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A Global Perspective on Intersecting Social and Systemic Barriers Experienced by Grandparent-Caregivers: A Qualitative Systematic Review

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Cover Page Footnote

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*Research Article***A Global Perspective on Intersecting Social and Systemic Barriers Experienced by Grandparent-Caregivers: A Qualitative Systematic Review**

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Abstract

Globally, many grandparents are taking on the caregiving role for their grandchildren without public or government interjection of support, particularly financial assistance for basic needs such as housing, health care, and living expenses. This paper aimed to broaden understanding of social and systemic barriers experienced by grandparent-caregivers across the globe. Of the 2,828 relevant grandparent-caregiving studies identified in the literature, 34 representing eight countries met our inclusion criteria to answer the research question and the focus of this paper: What are the social and systemic barriers experienced by grandparent-caregivers across the globe? We utilized George W. Noblit and Dwight meta-ethnography method and phases of the eMERGe reporting guidelines to improve the completeness and clarity of the synthesis. Bronfenbrenner's socioecological model informed the qualitative analysis that consisted of three interactive levels that impacted the various aspects of grandparent-caregivers and their grandchildren: the exosystem (physical environment and programs and services), macrosystem (systemic barriers, culture, religion, and spirituality), and chronosystem (time and historic influences). The use of both the meta-ethnography approach and eMERGe guidelines increased transparency, reproducibility and credibility of the synthesis, while the socioecological model enabled us to effectively identify common global and cross-cultural needs among grandparent-caregivers. Our findings have potential to: (1) identify gaps in, and barriers to, available resources for grandparent-caregivers and (2) inform the design of comprehensive intervention models and screening tools needed to address perceived support needs. Further research is needed on comprehensive assessment of support needs and health risks unique to each setting.

Keywords: grandparent-caregivers, social and systemic barriers, social support and services, qualitative systematic review

Grandparents raising grandchildren is an internationally recognized phenomenon. An estimated 163 million children worldwide are under the care of their grandparents or other relatives (Leinaweaver, 2014). According to Dolbin-MacNab and Yancura (2018), the universality of the grandparent role for supporting grandchildren is well-established, but the meaning of the role varies across countries. These authors suggest race/ethnicity, nationality, and culture intersect in varying ways, giving distinct meaning to caregiver roles and responsibilities. They further suggest that countries' socioeconomic and political infrastructures produce multiple environmental forces that affect how grandparents carry out their responsibilities. Such forces are attributed to changes in normative parenting traditions and customs that foster extended caregiving roles performed by grandparents, with grandmothers performing the largest share of parenting responsibilities (Chen et al., 2011; Leinaweaver, 2014; Roy, 2021).

Varied terms identify grandparents who care for grandchildren. In the U.S., formally recognized terms used by service providers and other professionals include *custodial grandparents* and *informal kinship care*. These terms are used in contrast to formal *foster care*, which is understood as having public child welfare involvement and includes the provision of multiple support services provided to the family (Lent & Otto, 2018). The term *custodial grandparents* refers to grandparents as primary caregivers who have full responsibility for their grandchildren and sometimes have legal responsibility for them, although not always. These terms differ from *co-residing grandparents* who live in multigenerational households, which may include the biological adult parent of a child or other adult children. In other countries, there appears to be less formality about using a specific term for this family group. *Surrogate mothers* (Asia), *carer grandparents* (South Africa), and *grandparent-caregivers* (Uganda) have been used to reflect grandparents with full parental responsibility for their grandchildren versus grandparents who provide limited or occasional care (Chang & Hayter, 2011; Matovu et al., 2019; Mhaka-Mutepe et al., 2017). For this paper, we will use the terms grandparent-caregivers to refer to grandparents who formally or informally reside with their grandchildren and assume full responsibility for raising them.

There are several contextual antecedents to grandparents taking on the primary responsibility for grandchildren care worldwide. Parental substance use disorder has been a dominant reason not only in the U.S (Dolbin-MacNab & O'Connell, 2021; Generations United, 2018; Hayslip et al., 2019; Minkler et al., 1992; Roe et al., 1994) but in other countries such as Australia (Fitzpatrick & Reeve, 2003), the United Kingdom (Templeton, 2012), Spain (Frem et al., 2017), and Japan (Yamamoto et al., 2022). Mass rural-urban migration, in countries such as China and Cambodia, and the HIV/AIDs epidemic across sub-Saharan Africa have also been reported as prevailing reasons for grandparent-caregiving (Harris & Kim, 2014; Kamya & Poindexter, 2009; Matovu et al., 2020; Matovu & Wallhagen, 2020; Poindexter & Linsk, 1999). Recent work estimating children affected by the COVID-19 pandemic is emerging and suggesting parental or caregiver death as another global factor that likely will impact the incidence of grandparent-caregiving (Hillis et al., 2021).

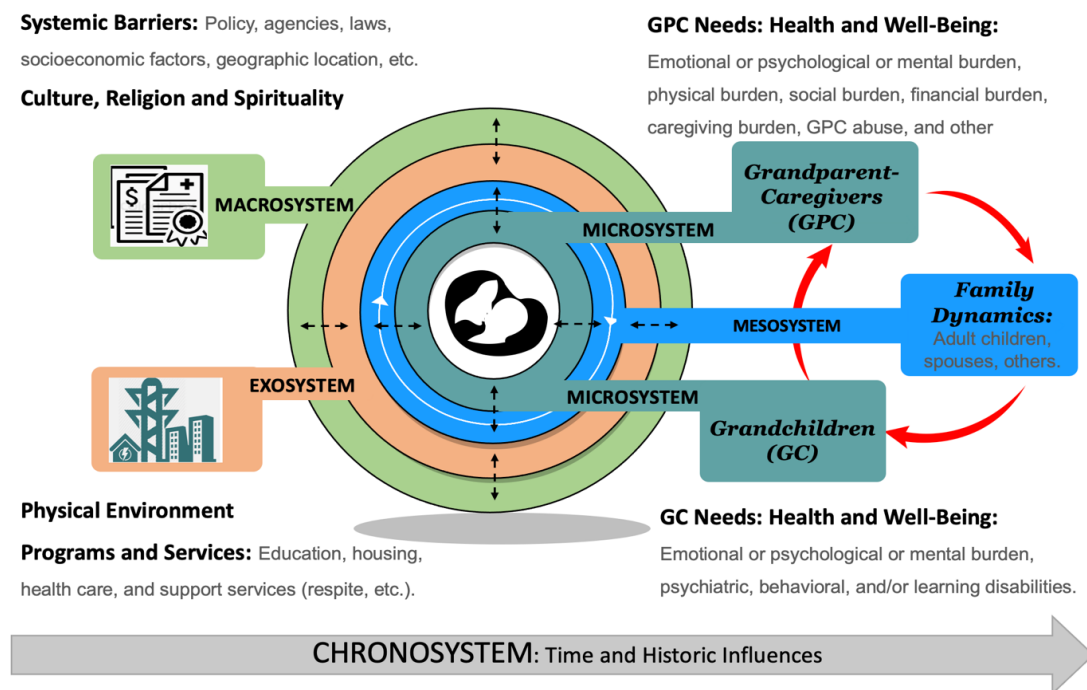
Because grandparent-caregiving is a global phenomenon, understanding the social and environmental challenges of grandparent-caregivers across settings provides an opportunity to consider the universality of those needs and their impact on cultural meaning of the caregiving roles. Responses to recognized needs of grandparent-caregivers must certainly consider the sociopolitical environment in which the family resides, including cultural values, normative

family roles, and access to public/private monetary and social resources to promote family well-being. Using this context, a meta-ethnography of global qualitative studies was conducted to address the central research question: What are the social and systemic barriers experienced by grandparent-caregivers? In any given setting, addressing grandparent-caregivers' barriers to accessing needed resources is a critical step to mitigating those challenges. A preponderance of literature on grandparent-caregiving focuses on individual or family-based factors that affect family dynamics and functioning (e.g., grandparent and grandchild; grandparent-birth parents; grandchild and birth parents or other family members).

As critical as those individual and familial relationships are, sometimes the source of the interruption is external to the family system and stems from environmental or social systems effects including sociopolitical forces, cultural adjustments, and workforce demands. The overall health and well-being of grandparent-caregivers globally can be improved by attending to the upstream and downstream effects of various determinants of health and well-being within diverse geographic settings. Therefore, in the current paper, we sought to understand the contextual social and systemic factors that shape the experiences of grandparent-caregivers across global settings. Reviewing qualitative studies across countries gives an opportunity to use detailed, rich content reflecting the voices of grandparent-caregivers, allowing them to give social and cultural context to their experiences. In turn, those experiences can be used to consider environmentally supportive and socially relevant responses that promote the well-being of grandparent-caregivers and their grandchildren living in diverse localities.

Theoretical Framework

Bronfenbrenner's (1974, 1977) socioecological model was used to conceptualize the findings. The model provides a holistic approach to view the dynamic interactions among family members within their social environment and the potential effects on child development. As illustrated in Figure 1, the model includes the microsystem that describes the grandparent-caregivers' and grandchildren's health and well-being within their most immediate environment (household, family), and the mesosystem in which elements of the microsystems intersect and influence each other, expressed primarily through family dynamics. However, for purposes of the present paper, we will specifically review three elements of the Bronfenbrenner model that extend beyond the family unit: exosystem, macrosystem, and chronosystem subsystems (see Bronfenbrenner, 1974, 1977).

