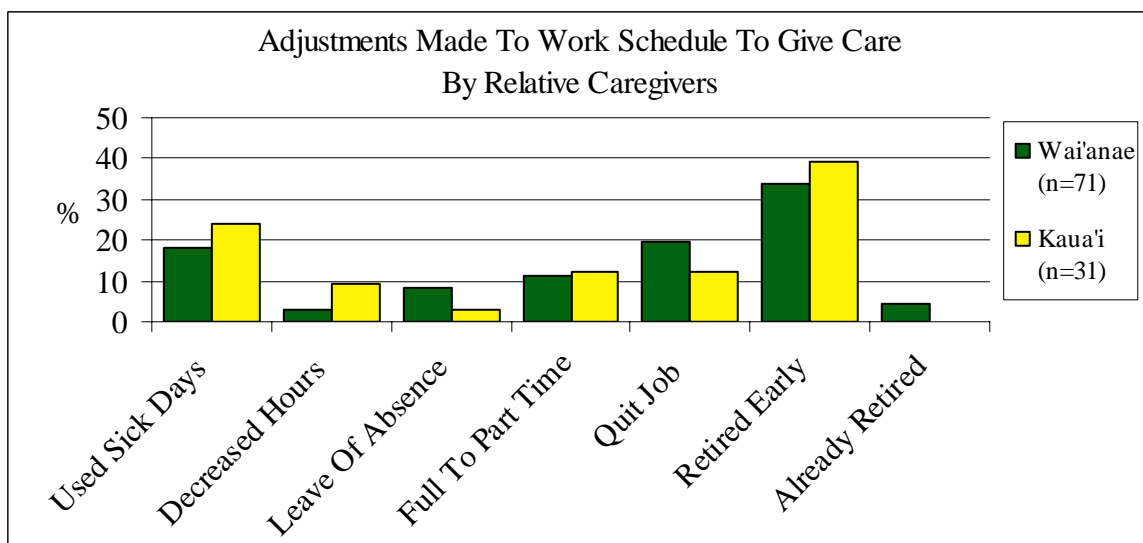


Figure 14. Adjustments Made To Work Schedule To Give Care By Relative Caregivers.

Relationship Status

The slight majority of the caregivers were either married or had a partner (Wai‘anae, 58.5%; Kaua‘i=61.2%).

Reasons for Caring for Grandchildren

The most common reason these caregivers were taking care of the children was because the children’s parents were on drugs or illegal substances, followed by parents working long hours. Other reasons for caring for grandchildren are listed below.

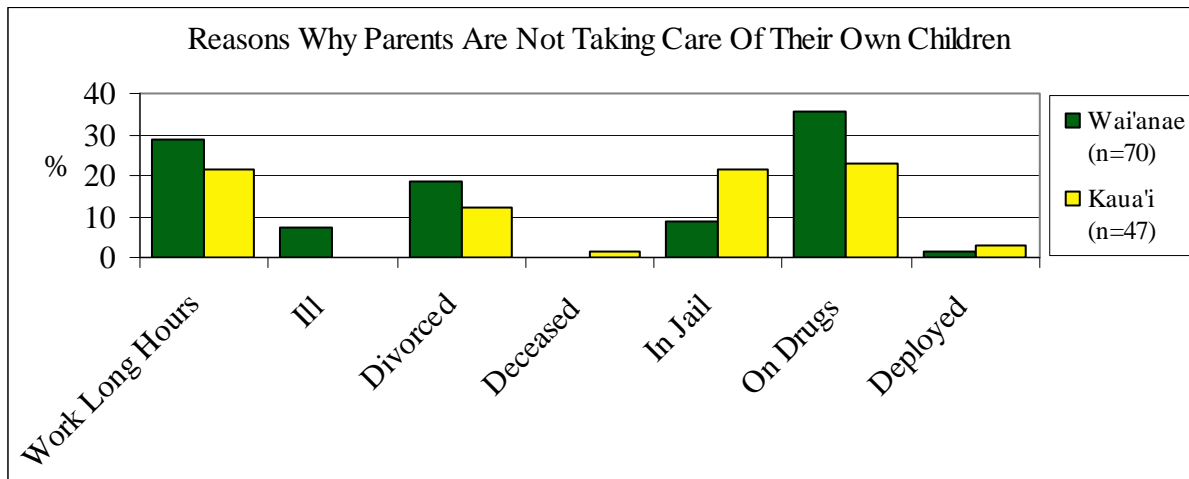


Figure 15. Reasons Why Parents Are Not Taking Care Of Their Own Children.

Table 5. Reasons Why Relative Caregivers Are Caring For Children.

I Care for My Grandchildren Because.....
<i>“Parents are unemployed.”</i>
<i>“Parents are struggling financially/ ill-equipped for independence in our economy.”</i>
<i>“Because of the marital problems at home, child was depressed.</i>
<i>“My daughter still goes to school.”</i>
<i>“Parent lives out of state/ works off island/ works nights.”</i>
<i>“Their father abandoned them.”</i>

Hours per Day Caring for Grandchildren

In Wai‘anae and Kaua‘i, the vast majority of the caregivers (nearly 70% in both groups) provided care for 24 hours a day.

Days per Week Caring for Grandchildren

In Wai‘anae and Kaua‘i, the vast majority of the caregivers (over 70% in both groups) were primary caregivers of their grandchildren, providing care for 7 days a week.

Worked with DHS/CPS to Become a Licensed Foster Parent (*Wai‘anae=81; Kaua‘i=48*)

The majority of the caregivers (Wai‘anae, 69.1%; Kaua‘i=72.9%) had not worked with the state agencies, such as Department of Human Services (DHS) or Child Protective Service, to become licensed foster parents.

Service Needs

Services Interested in Receiving or Learning About

A surprisingly low percentage of caregivers in all three surveys reported that they were interested in receiving or learning about services. This might be because some of them were already receiving those services. Overall, the most frequently noted services were legal, educational, and financial, however there were regional differences in responses to this question.

Table 6. *Services Of Interest To Relative Caregivers.*

Types of Services	Wai‘anae	Maui	Kaua‘i
Financial	11.5%	11.1%	15.7%
Medical	9.1%	11.1%	6.6%
Education	13.8%	16.7%	9.9%
Childcare	5.9%	0.0%	9.9%
Legal	16.6%	13.9%	13.2%
Drug/Alcohol Abuse	1.2%	0.0%	2.5%
Housing	6.7%	2.8%	5.8%
Health	5.5%	11.1%	5.0%
School Fees	8.7%	19.4%	8.3%
Transportation	5.5%	0.0%	5.0%
Parenting	5.1%	0.0%	7.4%
Counseling	9.1%	13.9%	7.4%

Services Used

Who Helps You Provide Care?

Caregivers received help from family the most, followed by agencies. Wai‘anae and Kaua‘i had 24.2% and 14.3% (respectively) caregivers who received no help. Caregivers in Wai‘anae provided multiple answer to this question.

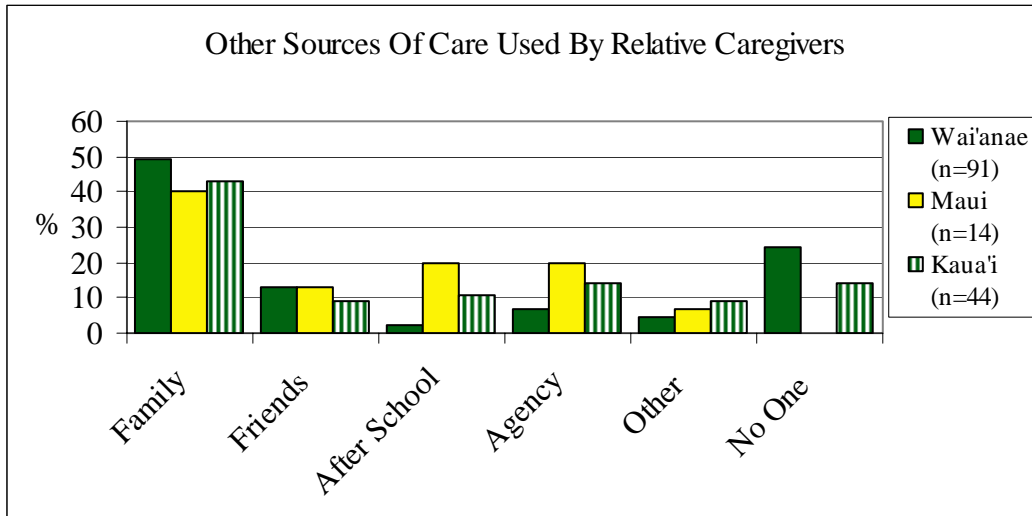


Figure 16. Other Sources Of Care Used By Relative Caregivers.

Ways to Reach Them

Do Not Know Where to Go for Services

Many caregivers did not know where to go for services. The top three areas that caregivers did not know about were legal, transportation, and counseling.

Table 7. Percent Of Relative Caregivers That Do Not Know Where To Go For Services.

Types of Services	Wai'anae	Maui	Kaua'i
Financial	45.6%	7.1%	33.3%
Medical	38.6%	7.7%	14.8%
Education	56.9%	30.8%	30.8%
School Fees	60.0%	86.4%	0.0%
Childcare	59.6%	50.0%	36.0%
Legal	69.1%	50.0%	36.0%
Drug/Alcohol Abuse	47.4%	40.0%	29.2%
Housing	59.1%	54.5%	33.3%
Health	46.8%	27.3%	20.8%
Transportation	58.3%	60.0%	36.0%
Parenting	54.5%	0.0%	37.0%
Counseling	63.3%	50.0%	41.4%

Summary of Data from Surveys of Relative Caregivers

- Surveys of grandparent and other relative caregiver populations were recently conducted on Maui, Kaua‘i, and Wai‘anae. The vast majority of relative caregivers surveyed were grandparents.
- The average caregiver in all three surveys was between the ages of 61 and 65, female, Native Hawaiian, and taking care of grandchildren under the age of 14. Most relative caregivers were married.
- Drugs were cited as the most common reason that the children’s parents were unable to care for them. Divorce, death, and working long hours were also cited.
- About one-third of these caregivers reported that they retired early in order to provide care for these children; about one-fifth reported that they used sick or vacation days to care for them.
- Nearly one-fifth reported that they did not have adequate living arrangements for themselves and their grandchildren.
- These caregivers were interested in receiving or learning about legal, educational, and financial services available to assist them in their childrearing duties. Many of them reported that they did not know where to go for such services.

The Agency Survey

Overview of the Agency Survey

As detailed in the overview section, public and private agencies providing services to older adults in the state completed a survey on the characteristics and service needs of their clients who are GRG. The following section describes the agency's responses in three areas:

- Characteristics of the agencies and their clients
- Characteristics of their GRG clients
- The service needs of their GRG clients and the resources agencies need to meet them

An Important Note on the Agency Survey

Many agency surveys were returned unanswered. This pattern of responses might explain why some GRG feel that their needs are not adequately met. On nine surveys, recipients noted that they did provide services to GRG, but they did not keep separate records of their needs. Several agencies attached letters or notes saying that they did serve GRG, but did not "track them as such." In addition to this, 20 of the 63 participants that did return surveys did not complete the last three pages of the survey- the pages that asked for specific information on their GRG clients.

