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“Growing Pains and Challenges”: GrandFamilies House Four-Year Follow-Up Evaluation

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“Growing Pains and Challenges”

GrandFamilies House Four-Year Follow-Up Evaluation

Alison S. Gottlieb, Ph.D.
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June 2003

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It takes courage and great foresight to open a developing model to outside evaluation. We greatly admire Boston Aging Concerns-Young & Old United, Inc. (BAC-YOU) for inviting us to be objective observers of GrandFamilies House on two occasions—during their first year and now into their fourth. BAC-YOU sought funds for this evaluation from The Boston Foundation. We thank the foundation for providing this opportunity. We entitled this report, *Growing Pains and Challenges* since it is a model-in-progress that, indeed, is experiencing the pains and challenges of growth and development. All involved in GrandFamilies want to see this model succeed—all also recognize that success is not an easy road. Communication, patience, and perseverance seem to be traits that will allow the stakeholders of GrandFamilies House to work through the themes identified in this report and emerge with a clearer sense of what supportive housing for grandparents who are raising their grandchildren *really is* and how others who seek to develop such housing might get there.

First and foremost, we thank the grandparents and the teen residents for sharing their insights and experiences about their daily lives at GrandFamilies House through in-depth household interviews and through the teen focus group. In addition, we thank those individuals who participated in the Key Informant interviews who represented the GrandFamilies House Resident Council, BAC-YOU, the Women’s Institute for Housing and Economic Development, Parents’ and Children’s Services, and YWCA Boston and their *Generations Learning Together* program. Individuals are not mentioned by name to protect confidentiality.

Stephanie Chacker, BAC-YOU, was the main liaison between the research team and GrandFamilies House. Michele Washko, Gerontology Ph.D. candidate, UMass Boston, served as the research assistant for this study. Ms. Washko had primary responsibility for conducting the grandparent interviews. Laney Bruner-Canhoto, Gerontology Ph.D. candidate, UMass Boston assisted Ms. Washko with conducting the teen focus group. Alison Gottlieb, Principal Investigator, served as Project Director and conducted all of the Key Informant interviews. Co-PI, Nina Silverstein, assisted in the instrument design and report preparation. Robert Geary of the Gerontology Institute, UMass Boston, assisted with the preparation of the final manuscript.
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Executive Summary

GrandFamilies House® (GFH) in Dorchester, Massachusetts, opened in 1998 as the first supportive housing initiative in the country explicitly developed for grandparent caregiver families. The program was co-developed by Boston Aging Concerns – Young and Old United (BAC-YOU) and the Women’s Institute for Housing and Economic Development (WIHED), both nonprofit agencies dedicated to addressing supportive housing needs. In conjunction with the development of GrandFamilies House, the City of Boston and the Commonwealth of Massachusetts issued 100 federal Section 8 rental vouchers for specific use by grandparents with permanent custody of grandchildren. BAC-YOU operates and manages GFH while collaborating partners provide programming for residents (YWCA Boston) and case management services (Parents’ and Children’s Services).

Researchers from the Gerontology Institute at the University of Massachusetts Boston conducted an initial evaluation of GFH (Gottlieb, Silverstein, Bruner-Canhoto, & Montgomery, 2000). There were four major recommendations that emerged from the first report: provide planned activities for older children and teens including hiring a youth worker; develop more on-site programs for grandparents including computer training; support grandparents in developing informal on-site community-building activities and facilitate access to off-site programs in the surrounding community; and increase opportunities for resident involvement in decision-making regarding design features, space utilization, policies, and programs.

This report presents the findings of a follow-up evaluation, conducted by the Gerontology Institute during summer 2002. This evaluation went beyond the first study by not only conducting interviews with resident grandparents but also with key informants who represented individuals involved with GFH development, front-line staff, and administrators from collaborating agencies. In addition, insights into the teenage experience at GFH were gleaned from a focus group conducted with resident adolescents.

In summer 2002, 24 of the 26 units were occupied, and three resident families no longer had minor grandchildren living with them. BAC-YOU was working with these families to find alternative housing and was actively recruiting prospective tenants. Almost all families were
headed by a single grandmother and were African American. Grandparents ranged in age from 50 to 75 (median age 64). There were 38 minor grandchildren living at GFH, ranging in age from 2 to 17 (median age 11). Girls outnumbered boys 25 to 13. Most families included one or two grandchildren.

**Key Informants’ Perspectives**

Eleven key informants, including on-site staff, administrators from collaborating agencies, and a member of the GFH community task force, were asked to comment on the extent to which the original mission of GFH, to provide affordable and supportive housing to grandparents who are raising their grandchildren, has been achieved. They concurred that GFH has been successful in providing attractive, affordable housing for grandparent caregiver families. However, the informants believed that, when GFH opened, the concept of “supportive housing” was not fully defined and thus, had not been well articulated to the residents. Initial assumptions about the composition and needs of prospective tenants had not matched the full range of needs presented by the residents. It became clear to the co-developers that the needs of grandfamilies were far more complex than they had anticipated or had the expertise to address. Specifically, the developers had not fully anticipated the extent of family challenges: emotional, behavioral, and educational problems of the children; significant health problems of grandparents; and diverse educational and social family backgrounds. Initial assumptions and budget appropriations challenged collaborating agencies’ capacity to provide sufficient, appropriate services for resident grandparents and children, especially adolescents.

Key Informants reported that substantive steps had been taken to address recommendations from the initial evaluation, but that more steps were needed. A resident council was formed to give tenants a formal means to raise and act on resident concerns, as well as to plan community events. A number of steps were also taken to address the lack of services for adolescents, including providing a youth worker (who arranged field trips and volunteer tutors), raising funds for youth programs, establishing a Teen Council, and refurbishing the community room for youth study stations. It has not been possible to address all recommendations due to space and financial constraints. However, a second intergenerational housing program, currently under construction near GFH, includes plans for a large community center and intergenerational programs to be shared with GFH, thereby providing economies of scale.
Key Informants concurred on the need for further development of GFH policies and procedures and spoke of plans to address this. Specifically, policies are being developed aimed at (1) improved tenant screening, (2) establishing formal regulations and procedures for tenant noncompliance, (3) addressing increasing service needs of grandparents who are "aging in place," and (4) assisting families or individual family members to relocate when the specialized support at GFH is no longer needed. Some of these issues were addressed during the past year. For example, tenant selection procedures have been improved and tightened, and selection criteria have been expanded. Legal procedures for noncompliance are now activated at much earlier stages with appropriate follow-up. Housing search and placement services at BAC-YOU are now offered to all residents who need to relocate due to changes in family composition or the need for elderly housing.

Teens’ Perspectives

A focus group was conducted with five adolescent girls (aged 13-17) from GFH. From the perspective of the focus group members, “there were no activities for them at GFH.” They experienced being unwelcome when they wanted to use the common spaces, including the computer lab. They also reported that they were frequently reprimanded for their behavior, for example, “hanging around” or “being noisy,” by residents and security personnel, despite the lack of sanctioned alternatives. They reported that resident grandparents did not understand today’s teens and had little respect for them. Several teens reported concern for their grandparent’s health. They liked the youth worker and the activities he had arranged with them. The youth worker had left prior to completing his year and could not yet be replaced. ¹

The teens’ recommendations for improving GrandFamilies House included providing dedicated space for them to “hang out” and do teen activities, both in the building and outdoors. They wanted space for dancing that would not result in grandparents’ complaints about the music or noise. They wanted BAC-YOU to facilitate their participation in youth activities outside GFH. They wanted access to the computer lab, tutoring (to minimize the need for summer school), and assistance with job and college applications.

¹ The gap between youth workers and summer vacation undoubtedly colored teens’ perspective on opportunities for them at GFH.
Grandparents’ Perspectives

Ten grandparents who were representative of the overall resident population completed in-person interviews. Based on measures used in both the base-line and follow-up studies, there were fewer reports of feeling depressed, bored, or lonely than initially. Given that grandparents were, on average, much older than for the first-year study (68 compared with 62), it appears that as a cohort, grandparents’ reported emotional health was relatively stable.

Respondents generally reported being pleased with their apartments and found on-site staff helpful and attentive to basic maintenance. They reported that maintenance does a good job cleaning and making routine repairs. They also reported that BAC-YOU staff members were helpful and that administrators were committed to the GFH concept and were responsive to their concerns.

Most resident respondents expressed disappointment that GFH has yet to develop into the supportive community that they had envisioned. Yet, most respondents reported new friendships or regular social contact with other resident grandparents and reported that they regularly attended Resident Council meetings, both evidence of community building.

Residents identified areas for improvement at GFH. These included greater availability of communal space and program offerings, especially for adolescents, better use of available outdoor space, and greater resident voice in decision-making. They also wanted more careful tenant selection and enforcement of resident policies by BAC-YOU. They appreciated the recently increased security, but also wanted improvements in fire safety and creation of a buddy system to help families experiencing medical crises.

Considerations for Replication

Key Informants and residents provided suggestions for future grandfamilies housing programs. Developers must articulate clearly the goals of the program – in terms of whom the program will serve and the balance between providing low-cost housing and comprehensive supportive housing. They must decide whether the primary goal is to provide affordable housing for independent grandparent caregiver families or a supportive program that expects participation by families in support programs and services available on-site.

Policies and procedures should be well articulated and in place before opening the housing. Policies should address tenant screening, residency regulations, procedures for non-
compliance, contingency plans for unforeseen emergencies, and transition plans for grandchildren aging out of the program or caregivers aging-in-place.

Respondents agreed that preparatory work, which GFH developers had done, is critical. Potential developers should do an in-depth study of the neighborhood proposed for housing (in terms of crime, access to convenient shopping, community resources, and neighborhood concerns) and the prospective resident population. A task force, which should include neighbors, prospective residents, community leaders, and intergenerational family experts, should be integral to the planning process and sought for ongoing input after occupancy.

The program should have an operating budget that can cover costs of intensive security, resident programs (especially for youth), support services, maintenance, and contingency funds. Programs should seek creative ways to supplement the operating budget, such as using volunteers from both within and outside of the housing, establishing linkages with community organizations, seeking funds from non-traditional sources, and maximizing federal housing monies. 2 GrandFamilies housing should provide adequate, flexible community space that can accommodate varying uses and changing needs. A model composed of small clusters of units rather than multi-unit buildings may more easily provide greater autonomy for the residents. Intergenerational housing might be more financially feasible and successful if it includes a mixture of family types (income, composition, and intensity of needs).

Front-line staff should have experience with intergenerational families (elders, children, adolescents) and families presenting multiple social and emotional problems. Programs should incorporate case management to address changing family service and emotional support needs. Relationships should also be established with local police officers and liaisons developed with local community organizations. A stable staff is critical for developing long-term, trusting, relationships with residents.