Figure 1*Perceived Needs of Primary Grandparent-Caregivers*

The *exosystem* considers those physical environment systems that impact, directly or indirectly, family functioning (e.g., housing, neighborhoods, communities, schools, religious institutions, court systems, health care systems or familial support networks) (Bronfenbrenner, 1974, 1986). The *macrosystem* broadly considers the culture, values, and social norms within society, as well as the public laws and regulations that reflect a society's culture and values, but also characterizes how families do or do not access required support resources (Bronfenbrenner, 1974, 1986). Finally, the *chronosystem* considers temporal/historic sociopolitical changes, as well as normative life events, or life transitions, occurring over time (e.g., family migration/immigration patterns) and major life transitions of birth parents (e.g., divorce, death) (Bronfenbrenner, 1974, 1986).

Viewing these three subsystems allows one to consider how social systems promote family well-being, as well as how they might introduce risks or threats to families, such as the absence of needed public benefits that intensifies challenges for grandparent-caregivers (Bronfenbrenner, 1974, 1986). Certainly, the constellation of elements within subsystems and the interactions among systems will be unique, depending on geography and national policy, as well as the social context in which these subsystems are constructed and sustained.

Methods

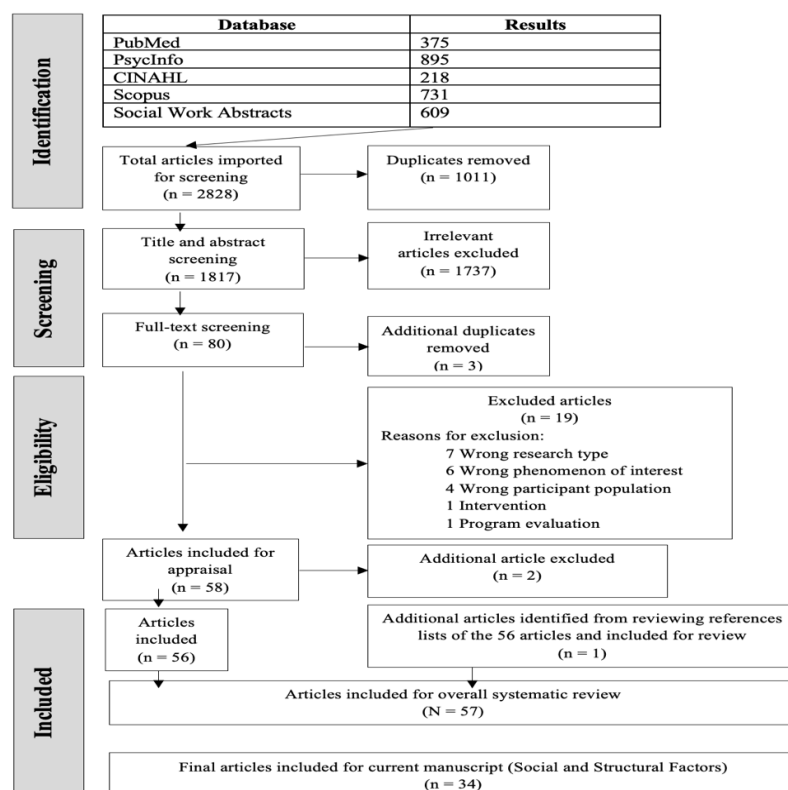
This meta-ethnographic systematic review followed seven iterative, overlapping phases informed by Noblit's and Hare's (1988) method. Meta-ethnography uses an interpretive, inductive, and reiterative approach, rather than following a linear approach, in systematically reviewing qualitative evidence. We followed Phases 1 through 7 of the eMERGe reporting guidelines to increase "transparency and completeness of reporting, making it easier for diverse stakeholders to judge the trustworthiness and credibility of meta-ethnographies" (France et al., 2019, p. 10). Using the eMERGe guidance, we explicitly state the meta-ethnography's aim,

focus, rationale and context, and review question(s) used; we describe the literature search and screening strategy and eligibility of included studies; we detail the data-extraction approach and presenting characteristics of included studies and how they are related; we translate, synthesize and present summative study findings; and we present the strengths, limitations, and reflexivity. This approach enabled us to effectively synthesize and identify common needs among grandparent-caregivers across settings with the intention of increasing usability of our findings to inform potential interventions to support these older adults. After verifying in Prospero (n.d.) that there were no registered, ongoing, or similar reviews, we finalized our review protocol (see Appendix A). Reviewer 1 (SM) worked with an expert librarian to develop a comprehensive search strategy of the literature using the databases and search terms detailed in the review protocol.

The Sample, Phenomenon of Interest, Design, Evaluation, Research type (SPIDER) tool was used to refine the review questions, inclusion and exclusion criteria, and respective justifications (see Appendix B). Titles and abstracts of selected citations were screened by Reviewers 1(SM) and 3 (HMY) who periodically discussed the screening process and addressed any issues that arose (Porritt et al., 2014). The selected qualitative studies were published between January 1990 to January 2020. The rationale for this time span selection was determined by the results of an initial *sensitive* search of the literature, performed at the beginning of the systematic review, that yielded very few exploratory and noncomprehensive studies on the phenomenon that existed before 1990. To ensure an exhaustive search of all relevant studies, the reference lists of all articles were critically analyzed by Reviewer 1. A PRISMA figure displaying the article screening and selection process is provided in F

Figure 2

PRISMA: Study Screening Process



Data Management and Extraction

Reviewer 2 (DMW) manually extracted data from the included studies and input the data into a Word document. Reviewer 1 verified that the files included all relevant data from the articles.

Quality Assessment

Reviewers 1 and 2 used the Critical Appraisal Skills Programme (CASP) (Public Health Resource Unit, 2006; <https://casp-uk.net/images/checklist/documents/CASP-Randomised-Controlled-Trial-Checklist/CASP-RCT-Checklist-PDF-Fillable-Form.pdf>) quality assessment 10-question checklist to independently evaluate articles for quality and relevance. We customized this template in SUMARI software (Piper, 2019).

Identification of Interpretive Metaphors

Using an inductive approach, Reviewers 1 and 3 separately analyzed and coded text in ATLAS.ti (2021), including data that were relevant to the review question. They met to resolve any issues that arose from the coding process Charmaz (2006) and sought to understand the relationship among the individual studies by comparing both the accumulated open codes and focused codes.

Data Synthesis

At this phase, the contexts and interrelations among metaphors (subthemes and themes) were identified within and among individual studies, and preliminary inferences about the emerging whole were noted independently by Reviewers 1, 2, and 3. The final step of the synthesis, performed by all three reviewers, was to identify studies ($n = 34$) that focused on the social and systemic barriers (criteria for inclusion in current manuscript) experienced by grandparent-caregivers.

Findings

Expressing the Synthesis

Our qualitative systematic review yielded 34 studies from eight countries: USA (24), Belgium (1), Ireland (1), Vietnam (1), Canada (1), Taiwan (1), Australia (2), and South Africa (3). Informed by Bronfenbrenner's (1974) theoretical framework, the exosystem (physical environment, programs and services), macrosystem (systemic barriers, culture, religion, spirituality), and chronosystem (time, historic influences) were used to describe the social and systemic factors reported by grandparent-caregivers as needs challenges, barriers, concerns, burdens, necessities, requirements, demands, or stressors (Figure 1). The study characteristics for each reviewed article and their related themes are presented in Table 1 under Appendix C and Table 2, respectively.

Table 2*Major Code/Theme Distribution and Frequency (N = 34)*

Level	Theme	Subthemes	Citations [# of Studies and Theme Frequency]
Exosystem	1. Physical Environment	a. Housing availability and affordability b. Poor conditions: insect infestation, mold, leaks, damage c. Neighborhood safety d. Rural/urban	[6] Caliandro & Hughes, 1998; Chazan, 2013; Dolbin-MacNab, 2006; Van Holen et al., 2017; Polvere et al., 2018; Simpson & Lawrence-Webb, 2009)
Exosystem	2. Programs and Services	a. Programs: financial, public assistance eligibility b. Legal: adoption, guardianship, foster parent certification, child protection, service eligibility c. Medical: mental, behavioral, physical care d. Social: social service programs, police, respite, faith community, networks e. Educational: skills, technology, GC education issues f. Parenting training and orientation	[14] Brownell et al., 2003; Cross & Day, 2008; Cross et al., 2010; Crowther et al., 2014; del Bene, 2010; Gibson, 1999; Gladstone et al., 2009; Harris, 2013; King et al., 2009; Polvere et al., 2018; Rodgers & Jones, 1999; Simpson & Lawrence-Webb, 2009; Van Holen et al., 2017; Waldrop & Weber, 2001
Macrosystem	1. Systemic Barriers and Challenges	a. Systemic fear, distrust, and frustration b. Information and knowledge barriers c. Navigation barriers d. Policies and regulations: kinship foster parents, financial aid eligibility, decision authority e. Personnel and agencies: dissatisfaction, conflict f. System is broken	[15] Backhouse & Graham, 2013; Bailey et al., 2013; Brownell et al., 2003; Cross et al., 2010; Gibson, 1999; Gibson, 2003; Gladstone et al., 2009; Guastafarro et al., 2014; Harris, 2013; Van Holen et al., 2017; Lange & Greif, 2011; O'Leary & Butler, 2015; Orb & Davey, 2005; Rodgers & Jones, 1999; Simpson & Lawrence-Webb, 2009

	2. Culture, Religion and Spirituality.	Beliefs, behaviors, customs, norms	[14] Backhouse & Graham, 2013; Brownell et al., 2003; Bullock, 2006; Caliandro & Hughes, 1998; Chang & Hayter, 2011; Climo et al., 2002; Cross & Day, 2008; Dolbin-MacNab et al., 2016; Haglund, 2000; Henderson et al., 2017; Lewis et al., 2018; Mokone, 2014; Poindexter & Linsk, 1999; Rodgers & Jones, 1999; Simpson & Lawrence-Webb, 2009
Chronosystem		Temporal/historic sociopolitical and racial changes, normative life events	[6] Chazan, 2013; Dolbin-MacNab et al., 2016; Kanya & Poindexter, 2009; Minkler et al., 1992; Roe et al., 1994; Simpson & Lawrence-Webb, 2009

Exosystem

The exosystem incorporates formal and informal social structures that indirectly impact the lives of grandparent-caregivers and that of their families. These consisted of two themes: (1) physical environment and (2) programs and services.