Characteristics of the Agencies and Their Clients⁴

Number of Clients Served

The average number of clients served was 640 per month.

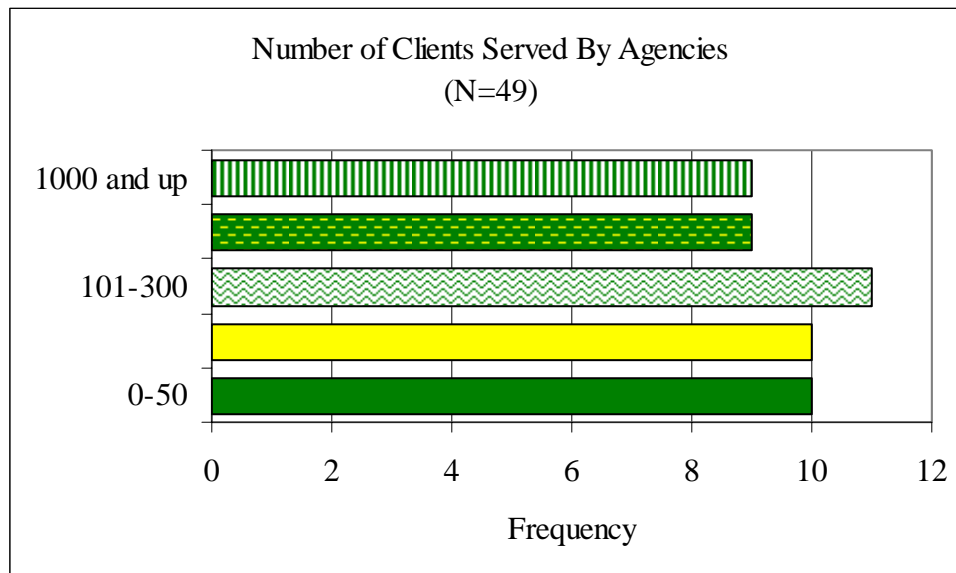


Figure 17. Number Of Clients Served By Agencies.

⁴ The number of responses to each question is included the graphs because not all agencies answered all questions and some questions allowed for multiple responses.

Primary Service Provided

The agencies surveyed provided a heterogeneous array of services. The most common response to this was an open-ended *other* category. Agency listed a variety of services for this category including: mental health, care coordination, community building, and family/child interaction learning program. The next most common categories were case management (16%), information/referral (16%), and education/training (11%).

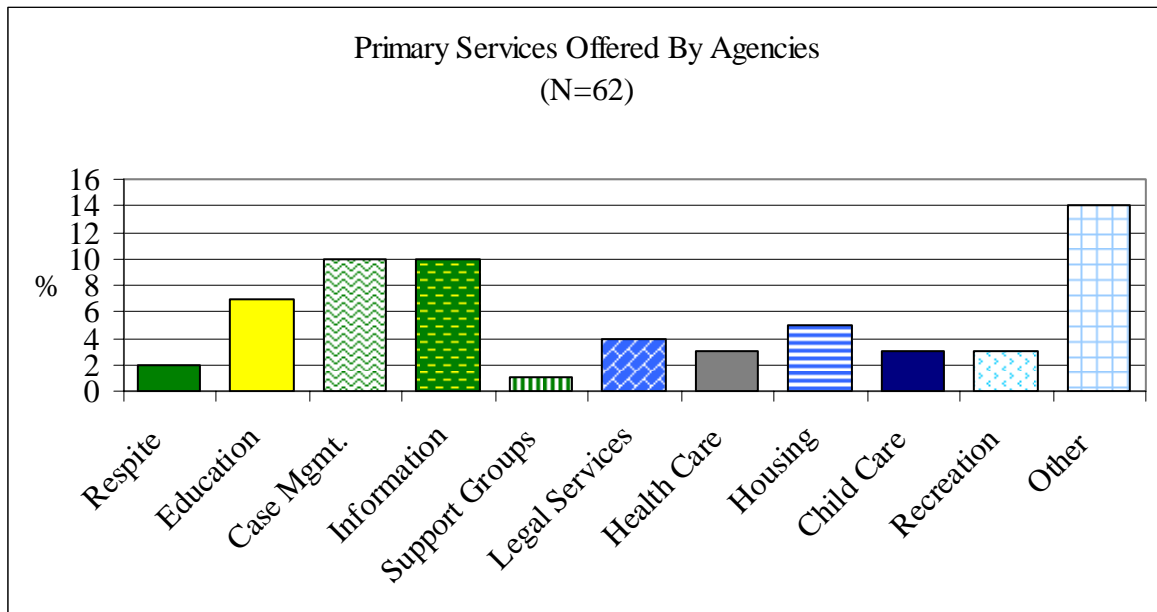


Figure 18. Primary Services Offered By Agencies.

Secondary Types of Services Provided

Agencies also chose as many secondary services as applied from another list of services. The most common other types of services provided were information/referral (24%), education/training (15%), and case management (11%). Responses to the *other* category included: housing coordination, employment, parent education, and transportation.

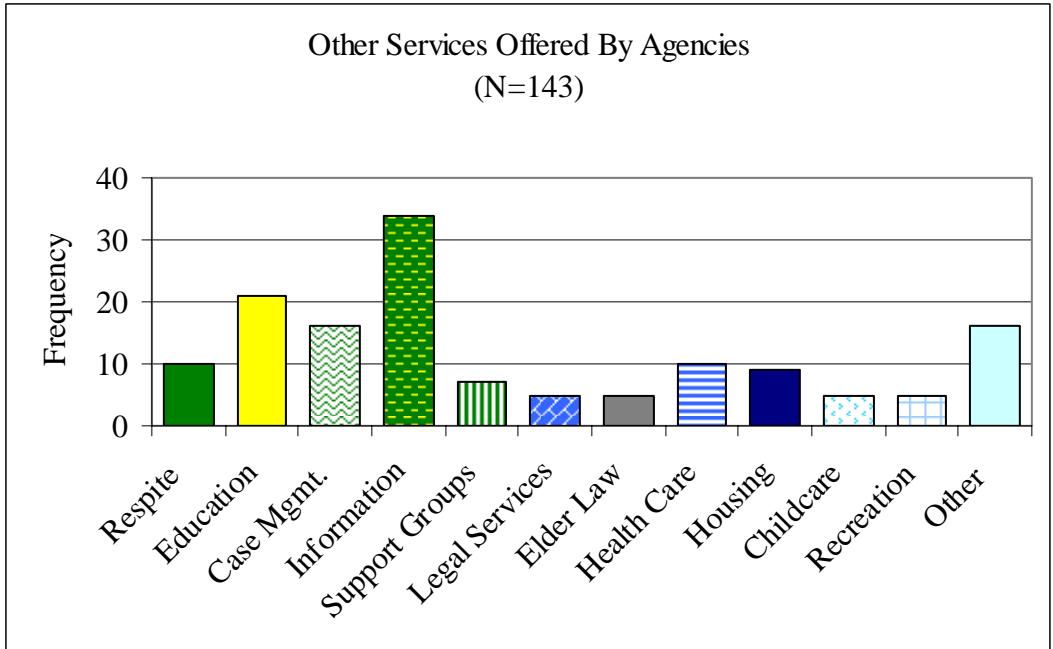


Figure 19. Other Services Offered By Agencies.

Primary Clients Served

Most (40%) of the agencies responding to this survey stated that their primary clients were families. Only one agency reported that its primary clients were GRG. However, 26 agencies (41.3%) reported that they served GRG, although they were not their primary clients.

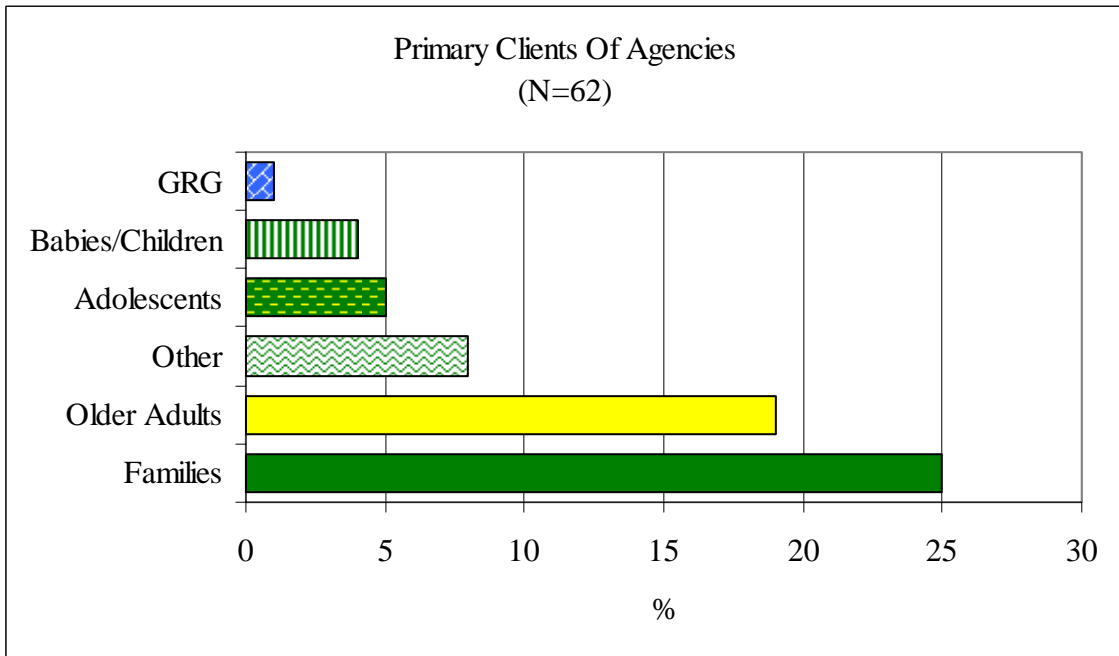


Figure 20. Primary Clients Of Agencies.

Characteristics of GRG Clients

Demographic Characteristics

Only about half of the agencies returning questionnaires were able to provide estimates of the characteristics of their clients who were GRG. The average estimate for the percentage of agency clients that were GRG was 9.4%, but responses on this question ranged from 0% to 100%.

Of the clients who were GRG, the average estimate for being sole caregivers was about one-third (32.6%), while the average estimate for living in the same house as the children's parents was about one-quarter (25.6%).

The average responses of these agencies indicated that most GRG clients served were female (63.3%), over the age of 55 (57.8%), and Native Hawaiian or Part Native Hawaiian (52.2%). Several agencies, however, noted that their GRG clients were primarily Filipino, Samoan, Caucasian, Marshallese, and mixed races.

Income Characteristics

The agencies estimated, on average, 37.8% of the GRG they served had incomes below the federal poverty level (an annual household income of \$23,750.00 for a family of four) but that only 21.2% of these GRG received public assistance (such as food stamps or welfare). The agencies estimated that a little over half (54.7%) of these grandparents lived in rural areas.

Access to a Computer

The agency estimate of these GRG have access to a computer at home was also very low. Over half of the 25 agencies responding to this question (56%) estimated that less than 10 percent of the GRG they served had access to a computer. The maximum agency estimate for computer access was 50%.