Finally, as one Key Informant suggested, a program such as GFH is “the most complex affordable family housing you could possibly conceive of!” Collaboration among agencies with different areas of expertise, sound financial bases, and a strong commitment to serving intergenerational caregiver families is critical.

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2 Intensive lobbying efforts by housing advocates (including BAC-YOU) resulted in an amendment that allows higher reimbursement rates for subsidized grandfamilies housing.
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INTRODUCTION

During the past decade, there has been increased awareness of issues facing grandparent caregiver families on the part of policymakers and service providers. This awareness has prompted efforts to document the numbers of children being raised by grandparents, to identify challenges faced by grandparents raising grandchildren, and to provide services to meet the needs of these families. National estimates suggest that the numbers of grandparent caregiver families are increasing. Recent estimates suggest that 1.4 million (2%) of all children under 18 live in “skipped generation” families in the United States (Lugaila, 1998); similarly, 29,000 (nearly 2%) of all children in Massachusetts live in grandparent care (Mutchler, Gottlieb, Choi, & Bruce, 2002). A large majority of grandparent caregivers are responsible for grandchildren three years or more, suggesting that this is a sustained commitment.

Grandparent caregiving is a social phenomenon that cuts across all socioeconomic, racial, and ethnic groups. However, a substantial number of grandparent caregiver families face economic hardship; in Massachusetts, a third of grandparent caregiving families and half the grandchildren in grandparent care families have incomes below 133% the federal poverty index (Mutchler, et al, 2002). These nontraditional families face many challenges, including healthcare, income security, education, social support, and housing. Public and private partnerships are beginning to respond to some of these challenges. An initiative to provide affordable, supportive housing for grandparent caregiver families was undertaken in 1998 (Gottlieb, Silverstein, Bruner-Canhoto, & Montgomery, 2000). The current report, based on the first four years of the initiative, builds on an earlier study based on the initial six months. It presents the experiences and views of families and front-line staff, as well as reflections from those responsible for its development. Recommendations are presented for future efforts to address supportive housing for grandparent caregiver families.

BACKGROUND AND DESCRIPTION OF GRANDFAMILIES® HOUSE

GrandFamilies House®, owned and managed by Boston Aging Concerns-Young and Old United, Inc. (BAC-YOU), is an apartment building specifically designed for grandparents raising grandchildren. Located in Dorchester, Massachusetts, this supportive housing initiative is the first of its kind in the country. GrandFamilies House was co-developed by BAC-YOU and the Women’s Institute for Housing and Economic Development. YWCA Boston and Parents’ and Children’s Services (PCS) are collaborating service partners.

The need for supportive housing was identified through a survey of grandparent caregiver families in the greater Boston area, conducted by BAC-YOU (1994). A GrandFamilies Task Force, consisting of community leaders, residents, and grandparents raising grandchildren, provided input into the design and program planning for GrandFamilies House and worked with neighborhood groups to address community concerns. Funding for construction, maintenance,
operation, and programming for GrandFamilies House (GFH) was obtained from multiple federal, state, and private sources. The building opened during fall 1998 and was fully occupied by January 1999.

In conjunction with the development of the GrandFamilies House, the Commonwealth of Massachusetts and the City of Boston issued a total of 100 new Section 8 certificates for specific use by elders (62+) and near-elders (50-61) respectively, who have permanent custody of non-biological children through kinship care placements. Section 8 certificates are rent subsidies that allow tenants to pay no more than 30% of their income for rent, while the federal government pays the difference. Most tenants of GrandFamilies House received Section 8 certificates acquired through the new program initiative. Preference was given to families in which the head of household was age 62 or older; all heads of households were required to be at least age 50. Eligibility was limited to families who met specified income limits and federal housing preferences. Most of the families moved to GrandFamilies House from Dorchester or neighboring communities. The racial composition of the house reflects the neighborhood, predominantly African-American.

GrandFamilies House has 26 apartment units on four floors (plus a resident manager unit in the lowest level). The units include two-, three- and four-bedroom apartments. GrandFamilies House is fully accessible with a ramp, an elevator, and grab bars in the bathrooms. The apartments are child proof with electrical outlet covers, safety screens and windows, and security gates. There is a common community room on the first floor. There is a playground and small recreational blacktop area for the children of GrandFamilies House. The building has a front porch where residents can socialize and a small parking area for the GrandFamilies House van and for residents who own automobiles. An office for the Resident Services Coordinator is adjacent to the main entrance. YWCA Boston rents activity space in the lower level for its Generations Learning Together preschool and after-school programs. YWCA Boston space has an individual entranceway that does not require entrance into the residence.

BAC-YOU employs a full-time Resident Services Coordinator at GrandFamilies House to provide on-site management and to arrange services and programs for residents. The Resident Services Coordinator conducts monthly House Meetings to provide information and to listen to residents’ concerns and interests. The Resident Services Coordinator arranges for workshops on various topics, including parenting, health, and nutrition workshops, and coordinates recreational field trips and holiday parties sponsored by volunteer organizations, BAC-YOU, and the service partners, Parents and Children’s Services (PCS), and YWCA Boston. A resident House Manager responds to emergencies or minor problems (such as residents locked out of apartments) at night and on weekends. On-site security, provided by a contracted security service, has recently been increased and is currently provided evenings and weekends. BAC-YOU provides a maintenance service that can respond to routine and emergency maintenance problems. BAC-YOU applied for and was awarded an AmeriCorps volunteer to work with youth.

YWCA Boston-sponsored Generations Learning Together activities include a preschool program and an after-school program for resident and neighborhood-dwelling children. The

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3 BAC-YOU is currently working with state officials to have 50 additional Section 8 certificates designated for grandparent caregiver families.
preschool program for children ages 2.9 to 5 opened in fall, 1998. The after-school program for children ages 6-12 opened during spring 1999 and emphasizes the development of math, science, and computer skills. The YWCA operates an on-site computer-learning center, which is incorporated into the school-age programs and used at intervals by resident teens and grandparents. During the summer, YWCA Boston runs a full day camp for school-age children. Scholarships are available to children from GFH. In addition to children’s programming, YWCA Boston has coordinated a variety of programs geared to grandparents, including an exercise program; computer training; and, more recently, at the request of residents, an arts and crafts program. YWCA Boston also coordinated educational workshops, including a parenting series conducted in collaboration with the YWCA’s Aswalos House for parenting teens.

Parents’ and Children’s Services (PCS) provides an on-site social worker three days per week who does case management and short-term counseling with residents and arranges for on-site child psychology and psychiatric services as needed. A child psychologist affiliated with Children’s Hospital was contracted to provide on-site services at the GrandFamilies House upon request.

The social worker also helps grandparents to navigate bureaucratic institutions including the foster care, health care, public housing, and court systems. In addition, the social worker is available to arrange and provide transportation for medical appointments for residents. PCS co-sponsors intergenerational community events throughout the year, and the social worker arranges for the delivery of gifts to grandparents and grandchildren during the holiday season.

**EVALUATION METHODOLOGY**

During the spring and summer of 1999, researchers at the University of Massachusetts Boston’s Gerontology Institute carried out a baseline assessment of the early experiences of GrandFamilies House. In-depth interviews with grandparents from 20 of the 26 households were conducted to gain resident insights based on experiences from the first six months of the supportive housing initiative. The results of that study are reported in *Life at GrandFamilies House: The first six months* (Gottlieb, et al., 2000) and is available on-line at [http://www.geront.umb.edu/lit_publ_grand.htm](http://www.geront.umb.edu/lit_publ_grand.htm).

The current evaluation, also carried out by researchers at the University of Massachusetts, was undertaken during the summer of 2002, when GrandFamilies House had been in operation for three and a half years.

The principal investigator conducted in-person interviews with eleven individuals associated with the project, including front-line staff from BAC-YOU, YWCA Boston, and Parents’ and Children’s Services; key individuals involved in the development of GrandFamilies House; and administrative personnel from the respective partner agencies. The focus of questioning for these interviews was to describe significant challenges faced by GrandFamilies House, including whether and how they have been resolved; the extent to which recommendations from the initial evaluation have been addressed; communication between the various parties (residents, front-line staff, and collaborators), and insights that might guide future housing programs for grandparent caregiver families.
In-depth interviews were conducted with all grandparents who were available and willing to participate. Ten grandparents from the current resident households (24) were interviewed; seven of these had participated in the earlier report. The response rate dropped substantially from the initial to follow-up interview. This can largely be explained by the intense interest in GFH over the past four years, especially by the media, but also by the public and other policymakers. As suggested by several BAC-YOU staff, many residents feel that they have been living in a fish bowl and are tired of speaking to outsiders about their experiences at GFH.

A major finding from the earlier study was the need for greater attention paid to teenage residents. As part of the effort to evaluate the program, the research team conducted a teen focus group to gain perspectives of the growing population of adolescents living at GrandFamilies House. Five girls, ages 12 to 17, participated.4

DESCRIPTIONS OF RESIDENTS

As of September 2002, 24 of the 26 units at GFH were occupied. Three units did not include grandchildren under age 18 (for two units, the grandchildren had “aged out”; for one, the grandchildren were living elsewhere). Since its inception in 1998, there has been a turnover of six families.5 At the time of this report, BAC-YOU residential services staff were in the process of finding alternative housing for grandparents without minor grandchildren and were screening prospective tenants. One unit required renovations before new occupants could be selected.

Single grandmothers or great-grandmothers headed 21 of the 24 occupied units. Married couples headed three units. Of the 30 adult residents, three were young adult grandchildren. Grandparents ranged in ages from 50 to 75, with a median age of 64. This is older than the median age of 57 for grandparent caregivers statewide but is consistent with eligibility criteria.

Table 1 illustrates that at the time of this report, there were 38 minor grandchildren in the house, 13 boys and 25 girls. Minor grandchildren ranged in ages from 2 to 17, with a median age of 11. Typically, families included one (10) or two (8) grandchildren; the largest family included five grandchildren. The typical (median) family consisted of one grandchild.

In-person interviews were conducted with 10 grandparents. These families were similar to the overall population at GrandFamilies House (GFH) with respect to household characteristics. A single grandmother headed all but one family (one grandfather completed the interview). Interviewed families included one (n=6) or two (n=4) grandchildren, 4 boys and 10 girls. Grandchildren’s ages ranged from 5 to 18, with a median age of 11.6 Interviewed grandparents tended to be older than the house population, with an age range of 53 to 75 and a median age of 68. Interviewed grandparents represented a range of educational attainment: four had not completed high school, while two had post high school education.