Physical Environment. A critical element of grandparent-caregivers and grandchildren health and well-being is the quality, safety, and security of their physical environment, particularly the security of their homes and neighborhoods. Globally, housing presented both financial challenges and functional or physical/mobility limitations (e.g., inadequate space and accessibility). Grandparent-caregivers in the U.S. were challenged with access to housing, especially since regulations for public senior housing facilities generally exclude children. As a result, many grandparent-caregivers responsible for their grandchildren were unable to qualify for or maintain senior housing residence and had to relocate. Grandparent-caregivers who had previously “downsized” their living space found confinements with the added family size and composition with grandchildren, including lack of privacy or personal space for family members. Poor housing conditions—including insect infestations, mold, leaks, and other building deficits—were a source of stress for grandparent-caregivers, and many were hesitant to present these conditions to landlords due to fear of possible eviction. Grandparent-caregivers in Belgium expressed the importance of having adequate living space for themselves and their grandchildren (Van Holen et al, 2017). In many cases, the issue of one’s physical environment was directly linked to having adequate income to meet necessities, including housing (Chazan, 2013). However, grandparent-caregivers did not describe specifics about the type of housing options needed or preferred, focusing instead on the need to obtain financial assistance to support their current residential space.

Another feature of the physical environment reported in the U.S. was neighborhoods. Some grandparent-caregivers described needing to protect their grandchildren from perceived

threats stemming from ongoing neighborhood criminal activity. When access to a safe and diverse community space is limited or unavailable, grandparent-caregivers and grandchildren find it more challenging to identify safe spaces to socialize and thrive. This problem relates to the issue of financial constraints and the inability to readily relocate to other communities with affordable housing and neighborhoods perceived as less threatening.

Housing and the conditions of the neighborhood were not consistently given specific attention by grandparent-caregivers in countries outside the U.S. Housing conditions had to be extreme for grandparent-caregivers to note them. When public support to address a basic need was unavailable to them, many grandparent-caregivers spoke of the support they received from members within their local neighborhoods or social groups that provided opportunities to earn extra income to meet their financial burdens.

Programs and Services. Grandparent-caregivers across the globe resoundingly expressed the need for resources from adult and children services and specialized programs perceived as necessary for effective self-care and child rearing.

Benefit Programs. Grandparent-caregivers in the U.S. acknowledged access to a variety of government-based, family-focused health and human services, including medical insurance (Medicaid), food access (Supplemental Nutrition Assistance Program [SNAP] and Women Infants & Children [WIC]), and financial assistance for older adults, especially those with disabilities, and children (Social Security, Supplemental Security Income [SSI], and Temporary Assistance for Needy Families [TANF]). Through public policy, these programs are designed to support the most financially vulnerable families and are essential to support grandparent-caregivers and their grandchildren. While these and other support services are available to grandparent-caregivers in the U.S., accessing them has significant barriers, including knowing how to apply for benefits, especially when applying online; staying connected with agency case workers in the face of agency staff turnover; and general historical mistrust of public agencies by families of color, due to past negative experiences with such agencies.

Grandparent-caregivers in other countries described access to certain public support programs and benefits, but such programs may not be as robust as U.S. programs. For example, grandparent-caregivers in Australia and South Africa noted that even though they had access to governmental financial support (pensions, child support, and/or foster care grants), it was very limited and did not meet all the financial needs required to raise children. As a result, grandparent-caregivers had to find other means in their local communities to supplement their income—employment, borrowing money from family/friends, or as reported by grandparent-caregivers in Vietnam, obtaining high interest loans from the community “loan sharks” to make ends meet. In some settings, such as sub-Saharan African countries, social services are nonexistent.

Legal Services. Globally, grandparent-caregivers expressed needs related to accessing legal rights, information, and knowledge (e.g., options for adoption, guardianship, certification as a foster parent, and power of attorney) that would allow them to make decisions and take responsibility for their grandchildren. They also reported the need for guidance on legal procedures related to juvenile and child protection and dealing with intergenerational conflicts. Many grandparent-caregivers expressed difficulties and frustrations with expensive and

emotionally draining legal processes (e.g., court appeals after being denied public benefits, custody battles with birth parents, and prolonged processes to prove eligibility for services).

Medical Services. Grandparent-caregivers identified the importance of mental, behavioral, or physical health needs for themselves, their grandchildren, and their adult children, including preventative, maintenance, or acute health care and dental care, surgery, counseling, information and referrals, case management, and drug treatment and rehabilitation.

Social Services/Support. Grandparent-caregivers identified a variety of community organizations and groups useful for meeting their needs and those of their grandchildren. In the U.S., both public and private organizations provided support to grandparent-caregivers in group formats (e.g., support groups) allowing them to share experiences and feelings related to their caregiving role, responsibilities, and intergenerational challenges. There were also support groups created for the grandchildren to share their experiences with a professional group leader. Grandparent-caregivers sought assistance from police and other social services to resolve, intervene, or manage family crises. Grandparent-caregivers also expressed the need for formal programs for respite care, such as providing in-home supervision of grandchildren to promote self-care.

Globally, grandparent-caregivers sought support from religious or social groups, whereas, in some western countries social service agencies established the groups and recruited grandparent-caregivers from their locality to join. In other countries, like South Africa, support groups were created more organically. As reported by Chazan (2013), what started out as a grandparent-caregiver support group evolved into a relative/fictive kin community group. Many of the caregivers had similar financial, emotional, and social needs and used the group to share ideas and information.

Grandparent-caregivers in Vietnam (Harris & Kim, 2014) spoke of the positive sense of community they have with their neighbors. Despite the difficult challenges of caregiving for their grandchildren, being able to visit and share their experiences with friends in their communities helped to lessen the “hardness” of their lives. These friends sometimes provided financial assistance, but more commonly provided emotional support. As noted by one grandparent, “This changes the environment a little bit. After that, I come back home to cook for my children and return to my routine feeling a little better” (Harris & Kim, 2014, p. 1052). In other settings where the social networks were small—especially for grandparent-caregivers who had lost several adult children, spouses, and other extended family members—accessing such community-based supportive groups was a challenge.

Educational Services. Grandparent-caregivers identified the need for services that support grandchildren’s education and skill-building. They expressed challenges in meeting their grandchildren’s educational needs, especially given their own limited access to information, knowledge of technology, and the generation gap between themselves and their grandchildren. Grandparent-caregivers also were burdened by the lack of skills for homeschooling or assisting their grandchildren with homework, especially given that some did not have sufficient education. Educational needs for grandchildren with learning disabilities were particularly stressful for grandparent-caregivers. Grandparent-caregivers identified education-related challenges and voiced needs for school programs and afterschool care, career guidance classes, information on how to advise their grandchildren about career and goal planning, and vocational training

programs. In many countries, addressing the educational needs of their grandchildren also meant being able to pay the required educational fees. Grandparent-caregivers in South Africa, Vietnam, and Taiwan reported their deliberate efforts to ensure they had the financial resources to keep their grandchildren in school, even if it meant going without other necessities or working extra jobs to bring in added income.

Parenting Training and Orientations. Grandparent-caregivers also expressed the need for general parenting skills and knowledge on raising grandchildren of a different gender and across developmental stages. For example, some grandparent-caregivers recommended church-based services offered by male clergymen and church members as places to find role models for grandsons. In the U.S., grandparent-caregivers desired mentorship programs such as Big Brothers Big Sisters. Conversely, grandparent-caregivers in other countries had less specific information about enhancing grandparents' knowledge about parenting. However, one grandmother, as reported by Mokone (2014), advised that grandparent-caregivers [in South Africa] needed to participate in community workshops, group discussions, and listen to TV/radio "to be knowledgeable and able to help the younger generations" (p.198). Her suggestion seems to imply local resources are available to grandparent-caregivers to support parenting knowledge. How accessible these resources are to a broad range of families across localities in South Africa is uncertain.

Macrosystem

This category is defined by social, institutional, and cultural elements that impact the lives of grandparent-caregivers, including socioeconomic status, wealth and poverty, and governmental bureaucracies. Two themes summarize the findings for this grouping: (1) systemic barriers and (2) culture, religion, and spirituality.

Systemic Barriers. Three subthemes framed grandparent-caregivers' perspectives about systems barriers: public systems, policies and regulations, and barriers related to agency personnel.

