Thematic Dimensions of Grandparent Caregiving: A Focus Group Approach

Bert Hayslip Jr.
University of North Texas, hayslipb@unt.edu

Rebekah P. Knight
University of North Texas

Kyle S. Page
VA Central Iowa Health Care System

Carolyn Phillips
University of North Texas

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Research Article

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Bert Hayslip, Jr.
Rebekah P. Knight
University of North Texas

Kyle S. Page
VA Central Iowa Health Care System

Carolyn Phillips
University of North Texas

Correspondence can be directed to Dr. Bert Hayslip, Jr. at berthayslip@my.unt.edu

Abstract
The present study involved 75 grandparent caregivers (*M* age = 59) who participated in focus groups targeting their needs and concerns relevant to raising their grandchildren. Based upon a qualitative analysis of group session notes reliably cross referenced across 3 observers, the following themes emerged: 1) Isolation, disenfranchisement, and marginalization with regard to others, 2) Difficulty in dealing with and frustration with the adult child whose child one is raising, 3) The need to be able to cope with one's own emotions and life situation, 4) Difficulties in coping with the emotional, interpersonal, or behavioral problems of the grandchild, 5) Getting competent, trustworthy, and affordable child (day) care/respite care, 6) Frustration with service providers, 7) Ignorance of what social, medical, psychological, and legal services are available or difficulty in affording or accessing such services, 8) Challenges in managing other life stresses that are superimposed upon or consequences of the demands of raising a grandchild, 9) A lack of legal standing as the grandchild's caregiver, and 10) A lack of parenting skills and knowledge about child development. Discussed here is the fact that these thematic concerns expressed by grandparent caregivers have a number of implications for grandfamilies' mental and physical health, access to services, the lessening of isolation and stigmatization among such persons, and the design and implementation of interventions for them.

Key words: grandparent caregivers, resilience, parenting, coping, focus groups

The Challenges of Raising Grandchildren

Ample evidence supports that the number of grandparents who are caring for their grandchildren is far from trivial; nearly 6 million grandchildren are being cared for on either a part-time or full-time basis by nearly 3 million middle aged and older persons (Generations United, 2015; U.S. Bureau of the Census, 2006). While some of these grandparents co-reside

with their adult children and the grandchild they are caring for, others do so in the absence of any assistance from their adult children, wherein the adult child plays no active role in the care of the grandchild. The latter are referred to as *skipped generation* in nature (see Hayslip et al., 2017; Hayslip & Kaminiski, 2005; Park & Greenberg, 2007).

Despite their dedication to the welfare of their grandchildren, many custodial grandparents report feeling isolated from age peers, experience a variety of physical and emotional challenges associated with caregiving, feel judged through microaggressions (Yancura at al., 2016) by others because of their perceived failure as parents, or experience shame linked to the stigma of having to raise their grandchildren (Hayslip et al., 2015). The latter is especially relevant because of the divorce, imprisonment, or parental failures of their adult children (Park & Greenberg, 2007), wherein their adult child has used drugs or has physically and/or emotionally abused the grandchild(ren). Likewise, many such grandchildren feel estranged from the parents who had formerly been raising them, and/or experience difficulties in connecting emotionally with the caregiving grandparent(s). Grandchildren also experience feeling different from their age peers whose parents are still raising them (Shore & Hayslip, 1994) and disproportionately suffer from emotional, social, and physical problems relative to non-skipped generation households (Smith et al., 2008). The detrimental effects of being raised by a dysfunctional parent can put these grandchildren at risk for difficulties equivalent to those of children in foster-care families (Shakya et al., 2012)

The net effect of these factors is to disenfranchise both grandparents and grandchildren, causing many to feel discriminated against from micro-assaults (Yancura et al., 2016), powerless, and invisible (Wohl et al., 2003). This results in significant numbers of grandparents and grandchildren not seeking out or receiving the help that they need in the form of access to and availability of a variety of medical, social, legal, and psychological services. Consequently, they either fail to ask for help or are difficult to reach regarding what needs and services they require because they have either come to rely on family or friends for support, or have become disenchanted with available services and service providers (Carr et al., 2012). This is especially critical because grandparents often ignore their own needs for service in favor of those for their grandchildren (see Baker & Silverstein, 2008) and often suffer in terms of their own self-esteem (Hayslip & Shore, 2000; Musil et al., 2009).

