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GrandFamilies:

The Contemporary Journal of Research, Practice and Policy

Volume 7 (2)
2024

**NATIONAL RESEARCH CENTER ON GRANDPARENTS
RAISING GRANDCHILDREN**

Call for Papers

GrandFamilies: The Contemporary Journal of Research, Practice and Policy

Submission Deadline: June 1, 2024

The National Research Center on Grandparents Raising online, peer review journal is dedicated to topics related to grandparents raising grandchildren. *GrandFamilies: The Contemporary Journal of Research, Practice and Policy* provides a forum for quality, evidence-based research with sound scholarship, knowledge, skills and best practices from the field for scholars, clinicians, policymakers, educators, program administrators, and family advocates.

As we approach our 10th Anniversary edition, we invite authors to submit manuscripts that present novel approaches to practice with grandparent-headed families, analysis of primary or secondary data on emerging issues involving grandparents and/or custodial grandchildren, and the effects of public policy on the well-being of grandfamilies. International authors with work that extends global knowledge and understanding about custodial grandparents are strongly encouraged to submit.

Manuscript Formats:

Full articles (25-page max, double-spaced)
Research Briefs (15-page max, double-spaced)
Practice Briefs (15-page max, double-spaced)

Manuscripts that go over the page limit may not be reviewed. Page limits include references, tables and figures.

All manuscripts should follow the electronic publication format found in the APA Style Guide (7th ed) at http://www.apastyle.org/. Authors must acknowledge that the submitted content has not been published in other peer-review journals or online open access sources.

Completed manuscripts should be sent via the journal website at:
http://scholarworks.wmich.edu/grandfamilies/

Send questions about manuscript submissions to Deborah Langosch, Co- managing editor of *GrandFamilies* at drlangosch@gmail.com.

*Affiliated with the
National Research Center on
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GrandFamilies:
The Contemporary Journal of Research, Practice, and Policy

GrandFamilies:
The Contemporary Journal of Research, Practice, and Policy

Table of Contents
Volume 7, Issue 2

GrandFamilies: The Contemporary Journal of Research, Practice and Policy

Celebrating Our 10th Anniversary!

*W*e are pleased to announce *GrandFamilies* is celebrating its **10th** anniversary in 2024! It has been ten years since the first issue was published in 2014. We are very proud of the journal's success due to the many researchers, service practitioners and policy reviewers who, over this decade, consider *GrandFamilies* a preferred publication outlet to disseminate new and original knowledge on grandparent-headed families.

We thank our readership for their loyalty to the journal, which to date spans 165 countries, clearly demonstrating the journal's global impact! Our readers are primarily from academic institutions, government agencies, public service organizations, and commercial groups.

Certainly, this journal could not exist without our editorial board members, manuscript reviewers, and editorial staff. Their efforts reflect their commitment to the journal, its values and mission.

What's next?...

Over the next decade, we will continue to focus on the remarkable research, practice initiatives and policy reviews that provide such a wealth of new knowledge and important insight to support grandparent-headed families, both nationally and internationally. We welcome and encourage our supporters to submit articles for our Fall, 2024 special anniversary issue. If you just discovered *GrandFamilies*, we invite you to consider submitting your work to the journal, becoming a manuscript reviewer or serving on the editorial board. The journal continues to grow, and as we move into our second decade, we hope you will continue the journey with us.

The Editorial Board and Staff

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-Mutepfa 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
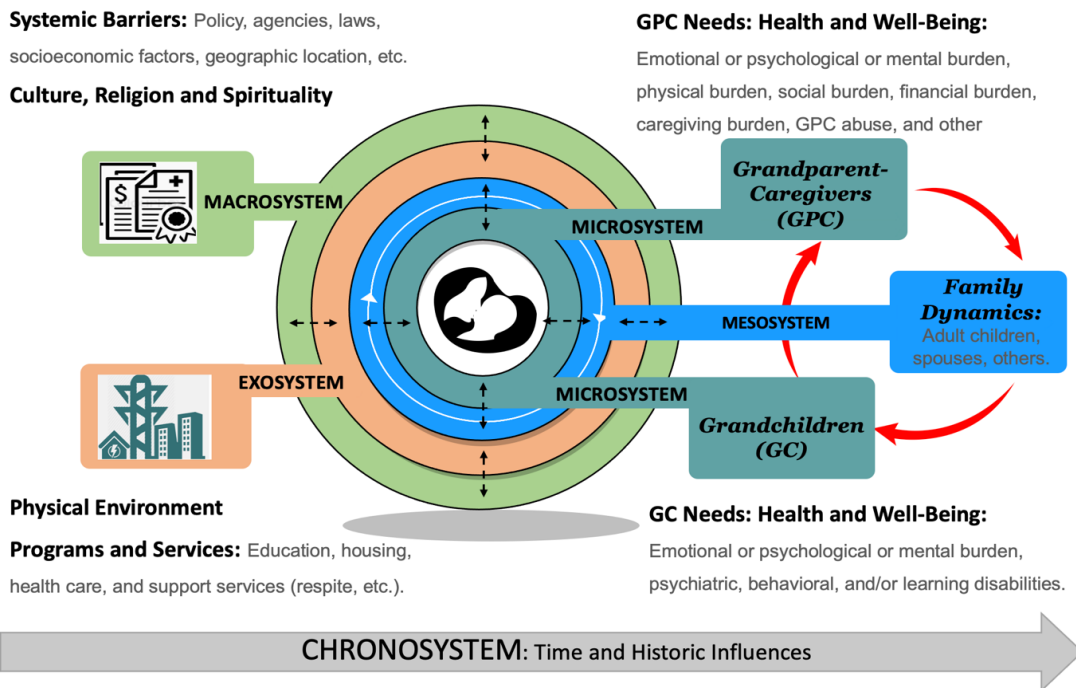
The *exosystem* considers those physical environment systems that impact, directly or indirectly, family functioning (e.g., housing, neighborhoods, communities, schools, religious institutions, court systems, health care systems or familial support networks) (Bronfenbrenner, 1974, 1986). The *macrosystem* 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
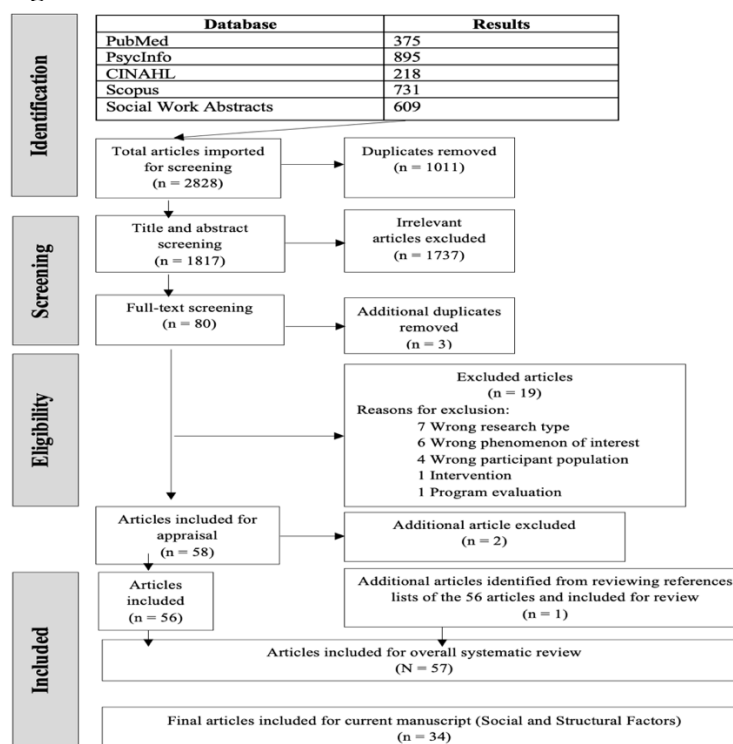
Data Management and Extraction

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; Guastaferro 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; Kamya & 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 se`ttings.

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.

References

ATLAS.ti. (2021). ASTLAS.ti . ATLAS.ti GmbH. https://atlasti.com

Backhouse, J., & Graham, A. (2013). Grandparents raising their grandchildren: Acknowledging the experience of grief. Australian Social Work, 66(3), 440–454. http://dx.doi.org/10.1080/0312407X.2013.817595

Bailey, S., Haynes, D., Letiecq, B. & Francis, T. (2013). "How can you retire when you still got a kid in school?": Economics of raising grandchildren in rural areas. Marriage & Family Review, 49(8), 671–693. http://dx.doi.org/10.1080/01494929.2013.803009

Bronfenbrenner, U. (1974). Developmental research, public policy, and the ecology of the child. Child Development, 45(1), 1–5. https://doi.org/10.2307/1127743

Bronfenbrenber, U. (1977). Toward an experimental ecology of human development. American Psychologist, 32(7), 513–530.

Bronfenbrenner, U. (1986). Ecology of the family as a context for human development: Research perspectives. Developmental Psychology, 22(6), 723–742. https://doi.org/10.1037/0012-1649.22.6.723

Bronfenbrenner, U., & Ceci, S. J. (1994). Nature-nurture reconceptualized in developmental perspectives: A bioecological model. Psychological Review, 101(4), 568–586. http://dx.doi.org/10.1037/0033-295X.101.4.568

Brownell, P., Berman, J., Nelson, A., & Colon Fofana, R. (2003). Grandparents raising grandchildren: The risks of caregiving. Journal of Elder Abuse & Neglect, 15(3–4), 5–31. https://doi.org/10.1300/J084v15n03_02

Bullock, K. (2006). Grandfathers raising grandchildren: An exploration of African American kinship networks. Journal of Health & Social Policy, 22(3–4), 181–97. https://doi.org/10.1300/j045v22n03_12

Butler, A., Hall, H., & Copnell, B. (2016). A guide to writing a qualitative systematic review protocol to enhance evidence-based practice in nursing and health care. Worldviews on Evidence-Based Nursing/Sigma Theta Tau International, Honor Society of Nursing, 13(3), 241–249. https://doi.org/10.1111/wvn.12134.

Caliandro, G., & Hughes, C. (1998). The experience of being a grandmother who is the primary caregiver for her HIV-positive grandchild. Nursing Research, 47(2), 107–113. https://doi.org/10.1097/00006199-199803000-00009

Charmaz, K. (2006). Constructing grounded theory: A practical guide through qualitative analysis. Thousand Oaks, CA: Sage

Chang, Y. T. & Hayter, M. (2011). Surrogate mothers: Aboriginal grandmothers raising grandchildren in Taiwan. Journal of Family Nursing, 17(2), 202–23. https://doi.org/10.1177/1074840711405527

Chazan, M. (2013). Everyday mobilisations among grandmothers in South Africa: Survival, support, and social change in the era of HIV/AIDS. Ageing and Society, 34(10), 1641–1665. https://doi.org/10.1017/S0144686X13000317

Chen, F., Liu, G., & Mair, C. A. (2011). Intergenerational ties in context: Grandparents caring for grandchildren in China. Social Forces; A Scientific Medium of Social Study and Interpretation, 90(2), 571–594. https://doi.org/10.1093/sf/sor012

Climo, J., Terry, P., & Lay, K. (2002). Using the double bind to interpret the experience of custodial grandparents. Journal of Aging Studies, 16, 19–35. https://doi.org/10.1016/S0890-4065(01)00032-9.

Cooke, A., Smith, D. & Booth, A. (2012). Beyond PICO: The SPIDER tool for qualitative evidence synthesis. Qualitative Health Research, 22(10), 1435–1443. https://doi.org/10.1177/1049732312452938.

Cross, S., & Day, A. (2008). American Indian grand families: Eight adolescent and grandparent dyads share perceptions on various aspects of the kinship care relationship. Journal of Ethnic & Cultural Diversity in Social Work, 17(1), 82–100. https://doi.org/10.1080/15313200801906559.

Cross, S., Day, A., & Byers, L. (2010). American Indian grand families: A qualitative study conducted with grandmothers and grandfathers who provide sole care for their grandchildren. Journal of Cross-Cultural Gerontology, 25, 371–83. https://doi.org/10.1007/s10823-010-9127-5.