Public Systems. Across countries, grandparent-caregivers described a common theme regarding the challenge of obtaining support from public systems. As described by one grandparent-caregiver, "The system doesn't work. It's broken" (Lange & Greif, 2011, p.21). Grandparent-caregivers expressed disappointment, fear, mistrust, and frustration in "the system" that was overarchingly defined in the U.S. as child welfare agencies, medical/behavioral health systems, housing/transportation systems, educational systems, financial systems, and legal systems. These agencies were perceived to control services needed by grandparent-caregivers to care for their grandchildren and management of their health and overall well-being. Although some grandparent-caregivers greatly benefited from the services provided by these public systems, others reported a lack of access due to information and other forms of barriers.

Backhouse and Graham (2013) reported grandparent-caregivers in Australia who also spoke of challenges navigating complex legal and social systems to the point some respondents spoke of the "injustice" of the system that provided little monetary support or recognition to grandparent-caregivers but provided broad resources to foster parents who are unrelated to the children. Chang and Hayter (2011) reported most of the grandmothers in their study in Taiwan received little financial assistance from their own children for the roles they have assumed. In

most cases, the grandmothers were raising their grandchildren with little or no financial support. Only one grandmother mentioned receiving government financial assistance after her husband became disabled and she was unable to work to care for her grandchildren.

Additionally, grandparent-caregivers identified various navigation barriers due to complexities and lack of coordination, especially in health and social systems. For example, some of the grandparent-caregivers in the U.S. reported that public programs operated in silos and failed to collaborate across programs when approving or denying services for a grandparent. Prolonged delays and system fragmentation led to frustration and difficulty accessing public benefits needed to care for their grandchildren.

Policies and Regulations. Grandparent-caregivers in U.S. studies often reported unfavorable and conflicting government and agency policies as a major barrier to accessing services and resources needed to provide care. Uncertain legal status contributed to difficulties with accessing services and fully enacting the parenting role. For example, some expressed a desire to apply as kinship foster parents, which would entitle them to monthly benefits and reduce their financial burden. However, others were deterred due to the additional demands and scrutiny under the formalized foster care system enforced by child welfare agencies. Lack of legal custody meant that grandparent-caregivers had limited decision-making power and that they could not access benefits available to non-related foster parents. Grandparents-caregivers also felt pressured to establish permanent child-care plans instead of making informal family arrangements, such as temporary placement of grandchildren with their parents. Furthermore, strict legal custody guidelines were time-bound, as grandparent-caregivers were expected to make such arrangements within a two-year period or else the grandchildren could be removed and put into the foster care system. Grandparent-caregivers' informal arrangements with their adult children also hindered their ability to provide efficient care for the grandchildren. Policies and regulations were not explicitly addressed in studies from outside the U.S possibly due to very limited or unavailable public policies/benefits for grandparent-caregivers.

Relating to Agency Personnel. Grandparents-caregivers in the U.S. repeatedly expressed frustrations with case managers' competence and consistency in handling cases. Some grandparent-caregivers had trouble identifying appropriate contacts to assist them, lack of cultural awareness in service provision, and lack of recognition by support services as crucial primary caregivers for their grandchildren. Grandparent-caregivers in other countries, such as South Africa, expressed similar frustrations. Interestingly, grandparent-caregivers in countries with access to NGOs seemed to have a higher regard for the services and staff administering services from these community-based programs.

Culture, Religion and Spirituality. Of the 34 reviewed studies, 14 focused on grandparent-caregivers' beliefs, behavior, customs, norms, and or attitudes. For example, Bullock (2006) explored the cultural differences among African American, White, and Latino grandfathers' reports of neglect and financial exploitation by others, finding cultural differences among the different groups regarding attitudes on co-ownership of wealth and obligation versus perceived exploitation. Also, Latina grandmothers, more frequently than their African American

and White peers, expressed more nuanced concern about grandchildren's nonverbal, disrespectful, and abusive behaviors, attributing lack of moral value to these behaviors.

Alaska Native (Yup'ik) grandparent-caregivers, like other cultural groups, believed in their long traditions of supporting their adult children in rearing their grandchildren and passing on wisdom to the younger generations. One of the main intergenerational challenges reported by Yup'ik grandparent-caregivers was that the grandchildren did not listen to their advice or were uninterested in engaging in traditional activities, such as berry-picking, fishing, hunting, and learning about their culture. This same sentiment was expressed by grandparent-caregivers in Vietnam.

Religion and spirituality also played a role as a source of strength in the face of adversity. For some, the lack of access to church services and community because of child-rearing responsibilities was an important loss. Mokone (2014) reported the importance of spirituality in South Africa. "These children are a gift from God" was a repeated phrase from the caregivers, even though several had significant financial issues, received little support from other family members, and faced social stigma from their larger community. It was the "power of God" that helped them find the inner strength to perform their role.

Chronosystem

The chronosystem is defined as the temporal, lifetime, racial, historic, and/or major sociopolitical changes that occur over a lifetime (Bronfenbrenner & Ceci, 1994). Chronosystem factors were not explicitly noted by grandparent-caregivers in the various settings, but they were implicitly recognized. Such factors included the passage of time and related normative and nonnormative life transitions and events in the grandparent-caregivers' environment, such as aging, divorce, death, or illness of adult children. Chang and Hayter (2011) reported that among Taiwanese aboriginal grandmother-caregivers, the effects of aging had a significant impact on the grandmothers and their ability to provide basic care for their grandchildren. As stated by one caregiver "Sometimes I feel my hands are powerless, because I'm old. When I give my granddaughter a bath, I worry if she will slip in the bathtub because my hands are powerless" (p. 212).

Many grandparent-caregivers reported generational differences between their adult children and the grandchildren, especially around their emotional and learning needs. Mokone (2014) in South Africa described the meaning of taking on the parenting role for grandchildren. One respondent spoke of how her role "has been a continuation of my adult responsibility . . . I can do things with my grandchildren that I did not do for and with my children" (p. 195). She sees herself as having a special and positive relationship with her grandchildren.

Events, such as the momentous rise in mass incarceration in the 1980s and 1990s that resulted from the crack epidemic, created the context for some U.S. grandparent-caregivers to become the primary caregivers for their grandchildren. This social injustice especially affected grandparents of color whose caregiving role was influenced by rulings in court systems that have negatively impacted minority racial groups (African American and Latinx) more than majority groups. In sub-Saharan Africa the HIV epidemic precipitated large numbers of older adults becoming the primary caregivers of orphaned grandchildren.

In other countries, such as Asian countries, work migration by birth parents is a significant factor that has influenced the prevalence of grandparent-caregivers. Shifts in work options that offer a livable wage have caused young workers to move from rural to urban areas. But even with movement of laborers, many grandparent-caregivers struggle more intensely, as

they have added costs in raising their grandchildren. If adult children provide financial assistance to the grandparent-caregivers, it often is not sufficient to meet all expenses. Such inconsistencies sometimes create intergenerational tensions between the grandparent and their adult children. However, raising grandchildren was generally viewed by grandparent-caregivers as a responsibility they would rather not relinquish, regardless of the financial stressors they encounter.

Discussion

Informed by Bronfenbrenner's (1994) socioecological model, this paper aimed to broaden understanding of social and systemic barriers experienced by grandparent-caregivers across the globe. It was evident that sociocultural and political/regulatory forces shaped both entry into the role and demands on grandparent-caregivers for their grandchildren. Most of the included studies (74%) were from North America, where the historical implications of the crack epidemic on minority families, particularly African Americans, provided a context for many grandparents taking on the primary caregiving role. More recently, however, the opioid crisis in the U.S., which has mostly impacted White grandparents-caregivers, has also been a contributing factor. However, as revealed in both the chronosystem and the culture themes, other factors around the world contributed to the prevalence of grandparent-caregiving, including the HIV/AIDS epidemic, martial conflicts, and parent migration and immigration patterns.

Recognition of context and culture to promote programming and service to grandparent-caregivers and their families is essential. Using the socioecological model and meta-ethnographic method allows one to systematically explore the lived experiences of grandparent-caregivers and understand their multifactorial social and systemic challenges. It also allows one to conceptualize the different ecological environments and existing gaps in public resources and support systems across countries. Despite diverse contextual factors, our findings suggest grandparent-caregivers share a degree of universal and complex experiences across countries and populations. Grandparent-caregivers live with similar social, and systemic barriers that have a profound effect on their health and well-being and the health of their grandchildren. Grandparent-caregivers live with ambiguity on many levels: their housing arrangements, especially with increasing family sizes as they take on full-time care of their grandchildren; obtaining legal rights and guardianship verses maintaining informal grandparenting roles until, for some, birth parents may assume parental responsibility again; potential loss of retirement benefits as they resume formal employment to support their households; upholding long traditions in the face of changing cultural values; and their conflicts in assuming a role outside of their developmental stage. Developmentally, grandparent-caregivers are engaged in the lives of young children at an unexpected time, so that the usual social supports available to parents are less responsive to their unique needs.

Although grandparent-caregiver needs remained unchanged over the two decades covered in our review, there is some movement towards more supportive structures and systems, especially in the U.S. For example, some schools are recognizing grandparent-caregivers as primary caregivers and are providing specific supports. Research from Africa, Thailand, and Vietnam revealed gaps in social supports. This could be due to the delay between recognizing a phenomenon and implementing action. It could also reflect societal reliance on families for multigenerational caregiving as a norm. In such settings, governmental and public priorities might be lower, and hence the services and supports for grandparent-caregivers.