4 Signed consent was obtained by the teens’ guardians as well as assent from the teens. Signed consent was also obtained from grandparent interviewees.  
5 Three families relocated, two grandparents died; one family lost custody of grandchildren.  
6 One grandmother interviewed had an 18-year-old granddaughter who was in college; this child had officially “aged out.”
Table 1
Family Characteristics: Interviewed Families and Total Resident Population

<table>
<thead>
<tr>
<th></th>
<th>Resident families (n=24)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grandparent age</td>
<td></td>
</tr>
<tr>
<td>Range</td>
<td>50–75</td>
</tr>
<tr>
<td>Median</td>
<td>64</td>
</tr>
<tr>
<td>Marital status</td>
<td></td>
</tr>
<tr>
<td>Married couple</td>
<td>3</td>
</tr>
<tr>
<td>Single grandmother/</td>
<td>21</td>
</tr>
<tr>
<td>Great grandmother</td>
<td></td>
</tr>
<tr>
<td>Total grandchildren &lt;18</td>
<td>38</td>
</tr>
<tr>
<td>Grandchildren (age 18+)</td>
<td>2</td>
</tr>
<tr>
<td>Children per household</td>
<td>1.6</td>
</tr>
<tr>
<td>Children in household</td>
<td></td>
</tr>
<tr>
<td>None</td>
<td>2</td>
</tr>
<tr>
<td>One</td>
<td>10</td>
</tr>
<tr>
<td>Two</td>
<td>8</td>
</tr>
<tr>
<td>Three or more</td>
<td>3</td>
</tr>
<tr>
<td>Age of grandchildren</td>
<td></td>
</tr>
<tr>
<td>Range</td>
<td>2–18</td>
</tr>
<tr>
<td>Median</td>
<td>12</td>
</tr>
<tr>
<td>Gender of grandchildren</td>
<td></td>
</tr>
<tr>
<td>Boys</td>
<td>13</td>
</tr>
<tr>
<td>Girls</td>
<td>25</td>
</tr>
</tbody>
</table>

**Grandparents’ physical health.** Half the grandparents interviewed described their overall health as good or excellent; half described their health as fair or poor. Over half the grandparents reported having health problems that limited their functioning. The most commonly mentioned health problems were arthritis and heart conditions. Nearly all grandparent respondents reported at least one hospitalization since moving to GFH. Despite these health problems, only three grandparents believed that their health interfered with raising their grandchildren, and for these it was only “a little.” Three grandparents claimed that their health had declined since living at GFH, while one claimed it had improved.

All grandparents had health insurance, and all but one grandparent had prescription drug coverage. Four reported having dental insurance; four did not; and two did not know. All had had a physical exam during the previous year, and just over half (n=6) reported having a dental exam during the past year.

All but one grandparent had been caring for their grandchildren since birth or infancy. Half the grandparents reported caring for a child with chronic health problems, most commonly asthma or allergies. A third reported having grandchildren with behavioral challenges.

**Grandparents’ emotional health.** Grandparents were asked seven questions that asked them to rate the impact of grandparenting on seven aspects of their lives. These questions were
developed as part of other studies conducted by the Gerontology Institute at the University of Massachusetts Boston on grandparent caregiver families (Gottlieb, 1996; Silverstein & Vehvilainen, 1998), and were based on review of relevant literature that identified key issues. The questions are listed in Table 2.

Grandparents reported primarily positive feelings associated with raising grandchildren. However, two thirds of the grandparents reported that money posed a problem, and half experienced some or a lot of worry. Respondents of the first-year evaluation reported similar financial concerns, although not as many experienced worry.

Table 2
Grandparent Impressions of Raising Grandchildren

<table>
<thead>
<tr>
<th>Impressions of Raising Grandchildren</th>
<th>A lot</th>
<th>Some</th>
<th>A little</th>
<th>None</th>
</tr>
</thead>
<tbody>
<tr>
<td>How much satisfaction do you get from raising your grandchildren?</td>
<td>100%</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>How much of a burden is the time you spend caring for your grandchildren?</td>
<td>10%</td>
<td>0</td>
<td>10%</td>
<td>80%</td>
</tr>
<tr>
<td>How much pride do you feel in how you are raising your grandchildren?</td>
<td>90%</td>
<td>10%</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>How much does money pose a problem in raising your grandchildren?</td>
<td>20%</td>
<td>50%</td>
<td>0</td>
<td>30%</td>
</tr>
<tr>
<td>How confident do you feel in the way you are raising your grandchildren?</td>
<td>70%</td>
<td>20%</td>
<td>10%</td>
<td>0</td>
</tr>
<tr>
<td>How much worry do you experience taking care of your grandchildren?</td>
<td>30%</td>
<td>20%</td>
<td>20%</td>
<td>30%</td>
</tr>
<tr>
<td>How much pleasure do you get from taking care of your grandchildren?</td>
<td>80%</td>
<td>0</td>
<td>10%</td>
<td>0</td>
</tr>
</tbody>
</table>

* One respondent did not answer this question.

Grandparents’ overall well-being was assessed with six items adapted from the Affect-Balance Scale (Bradburn, 1969). Using a three-point scale, grandparents were asked to indicate how often they had experienced a number of specific feelings during the preceding month (See Table 3).

Nearly half the grandparent respondents reported that they often felt positive (pleased with how things were going, interested in something, or a sense of achievement), while many felt this way some of the time. However, a few grandparents reported they never felt excited or interested in anything or a sense of achievement. The majority of grandparent respondents never felt negative affect (depressed, bored, or lonely). In fact, over two thirds reported never being

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7 This difference may reflect change or a different set of respondents. Not all grandparents in the initial evaluation participated in the current set of interviews, and some grandparents interviewed for this report had not yet moved to GFH at the time of the initial interview.
lonely. However, half reported feeling depressed sometimes. Reports of negative affect were fewer than at the time of the initial evaluation. Given that grandparent respondents were, on average, much older (68 compared with 62) than for the first-year evaluation, it appears that, as a group, grandparents’ reported emotional health was relatively stable, although changes in individuals could not be calculated.

Table 3
Grandparent’s Emotional Affect

<table>
<thead>
<tr>
<th>Emotional Affect</th>
<th>Often</th>
<th>Sometimes</th>
<th>Not at all</th>
</tr>
</thead>
<tbody>
<tr>
<td>During the past month or so, did you feel depressed or blue?</td>
<td>0%</td>
<td>50%</td>
<td>50%</td>
</tr>
<tr>
<td>During the past month or so, did you feel bored?</td>
<td>10%</td>
<td>30%</td>
<td>60%</td>
</tr>
<tr>
<td>During the past month or so, did you feel pleased that things were going well?</td>
<td>50%</td>
<td>50%</td>
<td>0%</td>
</tr>
<tr>
<td>During the past month or so, did you feel very lonely or remote?</td>
<td>10%</td>
<td>20%</td>
<td>70%</td>
</tr>
<tr>
<td>During the past month or so, did you feel particularly excited or interested in something?</td>
<td>40%</td>
<td>30%</td>
<td>30%</td>
</tr>
<tr>
<td>During the past month or so, did you have a feeling of achievement?</td>
<td>40%</td>
<td>40%</td>
<td>20%</td>
</tr>
</tbody>
</table>

Grandparents were asked to articulate their goals or wishes for their grandchildren and themselves. Most grandparents wanted their children to maximize their educational opportunities by completing high school and going to college and to be successful as adults. Others hoped their grandchildren would be happy, have good values, and help others. In terms of themselves, grandparents most often wished to stay healthy and to live to see their grandchildren grown. Two wanted more education for themselves, and two believed they had already accomplished their goals.

Informal and formal support. In terms of informal support, all but two grandparents reported that other family members regularly provided help and support in caring for the grandchildren. All but one reported that their grandchildren helped out, typically with housework, cooking, and errands. Most grandparents reported that they helped their grandchildren with homework; other grandparents reported their grandchildren could do homework independently.

From a list of 18 formal and informal services, grandparents reported using from three to eight services (median of four services per family). Table 4 reports usage rates for each service. The most frequently used services were after school programs (n=7), home-delivered meals (n=4), and food stamps (n=4). All of the interviewed grandparents mentioned at least one service they needed or would like more of. Three needed more transportation assistance; three wanted
more tutoring and help with homework. Others mentioned big brother/sister, food stamps, legal assistance, counseling for adolescents, and medical assistance.

Table 4
Use of Formal and Informal Services

<table>
<thead>
<tr>
<th>Grandparent/family services</th>
<th>Child services</th>
</tr>
</thead>
<tbody>
<tr>
<td>Meals programs</td>
<td>After school program</td>
</tr>
<tr>
<td>4</td>
<td>7</td>
</tr>
<tr>
<td>Food stamps</td>
<td>Clothing allowance</td>
</tr>
<tr>
<td>4</td>
<td>3</td>
</tr>
<tr>
<td>Home health aide</td>
<td>Recreation program</td>
</tr>
<tr>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Homemaker</td>
<td>Homework assistance/tutoring</td>
</tr>
<tr>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Transportation vouchers</td>
<td>Big brother, big sister</td>
</tr>
<tr>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>Legal assistance</td>
<td>Counseling for GC</td>
</tr>
<tr>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Counseling for GP</td>
<td>Preschool program</td>
</tr>
<tr>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Assistance from church</td>
<td>Counseling for GC</td>
</tr>
<tr>
<td>1</td>
<td>1</td>
</tr>
</tbody>
</table>

GRANDPARENT EXPERIENCES AT GFH

Expectations about living at GFH. Grandparents were asked to talk about their expectations of GrandFamilies House and the extent to which their expectations had been realized. Most respondents clearly articulated what they had expected when they moved to GFH. Most residents moved to GrandFamilies House with the expectation that this would improve their quality of life by providing a safe, quiet environment, with separate bedrooms for their grandchildren, a place where their grandchildren would realize they were not the only children not living with parents. Many residents anticipated a community where grandparents would get along together, help each other, and have fun together. Clearly, many of these expectations were met. However, some grandparents described expectations that they felt were not yet realized, and nearly all interviewed grandparents reported being disappointed with some aspect of life at GFH. Residents most commonly mentioned undesirable “activity” (referring to property destruction, noise, disrespectful residents); they also mentioned construction problems and inconsistent provision of services.

Informal relationships and activities. Over half the respondents reported having good friends among the residents; most of these friendships were with residents they had not known before moving to GFH. Other respondents reported being friendly or getting along with many residents even if they did not have close friends at GFH. Most respondents described activities

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8 This report reflects only the opinions of residents who agreed to be interviewed. These residents represented fewer than half of the family units. It is likely that interviewees were more vocal or had stronger opinions than residents who chose not to participate.
they do with other grandparent residents. Respondents mentioned doing mutual errands, checking on neighbors, and looking after each other’s grandchildren. Others mentioned socializing with other residents, for example, talking on the porch, visiting, eating out, shopping, and attending a prayer group. Several mentioned going on shopping and other trips in the GFH van.