Crowther, M., Ford, C., & Peterson, T. (2014). A qualitative examination of barriers for urban and rural custodial grandparents. Journal of Intergenerational Relationships, 12(3), 241–256. https://doi.org/10.1080/15350770.2014.929938.

Del Bene, S. (2010). African American grandmothers raising grandchildren: A phenomenological perspective of marginalized women. Journal of Gerontological Nursing, 36(8), 32–40. https://doi.org/10.3928/00989134-20100330-01.

Dolbin-MacNab, M. (2006). Just like raising your own? Grandmothers' perceptions of parenting a second time around. Family Relations, 55(5), 564–575. https://doi.org/10.1111/j.1741-3729.2006.00426.x.

Dolbin-MacNab, M., Jarrott, S., Moore, L., O'Hora, K., Vrugt, M., & Erasmus, M. (2016). Dumela Mma: An examination of resilience among South African grandmothers raising grandchildren. Ageing and Society, 36(10), 2182–2212. https://doi.org/10.1017/S0144686X15001014.

Dolbin-MacNab, M. L. & O'Connell, L. M. (2021). Grandfamilies and the opioid epidemic: A systemic perspective and future priorities. Clinical Child and Family Psychology Review, 24, 207–223. https://doi.org/10.1007/s10567-021-00343-7

Dolbin-MacNab, M. L., & Yancura, L. A. (2018). International perspectives on grandparents raising grandchildren: Contextual considerations for advancing global discourse. International Journal of Aging & Human Development, 86(1), 3–33. https://doi.org/10.1177/0091415016689565

Fitzpatrick, M., & Reeve, P. (2003). Grandparents' raising grandchildren—a new class of disadvantaged Australians. Family Matters, 66, 54–57. https://aifs.gov.au/sites/default/files/mf_0.pdf

France, E. F., Cunningham, M., Ring, N., Uny, I., Duncan, E., Jepson, R. G., Maxwell, M., Roberts, R. J., Turley, R. L., Booth, A., Britten, N., Flemming, K., Gallagher, I., Garside, R., Hannes, K., Lewin, S., Noblit, G. W., Pope, C., Thomas, J., Vanstone, M., … Noyes, J. (2019). Improving reporting of meta-ethnography: The eMERGe reporting guidance. BMC Medical Research Methodology, 19(1), 25. https://doi.org/10.1186/s12874-018-0600-0

Frem, Y., & Torrens, M., Domingo-Salvany, A., & Gilchrist, G. (2017). Gender differences in lifetime psychiatric and substance use disorders among people who use substances in Barcelona, Spain. Advances in Dual Diagnosis, 10(2), 45–56. https://doi.org/10.1108/ADD-01-2017-0002

Generations United. (2018). Raising the children of the opioid epidemic: Solutions and support for grandfamilies. https://www.gu.org/app/uploads/2018/09/Grandfamilies-Report-SOGF-Updated.pdf

Gibson, P. (1999). African American grandmothers: New mothers again. Affilia – Journal of Women and Social Work, 14(3), 329–343. https://doi.org/10.1177/08861099922093680

Gibson, P. (2003). Barriers, lessons learned, and helpful hints. Journal of Gerontological Social Work, 39(4), 55–74. https://doi.org/10.1300/J083v39n04_05

Gladstone, J., Brown, R., & Fitzgerald, K.-A. (2009). Grandparents raising their grandchildren: Tensions, service needs and involvement with child welfare agencies. International Journal of Aging & Human Development, 69(1), 55–78. https://doi.org/10.2190/AG.69.1.d

Guastaferro, W., Guastaferro, K., & Stuart, D. (2014). An exploratory study of grandparents raising grandchildren and the criminal justice system: A research note. Journal of Crime and Justice, 38(1), 1–25. https://doi.org/10.1080/0735648X.2014.909082

Haglund, K. (2000). Parenting a second time around: An ethnography of African American grandmothers parenting grandchildren due to parental cocaine abuse. Journal of Family Nursing, 6(2), 120–135. https://doi.org/10.1177/107484070000600203

Harris, D. (2013). Grandmas' hands rocked the cradle. Children and Youth Services Review, 35(12), 2072–2079. https://doi.org/10.1016/j.childyouth.2013.09.022

Harris, L. M., & Kim, B. J. (2014). Problem-focused coping: Skipped-generation caregivers affected by HIV/AIDS in Vietnam. Qualitative Health Research, 24(8), 1048–1056. https://doi.org/10.1177/1049732314541010

Hayslip, B., Fruhauf, C. A., & Dolbin-MacNab, M. L. (2019). Grandparents raising grandchildren: What have we learned over the past decade? The Gerontologist, 59(3), e152–e163. https://doi.org/10.1093/geront/gnx106

Henderson, T. L., Dinh, M., Morgan, K., & Lewis, J. (2017). Alaska Native grandparents rearing grandchildren: A rural community story. Journal of Family Issues, 38(4), 547–572. https://doi.org/10.1177/0192513X15597292

Hillis, S. D., Unwin, H., Chen, Y., Cluver, L., Sherr, L., Goldman, P. S., Ratmann, O., Donnelly, C. A., Bhatt, S., Villaveces, A., Butchart, A., Bachman, G., Rawlings, L., Green, P., Nelson, C. A., 3rd, & Flaxman, S. (2021). Global minimum estimates of children affected by COVID-19-associated orphanhood and deaths of caregivers: A modelling study. Lancet (London, England), 398(10298), 391–402. https://doi.org/10.1016/S0140-6736(21)01253-8

Kamya, H., & Poindexter, C. (2009). Mama jaja: The stresses and strengths of HIV-affected Ugandan grandmothers. Social Work in Public Health, 24(1–2), 4–21. https://doi.org/10.1080/19371910802569294

King, S., Kropf, N., Perkins, M., Leslie, C., & Lepore, M. (2009). Kinship care in rural Georgia communities: Responding to needs and challenges of grandparent caregivers. Journal of Intergenerational Relationships, 7(2–3), 225–242. https://doi.org/10.1080/15350770902852369

Lange, B., & Greif, S. (2011). An emic view of caring for self: Grandmothers who care for children of mothers with substance use disorders. Contemporary Nurse, 40(1), 15–26. https://doi.org/10.5172/conu.2011.40.1.15

Leinaweaver, J. (2014). Informal kinship-based fostering around the world: Anthropological findings. Child Development Perspectives, 8(3), 131–136. https://doi.org/10.1111/cdep.12075

Lent, J. P., & Otto, A. (2018). Grandparents, grandchildren, and caregiving: The impacts of America's substance use crisis. Generations (San Francisco, Calif.), 42(3), 15–22.

Lewis, J. P., Boyd, K., Allen, J., Rasmus, S., & Henderson, T. (2018). "We raise our grandchildren as our own": Alaska Native grandparents raising grandchildren in southwest Alaska. Journal of Cross-Cultural Gerontology, 33(3), 265–286. https://doi.org/10.1007/s10823-018-9350-z

Matovu, S., Rankin, S., & Wallhagen, M. (2020). Ugandan jajjas: Antecedents and rewards of caring for grandchildren in the context of HIV. International Journal of Older People Nursing, 15(2), e12304. https://doi.org/10.1111/opn.12304

Matovu, S. N., & Wallhagen, M. I. (2020). Perceived caregiver stress, coping, and quality of life of older Ugandan grandparent-caregivers. Journal of Cross-Cultural Gerontology, 35(3), 311–328. https://doi.org/10.1007/s10823-020-09403-x

Mhaka-Mutepfa, M., Mpofu, E., Moore, A., & Ingman, S. (2017). Carer grandparents of sub-Saharan Africa: "Foster to be fostered." In D. W. Shwalb & Z. Hossain (Eds.), Grandparents in cultural context (pp. 245–268). Routledge.

Minkler, M., Roe, K. M., & Price, M. (1992). The physical and emotional health of grandmothers raising grandchildren of the crack cocaine epidemic. The Gerontologist, 32(6), 752–761. https://doi.org/10.1093/geront/32.6.752

Mokone, J. (2014). Challenges experienced by grandparents raising grandchildren: An exploratory study. Social Work, 42(2), 311. https://doi.org/10.15270/42-2-311

Noblit, G. W., & Hare, R. D. (1988). Meta-ethnography: Synthesizing qualitative studies. Sage Publications.

Orb, A., & Davey, M. (2005). Grandparents parenting their grandchildren. Australasian Journal on Ageing, 24(3), 162–168. https://doi.org/10.1111/j.1741-6612.2005.00114.x

Piper C. (2019). System for the unified management, assessment, and review of information (SUMARI). Journal of the Medical Library Association: JMLA, 107(4), 634–636. https://doi.org/10.5195/jmla.2019.790

Poindexter, C., & Linsk, N. (1999). "I'm just glad that I'm here": Stories of seven African-American HIV-affected grandmothers. Journal of Gerontological Social Work, 32(1), 63–81. https://doi.org/10.1300/J083v32n01_05

Polvere, L., Barnes, C., & Lee, E. (2018). Housing needs of grandparent caregivers: Grandparent, youth, and professional perspectives. Journal of Gerontological Social Work, 61(5), 1–18. https://doi.org/10.1080/01634372.2018.1454566

Porritt, K., Gomersall, J., & Lockwood, C. (2014). Systematic reviews, step by step: Study selection and critical appraisal. The American Journal of Nursing, 114(6), 47–52. http://www.jstor.org/stable/24466538

PROSPERO. (n.d). https://www.crd.york.ac.uk/prospero/#aboutpage
Public Health Resource Unit. (2006). Critical Appraisal Skills Programme (CASP) – making sense of evidence. https://casp-uk.net/images/checklist/documents/CASP-Randomised-Controlled-Trial-Checklist/CASP-RCT-Checklist-PDF-Fillable-Form.pdf

Rodgers, A., & Jones, R. (1999). Grandmothers who are caregivers: An overlooked population. Child and Adolescent Social Work Journal, 16, 455–466. https://doi.org/10.1023/A:1022301405838.

Roe, K. M., Minkler, M., & Barnwell, R.-S. (1994). The assumption of caregiving: Grandmothers raising the children of the crack cocaine epidemic. Qualitative Health Research, 4(3), 281–303. https://doi.org/10.1177/104973239400400303

Roy, J. (2021). Children living with parental substance misuse: A cross-sectional profile of children and families referred to children's social care. Child & Family Social Work, 26(1), 122–131. https://doi.org/10.1111/cfs.12795

Simpson, G., & Lawrence-Webb, C. (2009). Responsibility without community resources: Informal kinship care among low-income, African American grandmother caregivers. Journal of Black Studies, 39(6), 825–847. https://doi.org/10.1177/0021934707303631

Tadesse, E., Khalid, S., Lianyu, C., & Gao, C. (2022). COVID-19 and vulnerable children well-being: Interview with left-behind children in rural China. Children, 9(9), 1317. https://doi.org/10.3390/children9091317

Templeton, L. (2012). Dilemmas facing grandparents with grandchildren affected by parental substance misuse. Drugs: Education, Prevention & Policy, 19(1), 11–18. https://doi.org/10.3109/09687637.2011.608391

Toye, F., Seers, K., Allcock, N., Briggs, M., Carr, E., & Barker, K. (2014). Meta-ethnography 25 years on: Challenges and insights for synthesising many qualitative studies. BMC Medical Research Methodology, 14(1), 80–80. https://doi.org/10.1186/1471-2288-14-80

Treglia, D., Cutuli, J. J., Arasteh, K., & Bridgeland, J. (2023). Parental and other caregiver loss due to COVID-19 in the United States: Prevalence by race, state, relationship, and child age. Journal of Community Health 48, 390–397. https://doi.org/10.1007/s10900-022-01160-x

United Nations Development Programme. (2015). The UN Sustainable Development Goals in Action. https://www.undp.org/sustainable-development-goals

Van Holen, F., Van Loock, J., Belenger, L., & Vanderfaeillie, J. (2017): Concept mapping the needs of grandmothers who take care of their grandchildren in formal foster care in Flanders. Children and Youth Services Review, 83, 159–167. https://doi.org/10.1016/j.childyouth.2017.11.004

Waldrop, D., & Weber, J. (2001). From grandparent to caregiver: The stress and satisfaction of raising grandchildren. Families in Society: The Journal of Contemporary Social Services, 82(5), 461–472. https://doi.org/10.1606/1044-3894.177

Wu, Q., Xu, Y., & Jedwab, M. (2021). Custodial grandparent's job loss during the COVID-19 pandemic and its relationship with parenting stress and mental health. Journal of Applied Gerontology, 40(9), 923–933. https://doi.org/10.1177/07334648211006222

Xu, Y., Zhao, Q., Schuler, B. R., & Levkoff, S. E. (2022). Material hardship among custodial grandparents in COVID-19 and its associations with grandchildren's physical and mental health: A latent class analysis. Children and Youth Services Review, 132, 106340. https://doi.org/10.1016/j.childyouth.2021.106340

Yamamoto, T., Kimura, T., Tamakoshi, A., & Matsumoto, T. (2022). Variables associated with methamphetamine use within the past year and sex differences among patients with methamphetamine use disorder: A cross-sectional study in Japan. The American Journal on Addictions, 31(2), 134–141. https://doi.org/10.1111/ajad.13262

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, PyschINFO, 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 (Porritt 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 (Porritt 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 Inclusion			Justification
S	Sample	Grandparents as primary caregivers for their minor grandchildren (without the children's parents or adult children present in the household). To be referred to as grandparent-caregivers (GPCs). This population may be described in the literature as *kinship carers* 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.	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 of I	Phenomenon of interest	Needs as perceived by GPCs. 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. 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.	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.