Given the unique constraints, available resources, and capabilities in the various countries, different strategies may need to be adopted to address the barriers faced by grandparent-caregivers in these settings. The visibility of this vital group remains low across countries, and reviews such as this highlight salient issues with policy implications. It is evident that many countries, especially in the global south, must set priorities to address key demands experienced by grandparent-caregivers. Such priorities include improving household resources and family welfare through economic empowerment interventions. Other global strategies may include building stronger health systems and improving universal access to basic health-care services that many of the grandparent-caregivers need for themselves and their grandchildren.

Another important area of focus is improved child welfare policies and strengthening of the delivery of child protection services and quality education of all children, especially those who are orphaned. In addition, legislative and social supports are needed for the aging population of grandparents as informal caregivers, especially given their age-related challenges and chronic diseases. Ultimately, multilateral action is needed from governmental and nongovernmental organizations, as well as international, national, and private partners, to enact sustainable policy and generate accessible program interventions at the community and family level to improve the well-being of grandparent-caregivers and their grandchildren.

Limitations

Firstly, Bronfenbrenner's (1994) socioecological model that informed the systematic review analysis is generally limited by its lack of parsimony and clarity. However, the model provided us with a strong foundation for our analysis and better presentation of the many levels and components of the perceived needs of grandparent-caregivers within the global context. Utilization of more culturally appropriate models, such as the sustainable livelihoods framework, might improve generalizability of findings and provide a better understanding of the range of fundamental natural, human, social, and financial assets needed to address the challenges of grandparent-caregivers in low-resourced settings, especially as these relate to the United Nations General Assembly's sustainable development goals (2015). For example, researchers need to engage community partners in a given setting to further assess the supports and resources required to address unique needs. Given the qualitative nature of the meta-ethnography methodology in which generalizability of study findings may not be readily possible, higher levels of abstraction informed by comprehensive models can provide insights on the diverse needs of grandparent-caregivers across settings.

Secondly, although the aim of our study was to include as many countries as possible, our review revealed greater representation of studies from North America. This might be partially explained by the timing of research following social changes, as phenomena are recognized, then studied, and published. Our decision to include manuscripts written in English excluded perspectives from linguistically diverse researchers. Articles published until 2020 were included. It is possible that additional research is in the process of being conducted in response to more recent global events (e.g., COVID-19) that continue to shape the grandparent-caregiving phenomenon. We expect further insight will be generated as the implications of the COVID-19 pandemic become apparent. Recent publications have suggested how the virus has exacerbated the physical, social, emotional, and economic well-being of many families, including grandparent-caregivers (Tadesse et al., 2022; Treglia, et al., 2023; Wu et al., 2021; Xu et al., 2022). Even with these limitations, this review provided a robust set of themes including the exosystem, macrosystem, and chronosystem levels presented in this paper.

Conclusion

Despite playing an important role in assuring the future by nurturing the next generation, globally, grandparent-caregivers remain largely invisible. Raising the visibility of grandparent-caregivers and their unique challenges and substantial contributions in both health and social service arenas is a vital first step. The findings from our review provide a broad and multilevel perspective on social and systemic needs as perceived by grandparent-caregivers. The interconnectedness of issues at the systemic, social, and cultural levels has the potential to create barriers to accessing intrapersonal, familial, and individual supports. For example, the interplay between legal ambiguity and financial strain suggests approaching solutions from several perspectives, including custodial parent policy and economic welfare interventions.

As is often the case, when there are public health or other major social disruptions, affluent settings such as the U.S. with its broad infrastructure of family-based programs and services are able to provide grandparent-caregivers (and other relative caregivers) access to public programs and benefits. This capacity contrasts with the situations faced by families in more resource-constrained settings like sub-Saharan Africa. In recognizing the disproportionality of resources across countries, a call for global advocacy is necessary to stabilize and make existing public services more accessible to grandparents, as well as to develop public and/or private-based support resources to grandparent-caregivers in countries where few exist. Therefore, identification of needs across settings and at multiple levels underscores the value of a comprehensive assessment of grandparent-caregivers' need, and enables translation of research findings into policy, advocacy, and potential interventions.

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Appendix A

Systematic Review Protocol

What are the needs as perceived by primary grandparent-caregivers (GPCs) for minor grandchildren?

The above review question was refined using SPIDER search strategy (Cooke et al., 2012) to identify key concepts of interest as appropriate for qualitative systematic reviews.

Systematic Review Aim

The aim of this systematic review is to synthesize all available evidence that explores the needs perceived by grandparent-caregivers.

Systematic Review Methods

1. Develop Protocol.

- a. The protocol for this qualitative systematic review was developed.
- b. Inclusion and exclusion (see Table 2):
 - i. **Inclusion criteria** will be established as studies that: 1) were written in English language; 2) used either qualitative interviews of individual or focus groups of GPCs as primary caregivers for minor grandchildren to explore their perceived needs; and 3) Studies published from January 1990 to January 2020.
 - ii. **Exclusion criteria** will be established as studies: 1) in language other than English; 2) on other family caregivers other than grandparent-caregivers as primary care givers for their minor grandchildren; 3) that sought perspectives of individuals other than GPCs such as policy makers or service providers; and 4) that are quantitative.

2. Establish Search Strategy.

- a. Reviewers will work with a seasoned librarian to develop a comprehensive search strategy.
- b. The following relevant databases will be searched: PubMed, PsycINFO, Cumulative Index to Nursing and Allied Health Literature (CINAHL), and Social Work Abstracts. Other sources to be searched are gray literature (government reports/ documents) and white papers that may be referenced in the final review articles.

- c. The search terms used as appropriate for each database to find relevant articles included: “child rearing” [mesh] OR “parenting” [mesh] OR “child custody” [mesh] AND “grandparent” * OR “grandmother” * OR “grandfather” * AND “needs assessment” [mesh] OR “needs” OR “support” OR “concerns” AND “grandparents” [mesh] OR “intergenerational relations” [mesh] OR “custodial care” OR “kinship care” OR caregiving.”
- d. A *sensitive* search will be performed by Reviewer [1] to ensure “the validity of the proposed idea, avoid duplication of previously addressed questions, and ensure that there are enough articles for conducting its analysis,” as well as identify other key terms used by sample studies to describe the phenomenon (Butler et al., 2016).

3. Screening.

- a. **Initial review:** Titles and abstracts of selected citations will be screened by Reviewer [1] and Reviewer [3], periodically discussing the screening process and addressing any issues that may arise (Porritt et al., 2014)
- b. **Full text screening of articles to be considered for review:** PDFs of included articles will be uploaded into Covidence for further screening. Also, reviewers will critically appraise reference lists of the final review articles to ensure that all quality and relevant evidence that answers the review questions is identified and included for review. A PRISMA figure will be used to display the article screening and selection process. At end of full text screening, all included studies for review will be exported into Joanna Briggs Institute (JBI) SUMARI, another systematic review tool that is best suited to manage qualitative reviews than Covidence.

**Above inclusion and exclusion criteria and search strategy were refined using SPIDER (see Appendix B).

4. Manage Data.

- a. **Extraction:** Data will be extracted by Reviewer [1] or research assistant as facilitated by JBI Sumari. Data to be extricated at this stage will be of the following study characteristics: authors’ names and publication date; study design and methods (research question/aim, ethical consideration, recruitment, sampling, methodology, theoretical/conceptual framework, data collection and analysis, population/participant information (sample size, age, gender, geographic location), findings, and selected quotes (Table 2).

- b. **Quality assessment:** Reviewers [1 and 3] will independently and collectively use a standard tool Critical Appraisal Skills Programme (CASP) 10-question checklist [Public Health Resource Unit, 2006] to evaluate each selected article for quality and relevance. However, because the CASP does not have a scoring system, reviewers will adopt a scoring system designed by Butler et al. (2016) to determine the studies of the highest quality to include in the review. This critical appraisal will minimize or eliminate any human error or bias among reviewers and address and resolve any discrepancies.
- c. Where necessary, original researchers will be contacted for any verifications to allow for census to be reached among reviewers in determining selection and inclusion/exclusion of disputed citations.

5. Analyze Data

The data analysis or meta-synthesis of the extracted relevant studies will be performed by Reviewers [1 and 3] using a qualitative meta-ethnography method informed by Noblit and Hare (1988). To answer the review question, the analysis will take an inductive approach by using *first order* (participant quotes reported in the articles), *second order* (or other researchers' translations of the original study participant accounts), and *third order* (or review team translations and interpretations described in the findings section) data (Toye et al., 2014). The data synthesis will follow three phases as suggested by Butler et al. (2016):

- a. **Phase I: Preparation.** This phase involves most of the steps performed in the pre-review stage, and they are:
 - i. selecting the unit of analysis (in our case, the final articles for review);
 - ii. making sense of the data as a whole and learning “what is going on,” which will involve review of each study’s findings and how they related to the research question.
- b. **Phase II: Organization.** This phase will involve the reviewers’ compilation of both direct participants’ quotes and authors’ interpretation of findings. This approach to content analysis ensures the review findings are thoroughly grounded in the original experiences of the participants (Butler et al., 2016). Reviewer [1] will use open coding, also referred to as “initial coding” (Charmaz 2006, pp. 47–55), which is a data analysis process that involves identifying short descriptive summaries and direct salient participant quotes (in vivo codes) from participants’ dense narratives to capture the meanings embedded in the data. The accumulated codes will form a

coding sheet that will then be systematically and carefully merged by Reviewers [1 and 2] to create categories which can then later be developed and abstracted into higher order headings by all Reviewers [1, 2, and 3]. This iterative process will be performed by all Reviewers [1, 2, and 3] independently and jointly to compare and examine relevant descriptive themes. All the analysis processes will be facilitated by SUMARI software to inductively generate multiple codes that will later be distilled into major and descriptive categories and subcategories.