With the above issues in mind, the present study utilized a focus group methodology approach to document and explore thematic issues relating to grandparent caregivers' needs for information, barriers to getting help, and experienced difficulties in raising a grandchild giving rise to their needs for information, help, and support.

Theoretical Aspects of the Present Study

The present study's goal of exploring thematic issues particular to grandparent caregiving can be understood in the context of multiple theories guiding the design and implementation of support services for family caregivers as discussed by Montgomery et al. (2016). In this respect, a focus on the variability across persons in grandparent caregiver needs and the conditions giving rise to them, as well as barriers to seeking help, is consistent with the Behavioral Health model of Anderson (1995). Understanding unmet needs and barriers to getting help, and any health-related or psychosocial consequences, is also important in light of the stressors faced by grandparent caregivers as well as with grandparents' efforts to cope with such stress and get social support, where social support is viewed as a mediator of the caregiving stress-outcome relationship (Montgomery et al., 2016). Each of these components is a key feature of a stress

process model of caregiving espoused by Lazarus and Folkman (1984) and by Pearlin et al. (1990).

As grandparents are consumers of a variety of medical, legal, and social services, Empowerment Theory (Hooyman et al., 2016) and relatedly, the Consumer-Directed Theory of Empowerment (CDTE, Kosciulek, 2005) are each relevant to the use (or non-use) of services, needs for information and social support, and quality of life-related outcomes associated with empowerment, all of which are central elements of CDTE. In effect, having knowledge and information about available services is empowering. CDTE suggests that in becoming aware of grandparents' perceived barriers to getting needed help, their feelings about raising a problematic grandchild, the difficulties they face in renegotiating their relationship with the adult child, and their lack of connection to others in the community, practitioners can empower them, increase their self-efficacy and sense of personal control, and improve the quality of their lives (Hooyman et al., 2016; Kosciulek, 2005).

A variety of theories relevant to help-seeking behavior by older adults as reviewed by Wacker and Roberto (2016) are also relevant here. These theories incorporate *person-related contemplative* factors (e.g., labeling and assigning meaning to one's needs), *exploratory* factors (e.g., identifying and determining one's eligibility for services), and *experiential-service-related* factors (e.g., history of interactions with service providers).

As Wacker and Roberto (2016) note with regard to future research bearing on the use of services by older persons, "Researchers also must expand their efforts to understand how different types and levels of unmet needs present a unique set of characteristics that in turn influence intrapersonal and interpersonal considerations for seeking formal assistance" (p. 521). The present emphasis on unmet needs, conditions giving rise to them, and barriers to seeking help is consistent with this goal. These varied theoretical perspectives bear on issues and concerns among grandparent caregivers that are the foci of the present study and impact such persons' roles as caregivers and their often complicated relationships with both service providers and their adult children.

Rationale Underlying the Focus Group Approach in the Present Study

Focus groups as a means of uncovering information about custodial grandparents' needs have many advantages in that they are an excellent source of qualitative data regarding the process by which individuals access available services. Importantly, they provide the opportunity for persons who would not be comfortable in expressing their feelings and attitudes in an one-on-one or questionnaire format to be able to do so in the presence of other grandparent caregivers., Relatedly, they encourage persons to attend to processes rather than to only focus on outcomes (Barbour, 2006; Berkowitz, 2009; Goebert, 2002; McNamara, 2009). Thus, as focus group data may allow us greater in-depth understanding of what grandparent caregivers are facing, and in contrast to interviews and surveys, they provide a needed source of qualitative information about grandparent caregiving. Indeed, the literature on grandparent caregiving is largely void of data gathered via focus groups (see for reviews: Hayslip & Kaminski, 2005; Hayslip et al., 2017; Park & Greenberg, 2007). Consequently, given their advantages, this approach has the potential to yield a more finely grained understanding regarding grandparent caregiving, especially as it relates to grandparents' unmet needs for information and help, areas of difficulty giving rise to such needs, and barriers to getting help.