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. 7. Reliance on family members.

Article	Setting	Study Aims	Framework/Discipline	Sampling/Sample	Major Thematic Findings and Selected Quotes
					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 grandfathers raising grandchildren.	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. 7. Powerlessness.

Article	Setting	Study Aims	Framework/Discipline	Sampling/ Sample	Major Thematic Findings and Selected Quotes
					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
Chazan (2013)	South Africa	To understand the daily stresses, collective responses	Exploratory	Purposive sampling; $n = 100$ grandmothers;	Multiple stresses: motivations for joining gogos' groups: a) Financial

Article	Setting	Study Aims	Framework/Discipline	Sampling/ Sample	Major Thematic Findings and Selected Quotes
		and mobilizations of older women in these communities.		age range: 45–65 years	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; n = 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 isolated. I feel like nobody wants to hear it.'' 2. Violating the norm of generational independence.

Article	Setting	Study Aims	Framework/Discipline	Sampling/ Sample	Major Thematic Findings and Selected Quotes
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; *n* = 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; *n* = 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 grandparents and grandchildren. 5. Suggestions for improvement of the dyad relationship.

Article	Setting	Study Aims	Framework/Discipline	Sampling/Sample	Major Thematic Findings and Selected Quotes
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; $n = 33$ (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; $n = 15$ 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.
Dolbin-MacNab et al. (2016)	Rural, villages, towns, South Africa	What adaptive processes and behaviors do South African grandmothers raising grandchildren perceive as	Walsh's family resilience model	Purposive case sampling; $n = 75$ grandmothers; age range: 38–85 years	1. Relying on spirituality and religion. 2. Accessing instrumental support. 3. Seeking emotional support and companionship.

Article	Setting	Study Aims	Framework/Discipline	Sampling/ Sample	Major Thematic Findings and Selected Quotes
		contributing to their personal sense of resilience?			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; $n = 75$ grandmothers; age range: 38–85 years	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 providing a mechanism for them to "talk back."	Phenomenology	Snowball sampling; $n = 12$ grandmothers/great grandmothers; age range: 46—76 years	1. Reactions to the rationale for caregiving. 2. Responsibilities. 3. Reactions to responsibilities. 4. Concerns about responsibilities. 5. Influences of age. 6. Informal support received. 7. Formal services received.

Article	Setting	Study Aims	Framework/Discipline	Sampling/ Sample	Major Thematic Findings and Selected Quotes
					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; $n = 12$ 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 [recline] . . . It's extremely hard for me to sit up anywhere [because] I have some pretty serious back problems."
					2. Lessons learned about systems.
					3. Helpful hints to other grandmother caregivers.

Article	Setting	Study Aims	Framework/Discipline	Sampling/ Sample	Major Thematic Findings and Selected Quotes
					4. Concerns about responsibilities. 5. Influences of age. 6. Informal support received.
Gladstone et al. (2009)	Southwestern Ontario, Canada	1. What type of tensions are experienced by grandparents who are raising their grandchildren and involved with the child welfare system? 2. In what ways can the child welfare system alleviate tensions and meet service needs? 3. What factors prevent grandparents from utilizing services?	Grounded theory	Purposive sampling; $n = 22$ (20 grandmothers, 2 grandfathers); age range: 42–66 years	1. Tensions experienced by grandparents involved with the child welfare system; 2. Ways that child welfare agencies can meet service needs; 3. Factors discouraging utilization of services.
Guastaferro & 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	Exploratory multiple case study	Purposive sampling; $n = 5$ (4 grandmothers, 1 grandfather); age range: 53–72 years	1. The grandparents. 2. Acquisition.

Article	Setting	Study Aims	Framework/Discipline	Sampling/ Sample	Major Thematic Findings and Selected Quotes
		needed services, and what were their experiences when interacting with service providers or agencies?			
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 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." 2. Parenting a second time around.

Article	Setting	Study Aims	Framework/Discipline	Sampling/ Sample	Major Thematic Findings and Selected Quotes
					3. Sacrifice. 4. God's presence in daily lives.
Harris & Kim (2014)	Urban and rural areas, Vietnam	1. What is the meaning of skipped-generation caregiving in families affected by HIV/AIDS in Vietnam? 2. How do understandings of meaning and context relate to coping and caregiving among skipped-generation caregivers in Vietnam?	Ethnography; theory of psychological stress and coping	Purposive, snowball sampling; $n = 21$ (17 grandmothers, 4 couples); age range: 55–78 years	1. Borrowing money from multiple sources. 2. Existing one day at a time. 3. Understanding limitations and rules. 4. Getting used to a hard life. 5. Relying on others. 6. Rationalizing with grandchildren. 7. Balancing hope and realism 8. Finding benefits through role.
Harris (2013)	Southeast, USA	To explore the experiences of African American grandmothers serving as primary caregivers to their grandchildren.	Exploratory	Purposive sampling; $n = 2$ grandmothers; age: 67 and 65 years	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

Article	Setting	Study Aims	Framework/Discipline	Sampling/Sample	Major Thematic Findings and Selected Quotes
					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 Census Area (rural), Alaska, USA	To explore: 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.	Culturally variant perspective; community-based participatory research; exploratory	Purposive sampling $n = 8$ Yupik (6 grandmothers, 2 grandfathers) Age range: 47–73 years	1. Why do grandparents rear their grandchildren? 2. Challenges of grandparenthood. 3. Joys of grandparenthood. 4. Traditional ways of living.

Article	Setting	Study Aims	Framework/Discipline	Sampling/ Sample	Major Thematic Findings and Selected Quotes
King et al. (2009)	Georgia, USA	To assess satisfaction with support services and identify gaps in service delivery.	Exploratory	Purposive sampling; n = 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; n = 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 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	Community-based participatory research framework.	Purposive sampling;	1. "As Our Own." 2. Roles of grandparents raising their grandchildren.

Article	Setting	Study Aims	Framework/Discipline	Sampling/ Sample	Major Thematic Findings and Selected Quotes
		their role in raising grandchildren? 2. What has influenced understandings of this role?	exploratory	n = 20 (14 grandmothers, 6 grandfathers); age range: 46–95 years	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 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

Article	Setting	Study Aims	Framework/Discipline	Sampling/ Sample	Major Thematic Findings and Selected Quotes
					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 parenting their grandchildren.	Exploratory	Purposive sampling $n = 17$ (13 grandmothers, 4 grandfathers); age range: 46–64 years	1. Being a grandparent is like being a parent. 2. Confronting an unexpected parenting role. 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

Article	Setting	Study Aims	Framework/Discipline	Sampling/ Sample	Major Thematic Findings and Selected Quotes
					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 grandparent-caregiving and specific concerns of HIV-affected older relatives who are surrogate parents.	Exploratory	Purposive sampling. $n = 7$ grandmothers; age range: 46–60 years	1. Stigma. 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	Grounded theory	Purposive, snowball sampling; $n = 46$ (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
		programs available to them? 4. What barriers do grandparents experience as it relates to obtaining housing and social services for which they are eligible?			
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	Exploratory	Convenience sampling; n = 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.

Article	Setting	Study Aims	Framework/Discipline	Sampling/ Sample	Major Thematic Findings and Selected Quotes
		the needs of families in similar situations?			
Simpson & Lawrence-Webb (2009)	Baltimore, USA	1. To examine urban African American grandmother caregivers' perceptions of the availability, access, and responsiveness of community resources. 2. To discuss how African American grandmother caregivers providing informal care to grandchildren connect contextually with traditional community.	Ecological perspective; womanist perspective; exploratory	Purposive sampling; n = 7 grandmothers; age range: 52–74 years	1. Traditional helping resources. 2. Inappropriate or unresponsiveness of human services agencies. 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.

Article	Setting	Study Aims	Framework/Discipline	Sampling/ Sample	Major Thematic Findings and Selected Quotes
					Cluster 4: Good collaboration with and support from the foster care service. Cluster 5: Good material circumstances. 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; $n = 54$ (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.

Practice Brief

Grand Connections: A Workshop Series to Support Grandparents Caring for Grandchildren Under 5

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Abstract

A workshop series for grandparents caring for grandchildren under five was developed by ZERO TO THREE and piloted online in 2021 as part of a multiyear effort to create resources specifically for grandparents and kinship caregivers. Seven workshops, each 90 minutes long, offer a unique three-generation approach: Grandparents receive the latest information on child-rearing, strategies for collaborating with their grandchild's parents, and opportunities to connect with their grandchildren through read-alouds and art activities. Workshop materials (detailed lesson plans, slide decks, and grandparent handouts) are available online at no charge to organizations wishing to run a program of their own.

Of seven pilot sites, five provided the workshop series to grandparents sharing the care with parents, and two sites provided the series to grandparents raising grandchildren without parents present. Two sites offered the workshops in Spanish; five were in English. Pre- and post-program data showed statistically significant changes in five parenting constructs and near-unanimous positive assessment of qualitative aspects of the program. This article includes details on how the program was developed and how it was received when piloted in 2021, as well as suggestions for implementation.

Keywords: Grandfamilies, grandparents, kinship care, early childhood, curriculum

In the absence of accessible and affordable infant-toddler childcare options for working families, grandparents have increasingly become the cornerstone of early childcare in the U.S. One out of four children under the age of 5 is cared for by a grandparent while a parent works or goes to school (Laughlin, 2013). The number of multigenerational families (three or more generations living in the same household) nearly quadrupled in the past decade, from 7% in 2011 to 26% in 2021 (Generations United, 2021a). Approximately 2.5 million children lived in the care of grandparents in 2022 (The Annie E. Casey Foundation).

In 2016, with the generous support of the David & Lucile Packard Foundation, ZERO TO THREE set out to discover what guidance families sharing child care between generations might need. We explored grandparents' lived experiences through focus groups and a series of documentary videos, followed by a national survey of grandparents providing part-time child care to young grandchildren. This research shaped the development of a curriculum created specifically for grandparents caring for grandchildren—a series of seven workshops tailored to the needs of both custodial grandparents and those providing part-time care for grandchildren under the age of 5.

This practice brief will describe the creation of this innovative series, which began as a single workshop, designed as an event for senior centers serving grandparents. This initial workshop was envisioned as a one-time event in which participants viewed short documentary films featuring families sharing the care between generations, talked about their own experiences, and shared a read-aloud and art activity with their grandchildren. However, we felt this one event barely scratched the surface of the issues grandparents faced in caring for young grandchildren. Additionally, it wasn't clear that senior centers were the best venues to attract a relatively young audience, as the average age of first-time grandparenthood is 50 and this cohort tends not to view themselves as "seniors" (AARP, 2019).