How GRG Were Referred For Services

Most of the GRG receiving services at these agencies were referred by service providers (31 %) or family members/friends (29%). Some (17%) were referred by brochures or pamphlets.

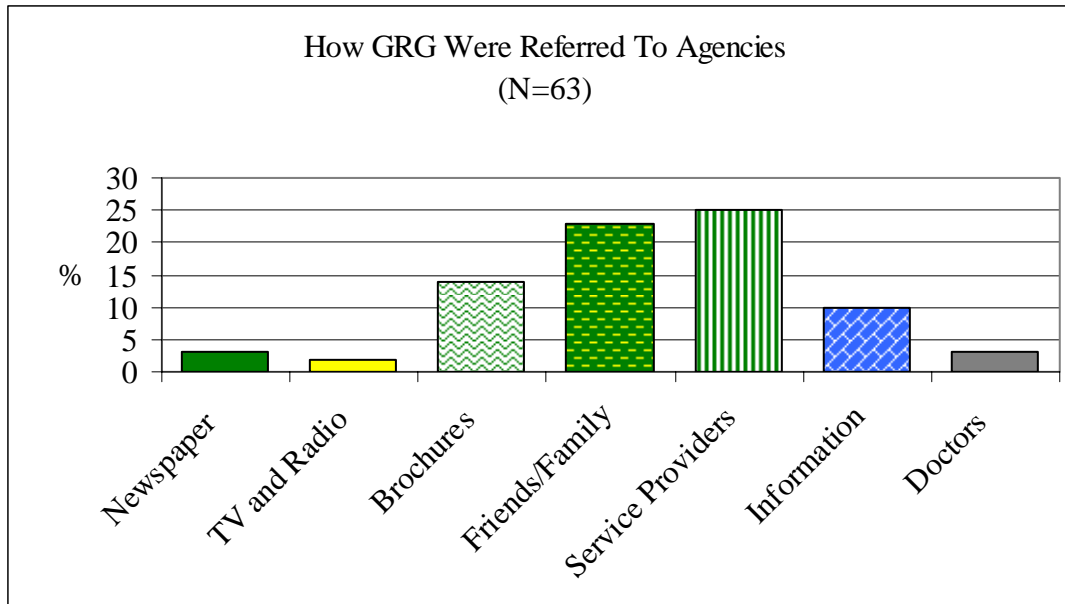


Figure 21. How GRG Were Referred To Agencies.

Assessment of Needs of GRG Clients and What They Need To Meet Them

Services that GRG Need

Agencies assessed the needs of their GRG clients by indicating the percentage of them that needed specific services. They also indicated the number of GRG that were receiving each of these services. Their responses are listed below in order of the percentage needed.

All services were needed by a large percentage of GRG. The most needed services were legal help/advocacy (96%), grandparents' rights (93%), and information referral (93%). The services relatively least needed were a walk-in resource center (80%), counseling on drug and alcohol use (73%) and housing (69%).

Approximately one-quarter of the agencies estimated that none of their GRG were receiving two of the top five most-needed services: grandparents' rights (28% not receiving) and support groups (23% not receiving). A relatively high percentage of agencies also noted that none of their grandparents were receiving other highly-ranked services such as a call-in resource center (46%) and respite (33%).

Taken together, the responses to these questions suggest that GRG have many unmet needs. The greatest unmet needs for some of them are legal advocacy, grandparents' rights, and a call-in resource center.

Table 8. Agency Estimates of GRG Unmet Needs.

Services	N	% that need	Number Receiving It		
			None	Some	All
Legal Help/Advocacy	28	96	18	71	7
Grandparents' Rights	29	93	28	48	17
Information/Referral	30	93	16	50	27
Support Groups	30	90	23	47	20
Parenting Skills	29	90	17	59	14
Financial	29	90	14	59	17
Respite	30	90	33	37	20
Programs for Children	29	90	21	62	7
Call-In Resource Center	28	89	46	36	7
Online Resource Center	26	88	42	38	8
Babysitting/Childcare	31	87	23	48	16
Workshops/Education	31	87	13	55	19
Health Care for the Child	31	87	6	52	29
Health Care for the Grandparent	31	87	6	65	16
Counseling	29	86	27	38	21
School Fees	28	86	29	50	7
Computer Literacy Training	28	86	47	32	7
Transportation	28	82	22	46	14
Physical Walk-In Resource Center	29	80	38	28	14
Drug/Alcohol Use	26	73	23	50	0
Housing	29	69	17	48	4

Other Services that GRG Need

Agencies also responded to an open-ended question assessing their opinions of the most important unmet need of their GRG clients. Common responses are listed below.

Table 9. Agencies' Opinions Of Unmet Needs.

In your opinion, what is the most important unmet need, and what can be done to meet it?
<i>Financial-getting public assistance without parents relinquishing rights.</i>
<i>Public information that acknowledges grandparents raising grandchildren have struggles, [informs them that] resources exist, and gives contact information for them to ask questions. For example, very few folks are 55 years old are aware that they are eligible for services of the Area Agency on Aging. They don't know that community health centers offer mental health services that the UHM law school has program for senior legal issues and legal aid has a legal hot line.</i>
<i>Respite for a few hours. Also assistance in creating positive role models for their grandchildren</i>
<i>Access information about services and PR to reduce stigma of accessing.</i>

In your opinion, what is the most important unmet need, and what can be done to meet it?
continued...

Legal help and-advocacy-increase Title III-E contracts to legal services providers-increase nonfederal funds to service grandparents who are less than 55 years old

Housing – affordable housing

More financial assistance for child care for grandchildren so that they are able to provide quality childcare for them. Grandparents that call us are typically caring for multiple grandchildren. Children need to attend good quality preschools and grandparents need respite from fulltime responsibility for the children.

Many grandparents receive income that prevents them from qualifying for services that have income eligibility requirements.

Money to purchase direct services, including medications and affordable childcare.

*Money to buy children safety seats. Learn new skills to parent special needs.
 Grandchildren=kamalama parenting classes*

How Agencies Can Better Meet Their Needs

The table below lists agencies’ ranking of a list of possible tools to help them meet the needs of their GRG clients.

Table 10. Agencies’ Ranking Of Tools To Meet Needs Of GRG.

Most Needed Tools
1. Grandparent support groups
2. Childcare
3. Training about community resources
4. Workshops and presentations
5. Transportation
6. Brochures and educational material
7. Collaboration with other agencies
8. Newspaper articles
9. Direct mail fliers
10. Service announcements on television
11. Service announcements on the radio
12. Peer education
13. Refreshments
14. Television programs and videos
15. Website
16. Meeting space
17. Posters

Agencies also responded to an open-ended question asking what other resources they need to serve their GRG clients. Common responses are listed below:

Table 11. Agencies' Suggestions For Meeting The Unmet Needs Of GRG.

Is there anything else you need to better assist the grandparents raising grandchildren that you serve?
<p><i>Outreach the link. Pull in grandparents raising kids so they get support. "The system" needs to give acknowledgement to grandparents raising grandchildren as family caregivers who need support. The supports that exist for senior citizens should expand to embrace grandparents raising kids and link the grandparents to resource for kids needs. Right now we have senior citizens programs, we have area Agency on Aging, but grandparents raising kids don't link to these resources because they don't advertise to invite the seniors raising kids.</i></p>
<p><i>More information on agencies that help/assist grandparents raising grandchildren, where they can go for assistance and how to form support groups on island.</i></p>
<p><i>Recently, grandparents are younger with life experience involvement (ie caring for their elder parents and now raising grandchildren) –this younger grandparent population need to be considered too.</i></p>
<p><i>More community partners that have qualified staff and who are willing to work together toward assembling this group</i></p>
<p><i>We know there are many more grandparents raising their young grandchildren in Hawaii. We need to know where they are and how we can get them to come to our program.</i></p>
<p><i>Better data to profile the extent of this issue and what are the needs of these grandparents</i></p>
<p><i>Tax exemptions for grandparents who are raising grandchildren with no help from the fed or state</i></p>
<p><i>Activities that provide a space where grandparents and children gather and participate in interactive programs that provide development, education behavioral advancements/management skills. The site should provide nutritional meals, snacks a free kit that grandparents can take home and utilize</i></p>
<p><i>Respite and for leisure activities as a family, money for school supplies for grandchildren, money for baby car seats, booster seats, money for dental care, hygiene and health</i></p>

Summary of the Agency Survey

- Although several agencies report serving GRG clients, many do not track specific information on these clients.
- Agencies that are able to provide such information report that the average GRG is female, over the age of 55, and likely to be part Native Hawaiian. However, there are also many grandparents under the age of 55 and of all other races.

- As a group, GRG are likely to have an income below the poverty level and live in rural areas. Few GRG receive public assistance (such as welfare or food stamps).
- GRG have a very low rate of computer use and literacy.
- GRG are referred for services mostly by family, friends, and other service providers.
- With the exception of health care, GRG have a high need for services. Most are not receiving the services they need. Their top service needs are: grandparents' rights, support groups, respite, and resource centers.

Grandparent Survey

Overview of the Grandparent Survey

As detailed in the overview section, 54 Grandparents Raising Grandchildren (GRG) completed surveys about their service needs. However, only 43 of the grandparents completing these surveys indicated that their grandchildren lived with them and they took care of them full time. Therefore, only data from these 43 GRG are included in these analyses. The number of responses to each question is included in each graph. The following section describes GRG responses in the following areas:

- Characteristics of the grandparents that responded
- Description of their child rearing duties
- Assistance in raising grandchildren
- Service needs, use, and barriers

Characteristics of the Grandparents That Responded

Demographic Characteristics

The ages of the GRG completing this survey ranged from 42 to 79 years, with an average of 60.1 years. The majority of GRG was female (84.6%); slightly over half (61.5%) were married. Over half (64.9%) reported that they lived in a rural area.

GRG were asked to indicate one ethnicity that they most closely identified with. Most (81.6%) reported that the culture they most closely identified with was Native Hawaiian. The vast majority of these GRG (84.6%) also indicated that they identified with at least one other culture. They circled all other cultures that applied. The most frequent *other* culture endorsed was Caucasian (22%), followed by Filipino (18%), Chinese (16%), and Japanese (13%). Less than 2% of GRG endorsed African American, Vietnamese, Guamanian, or Chamorro.