Over half the grandparents reported participating in a variety of activities outside GFH. Two residents were active in grandparent support groups. Four were active in their church. Three mentioned volunteer work with their church or grandchildren’s school. Four residents do not do any activities outside GFH, however; one of these reported that she was physically limited since she had fallen.

GFH programs and services residents used. Half the respondents participated in and were enthusiastic about the YWCA arts and crafts program and wanted it to continue. This popular program was provided through special funding in response to a resident survey. Over half the respondents used the GFH van for shopping but many experienced that it was not regularly available; they wanted more input into shopping destinations and times and more trips. One mentioned that the series of workshops on arthritis had been helpful. Only one resident reported making use of the community room library; two commented that the community room was usually locked and used only for meetings. Two residents reported using the computer lab, but felt the class offering was not adequate; one reported not feeling welcome to use the computers.

Respondents reported modest use of YWCA Boston programs by their grandchildren. Over half reported that their grandchildren had used the computers; however, two of these indicated that their children were not permitted to use them. Only two respondents (out of 5 with age-eligible children) reported that their grandchildren attended the YWCA after-school program. Of the five respondents with teen-age grandchildren, only two grandparents reported that their grandchildren actively participated in the teen group, which was set up by the AmeriCorps volunteer, or went on teen trips. Three respondents reported that their grandchildren did not use any programs at BAC-YOU.

Teens who participated in the focus group expressed the opinion that there was little for them to do at GFH. Many had participated in activities with the AmeriCorps youth coordinator, especially organized outings, but that since the coordinator had left, there were no activities available to them through GFH.

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9 According to BAC-YOU staff, receptionists have keys to the community room and leave it unlocked during regular business hours (9-5); however, the community room is available after hours for regularly scheduled activities for youth and when security guard is on duty.
10 Other programs offered during the year, but not mentioned specifically by resident respondents, included a weekly coffee hour, monthly lunch trips to selected restaurants, and monthly workshops on health topics.
11 The computer lab is part of the YWCA facilities, which operate programs for children up to age 12. Older children could use the computer labs only under the supervision of the youth coordinator when the YWCA after-school program was not in session.
Participants in this study, key informants, grandparent residents, and teen residents were asked to reflect on a number of issues regarding GFH as well as to make recommendations for improving GFH and for replicating grandfamilies housing elsewhere. The views of each stakeholder group are reported.

Personal interviews were conducted with 11 individuals associated with the development and operation of GrandFamilies House (GFH) and its programs. These included a member of the original GFH task force; key informants from the two collaborating developers: Boston Aging Concerns – Young and Old United (BAC-YOU) and the Women’s Institute for Housing and Economic Development (WIHED); administrative staff from partner agencies: Parents and Children’s Services (PCS) and YWCA Boston; as well as front-line staff: the on-site PCS social worker, YWCA Boston Generations Learning Together program director, and BAC-YOU Resident Services Coordinator, House Manager, and Property Management personnel. Respondents were asked to provide their perspectives on the status of the original mission of GFH; challenges associated with GFH and how they were addressed; the status of current programming and extent to which recommendations from the initial study have been achieved; stakeholder communication; and areas for improvement.

Has the original mission of GFH been achieved? Key informants viewed the mission of GFH as one that provides affordable housing for grandparents raising grandchildren in a supportive environment that includes comprehensive services and resources for both grandparents and grandchildren. For the most part, they believe GFH was successful in providing affordable housing appropriate for grandparent caregiver families, “grandfamilies.” The apartments are spacious for public housing and provide separate bedrooms for grandparents and grandchildren. Families receive Section 8 vouchers to subsidize rent payments. Thus far, however, the goal of creating a supportive environment and comprehensive services has not been fully achieved.

Informants suggested that the concept of “supportive housing” had not been adequately articulated initially and that programs were limited to available resources (child programs through YWCA Boston and PCS). The collaborating agencies (BAC-YOU and WIHED) reported having extensive experience developing and operating affordable housing for adult populations, but no prior experience serving children or providing extensive support services. Program developers had assumed most of the grandchildren would be young (2 – 12), and YWCA Boston program offerings reflected this expectation (pre-school and after-school programs for children up to age 12). At the time of this report, nearly half the grandchildren were over age 12. Program developers had not planned sufficiently for the inevitable aging of children who would present a different set of needs.

GFH developers had also assumed that grandparent residents would be older adults who would want information on parenting and legal issues, as well as fitness and health programs.

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12 Comments have been reported generally, with reference to informants’ roles in GFH as relevant, to protect the identity of respondents.
They had not anticipated that so many grandparents would be in poor health (frail, with chronic health problems, or requiring frequent hospitalizations) leaving them with limited energy to participate in such programs. There had been extensive meetings during the planning phase with a community task force that included individuals who later became residents. However, based on key informant comments, many GFH programs seem to have been driven less by resident input than by provider capacity. Thus, while there are many programs and services in place at GFH, informants agree that program offerings should reflect a broader understanding of cogent issues facing residents (especially adolescents and grandparents who are aging-in-place).

**Challenges associated with GFH.** Key informants described a variety of challenges associated with GrandFamilies House, in terms of building and managing the structure, providing supportive programming, and achieving the GrandFamilies House vision.

**Challenges associated with structural design.** From the onset, political and bureaucratic constraints affected the project. The developers were obligated to rehab and build an addition onto an existing building (two-story nursing home) rather than design new construction that might better fit the needs of grandparent caregiver families. The original structure constrained the design of GFH to a narrow, central hallway with apartments on either side. This design compromised family privacy and limited natural lighting (none in the hallways and only on one side of each apartment unit).

Minimum living space requirements per number of bedrooms and per-unit-cost constraints for the entire building necessitated placing apartments in the basement and resulted in insufficient community space. Consequently, the first-floor community room is small, and there is no storage space for bicycles or outdoor equipment.

Rehabbing the older building also contributed to costly structural problems that BAC-YOU has been required to address subsequently: water and sewage problems that resulted in basement flooding, significant wall cracks, and inadequate ventilation. Key informants suggested that some of these problems have been compounded by the necessity of working with many city inspection departments. These departments approved original architectural plans, then, in response to resident complaints and the identification of problems by property management staff and the inspectors themselves, these departments mandated changes, which have often proved costly.

**Challenges associated with resident population.** The developers of GFH had not adequately anticipated the heterogeneity of circumstances among low-income “grandfamilies” or the extent of challenges many of these families present. As one staff member articulated: “Did people realize this was the most complex affordable family housing you could possibly conceive?” Another stated, “Problems that came with families spill over onto GFH.” A program developer acknowledged the extent of problems facing resident families and questioned the expectation that a supportive housing project could be expected to resolve these problems. Moreover, since it was not possible to compare outcomes for families at GFH with comparable

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13 Rehabilitation was not cost-saving. According to key informants, the political climate in the Commonwealth of Massachusetts favored rehabilitation over new construction for publicly-funded projects. The developers would not have received highly competitive tax credits for new construction.
families who were not participating in a “grandfamilies” housing program, it is not possible to
know how effective the project has been. (An earlier research design proposed such a
comparison but was rejected due to the small sample size of the GFH group (n=26).)

A number of the resident grandparents have significant health problems, including
general frailty, frequent hospitalizations, chronic health conditions, disability, and alcoholism.
Staff reported that many grandparents seem to have limited energy to discipline their
grandchildren. This was especially salient for grandparents of teens who are especially active in
the evenings when their grandparents are tired. Staff reported that grandparents found it
challenging to control the behaviors of their teenage grandchildren and believed this was made
more difficult by the greater age differential between grandparents and grandchildren as
compared to parent-child families. Disciplinary methods that may have been effective for
grandparents with their own children were not effective with the current cohort of adolescents.

Key informants noted that residents represent a wide variety of educational and social
backgrounds, which translates into different expectations, standards of behavior, and activities
within the building. According to several staff members, some residents held noisy parties,
invited guests who bring in inappropriate activities, used disrespectful language, and have not
controlled their grandchildren’s behavior. Other residents shared with staff that they had
anticipated GFH would be peaceful, quiet, and safe for themselves and their grandchildren, and
that elders would be able to demand respect from each other’s grandchildren with impunity.

On-site staff reported that many children arrived at GFH with emotional, behavioral, and
educational problems. A number of children at GFH have needed to attend summer school to
advance to the next grade, although this was not true of children who attended the after-school
program.

Most informants mentioned the problem of undesirable teen activities, especially among
younger teen girls, including sexual activity on the premises, fights, disrespectful language, and
vandalism. Staff members were also concerned about the influence of peer pressure and
neighborhood gang activity. Key informants noted that services were not initially planned for
adolescents, nor was there adequate space within the building to provide youth programs.
Several informants thought that current staff was not adequately capable of addressing the needs
of resident adolescents. They also acknowledged the challenge of motivating teens to engage in
off-site activities and in persuading grandparents to permit and encourage teen participation in
organized activities.

Challenges associated with discrepancies between resident expectations and program
realities. A number of staff informants reported that some residents seemed to believe they were
“entitled” to unlimited benefits and services. Some residents thought they should not have to pay
any rent or fees for using the YWCA Boston pre-school or after-school programs. Some
residents thought the program should transport them to doctor appointments or shopping venues.

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14 At the time of this study, teen-age girls at GFH outnumbered teen-age boys two to one.
15 The YWCA makes available 12 scholarships for GFH residents but requires recipients to pay $5/week or
contribute assistance in the program in lieu of the payment. The regular fee for program participants is $162/week
for the preschool and $98/week for the after-school programs.
and should fund fully special trips and events. There was also a perception among staff that some residents have not approached management with problems associated with the building or their units, but instead directly contacted the Mayor’s office or city officials.

Management staff spoke about residents who have not adhered to GFH regulations. For example, some have allowed people who were not on the lease, such as their grandchildren’s parents or other adult family members, to live with them. Illegal tenants have dislocated grandchildren from their own bedrooms, with the result that children are sleeping in living rooms. Some residents have allowed guests to bring illegal substances into units.

Management reported being increasingly proactive in confronting families who are not living up to the requirements of their leases or who are habitually engaged in behaviors that require involvement of authorities (police). Interviewees concurred that these problems were not acknowledged or addressed initially because of internal staff issues, including high staff turnover within BAC-YOU. Another challenge to resolving these problems expeditiously has been concern for grandchildren in these families. Key informants understood that evicting families or removing grandchildren from households would only contribute further to the upheavals most resident grandchildren have experienced.

Another challenge reported by key informants was the history of distrust between tenants and BAC-YOU staff. This may be, in part, because of unclear expectations around GFH by both residents and program developers. It may also reflect the challenges associated with responding to resident concerns and in putting new services and programs in place in a climate of limited funding and multiple funding sources.