- c. **Phase III: Reporting.** This phase will involve the presentation of the final review outcomes in the form of:
 - i. this protocol for the qualitative systematic review
 - ii. a publishable qualitative systematic review manuscript that comprehensively describes the grandparent-caregivers' perceptions of their support needs.

6. Ensuring Rigor

The reviewers will ensure rigor all throughout the qualitative systematic review by:

- a. Publishing a written protocol that describes all methods used.
- b. Internal validity-interrater for this review will be ensured by the reviewers in a manner that is congruent with qualitative content analysis and entails reviewers' engagement in open and reflective dialogue about emerging issues, analytic process, and subsequent findings.
- c. Establishing trustworthiness and dependability by documenting and presenting clear description of data collection and analysis methods, such as how categories and subcategories were derived and grounding them in participants' experiences.
- d. In addition to such trustworthiness and dependability, our review will not limit studies by geographic region and will embrace the heterogeneity of grandparent-caregiving to increase transferability and replicability of study (Porrirt et al., 2014).
- e. Credibility will be ensured by the use and comparison of both grandparents' quotes and researchers' interpretation of participants' experiences in the review. This will ensure that the findings fit the participants' reports and narratives. Also, the research will use multiple reviewers [three] to improve credibility.
- f. Reviewers will ensure appropriate citation of reviewed studies (Porrirt et al., 2014)

7. Implications For Review Findings

The results of the review will be used to inform comprehensive screening and assessment of support needs of grandparent-caregivers.

Appendix B
SPIDER Criteria and Justification for Study Selection

Criteria			Justification
Inclusion			
S	Sample	<p>Grandparents as primary caregivers for their minor grandchildren (without the children's parents or adult children present in the household).</p> <p>To be referred to as grandparent-caregivers (GPCs).</p> <p>This population may be described in the literature as <i>kinship carers</i> or caregivers, guardians, foster- or custodial grandparents. The primary care provided by the grandparents may be described in the literature as caregiving, guardianship, caring, child-rearing, parenting, or raising grandchildren.</p>	<p>Studies of other types of family members' experiences of caregiving may present unique family dynamics or disease/diagnosis-related concerns that might not be appropriate or relevant to the grandparents-grandchild relationship. More so, grandparents who are part-time caregivers for their grandchildren or assist their adult children with their child-rearing responsibilities might not have similar experiences with those who provide primary care for their grandchildren without in-household presence of or support from adult children.</p>
P of I	Phenomenon of interest	<p>Needs as perceived by GPCs.</p> <p>In the literature, needs as perceived by GPCs may be explored, described, or reported as variations of deficit and characterized as challenges, support (e.g., social), concerns, burden, necessities, requirements, demands, or stressors.</p> <p>Therefore, studies that explore the concept of "perceived need" in the various forms described above will be included in the initial review and further assessed/considered for inclusion in the systematic review.</p>	<p>Design of tools and interventions that support GPCs needs to be informed by GPCs' own perception of need if they are to be effective and comprehensive.</p>

D	Design	Individual or focus group interviews, performed using interview guide or structured/unstructured questions. Studies that may have used other forms of qualitative data collection, such as diaries or social media postings, will be included.	These sources of data and procedures are the most appropriate to capture the lived experience of GPCs and answer the review questions.
		Studies in English language.	Due to the reviewers' limited resources, studies in languages other than English will not be included.
E	Evaluation	Attitudes, experiences, perceptions, descriptions.	The Critical Appraisal Skills Programme (CASP) checklist will allow for a systematic evaluation of each selected article for quality and relevant data as specified by the exclusion and inclusion criteria.
R	Research type	Qualitative studies that used interviews from individual or focus groups or case studies of GPCs. Qualitative studies that interviewed dyads, such as GPCs and adult child, or grandchildren will be included, but only GPCs' perspectives will be considered for data synthesis.	Unlike quantitative data, qualitative data provides a better understanding of participants' lived experiences that, in turn, informs interventions that are tailored to their specific needs.
		Studies published from January 1990 to January 2020.	In many parts of the world, the mid–late 1980s were characterized by a surge of significant worldwide and historic events that included the HIV/AIDS and crack epidemics. These epidemics created a context in which grandparents became the primary caregivers for their grandchildren as a result missing or skipped a generation. The impacts of these events became evident in the early 1990s and is ongoing today due to multiple similar or additional social demands. Therefore, inclusion of studies in that time frame appropriately covers the relevant studies on the phenomenon.
Exclusion			
a. Studies in language other than English. b. Studies that sought perspectives of individuals other than GPCs such as policymakers or service providers or other family caregivers. c. Quantitative studies.			

d. Studies of program reviews by grandparents that don't identify caregivers' unmet needs.	
e. Dissertations and theses.	Dissertations/theses will not be included in this review because this content is often not peer-reviewed and therefore may be less scientifically rigorous than research evidence that is peer-reviewed and published.
f. Studies published as abstracts only, literature reviews, conference proceedings, or commentaries.	These data sources may not have utilized comprehensive research methods or contained direct participant findings to allow for a critical appraisal of the studies and/or assessment of findings. Reviewers wanted to ensure that the review synthesis is rigorously grounded in the original grandparents' experiences.
g. Book reviews and chapters.	Due to limited access or resources available to reviewers, these data sources will be excluded.

Appendix C
Table 1
Study Characteristics

Perceived Needs of Primary Grandparent-Caregivers Using Bronfenbrenner's Theoretical Framework

Article	Setting	Study Aims	Framework/Discipline	Sampling/ Sample	Major Thematic Findings and Selected Quotes
Backhouse & Graham (2013)	Australia, Metropolitan and rural areas	To explore the experience of grief as reported by grandparents who are raising their grandchildren.	Theories of grief.	Purposive sampling; $n = 34$ (27 grandmothers and 7 grandfathers); age range: late 40s to mid-70s.	1. The paradoxical experience of caring for grandchildren. 2. Reasons for caring for grandchildren. 3. Loss of traditional grandparent role. 4. Social isolation. 5. Lack of recognition by support services.
Bailey et al. (2013)	USA	To examine the impacts of rearing grandchildren on the family's sources of income and expenditures.	Grandfamily financial well-being framework.	Purposive sampling; $n = 26$ (grandparents [$n = 19$], married couple dyad [$n = 7$], 23 grandmothers and 10 grandfathers); age range: 36–71 years.	1. Challenges Of generating and shifting income streams. 2. Generating more income from paid work. 3. Shifting to unpaid household production. 4. Rethinking and supplementing retirement. 5. Variability of received income. 6. Received income from government programs.

Article	Setting	Study Aims	Framework/Discipline	Sampling/ Sample	Major Thematic Findings and Selected Quotes
					7. Reliance on family members. 8. Expected and unexpected expenditures. 9. Child-care 10. All those other expenses. 11. Striving for financial well-being.
Brownell et al. (2003)	New York, USA	1. Prevalence and types of grandchildren's behaviors toward grandparents associated with elder abuse. 2. Available services that may be useful. 3. Services that may be useful but are not currently available.	Exploratory	Purposive sampling; $n = 6$ focus groups (8–12 participants per group); age range: 61–80 years.	1. Etiology of identified abusive behavior. 2. Use of services. 3. Service needs. “I needed this [information about adolescent sexual development and how to communicate with adolescents about STD/HIV and pregnancy prevention] 17 years earlier, then I would not have to raise my grandchildren and great grandson.”
Bullock (2006)	North Carolina, USA	To explore the content and background context of kinship care provided by African American	Exploratory	Convenience approach, snowball sampling; $n = 14$ grandfathers; age range: 65–89 years.	1. Obligation. 2. Lack of availability of other caregivers. 3. Family tradition. 4. Role modeling. 5. Care and concern. 6. Lack of resources.

Article	Setting	Study Aims	Framework/Discipline	Sampling/ Sample	Major Thematic Findings and Selected Quotes
		grandfathers raising grandchildren.			7. Powerlessness. 8. Religion and spirituality.
Caliandro & Hughes, (1998)	Metropolitan areas of the Northeast USA	What is the lived experience of African American and Latino grandmothers who are primary caregivers for grandchildren who are HIV-infected or have AIDS?	Phenomenology	Purposive sampling; $n = 10$ grandmothers; age range: 49–69 years.	1. Upholding the primacy of the family. 2. Living in the child-centered present. 3. Being strong as mature women. 4. Living within a constricting environment: a. diminishing resources; b. imploding street. 5. Similarities and differences between groups.
Chang & Hayter (2011)	Hualien, Taiwan	To understand the experiences of Taiwanese aboriginal grandmothers when raising their grandchildren.	Giorgi's phenomenological method	Convenience approach, snowball sampling; $n = 15$ grandmothers; age range: 38–65 years.	1. Using aged bodies to do energetic work. 2. Conflicting emotions. 3. Lifelong and privative obligation: cultural and societal beliefs of raising grandchildren. 3. Coping strategies for raising grandchildren