We envisioned a more comprehensive series of workshops that could be used by any organization serving families. Although the initial focus was families sharing child care between generations, we became increasingly aware of the pressing needs of grandfamilies, families in which grandparents are raising grandchildren without a parent present. With the help of consultants from organizations like Generations United and the National Family Support Network, we developed a two-pronged approach to workshop development that would serve both audiences. We believe that it is the first program of its kind developed for grandparents caring for young children.

Our development process is described below.

Table 1
Workshop Development

Year	Activity	Web Link
1	**Literature Review and Focus Groups**	**zerotothree.org/resource/grandparents-who-care-a-literature-review/**
2	**Grandparent Films (Shared Care)**	**zerotothree.org/resource/grandparent-films-a-peek-at-grandparent-caregivers-in-families/**
3	**National Grandparent Survey**	**zerotothree.org/resource/the-grand-plan-executive-summary/**
4	**Grand Connections Program Design**	**zerotothree.org/resource/grand-connections/**
5	**Pilot Program and Evaluation**	**zerotothree.org/wp-content/uploads/2022/10/Grand-Connections-Evaluation-Report-2.pdf**
6	**Grandfamilies and Kinship Care Films**	**gksnetwork.org/resources/kinship-grandfamilies-thrive-with-peer-support/**

Note: Table 1 summarizes the year-to-year development of grandparent resources explained in detail below.

YEAR 1: Literature Review and Focus Groups

According to a U.S. Census report published in 2013, 4.8 million children under 5 years of age were cared for by grandparents while parents work or go to school, a slightly larger number than children enrolled in formal child care programs. In addition, more than 2.4 million children in the U.S. are being raised by grandparents, other relatives, or close family friends with no parents present in the home. (Generations United, 2023). This group, often referred to as grandfamilies or skipped-generation families, will be discussed later in this article.

In 2016, ZERO TO THREE embarked on a project to find out more about the challenges facing grandparents providing part-time care to young children. We began with a literature review (Kinsner et al., 2017) exploring what was already known about the needs of grandparents in this group, as well as a series of

focus groups (two in English, one in Spanish) designed to take a deeper dive into grandparents' lived experiences.

Here's what we asked:

What Families Are Most Likely to Rely on Grandparents for Part-Time Childcare?

Relative care in the child's home is a more common primary arrangement for very young children in families with one of the following characteristics: living in poverty, in single-parent households, with family members of Asian descent or Spanish as the primary home language, when mothers have a high school degree or less, or when mothers are looking for work or not in the labor force (Office of Planning, Research, and Evaluation, 2009). Relative care is also often a fallback in families in which parents work unusual (e.g., overnight) or unpredictable hours. A 2012 survey by Generations United and MetLife echoes these findings, with grandparents offering the following reasons for providing care for grandchildren on a regular basis:

- because I want to enjoy doing it (58%);
- so their parents can work (53%);
- to save money on day care (37%);
- to help out my child who is a single parent (37%).

What Are the Benefits of Childcare Provided by Grandparents?

Grandparents in our focus groups rejected the idea that the care they provided was simply "babysitting," regarding it as something more transformational, meaningful, and integral to their role in the family. Respondents were either asked for help by their grandchild's parents or had seen a need and offered to fill it.

Though cost and convenience are often the primary pragmatic drivers of arrangements in which grandparents provide childcare, there are less tangible benefits mentioned by both family members and experts in the field. One group of researchers found that health declines as a consequence of grandchild care appear to be the exception rather than the rule, also pointing to scattered evidence that grandmothers who provide part-time care for grandchildren in fact experience health benefits such as more exercise, fewer functional limitations, and a decline in depressive symptoms (Hughes et al., 2007).

Some studies have found that grandparents providing "substantial" amounts of care may be more likely to report stress or marital discord. A grandmother from our focus groups described caring for her grandchildren six days a week:

> [Monday through Friday] I work in the mornings . . . I go to Los Angeles [two hours with traffic], I stay with the boy, my daughter goes to school, and at night I drive back home. [On Saturdays, I watch my son's daughter.] From where I live to where my son lives, it's around an hour and 15 minutes of nonstop driving. We live far away. I have them from coast to coast . . . I escape on Sundays. I make up whatever excuse to not go, because otherwise I'd take care of them on Sundays as well.

For other grandparents, the experience is less taxing, more joyful. Said one grandmother: "Right now they're my compass; they're my life. They have infused my life with life." One grandfather described a cross-country move so he and his wife could assist in the care of their grandson:

> I do it out of love for my daughter, as well as for my grandson. The grandson is the dividend. I'm doing it for my daughter because my daughter had a setback in her life, and as a single parent, she turned to us and said, 'Would you like to join us, out here, in California?' I said, 'That sounds pretty good to me.'

Amy Goyer, writer, and for many years the AARP's specialist on grandparenting, mentioned the benefits caregiving grandparents provide to other family members:

> The more loving adults in a family focusing on a child, the better children do…Grandparents as caregivers provide a sense of security; the parent is generally more relaxed, and kids pick that up. Grandparents provide continuity, and their care changes the grandparent-grandchild relationship throughout their lifetime (personal communication, February 6, 2017).

Greg Link, a program specialist at the U.S. Administration on Aging, identified similar benefits:

> For kids, especially when they're young, a sense of stability [is offered by grandparents]—the more solid the footing, the better. The working parent has the security of knowing a family member is providing care. Stress levels are reduced. (personal communication, January 17, 2017).

A growing research base also spotlights how grandparent participation in children's lives can be a critical protective factor—for example, as one study found, more grandparent involvement protected grandchildren from the positive association between observed harsh parenting and grandchild externalizing behaviors (Barnett, et al. 2010).

What Struggles Do Families Sharing Childcare Between Generations Encounter?

Conflict occurred most frequently between grandparents and their grandchildren's parents on topics like discipline and their grandchild's eating habits. Some grandparents wanted a return to ways they raised their own children—more outdoor play, for example, and less screen time. Sometimes they preferred to be more indulgent than a parent's rules allowed. One grandmother shared her response to her grandchild's parents' concerns about eating candy: "I always have candy hidden around. I tell [the parents], 'They didn't eat candy, it's true,' but they did eat candy [laughs]." Most often, the grandparents were trying to find a middle ground that honored their own experience as well as recognized their grandchildren's parents as the final authority.

At other times, grandparents expressed a desire to shield their adult children from the consequences of parenting "mistakes." One grandmother said:

> [It was] hard to watch [my daughter's] disciplining skills, versus mine. I don't know. I just tell her she should pick her battles, with the three-year-old, because he is very strong-willed. He has a temper. He's going to be her challenge. I tell her, "Just pick your battles with him because you can't get frustrated over every little thing.

Another grandmother described the difficulty of standing by when she wanted to intervene:

> [My grandson] has a temper, and he would scream. When [his parents] would tell him 'no,' he would scream and, literally, cry until he was [out of breath]. I said, 'Let me just get him, so he can stop.' [His mom] says, 'No. He has to learn that that's inappropriate behavior.' That tore my heart apart, but I allowed her to do what she did because he's going home with her. That was very challenging.

Grandparents were clear about the need for boundaries. One grandmother described her relationship with her 21-year-old daughter this way:

> I'm her mother, and I still mother her. I try to teach her, being a new mother 'Certain things, you have to teach my grandson so that he is polite.' Sometimes, that has been an issue, so she has to make sure that I know, 'I need your help but remember, I'm the mom'.

Another advised:
> Just know your role. Those are not your children, even though they came from your child. That's their responsibility, and there's a time for you—your time is over, so you're like a—maybe a guardian or a guide for them. It's not your duty to raise them. That's what [their parents] are for.

Experts acknowledge the need for families to be explicit in negotiating the roles and responsibilities of sharing childcare. According to Greg Link, "If the question of 'who will do what?' is answered, it will help mitigate conflict." Matt Kaplan, professor of intergenerational programs and aging at The Pennsylvania State University, also recognized the push and pull on grandparents who act as caregivers: "Families appreciate having a grandparent around—a lifesaver! And yet, for grandparents who are still working, this may be a huge sacrifice" (personal communication, January 13, 2017).

An often-unanticipated drawback of providing care for grandchildren is greater isolation from one's social network. Melinda Perez-Porter, director of the Relatives as Parents Program for the Brookdale Foundation Group, observed that caregiving can cause grandparents to feel isolated from friends who don't share this experience (personal communication, January 13, 2017).

What Kind of Help Do Grandparents Want or Need?

The grandparents in our focus groups expressed confidence in their parenting experience as a guide to caring for their grandchildren. But some aspects of the discussion (for example, the belief expressed by some grandparents that spanking was an acceptable limit-setting strategy) made us wonder if group members were up to date on the latest child-rearing research. Some studies raise similar concerns. According to a survey of more than 600 grandparents conducted by Dr. Andrew Adesman of the Cohen Children's Medical Center in New York, grandparents aren't always familiar with the latest childcare techniques; nearly a quarter of grandparents surveyed were unaware that infants should be put to sleep on their backs (Jimison, 2017). Two studies suggested that grandparents were less likely than parents to follow the latest recommendations regarding the use of car seats (O'Neil et al. 2012, as cited in Pulgaron et al., 2016, p. 266; Norton, 2011).

YEAR 2: Grandparent Films (Shared Care)

In Year 2, we set out to create a series of short films that would explore the experience of caring for young grandchildren. As we began our search for families interested in participating, it quickly became apparent that few grandparents providing routine noncustodial care were connected to programs

designed for them. The families we interviewed were amazing in their diversity: a school superintendent whose child had two sets of grandparents ready to step in and help while she worked; a grandmother who'd retired early to care for her grandson, an arrangement her daughter-in-law was comfortable with because her own grandmother had cared for her. These grandparents were proud of their role as caregivers—grandparents who were there because no one else could be.

We selected three families that, taken together, would present a picture of how families in different circumstances make this arrangement work— grandparents who wore their hearts on their sleeves concerning their grandkids and were also able to talk about how they managed the occasional disagreements between generations. In one film, a grandmother moves to a new neighborhood to provide her daughter and grandson with a secure base for a fresh start. In another, a couple juggles two careers and a two-year-old, with assistance from his mom and her dad. In a third, a grandfather moves in with his son, daughter-in-law, and two grandsons under difficult circumstances, and there are unexpected benefits for all.

The circumstances are different from family to family. But the challenges the families face, the gratitude they feel, and the support they find helpful are remarkably similar. These stories brought our research to life, amplifying family voices so they could be heard by a wider audience. In the end, they also served to spark conversations in the very first of our seven-workshop series.

YEAR 3: National Grandparent Survey

In year three, we widened our focus to examine whether the trends we'd observed in focus groups and individual interviews reflected the experience of grandparents nationally. We conducted a survey of 1000 grandparents who provided regular child care for grandchildren aged five and under from across the United States, over-sampling Hispanic and African American grandparents (ZERO TO THREE, 2019).

What we learned is that while grandparents love their role and the connection they share with grandchildren, caring for young children is not always easy. Of the grandparents surveyed, 20% reported feeling stressed and 40% reported feeling tired, while 98% said they love being a grandparent, and 94% said they love caring for their grandchildren. These numbers mirror similar research efforts. In a national survey for the AARP (2012), "the most common initial response to the question about how [grandparents] felt about being a grandparent was 'joy.'" Our focus group data also led us to anticipate the high number of respondents who felt confident in caring for their grandchildren based on their own experience as parents: 71%. We also confirmed that grandparents felt they had acquired a sense of perspective from their experiences as parents.

Surveyed grandparents observed they had more patience (70%) and a clearer sense of what's important (67%) than they did when raising their own children.