Many informants described the challenge of creating balanced programming within GFH, providing supportive services and programming and simultaneously encouraging resident independence and decision-making. There was lack of consensus among key informants regarding the extent to which GFH should be affordable housing for independent grandparent caregiver families or a “supportive program,” which expects participation by families in support services and programs available at GFH. Staff members raised the following challenging questions. At what point should “services” stop and resident initiative and independence take over? What level of participation should be expected of residents? What should be the roles of residents and staff in contributing to a GFH community?

Challenges associated with programming. One informant suggested that a challenge to providing programs at GFH is that financial funders expect to see positive “results” associated with their financial contributions. If grandparents do not respond enthusiastically to a program offering or if donations are not visibly helpful, it becomes difficult to procure future funds. At the same time, some donations were not comprehensive; for example, laptops were donated without the resources to set up “networking” capacity, which resulted in lengthy delays. Only a few residents have attended programs at GFH. However, those residents often appreciated and benefited from the programs. Thus, a challenge for program developers is to decide at what point “cost-effectiveness” should determine which programs are offered?
YWCA Boston staff described problems associated with running the preschool and after-school programs. They found that children from GFH presented emotional, behavioral, and educational needs that required highly trained staff. However, limited funds make it difficult to attract qualified staff. As a result, there has been high staff turnover. YWCA Boston also has had difficulty attracting and retaining resident children in the after-school program, despite providing scholarships. Families receiving scholarships are asked to pay $5 per week towards the cost of the program or to volunteer in the program in lieu of a fee. However, some grandparents have been unwilling to pay the fee or volunteer. Moreover, attendance of some GFH children has been irregular. Staff believed that, because the program is so convenient (in the building’s basement), children often came and went at will, which staff found disruptive to program continuity.

Challenges associated with management. A major management challenge has been the high staff turnover at BAC-YOU over the past four years, which included the executive director, property management, and resident services staff at GFH. Front-line staff informants concurred about the importance of developing a long-term, trusting relationship with residents.

Staff informants recognized that the initial tenant selection process at GFH was not adequate. While the lease, which includes occupancy rules and rent payment requirements, is reviewed with each tenant as part of lease-up procedures, rules and procedures for GFH were not well-developed or communicated to prospective tenants. For example, what happens when residents violate occupancy rules or do not pay rent, when grandchildren “age out” of the program, or when grandparents can no longer take care of grandchildren? When families move to GFH, grandparents complete emergency contact forms for management. However, management staff suggested that developers did not fully anticipate the intensity of service needs required by some families or the need for developing a formal planning process to address family crises, such as sickness, hospitalization, or death of a grandparent.

According to informants, another challenge has been defining the roles of the Resident Services Coordinator and House Manager and arranging for additional staff to carry out other activities (such as the AmeriCorps volunteer activities coordinator). Compared with other types of housing managed by BAC-YOU, the intergenerational service needs of GFH residents are complex. Several staff informants mentioned the need to redefine responsibilities of GFH front-line staff with respect to driving the van, arranging individual services, addressing maintenance problems, and gathering and distributing information for community resources.¹⁶

An additional challenge has been providing adequate security for GFH, despite the fact that security needs were anticipated and provided to some extent. The building was designed with a central entrance. YWCA Boston program space in the basement has a separate access off the front entryway. The Resident Services Coordinator’s office is in the front with a window looking onto the entrance and doorbells. There is a video monitor for the entryway and at several other locations in the building. Residents participating in a senior employment program are stationed in the front lobby for periods of time to monitor the entryway. Visitors to resident apartments must ring doorbells, speak to residents over an intercom, and be buzzed in.

¹⁶ According to a key BAC-YOU staff member, this is part of the job description but is not routinely carried out.
Informants concur, however, that these measures did not provide adequate security. Visitors have gained access easily by entering when the door was opened, when youth who congregate around the entryway let them in, or by buzzing random residents until someone buzzed them in. Security guards have been added during the evenings and on weekends, some just prior to this evaluation (summer, 2002). Finding consistent security personnel who are successful in gaining respect and credibility from the youth and elder residents has been challenging. Management has also learned of the importance of developing working relationships with local police officers and having police meet periodically with resident adults and youth.

An ongoing challenge has been developing consistent procedures for reporting and addressing different types of maintenance issues. Informants suggest there has been inconsistency regarding authorization for repairs. Some suggested that resulting delays in repairs contributed to residents’ complaints and sense of distrust of management.

A final challenge, according to a number of key informants, has been an operating budget (based on anticipated operating costs) that is inadequate to accommodate the extra security, additional program needs, and structural repairs outlined above. Intensive lobbying efforts by housing advocates (including BAC-YOU) resulted in an amendment (legislated in December 2000 and administered in June 2002) that allowed for higher reimbursement rates for subsidized grandfamilies housing.

Current programs and services. The YWCA Boston full-day preschool program currently serves 16 children (age 2.9 – 5), only two of who are GFH residents. The school-age program, which serves 30 children (age 6 – 12), provides tutoring, computer programs, arts and crafts, and outdoor recreation. Three hot meals per day are available to the children, with contributions from the Greater Boston Food Bank, contingent on their hours of attendance. During the recent summer session, 12 children were from GFH, while fewer resident children attended the after-school program during the school year. State-funded childcare vouchers are not available to most grandparents raising grandchildren because they seldom meet eligibility requirements – fulltime employment or enrollment in an educational program. Therefore, YWCA Boston offered 12 scholarships to resident children to keep the programs affordable.

According to program staff, it has been difficult to run programs for grandparents that are well attended. Fitness classes were offered for a while but discontinued due to poor attendance. According the YWCA informants, the available space was not appropriate for a fitness class and many grandparents were not physically “up to coming to fitness.” Adult computer classes were also tried and discontinued due to poor attendance. YWCA Boston informants indicated they

17 The amendment states that when two federal rental subsidy sources are in place in GrandFamilies dwellings, the housing operator will be compensated at the greater qualifying rent level rather than defaulting to the lower. BAC-YOU is now receiving rents at the higher Section 8 level rather than the lower HOME rent level, retroactive to June 2002, so its operating revenue has increased significantly, thereby contributing to building maintenance and capital improvements.
18 See Appendix I for a full listing of programs offered at GFH during the year preceding data collection for this report (8/01- 8/02) and programs added during the interval between data collection for this report and completion of the report (9/02 – 4/03).
19 From the outset, YWCA programs were intended to serve GFH residents and the surrounding community.
would be willing to offer evening computer classes with enough resident interest. However, there seemed to be a discrepancy between what staff view as sufficient participation to warrant holding an activity and what might be realistic for the 26-unit GFH. A resident survey revealed a strong interest in an Arts and Crafts Class. The class, which was funded with a two-year grant, was popular and well attended. According to staff, grandparents were proud of their creations and wanted the class to continue. Staff believes this class was popular because it provides an outlet for grandparents that is separate from caregiver concerns and responsibilities.

During the year preceding the evaluation, the Resident Services Coordinator (RSC) organized approximately four activities a month for residents, including speakers, outings, and on-site celebrations. These also included health clinics (on-site mammogram machine) and workshops (a six-part series on arthritis; an asthma workshop; and programs addressing feelings associated with raising grandchildren). The RSC and on-site social worker arranged services and addressed emergencies for individual families as needed (for example, preventing discontinued electric service due to overdue electric bills). The social worker also provided case management, short-term counseling, and arranged for long-term counseling services as needed. She procured summer camp scholarships for children and teens. (During the first year, 41 of 49 grandchildren were enrolled in summer camp, Outward Bound, youth employment, or summer school programs.) The social worker reported that fewer children participated during the most recent year, in part because grandparents were fearful of sending their grandchildren to overnight camp or respite programs.

Staff from the three cooperating agencies, with the help of community donations, collaborated to organize special holiday events at GFH, including a Halloween Party, Turkey-give-away, Christmas Party, Martin Luther King Birthday Brunch, Valentine’s Day luncheon, Easter celebration, Mother’s Day luncheon, Independence Day cookout, and Grandparents’ Day cookout. Staff reported that grandparents especially appreciated celebrations, such as the luncheons, where they were served, honored with flowers, and “did not have to do anything.”

The Resident Council, which elected a chairperson, vice chair, secretary, and treasurer, has met monthly to discuss resident concerns. The Resident Services Coordinator viewed himself in partnership with the Resident Council and regularly attending meetings. The RSC held informational House Meetings as needed to inform residents of up-coming events. He also provided residents with a calendar of events at GFH and information on community events and opportunities.

During the past year, a teen outreach worker (AmeriCorps volunteer) set up a Teen Council and organized parties and trips for resident youth. He organized a Career Fair for teens, from which some found summer jobs. Regrettably, the teen outreach worker left before the end of the year, and a new volunteer could not be recruited for a few months, until the next AmeriCorps cycle. (A new AmeriCorps member was hired in Sept 2002 after data collection for this report.)

**Follow through on Time 1 recommendations.** Recommendations from the initial six-month evaluation included: expansion of teen programs; expansion of in-house programs for grandparents; more community informal activities; and increased resident decision-making.
Staff respondents agreed that progress had been made in addressing recommendations from the initial evaluation, but that more is needed. Moreover, space and financial constraints limit what can be done immediately. BAC-YOU has launched another intergenerational housing program nearby that will include an Intergenerational Community Center to be shared by GFH residents. Key informants anticipated that this would provide much needed communal space and encourage “economies of scale” in providing programming for older adults and adolescents.

To address greater resident decision-making, BAC-YOU formed a resident council and included a GFH resident on the BAC-YOU Board of Directors. BAC-YOU has made headway in addressing the need for youth services by (1) intentionally hiring a Resident Services Coordinator with a background in youth services; (2) recruiting an AmeriCorps volunteer to work with the youth; (3) raising funds for youth programming; (4) setting up a Teen Council; and (5) refurbishing the community room to provide study stations. The AmeriCorps volunteer organized youth field trips using the GFH van and recruited college students to help youth with homework. Thirty laptop computers were donated to GFH, one per family. These were distributed shortly after interviews for this evaluation were completed.

Despite substantial staff turnover that created disruption and gaps in services, most informants reported that current staff (from all collaborating agencies) provided a strong team that is committed to the intergenerational housing and supportive services goals of GFH.

GFH as a community. The majority of key informants believed there was a sense of community at GFH, although some suggested that residents often did not want to acknowledge it. Staff reported that grandparents gather on the porch or in the lobby to chat or meet for coffee and “that is part of the energy of the place.” They observed that some residents had become quite close, had developed important friendships, and provided mutual support. “There are families who watch out for each other and their grandchildren.” They observed that other residents preferred to live more private lives and not get involved with other residents. Most informants acknowledged that there was friction between some residents and that there were some residents who seem to “taint” the sense of community by being too outspoken and complaining.