Consistent with the observations of Montgomery et al. (2016), the present study's findings are especially relevant to the design and implementation of interventions targeting

grandparent caregivers and/or service providers. This is important in that the evidence regarding efficacious interventions for custodial grandparents is sparse (see Hayslip & Fruhauf, 2019; Hayslip et al. 2017; McLaughlin et al., 2017), wherein recommendations regarding design and implementation that are more directly linked to a more finely tuned understanding of such persons' needs would be quite valuable. The present study's findings are thus quite relevant to improving the well-being of grandparents and their grandchildren.

Method

Sample and Procedure

A total of 75 grandparent caregivers living in North Central Texas participated in eight focus groups, led by the first author, which ranged from four to 10 grandparents in size, and were between one and two hours in length. They were all led by the first author and were held at separate community-based locations familiar to each grandparent. Grandparents for the most part, attended the focus group closest to them geographically. Grandparents learned of a given focus group through senior center announcements and notices placed in both church bulletins and local newspapers, specifying that the purpose of the focus group was to learn about grandparent caregivers' needs for information, help, and services. For his or her participation, each focus group participant received a restaurant gift card and information regarding self-care and grandparent caregiving in general developed by the first author. This included information was supplemented by access to websites pertinent to grandparent caregiving such as those of the Brookdale Foundation, Generations United, or the American Association of Retired Persons Grandparent Information Center.

Twenty-six grandparents resided in a rural county in North Central Texas, while 49 lived in an urban area. The distinction between older persons being served who resided in either an urban and rural area was on the basis of the joint criteria of population density and distance from the largest town/major metropolitan city (i.e., Dallas, Texas) (see also *Texas County Map with Administrative Cities, geology.com*).

Demographically (see also Hayslip et al., 2018), most participants were in their mid-50s (*M* age = 58.68, *SD* = 7.70), female (83%), married (53%) or either single or separated (32%), Caucasian (75%) [versus being African American (18%) or Hispanic/ of other ethnicity (7%)], and among those who provided such data, still employed either full-time or part-time (93%), and earned at least $50K annually (37%). Most grandparents rated their health at present as fair to good (*M* = 3.08, *SD* = 1.04, where 1 = poor and 5 = excellent), and most indicated that their health had either not changed or had worsened somewhat over the last year (*M* = 2.85, *SD* =.57, where 1 = much worse and 5 = much better). They had been raising one grandson for three years or less, considered themselves to be the grandchild's full-time caregiver, and were in a skipped generation (where the adult child parent was absent) family.

There was substantial variability in the reasons for assuming care, where in many, but not all cases, grandparents had assumed care due to the drug/alcohol abuse, incarceration, or mental/emotional disorder in the parent, parental incompetence (neglect or abuse) as determined by the courts, or abandonment of the child by one or both parents. In a minority of cases, the parents had divorced, had died, or were either in school or serving in the military.

Responses to Survey Based Open-Ended Questions/Focus Group Notes

Three open-ended questions were completed by focus group participants. These were located at the end of a quantitative survey whose findings have been published separately

(Hayslip et al., 2018). Answers to both the quantitative and open-ended questions had been requested by the funding agency, and each set of questions addressing them was developed by the first author. These quantitative questions included 1) 33 items of potentially unmet needs for support, information, and services, 2) 20 areas of difficulty giving rise to needs for information and help, and 3) eight barriers interfering with access to information, support, and services.

To be clear, the present qualitative findings were *in part*, based upon the three open-ended questions at the end of a survey: What are the major unmet needs that you have regarding information, help, and services? What difficulties that you have experienced underlie your needs for help, information, and services? What barriers do you face in getting information, help, and support?