The more surprising finding was that nearly half (48%) of the grandparents surveyed felt some level of disagreement/tension between generations. When asked about specific topics that caused the most conflict, grandparents reported challenges like handling tantrums (31%), navigating mealtime (27%), and managing screen time (27%). A University of Michigan survey of *parents* of children ages birth to 18 reported a similar level of disagreement between generations (43%) on similar topics (discipline, 57%; meals/snacks, 44%; and TV/screen time, 36%) (C.S. Mott Children's Hospital, 2020). Additionally, the ZERO TO THREE survey found that grandparents in multigenerational households reported *more* tension/disagreements than those who didn't share a home with their grandchildren and their parents (57% vs. 45%).

YEAR 4: Grand Connections Program Design
Program Goals

Our research left us with a clearer sense of the unmet needs of grandparents caring for grandchildren under 5. The *Grand Connections* program was designed to meet those needs by centering grandparent wisdom and experiences, creating opportunities for peer support, and presenting child development research in respectful and engaging ways. The following goals informed the development of the program as a whole:

- increase grandparent knowledge of research-based child-rearing practices like sleep, feeding/picky eating, screen media use, limit-setting, and early learning;
- provide grandparents with easy-to-use, effective tools for "sharing the care" or navigating caregiving expectations with their adult children and their partners;
- offer grandparents the opportunity to build a strong social support network with peers
  who also provide care to grandchildren.

An Opportunity to Reach New Audiences

Implementing *Grand Connections* offers an opportunity to serve families who may otherwise be difficult to reach, yet still need and deserve support and information. Grandparents who provide part-time childcare are not typically connected to any formal means of support; these child-care arrangements are largely informal and invisible. In addition, most skipped-generation households function outside the foster care system. According to Generations United (2023),

for every child being raised by kin in foster care, there are 18 children being raised by kin outside of foster care.

An Opportunity to Develop a Three-Generation Model

A national parent survey by ZERO TO THREE (2018) also revealed the most likely, and most trusted, source of information for parents of young children is immediate family members. A series of workshops for grandparents has exciting potential to reach parents who frequently turn to their own parents with child-rearing questions and concerns. Furthermore, the *Grand Connections* curriculum was designed to include a "learning through play" experience to be shared by grandparents and grandchildren in each workshop. This element provides an opportunity for two-generation connection and may spark grandparents' own ideas of new ways to play with their grandchildren.

Finally, we set our sights on creating a bilingual program, with grandparent-facing materials (handouts, picture books, links to external websites, and PowerPoints) available in both English and Spanish. Grandparent films in Units 1A and 1B are available in English with Spanish subtitles.

An Opportunity to Reach All Kinds of Families

Finally, our goal was to develop a program adaptable enough to address the different family contexts for grandparent care—those in which parents are not present as well as those in which grandparents provide part-time care. This led us to bifurcate content in the first two lessons, so that the needs of custodial grandparents could be specifically addressed. For example, in the first workshop of Grand Connections, we suggest screening our documentary films to jumpstart a discussion of grandparents' experiences providing care. Since custodial grandparents require a different approach to spark discussion around the transition to full-time child-rearing, we created videos reflecting that experience. For custodial grandparents, we also designed an activity to develop a customized list of resources for help with the various issues they may face: legal, housing, education, counseling, medical, self-care.

Following our 2021 pilot program, it became clear that we needed to bifurcate the content of the second workshop as well. In Workshop 2, grandparents providing part-time care complete a resource that helps them plan the details of the caregiving arrangement they share with their adult children; grandfamilies focus on the role that grandparents can play in mitigating the impacts of early childhood trauma. Both audiences strategize about ways to address difficult topics with their grandchildren's parents. See Table 2 for more information about *Grand Connections* content.

Table 2
Workshop Structure

Shared Care with Parents	Custodial Care
Unit 1A: Intro (films and old school/new school)	Unit 1B: Intro (films and resources)
Unit 2A: Sharing the Care (planning doc)	Unit 2B: Sharing the Care (You are your grandchild's "person")
Unit 3: Sleep	
Unit 4: Screens	
Unit 5: Mealtimes	
Unit 6: Challenging Behavior	
Unit 7: Making the Most of Everyday Routines	

Note: The disparate needs of skipped-generation families and families sharing the care between generations led to the development of separate lessons for Workshops 1 and 2. Workshops 4, 5, and 6 address topics most often mentioned as "areas of disagreement" by parents and grandparents sharing care.

Though we recommend running separate workshops for shared care and custodial grandparents, the content in Units 3 through 7 focuses on early childhood development and is the same for both audiences. Unit 3 explores sleep, a perennial cause of concern among young parents and an area in which safety recommendations have changed significantly from advice offered 30 years ago. The areas on which generations most frequently disagree (screens, mealtimes, and managing challenging behavior) are the focus of lessons 4, 5, and 6. The final unit includes ideas for building learning into everyday activities, a topic which 35% of the grandparents in our 2019 survey wanted to know more about.

Each workshop is 90 minutes long, with 60 minutes of content specifically designed for grandparent discussion and learning and 30 minutes allocated to a grandparent-grandchild read-aloud followed by an art or cooking activity. Options are provided for in-person or online groups.

Workshops are designed to tap into grandparents' knowledge and experience, with facilitators providing prompts for conversation and adding to or providing updated information as needed. Where possible, activities are hands-on (for example, grandparents watch a video clip from the PBS preschool program Daniel Tiger's Neighborhood and offer suggestions of what they might talk about while viewing) or game-like (grandparents consider a commonly asked question about mealtimes and choose the "wrong" advice from four possibilities).

Our Facilitator's Guide and introductory webinar contain additional information for those embarking on the program for the first time (ZERO TO THREE, 2021). Early drafts of lesson plans were reviewed by senior staff at Generations United, the National Family Support Network, and the National Coalition on Aging, with additional guidance on grandfamilies provided by experts at the UMaine Center on Aging and the New York City Kincare Task Force. Workshops were also revised based on feedback from our pilot sites.

YEAR 5: Pilot Program and Evaluation

The Grand Connections program was piloted at seven sites in the spring of 2021: Las Vegas, NV; North Bend, WA; Opelika, AL; Phoenix, AZ; Athens County, OH; Logan, UT; and Goleta, CA. Grandparents caring for grandchildren under 5 were recruited to participate. Due to the pandemic, the program was delivered virtually at all sites, with between five and 12 grandparents participating online at each. Two sites delivered the program to custodial grandparents, with the remainder delivering the program to grandparents sharing the care with parents. Two sites conducted the workshops entirely in Spanish.

Three brief online trainings were offered to orient facilitators toward the design and goals of the program and describe the highlights of each workshop. Sites launched the program at different times depending on the success of local recruitment efforts, and early starters were able to share information with the those that followed—for example, describing how technology was introduced or how program materials were delivered.

Data was collected via online surveys at the beginning and end of the workshops. Surveys were offered in both English and Spanish to maximize completion based on participants' preferred language. The first survey, distributed to respondents at the start of the workshops, collected information about participants in the workshop as well as their thoughts on child-rearing practices (parenting constructs concerning feeding, sleeping, social-emotional development, etc.) The second survey, completed by respondents at the end of the workshops, asked respondents for their thoughts on the same child-rearing practices and asked for evaluative feedback on the workshops. At one site, surveys were conducted by phone to support a population that struggled with technology.

Our pre/post data on objective measures (parenting constructs) illustrate statistically significant knowledge acquisition in several areas. Specifically, survey respondents were more likely to *agree/strongly agree* with the following true statements after participating in workshops:

- Babies are listening and learning language even when they're too young to speak.
- Children begin to learn skills needed for math and reading starting at birth.
- Video chat is a good way for children of all ages to connect with friends and family.

Respondents were more likely to *disagree/strongly disagree* with the following false statements:

- Children who are picky eaters are not likely to get the food they need to grow and thrive.
- A two-year-old should be able to remember and follow rules.

It's especially exciting to see significant improvements in grandparents' understanding of child development such as the emergence of language and mathematics skills from an early age and the very gradual acquisition of social-emotional skills like self-control. In other areas, such as safe sleep and discipline, data suggests grandparents seem to understand many of the basics and are ready to ask and answer more sophisticated questions.

One of our goals in developing the program was to acknowledge the vast parenting experience that grandparents bring to the tasks of childcare. We were gratified by the overwhelmingly positive evaluative feedback—participants strongly indicated that the workshop content and approach honored and respected their experience. Grandparent feedback also communicated that the vast majority of grandparents felt connected to and supported by peers during the experience. Open-ended feedback confirmed this theme with comments such as "It was so helpful to know that other grandparents are facing the same challenges as I am experiencing—that I am not alone." and "There was no judgment, only acceptance and suggestions and other viewpoints of how to deal and cope." This feedback suggests a real need for validation and community among grandparents caring for young grandchildren.

Facilitators provided written feedback on each workshop, using a five-point Likert scale to respond to items about content relevance, the amount of content covered in each session, grandparent engagement and connection, and clarity of instructions and background material. Open-ended questions provided facilitators with an opportunity to suggest changes and comment in greater detail. Facilitator comments helped drive a complete reworking of the first and second

workshops for custodial grandparents. Facilitator comments on the third workshop (Sleep) suggested a lack of participant engagement; this finding led to substantial revision that expanded the focus on safe sleep (birth to one year) to include toddler and preschool sleep concerns like naps, nightmares, and transitioning to a bed.

Facilitators also shared their thoughts via structured interviews at the conclusion of the program. Some items worth noting included:

- Recruitment: Some pilot sites found it difficult to identify and recruit grandparents providing regular childcare as there are no systems or agencies serving this population. Sites recommend planning ample time for strategic recruiting.
- Online adaptations: Sites found innovative ways to adapt to an online format and create a sense of virtual community. The success of these online adaptations emerged in responses from grandparent participants. All but one of surveyed grandparents agreed or strongly agreed with the statement: "This online workshop helped me feel connected to other grandparents".
- Sense of community: Grandparents in both skipped-generation families and families sharing the care appreciated the opportunity to connect with and learn from each other.

YEAR 6: Grandfamilies and Kinship Care Films

In 2021, Generations United was awarded a 5-year federal contract to create the first-ever national technical assistance center for organizations serving grandfamilies, the Grandfamilies & Kinship Support Network (gksnetwork.org). As one of five partners in this endeavor, ZERO TO THREE created three new short films, each profiling a grandparent or kinship provider describing the joys and challenges of their family's journey. These films are included in Workshop 1B, the introductory session for grandfamilies.

Discussion

Limitations

Though the results of our pre/post surveys are encouraging, we want to be cautious in interpreting this data. The number of participants who completed both surveys is small (n = 36), and it's possible that responses were more likely among those who were more technologically adept or most enthusiastic about the program.

It should be noted that African Americans are slightly underrepresented in this survey; two sites that had planned to participate in the pilot and that served primarily African American communities—one in Chicago, one in South Carolina—were ultimately unable to facilitate the program due to recruitment

issues and a staff change. Because two sites offered Spanish-only programs, Latinas are overrepresented as compared with the general population. More information is needed about how grandparents in other communities, such as Native Americans and Asian and Pacific Islanders, might respond to the guidance offered in the Grand Connections program.

Target Audience

The workshops are intended for all audiences, but we hope to reach underserved families. About two-thirds of survey respondents felt the content was about right, with the remainder divided as to whether it was a bit too simple (15%), a bit too advanced (10%), or far too advanced (8%). Participants in the pilot program represented a range of races/ethnicities, ages, education completed, and geographic locations. Because recruitment was challenging in some locations, organizations would do well to consider what the barriers to participation might be and how to overcome them. Barriers might include a lack of time, particularly among grandparents who are still working; cultural attitudes toward seeking support; and the misperception that workshops are designed to address family problems that need to be "fixed." In social service settings, grandparents may be wary of disclosing family issues out of concern children could be removed from their care.

Replicability

Grand Connections was intended as an off-the-shelf program, usable in any setting by any organization that serves families where grandparents are caring for grandchildren under 5. Subject-matter background (for example, current guidance on feeding and screen time) is provided within each lesson, with additional links to helpful articles. Facilitators found the detailed lesson plans easy to follow.