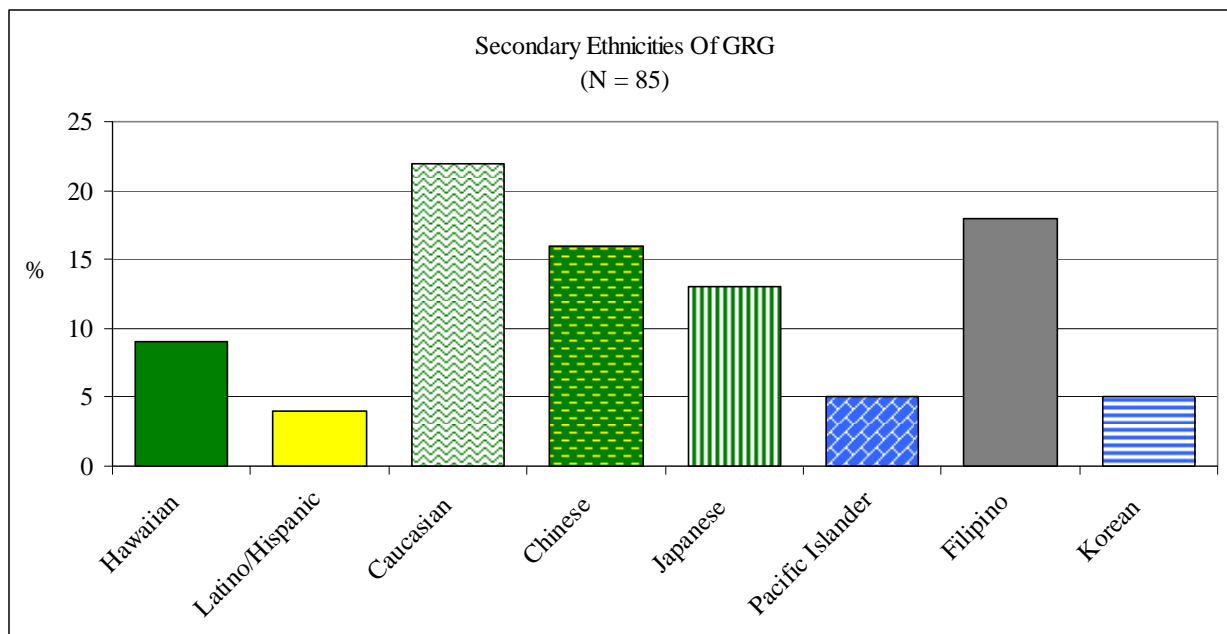


Figure 22. Secondary Ethnicities Of GRG.

Language

Some (20%) GRG reported that they spoke a language besides English at home, but all reported that they felt comfortable communicating in English. All except one of the GRG reporting that they spoke a language besides English at home spoke Hawaiian.

Household Information

The average reported household income was \$33,113 per year. The average household income divided by the number of people in the household was \$9,143 per year. Over half of the GRG (56.4%) said that they felt that they had enough money to meet household expenses. Nearly one-third (30.8%) reported that they currently receive food stamps, welfare, or both.

Knowledge of Current Services

Many (42.1%) GRG were aware of recent legislation that allowing them to file a waiver with their grandchildren's schools or doctors to consent to medical treatment, school enrollment or participation in extra-curricular activities.

Child Rearing Duties

Reasons for Caring for Children

The most common reason that grandparents gave for taking care of their grandchildren was that the children's parents were on drugs (37.5%) or in jail (22.5%). The next most common reasons were that the children's parents worked long hours (17.5%).

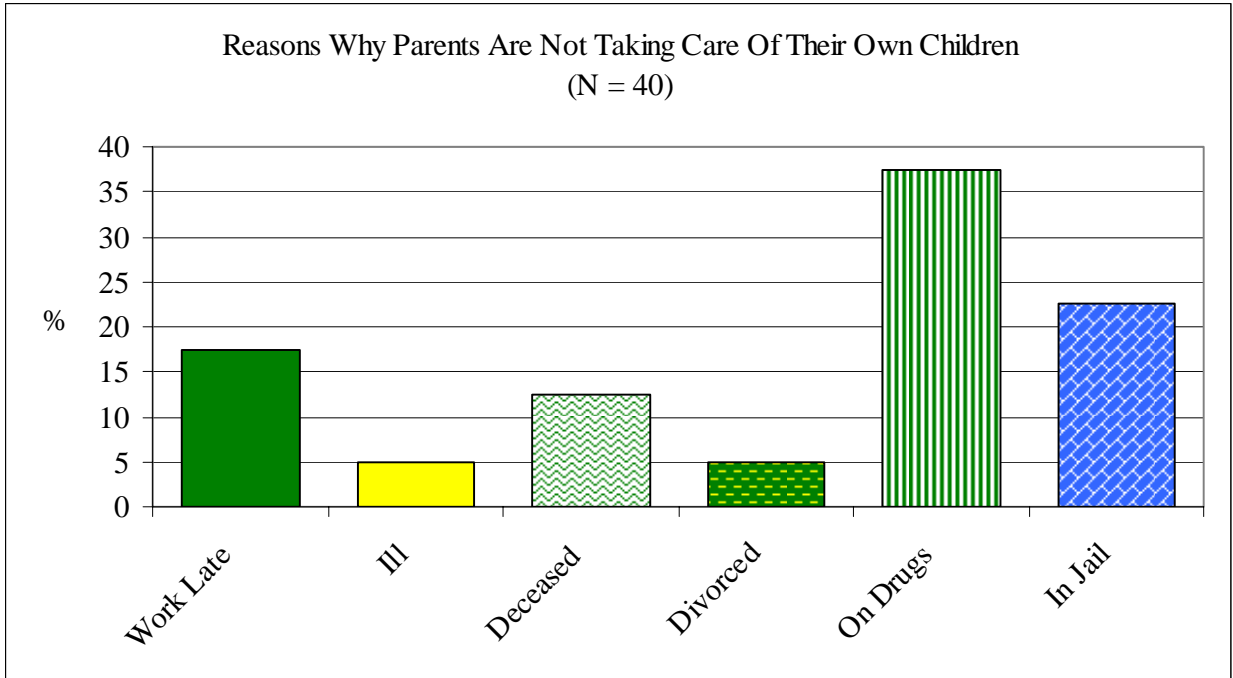


Figure 23. *Reasons Why Parents Are Not Taking Care Of Their Own Children.*

Number and Ages of Children

Most of the GRG reported living with one (41.9%), two (25.6%), or three (20.9%) grandchildren. The average number of grandchildren these GRG were raising was 2.21. The ages of these grandchildren ranged from .3 months to 24 years, the average age was 7.9 years.

Living Situation

Slightly over one-third (38.1%) of these GRG had been taking care of their grandchildren for between one to five years, although some (19%) had been taking care of them from 10 or more years. Most (85.7%) of these GRG reported that they had adequate living arrangements. Some GRG (13.2%) also reported that they were providing care and assistance to an older adult (age 60+) in their household.

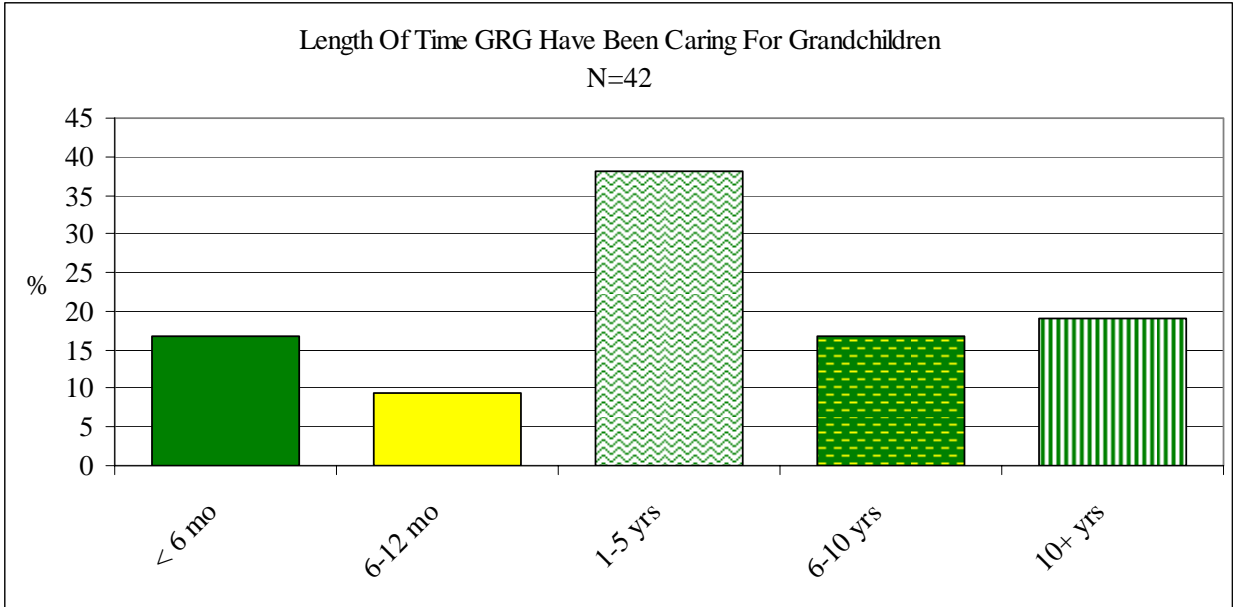


Figure 24. Length Of Time GRG Have Been Caring For Grandchildren.

Assistance Received

Types of Assistance Received from Family Members

Some (20.5%) of GRG reported that they did not receive any help from family or friends. Others received help of varying frequencies. Some (25.6%) received help every day, while others (25.6%) received help at least once a week. The most frequent types of help received were babysitting and transportation.

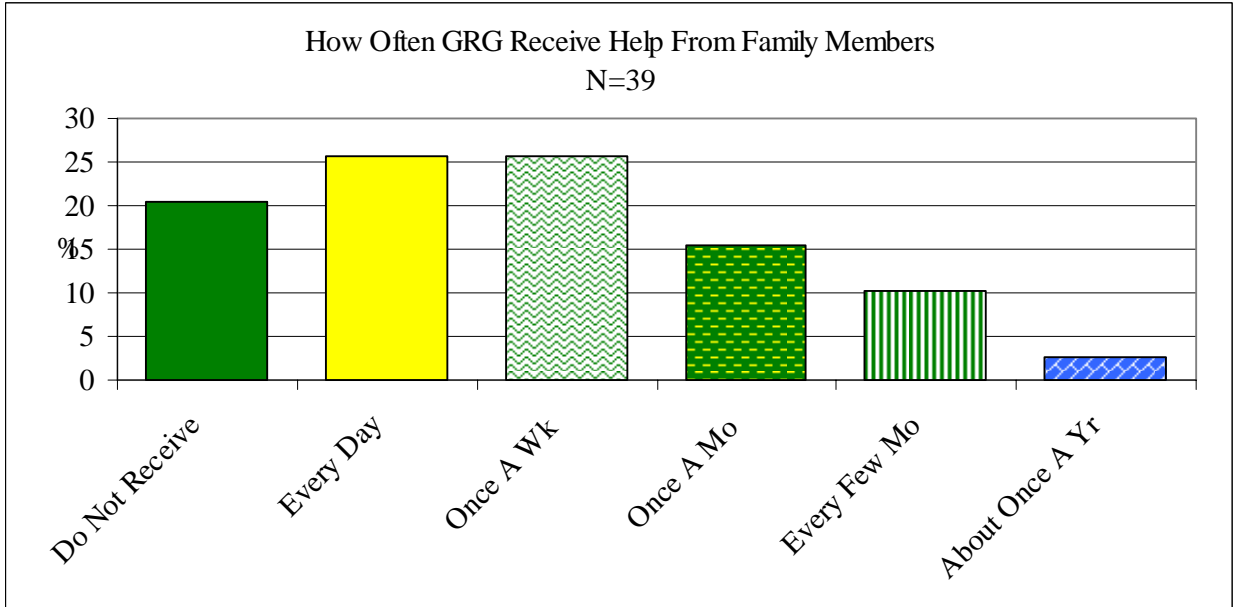


Figure 25. How Often GRG Receive Help From Family Members.