Another theme emerging from key informant interviews was that GFH sometimes worked better as a community than at other times. There had been some GFH events that brought out most residents: holiday parties, cookouts, and House meetings. Front-line staff noted that residents had worked effectively on a single issue about which they were all concerned – air quality within the building. To address this issue, residents came together, wrote petitions, contacted city councilors, attended meetings, and demonstrated unity.

Informants agreed, however, that the initial vision of a mutually supportive community has not been achieved and believed that the sense of community could be stronger. They reported that the effort to create a GFH community often depended on a few residents who, along with staff, provided most of the initiative and energy. Specifically, staff and a few residents have organized several holiday celebrations, a yard sale fundraiser for children’s programs, and a “Grandparents Day” cookout.
**Stakeholder communication.** On-site staff (PCS social worker, YWCA Boston Generations Learning Together director, and Resident Services Coordinator) reported being in regular communication, both informally and through scheduled meetings. Less communication was reported among administrative personnel of the three agencies that actively provided services to GFH (Parents’ and Children’s Services, YWCA Boston, BAC-YOU) than during the first two years of the program. One administrator thought that regular meetings should be convened by BAC-YOU so that key personnel are “on top of what’s happening” with the building and programs. One informant suggested the need for clarification about the role of YWCA Boston and BAC-YOU with regard to responsibility for developing activities (especially programs for grandparents and youth).

Within BAC-YOU, informants suggested a need for a more efficient communication process regarding property management issues (maintenance, repairs, and tenant problems). They described the current lack of clarity regarding specific roles of on-site staff and decision-making procedures regarding issues that arise within the GFH building. There have been delays in addressing maintenance problems.

**Suggestions for improving GFH.** As did the residents, key informants identified a number of areas for improvement of GFH. Most discussed the need for additional programs and more cost-effective use of resources. According to one informant, BAC-YOU intends to address this need by redefining the role of the AmeriCorps volunteer to an intergenerational activities coordinator who will continue to run the Teen Council and youth trips, but will also organize activities for grandparents and younger children. The expectation is that staff will develop formal liaisons with and make greater use of neighboring community programs, for example, arranging for residents (youth and grandparents) to travel to area community centers for computer training on the newly acquired laptops. In fact, shortly after interviews were conducted for this report, adolescent girls at GFH began attending a “girls group” run by the Girl Scouts and a teen group and college-prep program run by a local church. Plans are also underway to develop the vacant lot adjacent to GFH that will be responsive to interests of the youth and grandparents, as well as consider safety issues and community concerns.

Several staff believed that residents needed access to more social services and individual counseling. They suggested that a formal parenting component could be incorporated into the child programs. Informants recognized the challenge, however, of systematically and sensitively presenting parenting information in a manner that does not imply that grandparents lack competence in child-rearing. It was suggested that fact sheets, newsletters, or notices of informational workshops in the community might be well received.

A number of staff mentioned the need to develop policies and identify services for older grandparents who are “aging-in-place.” They suggested that emergency contact information should be updated regularly, with appropriate persons identified who have agreed to take responsibility for grandchildren in the event of an emergency. A system for checking up on elders regularly to assure they are not in need of immediate assistance should be developed. BAC-YOU should also establish linkages with elder services agencies that could assist with grandparent support services as their needs increase.
Informants agreed that tenant screening has been a problem, but they reported that current screening for new tenants is very thorough. They suggested the need for formal written policies regarding rules, regulations, and procedures for addressing tenant violations, grandchildren who age out of GFH, and other situations. They also recommended that guidelines and procedures be developed for transitioning families out of GFH to other housing (e.g., families who no longer meet GFH eligibility or who are in violation of GFH regulations) or children into other households. Informants recognized that moving from GFH could be disruptive to both grandchildren and grandparents and that families might need support around the move beyond assistance with obtaining housing.

Informants reiterated the need to resolve problems with the building itself: the water and sewer problems that cause flooding, inadequate ventilation in the common areas, and the need for more air conditioning units in resident bedrooms.

GRANDPARENTS’ PERSPECTIVES

Follow through on Time 1 recommendations. We asked grandparent residents to indicate to what extent they believed the tenant-based recommendations that were included in the initial evaluation report had been addressed. The recommendations included (1) providing more activities for older children and teens, (2) providing more programs for grandparents, (3) facilitating residents’ access to senior activities in the community and informal activities at GFH, and (4) increasing grandparent involvement in decision-making at GFH.

Several of the respondents were not aware of the initial report or recommendations because they moved to GFH after the report was completed. Moreover, most respondents did not provide feedback on all aspects of this question. For the most part, resident respondents reported that they did not think recommendations from the initial evaluation had resulted in noticeable change, and a couple of respondents were quite vocal that the recommendations had not been adequately addressed.

A few grandparent respondents mentioned the introduction of activities for teens. However, others described challenges associated with running teen programs at GFH. Several mentioned that the teens do not seem to be interested in organized activities and do not make use of available resources for teens in the surrounding community. Moreover, some respondents reported that other grandparents, either due to poor health or lack of committed effort, were not effective in getting their teen-age grandchildren to attend area activities.

Most respondents provided input to the initial report’s recommendations for more programs for grandparents within the building, as well as support for informal grandparent activities. Most respondents reported noticing little overall change in terms of grandparent

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20 The initial evaluation report was distributed to all residents twice: upon completion of report in 2000 and just before current interviews were conducted in summer 2002.

21 BAC-YOU staff reported that they responded to the first recommendation by adding a full-time Americorps position to increase youth programming during the fall of 2001. However, the Americorps worker left in early June before completing his term and could not be replaced until the next Americorps funding cycle, with the result that the teen programs had not been operating for two to three months prior to the interviews.
programs at GFH, although most mentioned and spoke positively about the YWCA arts and crafts program. Another resident expressed enthusiasm about the opportunity to participate in an off-site computer-training program that was to be made available through GFH resources.

Several grandparents recognized challenges associated with running programs for grandparents at GFH. For example, some YWCA grandparent programs, such as the exercise and computer programs, were not well attended. However, one resident who participated in the computer instruction program reported it did not run long enough for participants to acquire transferable skills, and another resident reported regularly attending the exercise class and wished it had continued. (According to BAC-YOU staff, grandparents had provided input in the decision to discontinue these YWCA programs).

The final recommendation from the initial report was to increase grandparent involvement in decision-making at GFH. In response to this recommendation, BAC-YOU formed a Resident’s Council early in 2000. Despite ongoing Resident Council meetings, many resident respondents reported little productive communication or coordination between the tenants and BAC-YOU, and that BAC-YOU has not consistently followed through on what they said they would do.

Opinions regarding GFH. Grandparents were asked for their opinions (what they liked and disliked) about GFH – the building and the staff. About half of the grandparent residents like their apartments and think the building is attractive. Some mentioned shortcomings to their personal apartments: lack of soundproofing, inadequate light, lack of individual porches, and problems with basement apartments. The majority mentioned the need for major repairs to the building, most due to problems with initial construction (flooding, cracks, ventilation). Some were concerned about the impact of the building and maintenance on their health problems (mold, carpeting, cleaning materials). Despite the fact that the building meets fire code, several residents expressed concerns about inadequate escape options in case of fire. They mentioned that external fire escapes and two exits per apartment would make them feel safer.

Despite the many complaints, most respondents also provided positive comments regarding staff. They reported that maintenance, on the whole, does a good job cleaning and making small, routine repairs. Most respondents reported that BAC-YOU staff members were helpful and that administrators were committed to the GFH concept and were trying to correct problems in the building. One believed that the Resident Services Coordinator was hampered because he was not permitted to make and act on decisions directly (e.g., regarding home repairs or appliance replacements).

Several residents attributed many problems at GFH to the residents themselves. One respondent reported that efforts of maintenance “don’t last long” because residents create litter or “tear it up” soon after. Several mentioned the need for security, and one acknowledged the recent increase in security was “excellent.”

Tenant decision-making. Eight respondents reported that they regularly attended both House Meetings (informational meetings facilitated by the Resident Service Coordinator) and Resident Council Meetings (facilitated by grandparents). Half of those who attend meetings
thought that BAC-YOU staff increasingly listen and try to respond to resident concerns and that tenants sometimes have a say in decisions. Five residents noted that, even when staff listened to their concerns, staff often did not seem to be responsive to tenant input.

**Recommendations to improve GFH.** Interviewed residents were quite vocal in their recommendations for ways to improve GFH. Areas of greatest consensus included the need for space and programming for adolescents (including college and job preparation); more recreational programs for grandparents (trips, exercise programs, and computer training); development of outdoor space for residents of all ages; increased supervision and discipline of grandchildren by resident grandparents; and greater responsiveness to resident concerns by staff. Specifically, residents wanted a greater voice in decision-making, such as the destination of van trips and use of the community room for informal activities, and residents wanted input into the focus of funding proposals (to acquire programs or services they wanted).

Resident perspectives differed, to some extent, from those of program directors. Several grandparents expressed interest in reinstating computer and exercise programs. However, according to BAC-YOU staff, grandparents requested discontinuation of computer and exercise classes. Some residents expressed interest in greater availability of the community room for informal group activities. However, according to BAC-YOU staff, the community room is available for private use and has been used for family events and meetings. The room is locked when not in use due to failure of residents to clean up after family events. According to the YWCA, funds were raised for the arts and crafts program in response to a residents’ interest survey. Similar to the views expressed by staff, residents also mentioned the need for better tenant screening, procedures for addressing non-complying tenants. They also suggested establishing a buddy system to help families who were experiencing medical crises. Specific resident recommendations are listed in Appendix II.

**GFH as a community.** Not one of the ten grandparents interviewed believed that a “sense of community” has been achieved at GFH. Many residents expressed disappointment because they had anticipated GFH would become a mutually supportive environment for grandparents raising grandchildren.

“There’s very little neighborly things that go on here. No feeling of community whatsoever.”

Many attributed the lack of community to the behavior of older children and adolescents, especially the lack of respect for other residents. They also felt that the strong reaction of some grandparents to having their grandchildren reprimanded by other grandparents was a deterrence to creating a sense of community. One grandparent said, “If this is a families’ house, grandparents should supervise their kids more and be able to reprimand each others’ children. It takes ‘a family’ to do this.” Another grandparent described how she had learned to avoid confrontations with other grandparents, “When I see them [children] doing anything, I [now] turn my head and keep on going.” Some believed that too much negative gossip discouraged development of a sense of community.
Other respondents had anticipated that residents would help each other by providing a mutual support system but found that many residents do not want that. Others mentioned the lack of cohesion among grandparent residents: “They’re not united.” “All of them are not gonna agree or work together.”