One pilot site is now running the program quarterly, and we've developed a list of budgetary line items for consideration to assist organizations interested in launching programs of their own:

- administrative time for photocopying and distributing materials;
- staff prep time (We recommend two co-facilitators. Backgrounds in group facilitation and early childhood development are helpful. Pilot site facilitators reported 1-2 hours of preparation time for each lesson the first time through, plus 1 hour and a half of contact time per facilitator per lesson.);
- picture books (one per workshop, titles recommended but not supplied. For in-person workshops, books might be obtained at the local public library. For online workshops, we suggest purchasing a copy of each book for each family.);

- art supplies (These common supplies—crayons, paper, etc.—are listed in each lesson. Some pilot sites mailed or dropped off supplies to each family participating in the online workshops.);
- incentives (Sites determined which incentives would resonate with their participants and at what intervals these would be distributed.).

Sites planning on running in-person workshops will want to budget for customary expenses, for example, childcare during the first hour of the workshop, snacks or a meal, and gas allowance or subway fare.

All lesson plans, slide decks, and handouts are available for free download at www.zerotothree.org/grandconnections.

Conclusions

We believe the Grand Connections program fills a previously unmet need in supporting grandparents caring for grandchildren under the age of 5, particularly in its focus on how grandparents can support early child development. Ample opportunity is provided for grandparents to share their own experiences, with robust background information offered so that facilitators can guide the conversation as a partner, rather than a lecturer.

Grandparents are the unsung heroes of early childcare in the U.S., stepping in to help when formal childcare is unavailable or unaffordable, or because of the sense of safety and shared culture relative care provides. In ZERO TO THREE's national survey of grandparents caring for grandchildren under 5 (2019), nearly all grandparents reported that caring for their grandchild was a source of joy, but many found it tiring (2 of 5) or stressful (1 of 5). As one grandmother put it in a recent email:

> I am currently caring for our two grandsons, ages 2 and 10 months, Monday through Friday while our daughter and son-in-law work. I am feeling overwhelmed and would appreciate any information I can get as I navigate this time of our lives (personal communication (October 1, 2022).

For grandparents raising grandchildren without the presence of their parent, the task is more daunting. Most grandparents and other kinship caregivers raise their children outside the formal foster care system and are forced to navigate a complex patchwork of legal, educational, medical, and financial concerns. We owe grandfamilies a program where they can find the support they need.

The Grand Connections workshops offer one such place. This program is available to any organization able to supply facilitators and a place to meet -

community centers and places of worship, schools, and public libraries, in person and/or online, anywhere people are trying to make a difference for families.

Perhaps the most powerful endorsements of the workshops were from our pilot programs' summative descriptions of grandparents' engagement. At the conclusion of the program, grandparent participants in Goleta, CA, wanted to continue to meet monthly to stay in touch. In Phoenix, grandparents "didn't want to go" at the end of the final meeting. In Las Vegas, custodial grandparents were "talking and talking and talking," with nobody sitting on the sidelines. In North Bend, WA, "every single person [custodial grandparents] launched into a 5-minute thing [when asked to offer their opinion on a given topic]. It was powerful for them to share what worked and why. They learned a lot from each other." In Opelika, AL, facilitators felt grandparents "benefitted from the social aspects, other grandparents who understood their situations. They could fill up an entire class with their talk." We are honored to serve the needs of this essential group of early childhood care providers, and welcome additional feedback from others who elect to embrace this task.

References

AARP. (2012). Insights and spending habits of modern grandparents. https://www.aarp.org/content/dam/aarp/research/surveys_statistics/general/2012/Insights-and-Spending-Habits-of-Modern-Grandparents-AARP.pdf

AARP. (2019). 2018 grandparents today national survey. https://www.aarp.org/content/dam/aarp/research/surveys_statistics/life-leisure/2019/aarp-grandparenting-study.doi.10.26419-2Fres.00289.001.pdf

Barnett, M. A., Scaramella, L. V., Neppl, T. K., Ontai, L. L., & Conger, R. D. (2010). Grandmother involvement as a protective factor for early childhood social adjustment. https://pubmed.ncbi.nlm.nih.gov/20954774/

C. S. Mott Children's Hospital. (2020). Mott Poll Report: When parents and grandparents disagree. https://mottpoll.org/reports/when-parents-and-grandparents-disagree

Generations United. (2021a). Family Matters: Multigenerational living is on the rise and here to stay. https://www.gu.org/resources/multigenerational-families/

Generations United. (2023). Kinship/grandfamilies data. https://www.gksnetwork.org/kinship-data/

Generations United and MetLife. (2012). Grandparents investing in grandchildren. https://www.gu.org/app/uploads/2018/05/Intergenerational-Report-MMMI-Grandparents-Investing-In-Grandchildren-Study.pdf

Hughes, M. E., Waite, L. J., LaPierre, T. A., & Luo, Y. (2007). All in the family: The impact of caring for grandchildren on grandparents' health. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2562755/

Jimison, R. (2017, May 8). Is grandparents' old-school parenting putting kids at risk? www.cnn.com/2017/05/08/health/grandparents-baby-safety-study

Kinsner, K., MacLaughlin, S., and Parlakian, P. (2017). Grandparents who care: A literature review. https://www.zerotothree.org/resources/1997-grandparents-who-care-a-literature-review

Laughlin, Lynda. (2013). Who's minding the kids? Child care arrangements: Spring 2011. Household Economic Studies, U.S. Census. https://www2.census.gov/library/publications/2013/demo/p70-135.pdf

Office of Planning, Research, and Evaluation. (2009). Primary child care arrangements of U.S. infants: patterns of utilization by poverty status, family structure, maternal work status, maternal work schedule, and child care assistance. https://www.acf.hhs.gov/sites/default/files/documents/opre/child_trends_9a.pdf

Pulgaron, E. R., Marchante, A. N., Agosto, Y., Lebron, C. N., & Delamater, A. M. (2016). Grandparent involvement and children's health outcomes: The

current state of the literature. Families, Systems, & Health, 34(3), 260–
269.
http://dx.doi.org/10.1037/fsh0000212

Norton, A. (2011, July 19). Are kids safer with grandparents driving?
https://www.reuters.com/article/us-driving-children/are-kids-safer-with-
grandparents-driving-idINTRE76I4XM20110719

The Annie E. Casey Foundation. (2022). Kids Count Data
Center. https://datacenter.aecf.org/data/tables/108-children-in-the-care-of-
grandparents

ZERO TO THREE. (2018). Millennial connections: Executive summary.
https://www.zerotothree.org/our-work/national-parent-survey-millennial-
connections/

ZERO TO THREE. (2019). The grand plan: executive summary.
https://www.zerotothree.org/resources/2889-the-grand-plan-executive-
summary

ZERO TO THREE. (2021). Grand connections. Facilitator's guide: a workshop
series for grandparents caring for children ages birth to five.
https://www.zerotothree.org/wp-content/uploads/2022/10/Facilitators-
Guide-3-3.pdf

Practice Brief

It Takes a Village to Raise a Grandchild: Developing Communities of Support for Grandfamilies in PEI, Canada

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Abstract

In this practice brief, we outline our research on grandparents raising grandchildren in Prince Edward Island (PEI), Canada. Specifically, we highlight a series of collaborative community workshops facilitated as part of our research. Using a participatory action research approach, we worked with grandparents raising grandchildren to codesign and implement the *It Takes a Village to Raise a Grandchild* workshops. These two workshops brought together grandparents raising grandchildren and key community members, including, but not limited to, faith leaders, educators, healthcare providers, elected officials, social services, children's services, and researchers, with a total of 113 people engaged. The goals of these workshops were to build awareness and increase understanding of the issues facing grandfamilies and to increase cross-collaboration between sectors to optimize grandfamily wellbeing. The overarching themes that arose from the priority issues affecting grandfamilies included health, education, legal, social services, financial, and general support and help. Central to the workshops was an opportunity to highlight the lived experience of being a grandparent raising grandchildren with a particular focus on what is needed to lead a grandfamily without negatively impacting individual and family wellbeing. These workshops provided a catalyst for interdisciplinary sharing and spurred the development of new partnerships and the creation of supportive networks.

Keywords: grandparents raising grandchildren, workshop, partnership, participatory action research, codesign

Grandfamilies are created when grandparents step up and step in to be the primary caregivers for their grandchildren. Research has shown that families adapt and transition to become a grandfamily for diverse reasons, including parent illness, injury, or disability; parent addictions or substance use disorders; the absence, incarceration, or death of a parent; or parent immaturity such as adolescent pregnancy (Avery & Novoa, 2022; Chan et al., 2019; Choi et al., 2016; Hadfield, 2014; LeFebvre & Rasner, 2017; Martin et al., 2021; McLaughlin et al., 2017;

Murray, Lionais, et al., 2022). Grandfamilies are universal, crossing all cultures and societies (Chan et al., 2019). Despite this global reach, systematic reviews and meta-analyses show that a majority of research on this subject is generated in the United States and reflects the experiences of grandfamilies living in urban settings (Chan et al., 2019; McLaughlin et al., 2017).

In Canada, over half a million (553,855) children were living with at least one of their grandparents in 2021; of these families, 36,860 children were living with their grandparents as primary care providers (Statistics Canada, 2022a). Prior to 2001, grandfamilies were not counted in Canada until the concept of "census family" was broadened to include "skip-generation families," meaning grandparents and grandchildren living in the same household without the middle-generation parent (Statistics Canada, 2022b). The grandparent was thus recognized as the child's "parent" within the census family. Census 2021 data compared to 2017 shows that the number of children living in a skip-generation family is on the rise, with an increase of 13.4% over that time period (Statistics Canada, 2017, 2022a).

Intentional Terminology

The term grandfamily is intentional and is most representative of the families involved in our project. We chose this term as opposed to other terms used—such as kinship care (Dolbin-MacNab & O'Connell, 2021), skip generation family (Statistics Canada, 2022), and custodial grandparents (Fruhauf et al., 2022)—because grandparents in our research did not feel these terms accurately represented the unique family that forms when grandparents raise grandchildren. They believed it is important to delineate the particular title when they create a family that is, indeed, "grand." We agree with this position and view the term "grand" as grounded in the strength of the family unit and the grandparent who steps up and into raising grandchildren. This strengths-based approach was integral to the codesign of our research and informed the intentionality of the language we used, language that reflects dignity, honour, and respect for grandparents raising grandchildren.

While many grandparents take on their new parenting role without hesitation, they have unique experiences, face several challenges, and live with certain realities that warrant focused attention. Many grandparents in these families are second-, or even third-time caregivers. Stepping up to lead a grandfamily typically involves a significant shift in a grandparent's aspirations and expectations of life and/or retirement (Murray, Bain, et al., 2022). Leading a grandfamily can negatively impact the grandparent's wellbeing later in life, and grandparents in these families have reported feeling excluded, misunderstood, judged, and disregarded, resulting in a lack of community and financial support and services (Murray, Bain, et al., 2022).

Grandfamilies in Canada

In Canada, the presence of grandfamilies goes largely unnoticed. Grandfamilies report feeling invisible in their communities (Murray, Bain, et al., 2022). They say that service providers, public officials, educators, and healthcare providers repeatedly fail to recognize or attend to the emotional, physical, and financial strains placed on them as individuals (Murray, Bain, et al., 2022). While many grandparents are at retirement age, are on limited and fixed incomes, and may require assistance themselves due to advanced age and chronic illness, some grandfamilies are led by grandparents in their 40s or 50s who have now stepped into the role of "second-time parent" to their grandchildren (Murray, Bain, et al., 2022).

Our research on grandfamilies focuses on the experiences and stories of grandparents raising grandchildren in the small and mostly rural province of Prince Edward Island (PEI),

Canada. PEI is unique because it is geographically small (5,620 km^2 or 2,170 mi^2) and has a relatively low population compared to the other provinces in Canada. PEI is approximately twice the size of Rhode Island. PEI's population count is 167,680, which is approximately 15% of Rhode Island's population. Twenty-one percent of PEI's population is over the age of 65 (Statistics Canada, 2022c). The whole island could be considered "rural" as the capital city of the province has a mere 38,000 residents (Statistics Canada, 2022c). Known for its tourism, farming, and fisheries, PEI is built on the strength of family, community, and connections. People are often engaged in their communities, with neighbours knowing each other and caring for one another.