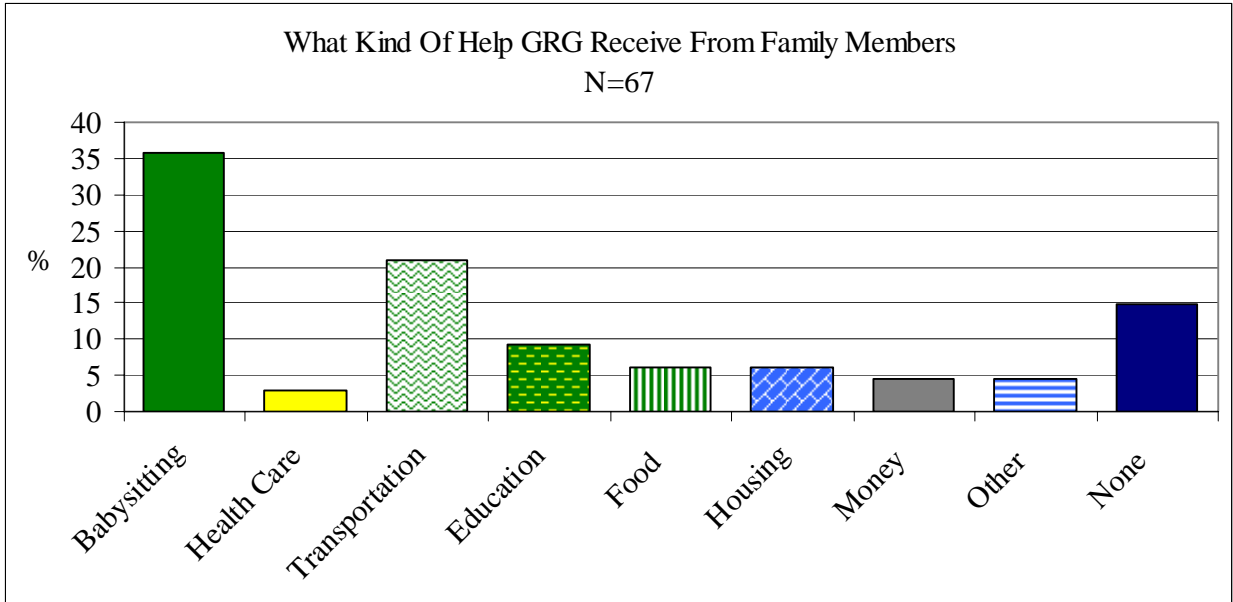


Figure 26. What Kind Of Help GRG Receive From Family Members.

Types of Assistance Received from Public Agencies

Two-thirds (66.6%) of GRG reported that they received help from public agencies. A little over one-third (39.4 %) received help once a month. The most frequent agencies they received help from were the Department of Health Services, Queen Liliuokalani Children’s Center, the Department of Education, and Churches or Temples. (Agencies that less than 5% of GRG received help from are not included in the graph: OHA or Legal Aid).

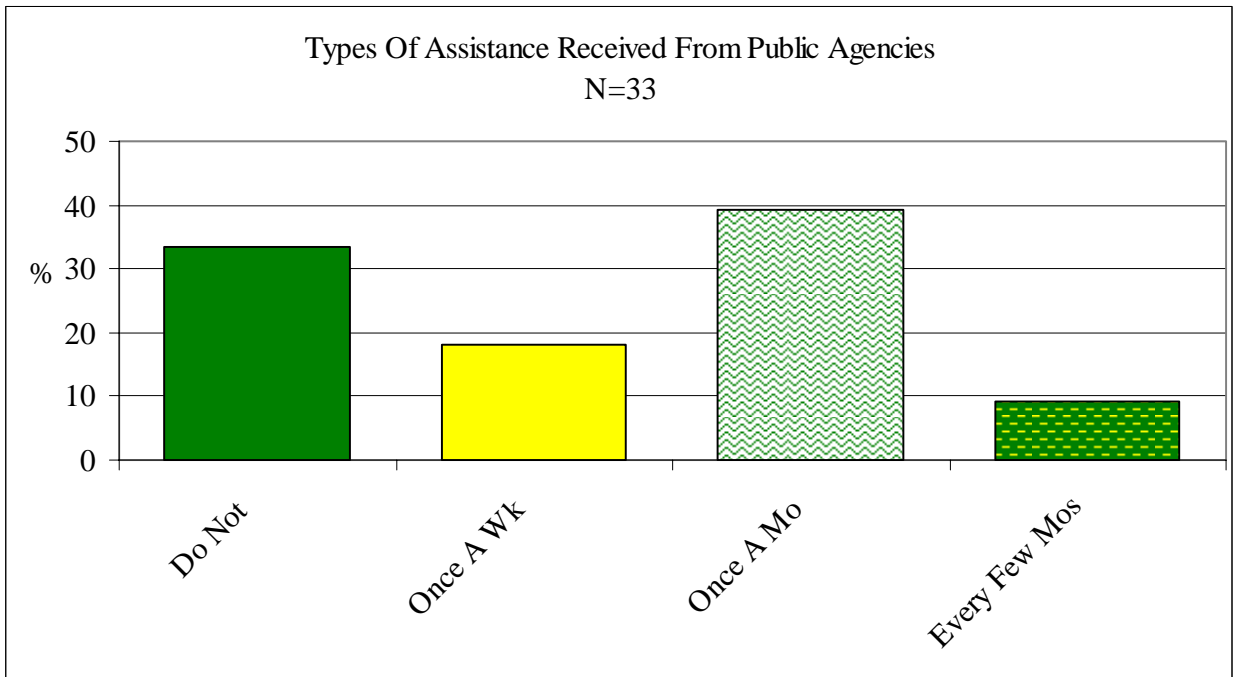


Figure 27. Types Of Assistance Received From Public Agencies.

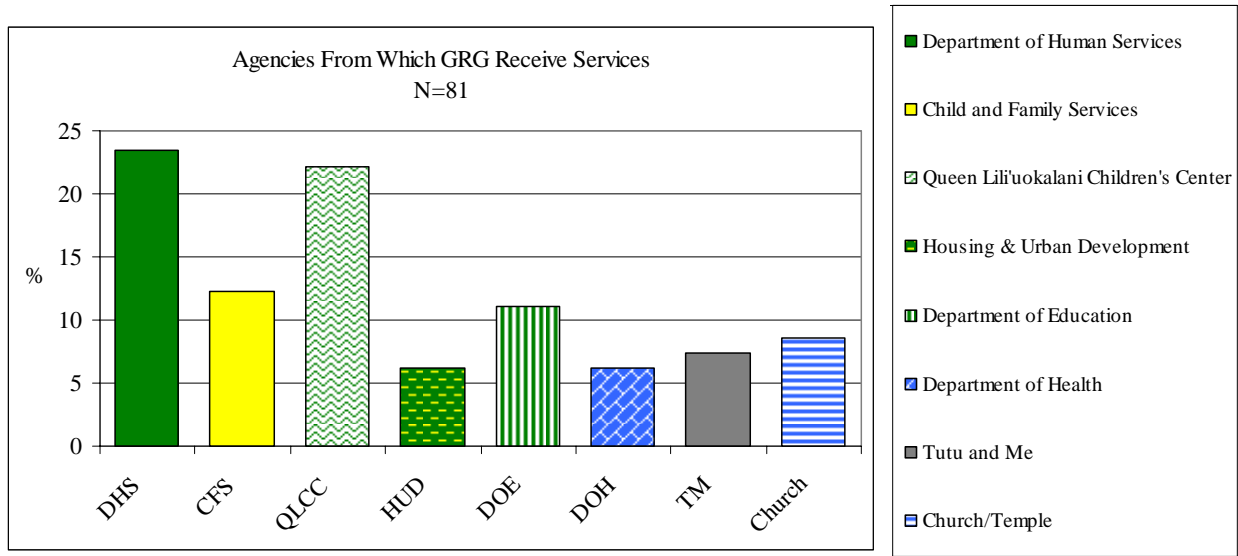


Figure 28. Agencies From Which GRG Receive Services.

Service Needs, Use, and Barriers

Services Received and Needed

From a list of services, GRG indicated which ones they received and which ones they needed (but did not receive). The most frequently received services were Health Care, Financial, Support Groups, and Counseling. Services not received by less than 5% of GRG are not included in the graph (Grandparents Rights, Computer Literacy, Respite, Childcare, Legal Advocacy, & School Fees.)

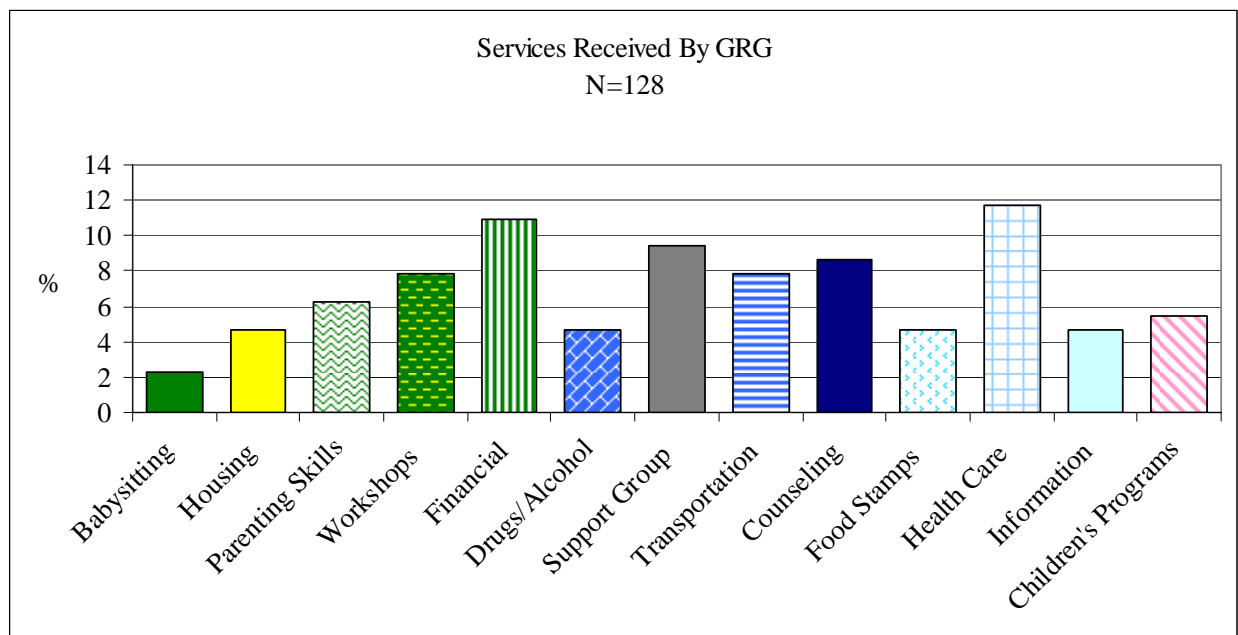


Figure 29. Services Received By GRG.

The most frequently needed (but not received) services were programs for children, school fees, and respite; childcare and grandparents' rights were also highly-ranked. Services not needed at least 5% of GRG are not included in the graph (Workshops/Education, Transportation, Health Care, Parenting Skills.)