In addition to the above open-ended response survey data, focus group note data were also examined, which was based on each focus group's discussion of and response to the same three open-ended questions that each person had answered at the end of the quantitative survey. Notes were taken regarding grandparents' elicited discussion following each of three questions asked by the group leader (the first author) which framed each focus group's discussion. These questions were identical to those open-ended questions which had appeared at the end of the survey participants completed. In this case, handwritten notes were taken by the third and fourth authors and later transcribed independently of one another regarding what transpired during each focus group discussion.

Importantly, Hayslip et al. (2018) found no urban-rural grandparent caregiver differences in the above quantitative scores. Thus, the focus group discussion notes, as well as answers to the three open-ended questions at the survey's end paralleling the three scales described above, were aggregated across rural and urban grandparent caregivers. These data formed the basis for the themes describing the experience of grandparent caregivers that is the focus of the present study.

Derivation of Thematic Content

The above open-ended responses to the questions at the survey's end, as well as the transcribed handwritten notes from the focus groups, were examined, and major themes were initially derived by the first author based upon a detailed content analysis of these qualitative data. This thematic summary of the open-ended survey responses, as well as the transcribed notes were then presented to the third and fourth authors. Any areas of ambiguity in the written notes or the responses to the open-ended survey questions were thoroughly discussed among the first, third, and fourth authors, and clarified as necessary as they related to both the open-ended survey responses and focus group notes. In comparing the handwritten notes from the third and fourth authors, in order to be identified as a major theme below, each *must* have been present in *each* set of notes *and* present in grandparents' open-ended survey responses to the three questions that guided the focus group discussions. Thus, the salience of a given theme was derived from a careful examination of the open-ended survey responses by the first author and supplemented by the presence of that theme in the written notes of the third and fourth authors, wherein strict criteria were utilized before a given theme was derived.

Based upon the above process for deriving understandable content pertinent to the present sample of grandparent caregivers, a number of themes were derived from *both* the open-ended responses to the three survey questions at the survey's end, *as well as* from the notes of focus group discussions targeting these same three questions. These themes transcended needs for service, information, help, and support; areas of difficulty giving rise to such needs, and barriers to accessing such information, help, support, and services. These themes are both intrapersonal

and interpersonal, cultural, or environmental in nature. We present them considering the three areas framing the focus group discussions.

Results
Area I: What are Your Unmet Needs for Information, Help, and Support?

1) Isolation, disenfranchisement, and marginalization from others. Many grandparents expressed anger, grief, and to an extent, some depression regarding "going it alone" in raising a grandchild. This isolation complicated access to service, contact with service providers, and in many cases, is costly in terms of travel expenses. For example, one couple who lived 25 miles from the nearest city (Greenville, TX) had to declare bankruptcy. For this reason they curtailed their trips to gain services/benefits (e.g., Medicaid, CHIPS, TANF) for their grandchildren. Many grandparents expressed a sense of "society turning its head away from grandparents raising grandchildren," and many expressed anger and frustration at feeling stigmatized because of their newly acquired parental roles. This was especially true of grandparents who had, comparatively speaking, only recently assumed parental responsibility. Such persons are especially vulnerable versus those who have raised a grandchild for many years (e.g., since the child was an infant) and who have come to adapt to their situation. Such grandparents indeed can serve as resources/mentors for those who are "recently on the job."

2) Getting competent, trustworthy, and affordable child (day) care/respite care was a major concern for many grandparents who were isolated, single, raising more than one grandchild, or who must work or are enrolled in school. It is to be noted that a lack of affordable respite/day care might also be considered to be a barrier to seeking help in that not being able to leave home to get help for oneself or one's grandchild robs one of opportunities to access both family-related or professional help and assistance.