**Has living at GFH made it easier or more difficult to raise grandchildren?** Three respondents reported that GFH made it easier to raise their grandchildren; the rest thought that raising grandchildren was more difficult at GFH. Those who claimed it was easier to raise children at GFH attributed this to the space (having bedrooms for grandchildren) and location (less crime-ridden than prior housing) of GFH. They did not attribute this to the support of other grandparents, however, and two reported that they did not permit their grandchildren to interact with other grandchildren at GFH: “It [living at GFH] doesn’t give me trouble because I’m keeping my grandchildren in the house.”

Among those who suggested that it was more difficult to raise their grandchildren at GFH, some were concerned about how other children at GFH treated their own grandchildren or exposed them to inappropriate activities. Others found living at GFH stressful because of problems with the building, behaviors of other families, or because GFH seems too crowded and noisy. Some thought it would be easier if the house had been located on a quieter street, with individual porches and yards.

Respondents were asked about their long-term plans for living at GFH. Two were in the process of or making plans to move closer to their families and friends. Two no longer had minor children living with them and anticipated moving as soon as they found an appropriate apartment. Two expected to remain at GFH until their grandchildren were grown (although one of these was being encouraged to relocate by her adult children), and the others reported that they would consider moving only if they could find better affordable housing – as much apartment space, fewer tenants, and private outdoor space.

**TEENS’ PERSPECTIVES**

A focus group was conducted with five adolescent girls, ages 13 to 17. 22 While they reported participating in few activities organized at GFH, teens reported participating in many activities outside GFH. These included physical activities (basketball, tennis, Double Dutch team, dance group, and Boys and Girls Club) and summer jobs (some of which were procured with help from BAC-YOU staff).

In the following material, teens’ opinions do not necessarily reflect actual practices and rules at GFH. Rather, the views of teens come from their understanding or interpretation regarding their experiences of living at GFH as adolescents.

**Teens’ experiences at GFH.** Teen respondents reported that there was nothing available to them at GFH. They experienced being welcome to use the computer room only when the youth worker was with them. They believed this was unjust, even if the computer program had

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22 All the teenage boys were attending camp and, thus, were not available at the time of the study.
been intended for children in YWCA programs. They reported that were not permitted to use the common spaces within the building (community room, basement rooms, fourth floor space). They also reported that residents reprimanded them for being noisy, for “hanging around,” riding their bikes on GFH property, or having snow fights.

“There’s zero for us to do in here…. All they do is, when we get in trouble, they seem surprised. You have nothing for us to do!”

“They don’t want to have anything for us to do, but they don’t want us to make noise either.”

Some teens reported that there was a 10 p.m. curfew, after which they would be locked out of the building. Others were not aware of this rule and questioned whether this only applied to younger children. The teens were asked what, in their opinion, would be a reasonable curfew. They indicated 10:30 or 11 p.m. would be reasonable if residents “agreed not to yell at you if you were outside before the curfew.” However, they were doubtful that residents would agree to such a late outside curfew. (According to BAC-YOU, there was an 11 p.m. curfew recently initiated by grandparents and put forth by the Resident Council. Moreover, nobody can be locked out of the building at any time; the outside door is always unlocked, giving residents and visitors access to the doorbells.) There seemed a lack of clear understanding among the teens of GFH policies and rules regarding permissible activities and the distinction between individual family and GFH rules, which contributed to confrontations between youth and adult residents.

Focus group participants believed that adult residents had little respect for teens and did not acknowledge their need for legitimate outlets and some freedom.

“They want you to respect them, but how you going to give respect if you don’t get it?”

Teens also expressed that the security guards were sometimes too intrusive and quick to find fault.

**What teens would like at GFH.** Teens spoke about the need for a place to congregate: “somewhere for us where we could be chilling.” They wondered why they couldn’t appropriate empty space on the fourth floor that they could fix up themselves. They wanted space for dancing that wouldn’t result in grandparents’ complaints about the music or noise. They also wanted to be able to use the vacant lot. They suggested they could help fix it up with an area for younger children and another for teens, perhaps with a basketball court. They also spoke about activities they would like BAC-YOU to provide outside GFH, such as a bowling or skate club. Although, according to BAC-YOU staff, this information is compiled and made available to resident families, teens reported that many grandparents were not aware of available resources in the city and wanted GFH staff to find information for them. Moreover, they reported that some grandparents would not allow their grandchildren to participate in outside activities.

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23 The AmeriCorps youth worker had left two months prior to the evaluation.

24 According to BAC-YOU, teens are permitted to use the community room and have free access to the 4th floor so long as they do not engage in illegal or destructive activities in these spaces.
Teens reported that they want access to computers in the computer lab and resent being turned away because they are not in the YWCA program. They thought it unfair that non-resident children can use the computers while they are not welcomed. A teen who had a personal computer did not think she could do her homework effectively without it. Laptop computers had been donated to GFH by an outside funding agency that were to be distributed, one to each resident household. However, one teen raised the issue of the inequity of one laptop per apartment, when she has five siblings.

Two teens thought there should be tutoring or homework assistance so they would not have to go to summer school. They also expressed an interest in more assistance with college and job preparation, such as a listing of job opportunities and help with resumes. They reported receiving assistance from one resident grandmother and an older teen (participant of the focus group), but they believed personnel at GFH were supposed to help with this.

**GFH as a community.** Teens did not believe there was a community at GFH. Families were “really separated.”

“A lot of grandparents don’t go to meetings because they disrespect each other.”

When asked why they thought there was such separation, a number of reasons were given. Animosities between grandparents carried over to the grandchildren.

“The grandparents who aren’t friends with our families, their kids ain’t friends with us.”

The teens believed that grandparents without teenagers do not understand modern adolescents. These grandparents try to reprimand them by bringing up how things were when they were younger, telling them that was not how they were (or should be) raised, and that their grandchildren wouldn’t speak that way because they would be raised differently. They also mentioned that conversations could be overhead through the thin walls dividing apartments. Adolescents reported that adult residents believe teens are purposely loud out of disrespect, and when they do turn down the volume of their music, it is not acknowledged because the grandparents still can hear it.

**Opinions regarding GFH staff and the building.** Teens liked the AmeriCorps youth worker because he took them on field trips and asked them where they wanted to go. The youth worker drove the van, which provided them more opportunities for organized activities outside GFH. They also enjoyed the holiday parties at GFH, which they attributed to the AmeriCorps worker. They did not appreciate other staff members, whom they felt “harassed” their visitors. They were concerned about their grandparents’ health and suggested the van should be available for grandparents who needed to go to the doctor or hospital.

Adolescents’ complaints about the building mirrored grandparents’ complaints. They were concerned about fire safety because they worried that grandparents with mobility limitations could not get down the stairs. They also thought all families should have a porch if anyone has one (referring to the one family with an individual porch.)
How moving to GFH affected teens and their families. All but one teen reported that living at GFH was problematic. One teen thought her prior home was boring and that here, she had lots of friends. Several teens mentioned that living at GFH put a lot of stress on their grandparents. A few teens acknowledged that their own behavior was worse, which they attributed to the stress of GFH:

“It was better on my old street, before I moved here. I wasn’t the way I am. I’m bad. Because on my old street, it was just me and my cousins, and I went to school and I didn’t do anything like I do now. These GFH people get on my nerves because they be complaining over the littlest stuff.”

Other teens reported on the lack of clarity between family rules and GFH rules, which they do not think are clearly articulated. One teen summed up her reflection on living at GFH: “It’s kind of like we’re in prison.”

RECOMMENDATIONS FOR REPLICATION

Both residents and key informants provided a variety of insights and recommendations for communities thinking about developing supportive housing for grandparent caregiver families. These recommendations have been organized into three broad areas: planning, space, and design; tenant policy development; and staff and program issues. Each is discussed in turn.

Planning, space, and design issues. Initial planning for “grandfamilies” housing should include careful study of the prospective tenant population (e.g., the economic, social, and support needs of grandparents and grandchildren) to ensure that the housing, program capacity, and services will match with tenant needs. Prospective tenants and neighbors should be included in the planning and development process. An in-depth study of the proposed neighborhood should assess the availability of elder and youth programs and services as well as access to shopping and public transportation. Neighborhood and building safety issues need to be realistically evaluated.

The estimated operating budget should ensure sufficient funds for ongoing security, programming (including a youth coordinator), support services, and maintenance, as well as contingency funds for unforeseen expenses. If residents represent very low-income families who rely on Section 8s or other housing subsidies, a contingency fund should be built into the budget to cover less than full occupancy. Creative and systematic use of volunteers and strong linkages with community resources (such as churches, senior centers, girl scouts, etc.) can be critical so that programs do not rely heavily on the operating budget. Program developers should think broadly in seeking funding – beyond traditional elder services or public housing funders.

To meet the complex needs of elders and children of varying ages, adequate common space is needed. Ideally, there should be a large community room – large enough for youth activities, dances, and parties, but designed with the flexibility to be broken down into smaller spaces as needed. The community room should be available regularly and should be located apart from residential units (perhaps adjacent to management offices), to minimize noise disturbance. On-site programming should also be housed apart from residential units. There
should be adequate outdoor space for a children’s playground, seating areas for elders, family cookouts, and recreation space for youth.

Many informants suggested that housing programs for “grandfamilies” should be larger to be cost-effective. They should include more units within the program so that providing community space and programming is economically feasible. Several grandparents and informants suggested that townhouses or smaller buildings (with no more than three families sharing a common entryway) would be preferable to large, multi-unit buildings. Smaller clusters of units would permit individual porches and small yards, more windows, better soundproofing, and a greater sense of privacy. Informants suggested that avoiding “high density” living spaces would reduce inter-family conflict. Smaller buildings would also address residents’ concerns about fire safety. Individual units should also have more storage space, and bedrooms should be large enough for two children.

Some respondents (both residents and staff) suggested that mixing “grandfamilies” with other types of residents might be a more viable model – financially and programmatically. For instance, a development could include other low-income family configurations or mixed income families to provide a broader economic base. It might be advisable to include younger families less in need of intensive support services. The experience of GrandFamilies House has shown that a concentration of older low-income grandparents raising grandchildren requires access to a range of costly support services.

Intergenerational supportive housing programs should provide security 24 hours per day, seven days per week. If the program included separate sites, it might consider a gated community system (as suggested by a grandparent). Informants recognized that security needs are complex because they involve providing security protection from the outside, but also within the building. For programs in urban areas especially, it is important that security personnel develop rapport and trust with residents, and the program should develop a working relationship with the local police department – with one or two officers who know the resident community well. This could be accomplished by having residents attend public police meetings and join or create a neighborhood crime watch.

**Tenant policy issues.** There was general consensus that programs for grandfamilies should develop clear tenant screening and residential policies. Program developers should first clarify their goals in terms of what types of families they are prepared to serve. Suggestions based on the experience of GFH include targeting families with young children (adolescents present substantial programming challenges), smaller families (the initial population at GFH was too dense), and a mix of families with regards to intensity of needs (it is important to serve grandfamilies with intense psychosocial and services needs, but too great a concentration will strain resources).