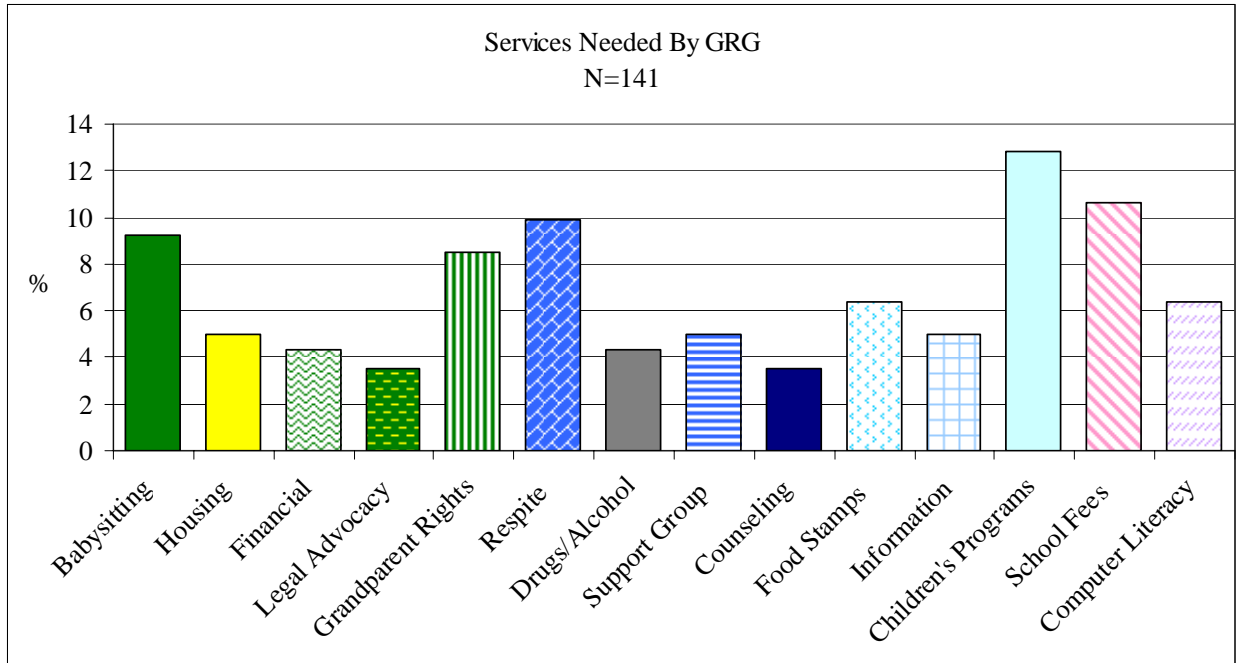


Figure 30. Services Needed By GRG

Barriers to Service Use

GRG endorsed many reasons in response to the question, “*Why have you not received more outside help caring for your grandchild?*”. The most commonly endorsed reasons were income or cost related such as not qualifying for services and the expensive cost of the services. GRG also noted that they didn’t know where to find services or didn’t have time to see the Agencies that provided services. (Barriers not reported by at least 5% of GRG are not included in the graph: Service Quality is Poor, They do not speak my language).

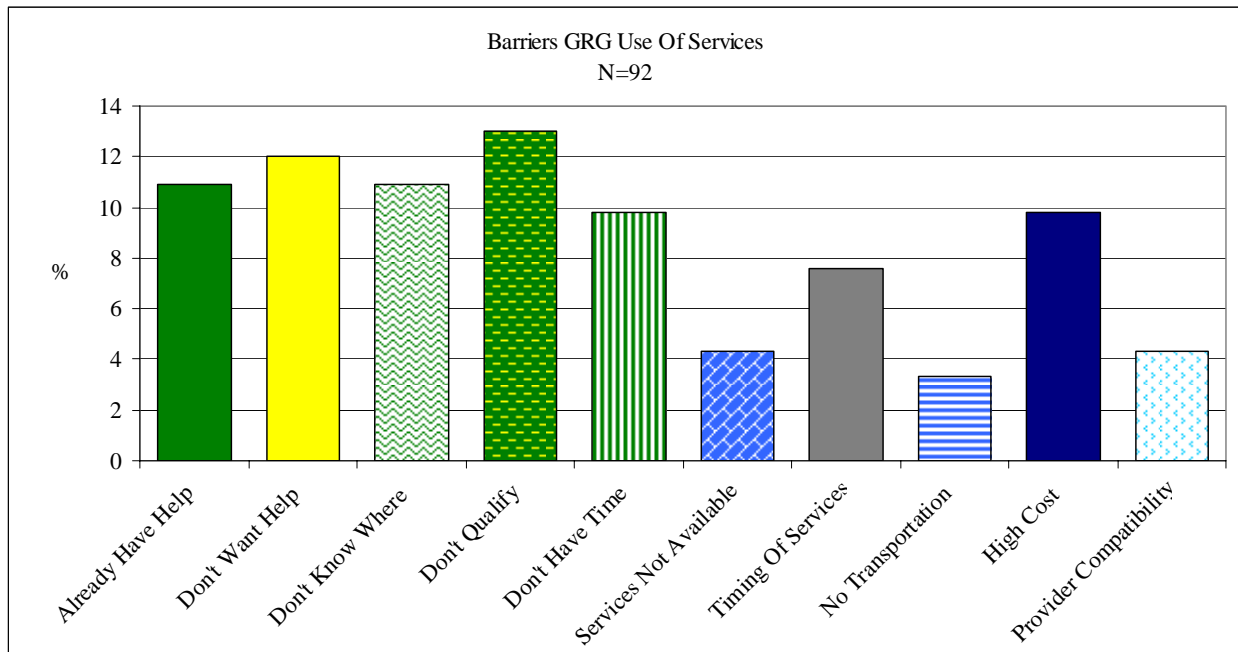


Figure 31. Barriers GRG Use Of Services

Use of Potential Services

GRG were also asked to indicate how often they would be likely to use a list of potential services. The services most likely to be used ‘a lot’ by the GRG were legal advice and a call-in or walk-in resource center. Transportation to appointments was not likely to be used by these GRG.

Table 12. GRG Use Of Potential Services

Service	N	% GRG endorsing each option			
		None	A Little	Somewhat	A Lot
Call-In Resource Center	32	3	16	25	53
Walk-In Resource Center	32	16	13	25	44
Transportation to Appointments	30	40	13	17	23
Online Resource Center	30	13	7	30	43
Legal Advice	32	3	6	31	56

Summary of the Grandparent Survey

- The average GRG completing this survey was aged 60.1 years, female, and Native Hawaiian. However, there was a wide range of both ages and ethnicities of GRG participating in this study.
- The GRG completing this survey had low incomes. About one-third were receiving public assistance and one-half said that they had enough money to meet household needs.

- Most of the GRG were taking care of their grandchildren because the children's parents were on drugs or in jail. Some of the children's parents also worked long hours.
- On average, GRG were taking care of 2 grandchildren with a wide range of ages. Most were taking care of them for a relatively long period of time. In most cases, taking care of grandchildren was not a transient situation.
- Over two-thirds of the GRG reported that they were currently receiving help from family members of public agencies. The most frequent type of help from family members was childcare. Services were most frequently received from the Department of Health Services (DHS) or Queen Lili'uokalani Children's Center (QLCC).
- The top three services received by GRG were health care, financial assistance, & support groups. The top three services needed (but not received) were programs for children, school fees, & respite. Baby sitting and grandparent rights were also highly-ranked.
- GRG said that they would be likely to use resource centers (call-in or walk-in) and legal advice.

RESULTS

Focus Groups

Grandparent Focus Groups

Focus groups were held on O‘ahu, Maui, Kauai, and Hawaii. As discussed in the overview, focus group activities were aimed at exploring the following issues with GRG: 1) identification of necessary services and perceptions of the availability of these services, 2) prioritization of service needs, and 3) discussion of how these needs might be met for all GRG in the state.

Aggregate Ratings of Service Needs

As briefly described in the overview section, GRG participating in the focus groups placed stickers with the names of 18 services into a quadrant divided by service need and service access (see figure below). This method of data collection allows for identification of the services that GRG felt were most needed by adding the responses in the two categories that classify needed services (above the horizontal line).

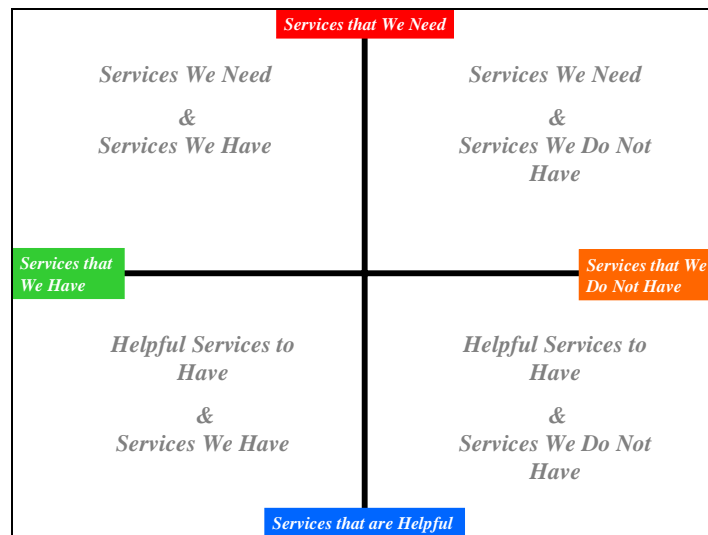


Figure 32. Worksheet Used To Prioritize Services

Data from all focus groups were aggregated. The services most frequently rated as being needed by GRGs (the Need/Have and Need/Don't Have categories) are listed below. Each service is followed by the number of endorsements in parentheses.

- Children's Programs (18)
- Financial (17)
- Babysitting/Childcare (16)
- Housing (16)
- Health Care (16)
- School Fees (16)

The next frequently needed services were Respite/Rest (14) and Grandparent’s Rights (13). The least frequently needed services were Counseling (9) and Transportation (7).

The most frequently endorsed needs in the Need/Don’t Have Quadrant were:

- Babysitting/Childcare (11)
- Children's Programs (9)
- Financial (9)
- Grandparents' Rights (9)
- Health Care (8)
- School Fees (8)
- Respite/Rest (8)

Each Focus Group’s Allocation of Resources

Each individual focus group also identified the top five services that members believed were the most essential to GRG. Participants then allocated \$1,000 of *Tu Tu Bucks* to the list of services identified by the group. The table below list the services identified as most important and the percentage of total dollar amounts allocated to each service by focus group.

Table 13. Top 5 Services Ranked By GRG In Focus Groups

Hilo*	Kaua’i	O’ahu	Maui
Respite/Babysitting 37%	Financial 26%	Grandparents’ Rights 25%	Housing 27%
Children's Programs 21%	Respite/Rest 20%	Health Care 21%	School Fees 20%
Support Groups 13%	Children’s Programs 18%	Support Groups 16%	Transportation 17%
Information/Referrals 13%	Food Stamps 18%	School Fees 14%	Legal Help 14%
Counseling 9%	Legal 13%	Housing 14%	Children’s Programs 11%
Drug & Alcohol Ed 7%	Support Groups 6%	Respite/Rest 11%	Workshops 10%

**GRG in Hilo felt that some service categories should be combined*

*** Percentages are rounded up to the next whole number*

Group discussion focused on what specific services participants envisioned within various categories. For example, GRG interpreted children’s programs as enrichment programs that grandchildren can attend when school is not in session, such as activity-based summer programs. Typical interpretations of the respite/rest category included organized activities that grandparents could do together while their grandchildren were being looked after. School fees included financial assistance with grandchildren’s extra-curricular activities, such as sports uniforms.