The History of Grandfamilies on PEI

PEI is rapidly becoming a Canadian leader in grandfamily knowledge generation, knowledge mobilization, and legislative transformation addressing these families' issues. Much of this work has been done at a grassroots level directly responding to a gap in services and supports specific to grandfamilies. One outcome of this grassroots work was the formation of a community-based nonprofit organization, Building GRAND-Families Inc.

Building GRAND-Families Inc. was founded by grandparents raising grandchildren for grandparents raising grandchildren. It was established to study, serve, and support families in PEI, led by a grandparent(s) or great-grandparent(s) with or without parental involvement. Building GRAND-Families Inc. offers grandparents a place to find information, support, direction, socialization, a nonjudgmental listening ear, and peer support. The organization's website provides stories of grandparents in similar situations to create a community-of-support, cultivate a sense of belonging and inclusion, and relieve the feelings of social isolation.

Thanks to Building GRAND-Families Inc., grandparents raising grandchildren and academic researchers have come together to work in partnership, codesigning research studies that advance knowledge specific to the experiences of Canadian grandparents raising grandchildren. The study described in this paper is one example of such research. It involved two distinct qualitative research methods: 1) collaborative community workshops and 2) conversational semi-structured interviews with grandparents raising grandchildren. This paper focuses on the design, implementation, and findings of the collaborative community workshops.

With an aim to promote and strengthen community action, we worked in partnership with grandparents raising grandchildren to develop the workshops. Workshop delegates included grandparents raising grandchildren, as well as representatives from community organizations that serve and support grandfamilies, including, but not limited to, faith leaders, educators, healthcare providers, elected officials, social services, children's services, and researchers. The workshops aimed to build awareness and increase understanding regarding issues facing grandfamilies and to increase cross-collaboration between sectors to optimize grandfamily wellbeing on PEI. Central to the workshops was an opportunity to highlight the lived experience of a grandparent raising grandchildren with a particular focus on what is needed to lead a grandfamily. Framing the community workshops through the lens of *It Takes a Village to Raise a Grandchild*, our workshops provided a catalyst for interdisciplinary sharing and spurred the development of new partnerships and supportive networks responsive to grandfamilies' needs.

Partnering to Strengthen Action

Participatory action research was the overarching design used to guide the planning and implementation of the collaborative community workshops. Participatory action research

engages people other than formally trained researchers to offer ideas about the research question, the study design, how to interpret the findings, and how the findings can and should be used (Lawson et al., 2015). Fundamental to the conceptualization of this study was the intentional development of partnerships between and among academic and non-academic members of the research team. In developing the project team for this participatory action research, we were mindful of recommendations made by Cargo and Mercer (2008) in that academic and non-academic partners should strive for equal participation so that a balance can exist between scientific expertise and excellence and the lived experience expertise offered by research partners. Through a balanced co-sharing approach, new opportunities to develop capacity and invite ownership of projects exist.

The Process: Developing and Delivering the Collaborative Community Workshops

The *It Takes a Village to Raise a Grandchild* collaborative community workshops brought together grandparents with those in the community who study, serve, or support families. The research team worked collaboratively to brainstorm different sectors that grandfamilies intersect and interweave with on a regular basis. In determining this list of potential delegates, we asked the grandfamilies, "Who is in regular contact with your lives? and "Who do you wish knew more about what it is like to be a grandfamily?" From the answers to this question, a diverse list of sectors was identified, including, but not limited to, educators, health care professionals, social workers, and government officials representing diverse perspectives and geographic locations. Personalized letters were then sent inviting these people to our workshops. These letters were followed up with a phone call.

To mitigate barriers to participation—i.e., transportation and the personal schedules of grandfamilies and other participants—we hosted workshops in two distinct geographic regions of PEI, the Western Region and Charlottetown (the capital of PEI). By offering these collaborative community workshops in two locations, we hoped to promote diversity in community representation by those who study, serve, and support grandfamilies, as well as uncover additional factors specific to regional community contexts that should be considered.

Each four-hour workshop was scheduled from 10:00 a.m. to 2:00 p.m. to support maximum participation from grandparents with school-aged grandchildren. The first workshop occurred in the Western Region of PEI and included 43 delegates. At the second, in our provincial capital city, over 70 delegates attended. Over 90% of the delegates invited participated in a workshop or sent a designated representative.

Representatives expressed their keen interest in participating in the workshop and learning more about the experiences of grandfamilies and how they can better serve or support them. Many community participants expressed that they appreciated the opportunity and were happy to participate. They conveyed that this workshop would be their first professional development experience focused on this unique family type.

Both workshops were designed to be highly participatory and organized similarly to ensure consistency. We intentionally chose round tables for all delegates to flatten hierarchies and allow respectful listening to grandfamilies' stories. We did not want the perception of a particular delegate sitting at the "head" of a rectangular table and leading a discussion, but rather, we wished to promote the active and equal engagement of all delegates, with each person bringing their experiences and insights into the discussions. Our goal in using a codesign participatory approach to knowledge sharing was for all delegates to leave our workshops with

increased awareness, understanding, and, ultimately, new ideas for action that could be implemented in their respective fields.

Each circular table included six to eight delegates. All tables had at least one grandparent or great-grandparent raising their grandchildren and a combination of people representing policymakers, researchers, and professionals who frequently interact with grandfamilies. Our seating plan was strategically designed to promote the development of new relationships among delegates, i.e., requests from delegates to sit with friends or colleagues were denied.

Each workshop included the following components with a facilitator guiding the day and directing the delegates on their activities;

- An Elder and Knowledge Keeper from the Mi'kmaq First Nation opened and closed each workshop to reflect our values and honour the Indigenous Peoples on whose land we gathered.
- Government representatives from the Ministry of Health and Wellness and the appointed Child and Youth Advocate spoke.
- Two grandparents shared their stories of becoming a grandfamily to the whole group, then the representative grandparent at each table shared stories of their lived experiences of leading a grandfamily with the delegates at their table. It is these stories that opened hearts and minds.
- Following introductions at each table group, the delegates engaged in an experiential learning activity where they worked together to identify critical issues impacting grandfamilies on PEI. Each issue was written on a sticky note and placed on a *Challenge Wall*. Once all issues had been identified, participants worked together to categorize the issues into common themes.
- Groups then selected one theme, or key issue, to work on and developed an *Opportunities Map,* where participants discussed opportunities to address their chosen issue through changes in policies and practices. During these deeper discussions about each theme, additional issues were identified, and subthemes emerged.
- Then, delegates brainstormed tangible *actions*, i.e., strategies and solutions for addressing their chosen issue. These recommended actions focused specifically on supports, funding, resources, and service provision.
- Each workshop concluded with a series of engaging debriefing activities where the recommended actions were shared with the larger group, and broader reflections on key insights gained through the workshop were discussed, using reflective questions such as "Wouldn't it be great if grandparents raising their grandchildren on PEI. . . "

Delegates acknowledged that addressing all the issues identified will be a monumental task and not something that can be solved by the government alone. It really will *Take a Village,* including government, grandparents, practitioners, and researchers working together to implement sustained actions that improve the lives of grandfamilies across PEI.

Findings

After each workshop, the research team collected and reviewed all the sticky notes and poster papers written by delegates. Upon initial review, 507 issues facing grandfamilies on PEI were identified from the recorded individual sticky notes, transcribed verbatim onto an Excel spreadsheet, and categorized into themes per the delegate's design. Some issues belonged to more

than one theme and thus were represented in each applicable category or theme. Many issues were identified multiple times. For example, the word "support" appeared in 80 of the identified issues often associated with "lack of support."

The delegates identified the following six overarching themes for priority issues: (1) health, (2) education, (3) legal, (4) social services, (5) financial, and (6) general support and help. These overarching themes, as well as subthemes identified by the delegates, are offered in Table 1.

Table 1
Priority Issues Affecting Grandfamilies

Health	Education	Legal	Social Services	Financial	Support & Help
Mental illness & mental health	Technology	General legal	Isolation	Childcare	Respite
Substance use disorder	Educational supports	Policy	Time	Medical	Time
Aging	General education	Guardianship	Parenting relationship	Legal	Guidance & mentorship
Financial		Lawyer access	Child protection services	Housing	General support & help
		Stability & security	Sports & activities	General financial	
		Child protection services	Navigation of supports	Stress	
			Housing	Services & financial aid	
			General other	Transportation	

While **health** was identified as one of the six overarching priority issues, it permeated all themes. Specifically, the conversations were dominated by mental illness and addictions, stressors related to the grandparent's physical and cognitive deterioration, possibly due to aging, the inevitability of death, and worry about who would care for their grandchildren when they die.

Delegates noted that grandfamilies experience additional **financial** stress from accessing mental health services since private insurance plans rarely cover personal and family counseling. If they do, grandchildren are not recognized as eligible dependents. Counselling is often foregone due to extensive wait times in the publicly-funded provincial health system and the high cost of

private mental health therapy. Predominant areas related to mental health that were discussed include grandfamily burnout, compassion fatigue, stress, trauma, grief, and loss.

Delegates identified the need for more professional development in **education** so that early childhood and elementary school educators can learn about grandfamilies and the unique experiences of children living in grandfamilies. In particular, it would be beneficial for educators to learn about when and how to advocate for and to assist with accessing learning assessments and supports for grandfamily children who may have underlying learning challenges and undiagnosed learning disabilities.

A lack of policy and legal rights for grandparents raising their grandchildren was a priority issue discussed in the **legal** theme. Delegates felt there were gaps in legislation, policies, and practices to support grandfamilies. These gaps negatively impact the stability and security of the grandfamily, contributing to "not feeling permanent as a family" due to systemic challenges related to custody and guardianship agreements. Also identified were challenges grandfamilies face as they navigate complex legal systems and experience additional financial stress due to the high-cost legal services.

In discussions related to **social services,** delegates repeatedly expressed concerns that existing government services and supports are developed in "silos." There is a need for policies, practices, services, and supports that are child- and grandfamily-centred, where the best interest of the child and family as a whole are the central focus of all decisions made. Concern was raised regarding the relationships between grandparents and Child Protective Services (CPS), with grandparents reporting that their experiences had been characterized by "constant stress and trauma of CPS visits." Housing was also identified under the social services theme, particularly discussions on how challenging it can be to access affordable housing due to current low vacancy rates and government housing policies that do not recognize grandfamilies.

The **financial** theme included discussions about stress arising from additional and unexpected financial costs related to childcare, legal, transportation, housing, and medical expenses (e.g., therapy, dental, and off-island medical trips). Delegates identified how a lack of understanding and awareness about grandfamilies resulted in policies that were not responsive to their families' unique needs and contributed to additional financial stress.

The final theme identified was broad and reflected a need for general **support and help**, i.e., additional formal and informal support for grandfamilies. Examples included the need for respite care similar to what is provided to foster families and access to support groups such as those that exist within Building GRAND-Families Inc., which provide opportunities for grandparents across PEI to come together regularly for sharing, community building and socialization.

In the final exercise of the workshop, delegates worked together to identify tangible actions they felt could directly impact their assigned priority issues. The recommended actions included:

- **more financial support** to be on par with foster family compensation**;**
- **a grandfamily navigator** who could serve as an advocate for grandfamilies and help them access services and supports, and be the primary point of contact for both grandparents and those who work to serve and support grandparents raising grandchildren;
- a **less siloed approach in developing governmental policies** that directly impact grandfamilies and service providers, leading to the development of a one-stop shop for grandfamilies;

- **legal support** for custody and guardianship matters, specifically, providing access to affordable (low-cost or no-cost) lawyers in a timely manner;
- **revisions to child and family legislation** to acknowledge the rights of grandfamilies;
- access to **respite care**; and
- additional intergenerational mental health services for grandfamilies as a whole (grandchildren, parents, and grandparents).