Article	Setting	Study Aims	Framework/Discipline	Sampling/ Sample	Major Thematic Findings and Selected Quotes
Chazan (2013)	South Africa	To understand the daily stresses, collective responses and mobilizations of older women in these communities.	Exploratory	Purposive sampling; <i>n</i> = 100 grandmothers; age range: 45–65 years	Multiple stresses: motivations for joining gogos' groups: a) Financial stress; b) Violence, abuse and insecurity; c) Enter HIV/AIDS; d) Family change, chronic illness, fears for the future
Climo et al. (2002)	Large Midwestern county, USA	To illustrate how that core value among Euro-Americans, of the independence of generations, comes into conflict with another core value, that of family continuity.	Role stress—double blind; ethnography	Purposive sampling; <i>n</i> = 15 Euro-American grandmothers; age range: 42–64 years	1. Family continuity and commitment: a core cultural value: Isolation “I don't really have any friends anymore. I used to. We used to go out to lunch and do other things. Now in my age group, they don't have small children. I don't fit into the age group of the people that have young children. It seems like I don't fit in anywhere anymore. [My friends] would call and say, 'hey, why don't we go out to lunch?' and I would say, 'I can't, I don't have anyone to watch the kids.' It got to be that they just quit asking me. So, I just don't go anywhere anymore. I [feel] very

Article	Setting	Study Aims	Framework/Discipline	Sampling/ Sample	Major Thematic Findings and Selected Quotes
					isolated. I feel like nobody wants to hear it.” 2. Violating the norm of generational independence.
Cross et al. (2010)	Tribal reservation, rural and urban areas, USA	To explore: 1. the lived experiences of American Indian grandparents who are the sole providers of care for their grandchildren; 2. their interactions with service systems.	Phenomenology	Purposive sampling; <i>n</i> = 31 (29 grandmothers; 2 grandfathers); age range: 43–86 years	1. Stressors and benefits. 2. Services accessed from federal, state, and tribal nations. 3. Custody status and the importance of grandparents’ knowledge of ICWA. 4. Health status of grandparents. 5. Opinion on training needs of social workers.
Cross & Day (2008)	Michigan, USA	To explore: 1. the lived experiences of American Indian grandparents who are the sole providers of care for their grandchildren; 2. their interactions with service systems.	Phenomenology	Purposive sampling; <i>n</i> = 8 (7 grandmothers; 1 grandfather); age range: 51–72 years	1. American Indian grandparent-caregivers’ limitations. 2. Dyads’ perceptions of the occurrence of the kinship care arrangement. 3. Psychological, physical, developmental, educational, and social aspects of American Indian grandchildren. 4. Perceived future goals and career aspirations of American Indian grandchildren by

Article	Setting	Study Aims	Framework/Discipline	Sampling/ Sample	Major Thematic Findings and Selected Quotes
					grandparents and grandchildren. 5. Suggestions for improvement of the dyad relationship.
Crowther et al. (2014)	Alabama, USA	To identify the stressors of African American and urban/rural custodial grandparents and their coping strategies, as well as identify techniques that would increase their motivation to comply with a behavioral intervention.	Exploratory	Purposive sampling; <i>n</i> = 33 (26 grandmothers; 7 grandfathers); age range: 51–67 years	1. Inability to access the social service system. 2. Legal assistance. 3. Emotional well-being. 4. Problems related to the parents of the grandchildren. 5. Structured activity for the grandchildren.
del Bene (2010)	Urban areas, USA	To gain an understanding of African American grandmothers raising grandchildren in a marginalized community and the grandmothers' perception of the lived experience.	Hermeneutic interpretative phenomenology	Purposive sampling; <i>n</i> = 15 grandmothers; age range: 55–70 years	1. Finding a voice to match medical needs. 2. The role of the confidante: The power of the group. 3. The relationship with the biological parents. 4. Legal issues.

Article	Setting	Study Aims	Framework/Discipline	Sampling/ Sample	Major Thematic Findings and Selected Quotes
Dolbin-MacNab et al. (2016)	Rural, villages, towns, South Africa	What adaptive processes and behaviors do South African grandmothers raising grandchildren perceive as contributing to their personal sense of resilience?	Walsh's family resilience model	Purposive case sampling; <i>n</i> = 75 grandmothers; age range: 38–85 years	<ol style="list-style-type: none"> 1. Relying on spirituality and religion. 2. Accessing instrumental support. 3. Seeking emotional support and companionship. 4. Focusing on the grandchild. 5. Similarities and differences between groups
Dolbin-MacNab (2006)	14 states, USA	How is raising one's grandchildren similar to or different from raising one's own children?	Exploratory; life course perspective; role theory; intergenerational ambivalence	Purposive sampling; <i>n</i> = 75 grandmothers; age range: 38–85 years	<ol style="list-style-type: none"> 1. Equivalent emotional bonds; 2. Repetition of parenting strategies. 3. Greater wisdom and experience. 4. Sense of relaxation. 5. Increased time and attention. 6. The challenges of aging: health problems and limited energy. 7. Changing family roles. 8. Parenting in a toxic social environment.
Gibson (1999)	Metropolitan area, USA	To give voice to the lives of African American grandmothers by	Phenomenology	Snowball sampling; <i>n</i> = 12 grandmothers/great grandmothers;	<ol style="list-style-type: none"> 1. Reactions to the rationale for caregiving. 2. Responsibilities.

Article	Setting	Study Aims	Framework/Discipline	Sampling/ Sample	Major Thematic Findings and Selected Quotes
		providing a mechanism for them to “talk back.”		age range: 46—76 years	3. Reactions to responsibilities. 4. Concerns about responsibilities. 5. Influences of age. 6. Informal support received. 7. Formal services received. 8. Formal services needed, but not identified. 9. Effect on family relationships. 10. Contact with the child welfare system.
Gibson (2003)	Urban area, USA	To gather information directly from grandmother caregivers about their experiences during service delivery.	Grounded theory	Purposive sampling, snowball technique; <i>n</i> = 12 grandmothers; age range: 42–71 years	1. Barriers encountered in systems: “I was there for two hours and then they said ‘Well, it’d be a little longer,’ and I asked them how long it would take to do the testing and stuff because she [grandchild] had to go to two different doctors to have two different procedures. They said up to another three hours, and I said ‘I’m done. I’m sorry. I am concerned [but] I have to go home to get flat

Article	Setting	Study Aims	Framework/Discipline	Sampling/ Sample	Major Thematic Findings and Selected Quotes
					<p>[recline] . . . It's extremely hard for me to sit up anywhere [because] I have some pretty serious back problems."</p> <p>2. Lessons learned about systems.</p> <p>3. Helpful hints to other grandmother caregivers.</p> <p>4. Concerns about responsibilities.</p> <p>5. Influences of age.</p> <p>6. Informal support received.</p>
Gladstone et al. (2009)	Southwestern Ontario, Canada	<p>1. What type of tensions are experienced by grandparents who are raising their grandchildren and involved with the child welfare system?</p> <p>2. In what ways can the child welfare system alleviate tensions and meet service needs?</p> <p>3. What factors prevent</p>	Grounded theory	Purposive sampling; $n = 22$ (20 grandmothers, 2 grandfathers); age range: 42–66 years	<p>1. Tensions experienced by grandparents involved with the child welfare system;</p> <p>2. Ways that child welfare agencies can meet service needs;</p> <p>3. Factors discouraging utilization of services.</p>

Article	Setting	Study Aims	Framework/Discipline	Sampling/ Sample	Major Thematic Findings and Selected Quotes
		grandparents from utilizing services?			
Guastaferrero & Stuart (2014)	Urban area, USA	1. What was the context in which the grandparents became primary caregivers to their grandchildren? 2. How did the grandparents identify, and access needed services, and what were their experiences when interacting with service providers or agencies?	Exploratory multiple case study	Purposive sampling; $n = 5$ (4 grandmothers, 1 grandfather); age range: 53–72 years	1. The grandparents. 2. Acquisition.
Haglund (2000)	Midwest, USA	To examine the phenomenon of parenting grandchildren from the grandmothers' perspectives and how parenting grandchildren affected the grandmothers' health.	Ethnography	Purposive sampling. $n = 6$ grandmothers; age range: 41–60 years	1. Health effects: "It's hard, because by me being disabled, I have back problems and leg problems. Sometimes I can hardly get up to take care of them, but regardless of how much pain I being...I got to get up. But I got to have an operation for an artificial hip to replace that cup. That's another thing. I want to take the operation so I can better my leg. But

Article	Setting	Study Aims	Framework/Discipline	Sampling/ Sample	Major Thematic Findings and Selected Quotes
					<p>I can't take it because I talked to my doctor. He's talking about six to seven weeks, maybe to a couple of months of not being able to walk. Who's going to take care of the kids? I don't have anybody who can take care of my grandkids."</p> <p>2. Parenting a second time around.</p> <p>3. Sacrifice.</p> <p>4. God's presence in daily lives.</p>
Harris & Kim (2014)	Urban and rural areas, Vietnam	<p>1. What is the meaning of skipped-generation caregiving in families affected by HIV/AIDS in Vietnam?</p> <p>2. How do understandings of meaning and context relate to coping and caregiving among skipped-generation caregivers in Vietnam?</p>	Ethnography; theory of psychological stress and coping	Purposive, snowball sampling; $n = 21$ (17 grandmothers, 4 couples); age range: 55–78 years	<p>1. Borrowing money from multiple sources.</p> <p>2. Existing one day at a time.</p> <p>3. Understanding limitations and rules.</p> <p>4. Getting used to a hard life.</p> <p>5. Relying on others.</p> <p>6. Rationalizing with grandchildren.</p> <p>7. Balancing hope and realism</p> <p>8. Finding benefits through role.</p>

Article	Setting	Study Aims	Framework/Discipline	Sampling/ Sample	Major Thematic Findings and Selected Quotes
Harris (2013)	Southeast, USA	To explore the experiences of African American grandmothers serving as primary caregivers to their grandchildren.	Exploratory	Purposive sampling; <i>n</i> = 2 grandmothers; age: 67 and 65 years	<ol style="list-style-type: none"> 1. Events triggering caregiving. 2. Daily routine. 3. Family interactions. 4. Interaction with social service agencies: "It has been about 11 years since I was on ADC. And when I go over there to be certified they ask me so many questions, I sit there and cry just like I am sitting here with you, and I just said don't send anymore, just keep them. And we have never been on food stamps since. Not that I don't need them, because I told a church member, we was talking today, that I am seriously thinking about going over there, but the form that you have to fill out is so thick. But I am seriously thinking about it because when they get out of school they eat more than I can buy."
Henderson et al. (2017)	Yukon-Koyukuk	To explore:	Culturally variant perspective;	Purposive sampling	<ol style="list-style-type: none"> 1. Why do grandparents rear their grandchildren?