Other Results

The focus group sections concluded with three questions and a time for open discussion. The table below contains paraphrased answers to the questions.

Table 14. Do You Think That GRG Are Getting Enough Help From Community Services In Raising Their Grandchildren?

Do you think that GRG are getting enough help from community services in raising their grandchildren?

Many grandparents feel that they have nowhere to go to help them raise their grandchildren.

Because there is not a system set up to help grandparents, they circulate information among themselves.

Table 15. Do You Think That GRG Are Familiar With Community Services That Provide Help To Grandparents Raising Grandchildren?

Do you think that GRG are familiar with community services that provide help to grandparents raising grandchildren?

GRG are not getting enough help. There are many reasons for this – fear of losing their grandchildren, shame, not knowing about services. They are not actively seeking help.

Grandparents who are under 55 years of age have to look harder for programs and assistance because most programs are for people who are for those who are 55 years and up.

There is a big gap between services needed and services provided – many grandparents raising grandchildren don't know about the services that are out there.

There is no consistency from county to county, so maneuvering the systems is very hard. There are disconnects between agencies, within agencies, and between counties. O'ahu has great programs, but outer islands like Kauai'i do not. GRG have to go out of their way to receive services.

Table 16. How Can These Services Be Accessed By GRG Who Need Them But Are Not Currently Seeking Help?

How can these services be accessed by GRG who need them but are not currently seeking help?

There needs to be an advocate or someone who can help GRG navigate the systems. Grandparents need to find a trusted mediator.

Outreach can be done through communities, community agencies, and children's programs. Information could be passed out during Senior Fairs and Keiki Fairs. It could also be made available at doctor's offices and places where grandparents would notice and read the information.

Information and assistance must come from trusted sources. If it comes from a foundation of trust, grandparents will be more open to looking for information and help.

Service Provider Focus Group

In addition to these focus groups with GRG participants, a focus group of service providers and grandparent advocates was also held. This group of 8 people included representatives from Queen Lili‘uokalani Children’s Center, Alu Like, Child and Family Services, and Tutu and Me from the islands of Hawai‘i, Maui, Kaua‘i, and O‘ahu. The purpose of this focus group was to identify and discuss the main concerns and service needs of GRG in Hawai‘i. The group identified nine main concerns of GRG:

- legal services
- grandchildren’s school
- medical services
- children’s behavior
- housing
- financial assistance
- rest or respite care
- grandparent education
- advocacy

Several of these concerns were related by common issues. The first was the importance of GRG awareness that services exist and that they are eligible for these services. Many GRG do not seek services because they are not aware that these services exist and that they qualify for them (e.g., tutoring for grandchildren). The second was the importance of accessibility of these services. Many GRG simply do not know where to start to access services that are available to them. Accessibility is particularly a problem for the many grandparents who assume custody of their grandchildren on very short notice (e.g., the children’s parents were unexpectedly arrested). GRG in this situation are often too overwhelmed to devote the time that it takes to find and apply for services. A third issue was the need for a coordinated system to help GRG meet the challenges of daily life. For example, many GRG need to make frequent visits to doctors’ offices for their own needs as well as frequent visits for their grandchildren’s needs. It would be easier for them if these appointments could be made on the same days. A fourth issue was communication among agencies providing services to GRG. Service referrals would be easier and more effective within a coordinated system. Lastly, these service providers noted that many GRG do not qualify for services through the Executive Office of Aging (EOA) because these GRG are younger than age 55. The overall conclusion was that many GRG who need help raising their grandchildren do not receive the help they need because they are not aware that this help exists, they cannot access it, there is very little coordination of services, and some services are not available for grandparents under age 55.

Summary of Focus Group Data

- It is important to consider that these focus groups were recruited from GRG that are already receiving services. Two out of the four focus groups with GRG participants were conducted with pre-existing support groups. Although they were asked to think about their peers who are not accessing services when they responded to the focus group questions, the opinions of these GRG might not be representative of those GRG who are not receiving services.
- Some service needs were clearly important to all groups. The top six needs were: children's programs, financial, babysitting/childcare, housing, health care, & school fees.

- Although some needs were clearly identified, there were variations between groups. For example, children's programs were rated among the top-five most needed services for all groups except for the group on O'ahu. Similarly, alcohol and drug education was only ranked as being very important to the group in Hilo.
- There were also within group differences in the perception of the availability of services. GRG within a single group had differing opinions as to whether many services should be placed in the *have* or *don't have* categories. This is an indication of a gap in awareness of the availability of services that was also reflected in the open-ended discussion.
- When asked for suggestions on how to reach GRG who need help but are not currently receiving services, GRG noted that assistance is more likely to be received when it comes from a trusted source, such as an agency with which they already have a good relationship.

RECOMMENDATIONS

Actions

1. **Form a legislative committee to explore intergenerational issues.** Health and well-being of both GRG and their grandchildren are intimately connected in grandparent-headed families. Policies that support GRG are needed because family caregivers of grandchildren save the taxpayers and state millions of dollars that would otherwise be spent on State Foster Care. Policies designed for either GRG or their grandchildren affect the entire family unit and should be coordinated for maximum effectiveness. Goals of this committee should include:
 - a. **Prioritization of objectives.** GRG have heterogeneous needs that vary by unique situations and regions. A systematic approach is needed to ensure that policies designed to assist them are flexible enough to account for this heterogeneity, yet targeted enough to be effective.
 - b. **Collection of data on grandparent-headed families from schools and public agencies.** One surprising finding of this report was the number of agencies that assist GRG, but do not track their needs and service use a group. Knowledge of their service use patterns is essential to the coordination of their service use. Such knowledge should include:
 - i. The number of children for which GRG are providing for.
 - ii. The degree to which GRG need financial assistance to:
 1. continue giving 24/7 care or
 2. better meet the needs of children in their care.
2. **Raise public, agency, and legislative awareness of the needs of GRG.**
 - a. **The Hawaii legislature and state departments can facilitate public awareness around pre-existing dates:** *Caregivers Day* (March) and *National Grandparents Day* (September).
 - b. Data collection on grandparent-headed families (1b) would contribute to agency awareness.
3. **Organize an infrastructure for providing assistance to GRG**
 - a. **Use existing county and agency infrastructure** (i.e., AAA, ADRC) and establish new, GRG-focused, links among service providers.
 - b. **Consider a support group or case-management model.** The support group model used by Queen Lili'uokalani Children's Center is currently effective in meeting the needs of the limited number of GRG that it is equipped to serve. Within this model, GRG share information about services as well as emotional support for day to day challenges.

Essential Considerations

1. **The service use of GRG depends upon (1) awareness and (2) access.** GRG must first be made aware of their eligibility for services. After this, they need to be shown how to access these services. Short media blasts on TV and radio may be the most effective way to raise awareness of available services and how to access them.
2. **Most of the services that GRG need are already in place.** However, these services are not advertised as being available to GRG. As a result, many GRG don't know that help is available.
 - a. **Some services that are unique to GRG should be strengthened.** This report found that respite and children's programs were ranked as important needs of GRG. To our knowledge, there are few programs currently supporting these needs.
 - b. **Agencies need to be responsive to the unique needs of GRG.** Data collection on grandparent-headed families (1b) would raise agency awareness of this issue.
3. **Issues faced by GRG affect the entire family (grandparents – parents – children).** Collaboration among state agencies is essential. Agencies appropriate for collaboration include: EOA, DHS, DOE, OHA, & CFS.
4. **Other contexts are also important.** In many cases, the reasons that GRG are raising their grandchildren are reflective of social issues including: drug addiction, child abuse, and poverty. Although this is not entirely a Native Hawaiian concern, Native Hawaiian families may be disproportionately affected. (Estimates from the Hawai'i Health Survey indicate that 40% of the GRG in the state self-identify as Native Hawaiian).
5. **Emphasis must be placed on programs and policies that assist grandparents who are sole providers for their grandchildren.** There are many various types of GRG. Some are raising their grandchildren because the children's parents are permanently out of their children's lives (i.e., death, divorce, drugs). Others are raising their grandchildren only for a few months or years because the children's parents are temporarily unable to care for them (i.e., incarceration). Still others are taking care of their grandchildren on a full-time basis while the children's parents are contributing to their care (i.e., working several jobs, working on the mainland). GRG that have sole responsibility for their grandchildren need the most assistance.

Appendix A

Survey for Agencies That Provide Services to Grandparent Caregivers

This survey is designed to gather information about grandparents raising grandchildren in Hawai'i to prepare a report for the State Legislature. We are interested in your experiences in serving these grandparents. Please fill in the blank or circle the choice that best describes your answer.

About Your Agency

In a typical month, how many clients does your agency serve? _____

What is the **primary** service your agency provides to clients? (Please circle **ONE** best answer)

<i>Respite or day care</i>	<i>Information/referral</i>	<i>Elder law</i>	<i>Child Care</i>	<i>Other</i>
<i>Education/ training</i>	<i>Support groups</i>	<i>Health Care</i>	<i>Recreation</i>	_____
<i>Case Management</i>	<i>Legal Services</i>	<i>Housing</i>		_____

What are **other** types of services your agency provides to clients? (Please circle **ALL** that apply)

<i>Respite or day care</i>	<i>Information/referral</i>	<i>Elder law</i>	<i>Child Care</i>	<i>Other</i>
<i>Education/ training</i>	<i>Support groups</i>	<i>Health Care</i>	<i>Recreation</i>	_____
<i>Case Management</i>	<i>Legal Services</i>	<i>Housing</i>		_____

About Your Clients

What is your agency's zip code? _____

Who are the **primary** clients of your agency? (Please circle **ONE** best answer)

<i>Families</i>	<i>Babies/Children</i>	<i>Adolescents</i>	<i>Older Adults</i>
<i>Grandparents Raising Grandchildren</i>	<i>Other:</i>	_____	_____

What **other** types of clients does your agency serve? (Please circle **ALL** that apply)

<i>Families</i>	<i>Babies/Children</i>	<i>Adolescents</i>	<i>Older Adults</i>
<i>Grandparents Raising Grandchildren</i>	<i>Other:</i>	_____	_____

What percentage of your clients are grandparents raising grandchildren? _____%
(approximate percentages are OK)

What percent of these grandparents receives public assistance? _____%

What percent of these grandparents are the sole caregivers to their grandchildren? _____%

What percent of them live in the same home as their grandchildren's parents? _____%

The following sections are only about grandparents who are sole caregivers to their grandchildren.

About Your Clients Who Are Grandparents Raising Grandchildren

Approximately what percent of these grandparents are 55 years old or older? _____%

Approximately what percent of these grandparents are female? _____%

Among these grandparents, what is the approximate percentage of Native Hawaiian or Part-Hawaiian? _____%

Does a large percent of the grandparents you serve come from any other ethnic group? **Yes** **No**

If so, what is that ethnic group? _____

Approximately what percent of these grandparents are U.S. citizens? _____%

Approximately what percent of these grandparents live at or below the federal poverty level?
(This is an annual household income of \$23,750.00 for a family of four) _____%

What percent of these grandparents live in a rural area? _____%

How were these grandparents referred to you? Please check all that apply.