Discussion

New understandings and insights about grandfamilies living in Canada emerged throughout this process. The primary aim was to immediately impact the service and support providers, elected officials, and other non-grandparent delegates to gain a greater understanding and awareness of the issues facing grandfamilies and discover how they could work more effectively with grandparents raising grandchildren to address the issues identified. Secondarily, we hoped to illuminate the lived experience of grandfamilies to the larger research community and offer a meaningful, inclusive, and collaborative way to engage with this population. In doing so, we attended to gaps in knowledge about the Canadian grandfamily experience and offered a more rural perspective from the lens of our small island (Chan et al., 2019; McLaughlin et al., 2017).

These workshops made it clear that progressive solutions to issues impacting grandfamilies can be found through increased awareness, knowledge-sharing, and collaboration. When such solutions are adopted, they can strengthen grandfamily wellbeing and resilience.

Through this participatory approach to knowledge-sharing in our collaborative community workshops, we aimed to increase knowledge about the unique needs and challenges experienced by grandfamilies, become a catalyst for interdisciplinary sharing, and spur the development of new partnerships and supportive networks that are responsive to the needs of grandfamilies on PEI. Fruhauf et al. (2022) identified the strength of using community-based participatory research with grandfamilies to help bridge science into practice and the importance of university–community partnerships.

Following the workshops, the research team shared our findings with multiple government departments and policymakers, leading to several important deep, and meaningful conversations and consultations. Some of the known impacts to date:

- We were invited to participate in meetings to review the PEI Child Protection Act, where we discussed issues facing grandfamilies.
- After our workshops, the Department of Social Development and Housing implemented a tailored mental health support program for grandparents raising grandchildren on PEI.
- The findings of our workshops provided evidence to help refine and enhance a program for grandparents raising grandchildren and alternate caregivers. This program, now known as the *Grandparents and Alternate Caregivers Program,* provides monthly financial assistance, medical, dental, and optometry benefits, and childcare support for grandparents who are raising grandchildren and others who are stepping in and stepping up to care for children when their parents are unable to do so.
- New relationships were established between educators, healthcare providers, and others, leading to new opportunities to work together to enhance understanding of the unique experiences and issues facing grandfamilies on PEI. For example, we worked with educators to develop a booklet focused on what teachers should know about working with grandfamilies. This booklet is being rolled out to all schools across PEI.

- We are working on a new project to promote grandfamily mental wellbeing and resilience, partnering with one of the workshop delegates to create an equine-assisted learning program focused on the unique needs of grandfamilies. This program provides ten sessions with exercises, all aimed at strengthening resilience and enhancing social support.
- We are also working with a private therapist (registered social worker) who has designed a series of small group workshops addressing topics raised by workshop delegates.

Conclusion

Through our collaborative community workshops, we discovered that raising a grandchild indeed takes a village. Central to the workshops was highlighting the lived experience of a grandparent raising grandchildren on PEI. Through the active engagement of delegates in roundtable discussions, we collectively learned about the priority issues impacting grandfamilies, which is consistent with reports from other grandfamilies (Fox et al., 2022).

Delegates then collaborated to develop recommended targeted actions on the identified priority issues, including access to information, system navigation, and financial, legal, social, and emotional support. Workshops began with people from diverse backgrounds sitting at tables with a keen desire to learn more about the experiences of grandparents raising grandchildren on PEI. By the end of the workshops, these people had established new relationships and shared a collective vision for how these issues could be addressed through practical and realistic solutions.

We believe that working collaboratively through partnership engagement is key to success. Our workshops presented an opportunity to bring people together in a spirit of collaboration and partnership. Prior to these workshops, many delegates did not know one another nor understand the experiences of grandparents raising grandchildren. While they may have been working regularly with these families, they did not know how they, through their respective roles, could work with others to support grandfamilies.

In this practice brief, we have described an example of participatory action research and showcased how academic researchers can partner with knowledge users to co-create studies. Working with grandparents raising their grandchildren in planning and implementing the collaborative community workshops, we made great strides in advancing issues facing grandfamilies. Through active engagement and knowledge mobilization, this project has helped to build capacity, awareness, and new relationships between grandparents and community partners.

The opportunity to bring together grandparents raising grandchildren with practitioners and policymakers was pivotal in building community and fostering new collaborations. Following our workshops, our research team prepared presentations and reports for practitioners and policymakers, providing evidence and a road map for strengths-based and family-centred actions. Findings from this project have been used to revise and refine policies and programs and have helped to raise awareness and increase understanding about issues that affect grandfamilies.

References

Avery, D., & Novoa, G. (2022). A hidden chapter in life we did not expect or foresee: Sharing the stories of grandfamilies in Prince Edward Island. In B. Neis, C. Murray, & N. Spinks (Eds.), *Families, mobility, and work* (pp. 227-234). Memorial University Press.

Cargo, M., & Mercer, S. L. (2008). The value and challenges of participatory research: Strengthening its practice. *Annual Review of Public Health*, *29*, 325-350. https://doi.org/10.1146/annurev.publhealth.29.091307.083824

Chan, K. L., Chen, M., Chen, Q., Lo, K. M. C., Kelley, S. J., & Ip, P. (2019). The effectiveness of interventions for grandparents raising grandchildren: A meta-analysis. *Research on Social Work Practice*, *29*(6), 607-617. .. https://doi.org/10.1177/1049731518798470

Choi, M., Sprang, G., Eslinger, J. G., & Choi, M. (2016). Grandparents raising grandchildren: A synthetic review and theoretical model for interventions. *Family & Community Health, 39*(2), 120-128. https://doi.org/10.1097/fch.0000000000000097

Dolbin-MacNab, M., & O'Connell, L. M. (2021). Grandfamilies and the opioid epidemic: A systemic perspective and future priorities. *Clinical Child & Family Psychology Review*, *24*(2), 207-223. https://doi.org/10.1007/s10567-021-00343-7

Fox, A. L., Riggs, N. R., Yancura, L., Sharp, J. L., & Fruhauf. C. A. (2022). Translating discovery science. Improving self-efficacy in grandparents raising grandchildren: Results from a strengths-based education intervention. *Family Relations 72*(3) 966-975. https://doi.org/10.1111/fare.12695.

Fruhauf, C. A., Yancura, L. A., Greenwood-Junkermeier, H., Riggs, N. R., Fox, A. L., Mendoza, A. N., & Ooki, N. (2022). Lessons from the field. Community-based participatory research: The important role of university–community partnerships to support grandfamilies. *Family Relations, 71*(4), 1470-1483. https://doi.org/10.1111/fare.12672

Hadfield, J. C. (2014). The health of grandparents raising grandchildren. *Journal of Gerontological Nursing*, *40*(4), 32-42. https://doi.org/10.3928/00989134-20140219-01

Lawson, H. A., Caringi, J., Pyles, L., Jurkowski, J., & Bozlak, C. (2015). *Participatory action research*. Oxford University Press.

LeFebvre, L. E., & Rasner, R. D. (2017). Adaptations to traditional familial roles: Examining the challenges of grandmothers' counterlife transitions. *Journal of Intergenerational Relationships*, *15*(2), 104-124. https://doi.org/10.1080/15350770.2017.1294010

Martin, A., Albrechtsons, D., MacDonald, N., Aumeerally, N., & Wong, T. (2021). Becoming parents again: Challenges affecting grandparent primary caregivers raising their grandchildren. *Paediatrics & Child Health*, *26*(4), e166-e171. https://doi.org/10.1093/pch/pxaa052

McLaughlin, B., Ryder, D., & Taylor, M. F. (2017). Effectiveness of interventions for grandparent caregivers: A systematic review. *Marriage & Family Review, 53*(6), 509-531. https://doi.org/10.1080/01494929.2016.1177631

Murray, C., Bain, L., Drake, P., & Avery, D. (2022). Stepping up and stepping in: Exploring the role of nurses in supporting grandparents raising grandchildren. *Journal of Family Nursing*, *28*(4), 341-352. https://doi.org/10.1177/10748407221124854

Murray, C., Lionais, D., & Gallant, M. (2022). "Above everything else I just want to be a real grandparent": Examining the experiences of grandparents supporting families impacted by mobile labour in Atlantic Canada. In B. Neis, C. Murray, & N. Spinks (Eds.), *Families, mobility, and work* (pp. 211-226). Memorial University Press.

Statistics Canada. (2017). *Portrait of children's family life in Canada in 2016*. Census in Brief. https://www12.statcan.gc.ca/census-recensement/2016/as-sa/98-200-x/2016006/98-200-x2016006-eng.pdf

Statistics Canada. (2022a). *Home alone: More persons living solo than ever before, but roomies the fastest growing household type.* The Daily. https://www150.statcan.gc.ca/n1/en/daily-quotidien/220713/dq220713a-eng.pdf?st=l4egWWLQ

Statistics Canada. (2022b). *Families, households and marital status reference guide, census of population, 2021.* https://www12.statcan.gc.ca/census-recensement/2021/ref/98-500/002/98-500-x2021002-eng.cfm

Statistics Canada. (2022c). *Census profile, 2021 census of population.* Statistics Canada catalogue no. 98-316-X2021001. https://www12.statcan.gc.ca/census-recensement/2021/dp-pd/prof/index.cfm?Lang=E

Book Review

Grandparents Raising Grandchildren: Coping with Addiction
Andrea Smith, PhD and Linda Dannison, PhD, 2020,
BookBaby Publishing, 92 pp.

Rates of addiction and substance abuse have increased exponentially in the US over the past 20 years. Annually over 96,000 people die from drug overdoses with opioids being a factor in at least seven out of every ten deaths (NCDAS: Substance Abuse and Addiction Statistics, 2023 [drugabusestatistics.org]). When parents are using substances and are unable to care for their children or in cases of overdose deaths, grandparents and other relatives are often asked to raise their relative children. Almost no practical guides to support kin caregivers in this role have been available until now. However, Grandparents Raising Grandchildren: Coping with Addiction is specifically designed for this population. It's the third book in a series written eloquently by Andrea Smith, PhD, and Linda Dannison, PhD. It is relevant and timely and is specifically designed for kin caregivers in this difficult situation. The book addresses the challenges families face, provides psychoeducation about the impact of substance abuse and offers pertinent exercises and coping strategies. The authors approached these topics with great respect, understanding and validation throughout. Essentially this book is a must-read that can be highly beneficial for kincare families.

The book maintains a consistent format throughout, and each chapter starts with an ongoing case study. It describes the struggles and victories of a caregiver as she unexpectedly assumes the care of her two young grandchildren due to her daughter's drug abuse and she makes the commitment to raise them. Her story and voice take us on her journey and make the experience very real. The next part of each chapter gives information about a specific topic such as the effect of opiates on grandchildren, addiction and unique family risks, stigma and shame, recognizing and managing stress, or creating trusting relationships. The last part is not only devoted to three exercises on how to support coping but also offers ways to develop strategies and tools to manage the many challenges kincare families face. It is informative, relevant, and user-friendly.

More information on culture, race, and legal issues would have been welcome, as well as a closing summary, but even without these aspects, this book is greatly valued and makes a strong contribution to the literature. It has the capacity to greatly help kincare families as they face the trials and tribulations of coping with parental substance abuse and loss. It simultaneously promotes ways to build resiliency and make connections to others to decrease isolation, overcome obstacles, and gain support.

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National Research Center on Grandparents Raising Grandchildren

Mission
Our mission is to improve the well-being of grandparent-headed families by promoting best practices in community-based service delivery systems, and to advance the work of practitioners and scholars in the development, implementation and evaluation of new knowledge and services in the field.

Core Beliefs
Grandparents contribute to the preservation of family systems when taking on the responsibility of raising their grandchildren. Grandchildren, as well as all children, deserve to loved and cherished in safe and nurturing families. Parents should have primary responsibility for their children, but when they are unable/unwilling to assume that role, grandparents should be given the resources and support to assist them in managing parental responsibilities. Generally, communities are better served by grandparents taking on the custodial care of their grandchildren, when needed.