Area 2: Situations Giving Rise to Needs for Information, Help, and Support

1) Difficulty in dealing with and utter frustration with the adult child whose child one is raising. This is especially true for adult children who are irresponsible, unemployed, incarcerated, in and out of drug or alcohol rehab, or experiencing personal distress interfering with everyday life. In some cases, the adult child's presence is disruptive to family routines and emotionally upsetting to both grandparent and grandchild. In this case, the frustration, urgency, and in some cases, the desperation of many grandparents was quite apparent in not only *what* they said, but *how* they said it. It was not uncommon to see grandparents express their anger and even their grief and sadness (i.e., by crying openly) at their situation regarding the adult child. Many grandparents, despite their frustrations with the adult child, expressed their grief for the loss of this relationship.

2) Coping with one's own emotions and life situation. It was quite common to hear about situations such as: grandparents' difficulties in dealing with emotional/physical strain; anger at the adult child; resentment of the sudden and often unpredictable nature of having to take on parental responsibilities; resentment at having one's future redefined, e.g., interruption of plans for retirement ("When am I going to be able to retire?; I hadn't planned on this happening"); "being robbed of the opportunity to be dream grandparents"; not being given the opportunity to "spoil" their grandchild; and concerns about eventual health difficulties that would impact their ability to care for a grandchild. Other situations included resentment that they

were not afforded the same financial benefits and consideration as foster parents, anger at unreasonable demands made by Child Protective Services (CPS) or being abandoned by CPS, guilt over having failed as parents, helplessness in the event of a child's emotional and behavioral problems, grief over the death of the adult child or spouse, inability to answer the child's questions about why he/she does not have a "normal family," and displacement of anger toward the adult child or work stress onto the grandchild.

3) Coping with the emotional, interpersonal, or behavioral problems of the grandchild. Examples include bipolar disease, autism, OCD, ADD/ADHD, depression/acting out/displays of anger, susceptibility to peer pressure, sexuality, attachment disorder/separation anxiety, and special needs children. These issues are experienced as very stressful, and many grandparents expressed dismay over their inability to understand a grandchild's problems, as well as frustration at being unable to either find help or afford such help for the grandchild.

4) Managing other life stresses that are superimposed upon or consequences of the demands of raising a grandchild. It was not unusual to hear couples admit that the stresses of raising a grandchild were negatively impacting their (in some cases, already unstable) marriage, that they were further strained financially, or that they had little "husband/wife time" or "personal time." A few grandparents were not only caring for a grandchild, but also an older, ailing parent or a great-grandchild simultaneously. A common experience was for the grandparent to be facing his/her own health difficulties (arthritis, cardiovascular problems, kidney failure, lupus, cancer, diabetes), yet still having to deal with the many physical and emotional demands of caregiving for a grandchild. For some grandparents, issues of race and ethnicity were also stress factors if, for example, the grandchild was of a different race/ethnicity from the remainder of the family.

5) A lack of parenting skills and knowledge about child development. This was noted especially in matters of discipline and communicating with younger children whose values are different, are more computer savvy than the grandparent, or are resentful about being abandoned by the parent. In cases where grandparents were raising more than one grandchild, older children cared for younger ones in the absence of grandparents. A lack of parenting skills might be especially relevant to grandparents who are raising grandchildren with behavioral, social, or emotional difficulties (see Dolbin-MacNab, 2006; Hayslip & Kaminski, 2006; Hipple & Hipple, 2008; Smith et al., 2008, 2015).

Area 3: Barriers to Getting Help
        1) A lack of legal standing as the grandchild's caregiver. In many cases, grandparents do not have legal custody or even guardianship (and cannot afford to seek it). Consequently, they have difficulty getting medical care for a grandchild and registering him/her for school because they lack affordable, trustworthy legal representation in such matters.

        2) Either ignorance of what social, medical, psychological, and legal services are available for them or their grandchildren, or difficulty in affording or accessing such services. This issue underscores the need for someone else to act as a "go between," educator, resource person, or advocate to support grandparents' relationship to social, legal, medical, or

psychological/counseling service providers regarding questions with issues such as adoption, guardianship, disputes with Child Protective Services, or Medicaid.