_____ Newspaper _____ Family Member/Friends _____ Doctors/Nurses

_____ TV/Radio _____ Community Service Providers _____ Other:

_____ Brochure/Pamphlet/Flyer/Newsletter _____ Information and Referral Services at the Area Agency on Aging _____ Other:

What Do Your Clients Who Are Grandparents Raising Grandchildren Need?

Please read the following list of services, and circle the option that describes your clients' needs as a group.

0=They don't need this service

1=They need it, but are not receiving any help

2=They need it, and some of them are receiving help

3=They need it, and nearly all that need it are receiving help

Grandparents' Needs	Do Not Need This	They Need It, but _____ Are Receiving It		
		None	Some	All
Babysitting/Childcare	0	1	2	3
Support Groups	0	1	2	3
Housing	0	1	2	3
Transportation	0	1	2	3
Parenting Skills	0	1	2	3
Counseling	0	1	2	3
Workshops/Education	0	1	2	3
Financial	0	1	2	3
Legal Help/Advocacy	0	1	2	3
Grandparents' Rights	0	1	2	3
Health Care for the Child	0	1	2	3
Health Care for the Grandparent	0	1	2	3
Grandparents' Rights	0	1	2	3
Information/Referral	0	1	2	3
Respite (rest from your duties for a few hours)	0	1	2	3
Programs for Children	0	1	2	3
School Fees	0	1	2	3
Drug/Alcohol Use	0	1	2	3
Physical Walk-In Resource Center	0	1	2	3
On-Line Resource Center	0	1	2	3
Call-In Resource Center	0	1	2	3
Computer Literacy Training	0	1	2	3

What percent of these grandparents has access to a computer at home? _____%

Do the grandparents that you serve have any other important unmet needs?

In your opinion, what is the most important unmet need, and what can be done to meet it?

What Do You Need to Help Your Clients Who Are Grandparents Raising Grandchildren?

Please rank the first 5 most needed tools to help your clients who are grandparents raising grandchildren, 1 being the most needed, 2 being the second needed, and so on.

<input type="checkbox"/> Brochures/Educational Material	<input type="checkbox"/> Television Programs/Videos
<input type="checkbox"/> Workshops or Presentations	<input type="checkbox"/> Public Television Service Announcements
<input type="checkbox"/> Posters	<input type="checkbox"/> Direct Mail Fliers
<input type="checkbox"/> Website	<input type="checkbox"/> Radio Public Service Announcements
<input type="checkbox"/> Newspaper Articles	<input type="checkbox"/> Collaboration with Other Agencies
<input type="checkbox"/> Training about community resources	<input type="checkbox"/> Meeting Space
<input type="checkbox"/> Grandparent Support Groups	<input type="checkbox"/> Peer Education
<input type="checkbox"/> Transportation	<input type="checkbox"/> Childcare
<input type="checkbox"/> Refreshments/food	

Is there anything else you need to better assist the grandparents raising grandchildren that you serve?

If you had additional resources to support grandparents raising grandchildren, what would you do?

Thank you for completing our survey. Please return this in the self-addressed stamped envelope to:

**Lori Yancura, Miller Hall 201
2515 Campus Road
Honolulu, HI 96822**

Appendix B

Survey for Grandparents Raising Grandchildren

This survey is designed to gather information about grandparents raising grandchildren in Hawai‘i. Your responses will help others to understand your situation and needs. Please fill in the blank or circle the choice that best describes your answer.

About Your Grandchildren

Are you responsible for the care of your grandchildren full-time? **Yes** **No**

How many grandchildren do you take care of? _____ How old are they? _____

How many of them live with you? _____

 If so, do you have adequate living arrangements? **Yes** **No**

How long ago did you first start taking care of your grandchild(ren)?

_____ **Less Than 6 Months Ago**

_____ **6-12 Months Ago**

_____ **1-5 Years Ago**

_____ **6-10 Years Ago**

_____ **Over 10 years Ago**

Help with Caring for Your Grandchildren that You Receive From Others

	Every Day	Once a Week	Once a Month	Every few Months	About Once a Year	Do Not Receive Help
How often do you receive help from family members?						
How often do you receive help from community agencies?						

What kind of help do you receive from family members? (*please circle **all** that apply*)

Babysitting **Transportation** **Food** **Money** **Other:** _____

Health Care **Education/School** **Housing** **None** _____

What kind of agencies do you receive services from? (*please circle **all** that apply*)

Dept. of Human Services(DHS)
Dept. of Education (DOE)
Na Tutu

Child and Family Services (CFS)
Dept. of Health (DOH)
Tutu and Me

Queen Lili‘uokalani Children’s Center (QLCC)
Office of Hawaiian Affairs (OHA)
Church/Temple

Housing & Urban Development (HUD)
Legal Aid Society

Other: _____

Please read the following list of services. If you receive any of them, please check the **Receive** column. If you do not receive it but would like to receive it, please check the **Need** column. If you would not like to receive it, do not check anything (leave it blank).

Agency Services	Receive	Need
Babysitting/Childcare		
Housing		
Parenting Skills		
Workshops/Education		
Financial		
Legal Help/Advocacy		
Grandparents' Rights		
Respite (Rest)		
Education about drug & alcohol use		
Other:		

Agency Services	Receive	Need
Support Groups		
Transportation		
Counseling		
Food Stamps		
Health Care		
Information/Referrals		
Programs for Children		
School Fees		
Computer Literacy Training		
Other:		

Why have you not received more outside help caring for your grandchild?

Reason	Yes	No	Don't know
I already have all the help I need.			
I do not want it.			
I do not know where to turn.			
I do not qualify for services.			
I do not have time to go to agencies.			
Services are not available.			
Service quality is poor.			
Service providers don't speak my language.			
No time to get help for myself.			
Services are not available during the times I need.			
Transportation is not available.			
Services cost too much.			
Services are not offered by people like me.			

Other: _____

If the following services were available to you, would you use them?

Services	None	A Little	Somewhat	A Lot
A call-in resource center, where you could ask all kinds of questions, get support in getting the resources you need				
An on-line resource center, where you could find out how to get the resources you need				
A physical walk-in resource center, where you could ask all kinds of questions, get support in getting the resources you need				
Legal advice on all kinds of issues that grandparents raising grandchildren would need				
Transportation to appointments with agencies and doctors.				

About You

How old are you? _____ Are You? **Male** or **Female**

What is your relationship status? **Married/Partnered** or **Single**

Do you live in a rural area? **Yes** **No** What is your zip code? _____

How many people live in your household? _____

What culture do you **most closely** identify with? (*please circle only one*)

Hawaiian or Part-Hawaiian	Asian Indian	Japanese	Korean
Black or African American	Caucasian	Pacific Islander	Vietnamese
Hispanic or Latino	Chinese	Filipino	Guamanian or Chamorro

Other: _____

What other cultures do you identify with? (*please circle all that apply*)

Hawaiian or Part-Hawaiian	Asian Indian	Japanese	Korean
Black or African American	Caucasian	Pacific Islander	Vietnamese
Hispanic or Latino	Chinese	Filipino	Guamanian or Chamorro

Other: _____

Are you a U.S. Citizen? **Yes** **No**

Do you speak another language at home besides English? **Yes** **No**

If so, what language is it? _____

Do you think that you speak English well enough, so that you understand directions that refer or link you to services that could help you or your grandchildren? **Yes** **No**

Are you currently providing care or assistance for an adult age 60 or older in your household? **Yes** **No**

What was your approximate annual household income last year? _____

Do you feel you have enough money available to meet household expenses? **Yes** **No**

Do you receive public assistance, such as food stamps or welfare? **Yes** **No**

Before today, did you know about the waiver available at the school principal's office that gives you authority to enroll child in school, and sign consent to his or her participation in school activities, when a parent is absent from that child's life? **Yes** **No**

Before today, did you know about the process for getting authority to sign for medical and dental services for children in your care, when a parent is absent from that child's life? **Yes** **No**

Where are your grandchildren's parents? *(Please circle as many as apply)*

- They work long hours.** **They are ill.** **They are deceased.** **They are divorced.** **They are on drugs or illegal substances.** **They are in jail.**

Please read the following statements, and circle the best answer for each statement that describes your reasons for raising grandchildren.

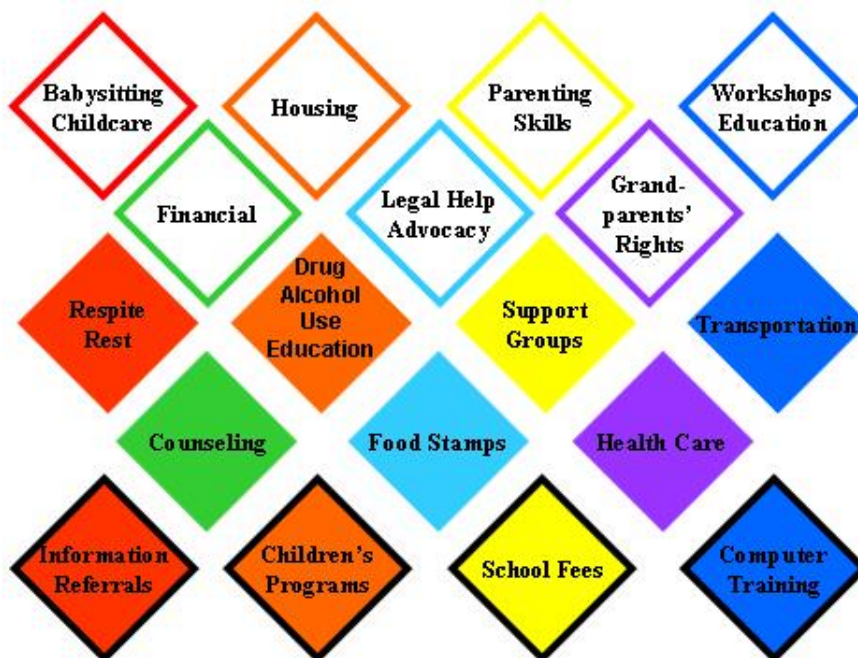
	Strongly Agree	Somewhat Agree	Somewhat Disagree	Strongly Disagree
I give care because it is my duty to provide care to my grandchildren.	4	3	2	1
It is important to set an example for family members.	4	3	2	1
I was taught by my parents to take care of family members.	4	3	2	1
I give care because of my religious and spiritual beliefs.	4	3	2	1
By giving care to my grandchildren, I am giving back what has been given to me.	4	3	2	1
Giving care strengthens the bonds between me and them.	4	3	2	1
I was raised to believe care should be provided in the family.	4	3	2	1
I give care because it is what my people have always done.	4	3	2	1
I feel as though I am being useful and making a family contribution.	4	3	2	1
My family expects me to provide care.	4	3	2	1
I give care because I love them	4	3	2	1

Are there any comments that you'd like to share?

Thank you for participating in this survey!

Appendix C

Services used in GRG focus group activity



Worksheet used in GRG focus group activity