Article	Setting	Study Aims	Framework/Discipline	Sampling/ Sample	Major Thematic Findings and Selected Quotes
	Census Area (rural), Alaska, USA	a. experiences of grandparents rearing grandchildren, b. the life course of Alaska Native GRG, c. performance of secondary data analysis on census data of American Indians and Alaska Native grandparents who were the primary caregivers of their grandchildren.	community-based participatory research; exploratory	<i>n</i> = 8 Yupik (6 grandmothers, 2 grandfathers) Age range: 47–73 years	2. Challenges of grandparenthood. 3. Joys of grandparenthood. 4. Traditional ways of living.
King et al. (2009)	Georgia, USA	To assess satisfaction with support services and identify gaps in service delivery.	Exploratory	Purposive sampling; <i>n</i> = 30 (97% grandmothers); Age range: 50–84 years	1. Service needs and major challenges. 2. Service utilization.
Lange & Greif (2011)	Rural, urban and suburban communities, Southeast USA.	To explore the perceptions and experiences of grandmothers and their lifeways.	Culture care theory; Leininger's ethnonursing method	Purposive, snowball sampling; <i>n</i> = 11 grandmothers; age range: 49–84	1. Accepting obligation and being dedicated were the foundations of being able to care for self. 2. Distancing oneself as a reasoned action to promote caring for self. 3. Acknowledging the magnitude of the problem was the reality of being able to care for self: "You

Article	Setting	Study Aims	Framework/Discipline	Sampling/ Sample	Major Thematic Findings and Selected Quotes
					see I had to say to her which hurts very bad, as long as you're drinking I can't take you in because you're too old for that, and she would come home, you know, all nasty. We took her in a couple of times, and she would come home nasty and mean and fighting and all of this kind of thing, and it was too hard on both of us."
Lewis et al. (2018)	Yupik community, Alaska, USA	1. What are participants' understandings of their role in raising grandchildren? 2. What has influenced understandings of this role?	Community-based participatory research framework. exploratory	Purposive sampling; <i>n</i> = 20 (14 grandmothers, 6 grandfathers); age range: 46–95 years	1. "As Our Own." 2. Roles of grandparents raising their grandchildren. 3. Teacher of appropriate behaviors. 4. Role model for others. 5. Education. 6. Employment: "Seems like we're losing our traditional ways, too. The Yupik traditional ways. But I always try to get back to the traditional ways, and I told my grandson long time ago we didn't have books and my dad used to read me stories

Article	Setting	Study Aims	Framework/Discipline	Sampling/ Sample	Major Thematic Findings and Selected Quotes
					in his own ways, probably learned from his parents.”
Mokone (2014)	Mankweng Township, South Africa	1. To determine factors which lead grandparents to assume parenting roles. 2. To explore the challenges that grandparents raising grandchildren face. 3. To analyze support systems these grandparents utilize to cope with the challenges.	Exploratory	Purposive sampling; $n = 12$ grandmothers; age range: 60–79 years	1. Factors that had led the respondents to assume parenting roles to their grandchildren. 2. Challenges of parenting. 3. Physical problems. 4. Financial problems. 5. Social problems. 6. Meaning of the parenting role. 7. Parenting as doing one’s duty. 8. Lifestyle changes. 9. Support systems. 10. Advice that the respondents could give to other grandparents raising grandchildren: “My other children feel that I should teach my daughter to be responsible and they blame me for spoiling her. I am not doing this for her, but I’m doing it for my grandchildren.”
Orb & Davey (2005)	Western Australia	To explore grandparents’ perceptions of	Exploratory	Purposive sampling $n = 17$ (13 grandmothers, 4 grandfathers);	1. Being a grandparent is like being a parent. 2. Confronting an unexpected parenting role.

Article	Setting	Study Aims	Framework/Discipline	Sampling/ Sample	Major Thematic Findings and Selected Quotes
		parenting their grandchildren.		age range: 46–64 years	3. Raising grandchildren: living with emotional pressures. 4. Thinking about the future. 5. Searching for support. 6. Struggling with money. 7. Hitting a brick wall. 8. Learning the system: “They [ACN] have left behind a terrible legacy. Children with emotional problems are going to grow up to be emotionally troubled teenagers or emotionally troubled adults. Unless we can get funding to help these kids at an early stage they’re going to be lost to the drug world, too. And so the problem will keep perpetuating. But who is going to raise their kids? Their parents have rejected them; we are going to be dead or too old to take it on.”
Poindexter & Linsk, 1999	Chicago, USA	To explores the context of	Exploratory	Purposive sampling. $n = 7$ grandmothers;	1. Stigma.

Article	Setting	Study Aims	Framework/Discipline	Sampling/ Sample	Major Thematic Findings and Selected Quotes
		grandparent-caregiving and specific concerns of HIV-affected older relatives who are surrogate parents.		age range: 46–60 years	2. Complex caregiving situations. 3. Mixed response to caregiving. 4. Spirituality and resilience.
Polvere et al., 2018	Urban New York, USA	1. Which housing issues are identified as most critical across the key stakeholder groups? 2. Do housing and service needs differ by context? 3. To what extent are grandparent-caregivers aware of the social and housing assistance programs available to them? 4. What barriers do grandparents experience as it relates to obtaining housing and social services for which they are eligible?	Grounded theory	Purposive, snowball sampling; <i>n</i> = 46 (93% grandmothers); age range: 46–88 years	1. Challenges related to poverty and financial strain. 2. Age-related physical challenges of the grandparent. 3. Changes in the family composition when taking in grandchildren. 4. Obstacles to obtaining needed benefits: “They shoot people up right in the neighborhood . . . like right in the park.”

Article	Setting	Study Aims	Framework/Discipline	Sampling/ Sample	Major Thematic Findings and Selected Quotes
Rodgers & Jones (1999)	USA	1. Why did you decide to raise your grandchild? 2. What are the challenges and rewards of raising your grandchild? 3. What types of social services do you and your grandchild need? 4. What do you think prohibits social service agencies from adequately meeting your needs and the needs of your grandchildren? 5. What can social service agencies do so that they can be more responsive to the needs of families in similar situations?	Exploratory	Convenience sampling; <i>n</i> = 22 grandmothers; age range: 47–74 years	1. Obligation. 2. Grandparenting rewards. 3. Grandparenting stressors. 4. Social service needs for grandparents and grandchildren. 5. Grandparents' perceptions of social service agencies. 6. How social service agencies can be more responsive.
Simpson & Lawrence-Webb (2009)	Baltimore, USA	1. To examine urban African American grandmother caregivers' perceptions of the availability, access,	Ecological perspective; womanist perspective; exploratory	Purposive sampling; <i>n</i> = 7 grandmothers; age range: 52–74 years	1. Traditional helping resources. 2. Inappropriate or unresponsiveness of human services agencies.

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		and responsiveness of community resources. 2. To discuss how African American grandmother caregivers providing informal care to grandchildren connect contextually with traditional community.			3. Options and alternatives for grandmothers: “It's a big difference back then and now. People back then, everybody cared about everybody. You know, when you were a neighbor, you were neighbors . . . you were there if anybody was sick, you were there! They needed help, you were there. Now, you can get sick and die and nobody will know, they just doesn't care. Everybody's wrapped in themselves.”
Van Holen et al. (2017)	Belgium	To examine what foster grandparents need to become good foster parents.	Concept mapping	Convenience sampling; $n = 109$, Part 1, and $n = 41$, Part 2 (grandmothers); age range: Part 1 mean age 62.6, Part 2 mean age 61.9	Cluster 1: A good parenting relationship with the foster child. Cluster 2: Good parenting conditions. Cluster 3: Support and trust the future and the child's schooling. Cluster 4: Good collaboration with and support from the foster care service. Cluster 5: Good material circumstances.

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					Cluster 6: Good contact arrangements. Cluster 7: Moments of respite. Cluster 8: Social support in a wider context.
Waldrop & Weber (2001)	Colorado, USA	To explore the stressors that are present in grandparent-caregiving.	Exploratory, qualitative (negative test case testing)	Purposive sampling; <i>n</i> = 54 (37 grandmothers, 17 grandfathers); age range: 48–79 years	1. Family stress. 2. Legal problems. 3. Financial burden. 4. Coping strategies. 5. Health. 6. Satisfaction in grandparent-caregiving. 7. Relationship between stress and satisfaction.