Resident families should be selected to match program goals. If the program intends to incorporate supportive services, prospective families should indicate a willingness and interest in using these services. Identification of individual service needs (such as home-makers, home-delivered meals, or home health aides for grandparents and counseling or recreational programs
for grandchildren) should be part of tenant screening. Grandfamilies programs should identify means to put needed services in place before agreeing to accept families with high-level needs.

Tenant policies should be developed prior to admitting residents and should be reviewed regularly for needed modifications. Policies and regulations should be clearly delineated in resident leases. Policy should address the issue of illegal tenants (such as parents and other relatives who make extended visits or move in). Program policy should address non-payment of rent, illegal and other disruptive activities, and grandparents who are no longer raising minor grandchildren. Policy should describe procedures for relocating families when they are no longer within tenant guidelines. To recognize the uncertainties associated with older caregiver families, formal contingency plans should be developed and updated regularly. These should include identification of appropriate adults who have agreed and are prepared to take responsibility for the grandchildren in the case of short-term emergencies or extensive illness. A transition plan should also be developed to prepare families for a time when grandparents can no longer provide care (due to death or chronic illness/disability) and when children “age out” of the program.

**Staff and program issues.** To provide supportive housing effectively for intergenerational families, property management and on-site staff should be experienced with family, youth, and elder issues. Staff stability is important because the front-line staff must establish long-term, trusting relationships with residents. Management staff should “be prepared to make tough decisions while also demonstrating flexibility and compassion.” Even if the program uses an outside security company, security staff should be consistent.

Programming needs to match resident needs and interests. Experience with GFH indicated that children and adolescents comprise over half the resident population (which is likely for any “grandfamilies” housing unless family size is purposively limited). Thus, recreational, educational, and support programs for children and adolescents should be provided, either on-site or through formal connections with existing community services. At the same time, programs and services should be provided for grandparent caregivers – especially recreational activities that match their interests and provide opportunities for respite from caregiving. Input from residents, both grandparents and youth, should be solicited on a regular basis to maximize participation. Program directors should be prepared to modify programs and services to address the changing needs of aging grandparents and maturing children.

Grandparent caregiver families often have significant emotional, health, and economic problems that are best addressed with case management services. Case management services should be ongoing. These services should be prepared to identify incoming families’ service needs, monitor and identify new services as needed, assist with financial and custody issues, provide support for grieving (when a grandparent, parent, or grandchild dies), and support families as they transition out of the program.

Residents and informants involved with development believed there is merit to having a task force (consisting of community leaders, “experts” [on children, adolescents, and elders], grandparent caregivers, and neighbors) that provides a sounding board, not only with initial planning, but also with ongoing challenges associated with the program. Intergenerational housing programs should also encourage partnerships between service agencies (as did GFH).
No one organization is expert in every area; a variety of “experts” is needed. Collaborative efforts are challenging, however. Selecting appropriate service partners is critical – partner agencies should be creative, committed, and fiscally sound. A mechanism for providing residents with an on-going voice (such as a Tenant Council) is critical. To gain cooperation and prevent a paternalistic relationship between staff and residents, tenants should be consulted, listened to, and included in decisions.

**Conclusion.** Planning for effective affordable, supportive, intergenerational housing is complex! Philosophical as well as practical issues should be carefully thought through. What are the specific goals of the program (to meet housing needs or to provide comprehensive, supportive residential housing and services)? Who will be served (only low-income families, only “grandfamilies,” or a mix of families in terms of income and/or household composition)? Another consideration is whether to recruit systematically families who represent socioeconomic and racial/ethnic diversity or to admit families as they present, regardless of family background.

Programs should also anticipate a “learning curve.” As a program founder cautioned, it is unrealistic to think that all problems can be worked out in advance. When serving populations with complex social and economic problems, you cannot expect to fix the underlying problems associated with why grandparents are raising their grandchildren; you can only address some of the basic housing and services issues. Initially, there are very high expectations associated with an innovative program such as GFH, but high expectations are bound to crash. After a few years, leadership begins to emerge (both among residents and collaborating agencies), and eventually, the program settles into a more realistic set of expectations.
REFERENCES


Boston, MA: Gerontology Institute.


APPENDIX I

Activities at GFH

(During the year preceding and four months following the study period)

This listing is a sample of activities at GFH during the year preceding the study period:

- City of Boston/Microsoft event featuring visit by former Red Sox player and Mayor Menino (Jan 02); laptops distributed to families at later date (Sept 2002)
- A field trip to Six Flags Amusement Park was sponsored in July 2002, a bus was hired, and there were 45 participants including residents’ extended families.
- Annual Mother’s Day field trip to “I Remember Mama” luncheon party sponsored by Volunteers of America (May, 2002)
- United Way Community Care Day - volunteer clean-up event and barbecue for residents
- Teen attendance of YOA youth conferences
- Field trips and activities for teens: fishing trip, Franklin Park Zoo, Big Apple Circus, City-Wide Jam by Teen Empowerment; workshop by Youth Advocacy Project/Roxbury Defenders on juvenile crime and the law; Kumba concert at Harvard’s Sander’s Theatre, museum trip, GFH multicultural feast/talent show; weekly computer lab, Teen Council award ceremony

The following activities took place or were initiated during the six months following the study period (some in response to information gathered through this evaluation study):

Activities for grandchildren:

- Teen group facilitated by local church (Bibleway Christian Center) started in Sept 2002. The church offers a weekly teen group at GFH for grandchildren ages 13-18 with a focus on building self-esteem, discussing adolescent issues, developing positive relationships with grandparents, and preparing for college. Weekend activities, including transportation, are provided as well (outings to skating rinks, church youth group activities, etc.). A field trip to NYC was planned for Feb. but rescheduled due to snow.
- Some teens are participating in the Higginbottom-Jones College Tour, and will attend a fundraiser in March and an east coast tour of historically black colleges in April.
- Presentation by and sign-up for Big Brothers and Big Sisters Association. Dorchester Boys and Girls Club provides free memberships to grandchildren and runs teen activities and parties.
- School vacation week field trips for teens
- The Little House offers weekly activities, field trips, and community parties for grandchildren.
- Children’s Services of Roxbury offers teen activities.
- The Perkins’ Center has a teen center to which grandchildren are invited
- YWCA is considering program expansion to include teens
Activities and services for grandparents:

- Sept. 11th community volunteer day and resident barbecue (vacant lot clean-up and porches painted)
- Operation Frontline offered classes in cooking, nutrition, and healthy groceries to GFH residents.
- Monthly pick up of healthy foods (fruits and vegetables) and delivery to grandparents by AmeriCorps Member – provided by Fair Foods
- The Museum of Fine Arts awarded GFH the Institutional Pass Program, which provides tickets for general admission for the year.
- Visiting Nurses Association visits GFH twice monthly to offer health screening and information to grandparents.
- Continuation on monthly health-related presentations by community-based providers on topics including oral health.
- Grandfamily trip to Chicago to represent GFH at conference
- Biweekly grocery shopping trips instituted on a regular basis (In the past, if fewer than three residents were interested in the service, the van did not go out, but now the service is offered with no minimum required.)
- Stop ‘n Shop sends out shopping van on monthly basis.
- BAC-YOU’s Housing Resource Services Program provides housing search and placement services to all GFH residents who must relocate; BAC-YOU staff assists families in transfer of Section 8 voucher to new head of household in cases in which grandparent has passed away or is no longer able to care for the children.
- Children’s Services of Boston runs monthly group meetings.
- Commission on Affairs of the Elderly provides taxi vouchers, and sponsors special events for grandfamilies.
- The New England Organ Bank offers educational workshops.
- The Little House holds community events.
APPENDIX II
Resident Recommendations for Improving GrandFamilies House

(Number of respondents mentioning each idea)

• Provide space and programs for teens (college prep; job-finding; resumes) (7)
  [Do not provide programs for teens; they won’t use them.] (1)
• Develop more outdoor space: bigger playground, garden, vacant lot. (5)
  (seating for GPs at playground; increased playground availability for resident children not in pre-school program; move cars to rear of building.)
• Provide more grandparent programs (computer, exercise, Y memberships; sewing/knitting; GP trips) (5)
  [Do not provide more GP programs; GP’s are too sick to use them.] (1)
• Increase supervision and discipline grandchildren. (5)
• Improve (change) BAC-YOU staff (not responsive to needs of residents). (4)
• Fix the structural problems. (2)
• Install fire escapes (address concerns of mobility-limited residents). (2)
• Develop written procedures and consequences for tenants who do not comply. (2)
• Improve tenant screening. (2)
• Increase grandparent decision-making. (2)
• Provide space for GPs to meet and discuss problems with GC. (1)
• Provide more GFH social events to help build a community. (1)
• Develop a community care system to help GPs in or returning from hospital stays. (1)
• Better security system (so visitors don’t ring GPs’ doorbells at night when their own relative does not let them in). (1)
• Increased use of GFH van and GP choice in destinations. (1)
• Solicit resident input when seeking new program funding. (1)
• Integrate GFH racially (even if it means paying white families to live there). (1)
• Install a “No Loitering” sign and have security/police enforce it. (1)
THE GERONTOLOGY INSTITUTE

University of Massachusetts Boston

The Gerontology Institute at the University of Massachusetts Boston addresses social and economic issues associated with population aging. The Institute conducts applied research, analyzes policy issues, and engages in public education. It also encourages the participation of older people in aging services and policy development. In its work with local, state, national, and international organizations, the Institute has four priorities: 1) productive aging, that is, opportunities for older people to play useful social roles; 2) health care for the elderly; 3) long-term care for the elderly; and 4) economic security for older people. The Institute attempts to pay particular attention to the special needs of low-income minority elderly.

Established in 1984 by the Massachusetts Legislature, the Gerontology Institute is a part of the University of Massachusetts Boston. The Institute furthers the University’s educational programs in Gerontology. One of these is a multidisciplinary Ph.D. program in Gerontology. Through the Institute, doctoral students have the opportunity to gain experience in research and policy analysis. Institute personnel also teach in the Ph.D. program.

The Institute also supports undergraduate programs in Gerontology. Foremost among these is the Frank J. Manning Certificate Program in Gerontology, which prepares students for roles in aging services. Most students are over 60 years of age. Each year the Institute assists this program in conducting an applied research project in which students administer a large telephone survey. The Institute also supports an Advanced Certificate program; its in-depth courses focus on specific policy issues.

The Institute also publishes the Journal of Aging & Social Policy, a scholarly, peer-reviewed quarterly journal with an international perspective.

You can obtain information about recent Institute activities by visiting the Gerontology Institute’s web pages: www.geront.umb.edu or email: gerontology@umb.edu.