3) Frustration with service providers. These providers are seen as either inexperienced, unhelpful, or biased. Grandparents expressed difficulty in getting answers and frustration in not being able to make decisions that they felt would benefit the grandchild, agencies' losing paperwork, delays in processing paperwork, not getting reliable information, and being ignored by or talked down to by service providers (e.g.,. the Attorney General's office, Medicaid, Social Security, Child Protective Services). This communicative orientation regarding grandparents has been termed "microaggressive" in nature (Yancura et al., 2016).

Discussion

These focus group data targeting grandparents' needs and concerns relevant to raising their grandchildren yield important qualitative information about custodial grandparents' feelings about themselves and their relationships with others, their interactions with service providers, and the many behavioral, emotional, and interpersonal challenges they must confront in raising their grandchildren. These focus group qualitative data do give us additional insight into the lived experiences of such grandparents and thus further enlighten us regarding the nuances of the challenges of raising a grandchild.

These findings also complement CDTE (Consumer-Directed Theory of Empowerment) in that they enhance practitioners' awareness of grandparents' perceived barriers to getting needed help, their feelings about raising a problematic grandchild, the difficulties they face in renegotiating their relationship with the adult child, and their lack of connection to others in the community. These dimensions of custodial grandparenting are therefore relevant to efforts to improve service-related outcomes as embodied by CDTE. Armed with such knowledge, practitioners can, as per CDTE, empower grandparents, increase their self-efficacy and sense of personal control, and improve the quality of their lives (Hooyman et al., 2016; Kosciulek, 2005).

While disenfranchisement, isolation, and difficulties in accessing services are often experienced by such grandparents, their manifestations and impact on grandparents are unique (Baird, 2003). For example, the necessity of finding competent/trustworthy and affordable day care is unappreciated in terms of its emotional impact on the grandparent in deepening a sense of helplessness and marginalization, as are the emotional consequences of experiencing microaggressions in communicating with service providers (Yancura et al., 2016).

Importantly, sensitivity to *how* grandparents talk about their lives and the challenges they face in the presence of other caregivers can only be gained via being physically present, wherein expressing such (strong) feelings is impossible when one completes a survey or is interviewed by someone who is indeed, viewed as a stranger and/or who is seen as judgmental, given the stigma attached to raising a grandchild. Likewise, prolonged and unrecognized grief at the death of an adult child or in having to give up one's dreams are unique and often overlooked aspects of grandparent caregiving (see Reed, 2000) that were revealed in focus group note data.

Also underappreciated is the impact of the myriad of psychosocial difficulties grandparents face, each with its own uniqueness in impacting grandparent-grandchild dynamics that require physical and emotional energy for managing the relationship (Hipple & Hipple, 2008). These findings are significant in that grandparents may feel the need to retain a sense of normalcy and consequently underestimate the emotional demands of raising a grandchild. Additionally in this respect, other underappreciated and uncommonly discussed issues emerged

revolving around the impact of caregiving on marriages, self- care (see Baker & Silverstein, 2008), the demands of simultaneously caring for an older parent and a grandchild, and the need for advocacy/mentorship in managing the demands of raising a child when one is aged 50 and beyond.

Qualitatively, based upon open-ended responses to the survey as well as focus group notes, it should be noted that while the above themes tended to describe many grandparents, such concerns did vary in that not every grandparent expressed the same set of concerns. In this respect, it is important to note that the quantitative data gathered from this sample presented by Hayslip et al (2018) also reflect the variability across caregivers in measured needs for support, information, and help. Thus, for some caregivers, a given need may be most salient (e.g., getting respite care), while for others, other needs may be more central (e.g., personal/marriage counseling, help for a grandchild). Moreover, the manner in which discussing one's unmet needs varied across grandparents, wherein some were resigned to their situation, while others were sad, angry, and/or more proactive in expressing their displeasure with service providers and their disappointment with the adult child whose child they were now raising. Consequently, the above themes do not necessarily apply equally to each grandparent caregiver.

It is important to note that the variability in the above themes can covary with factors outside individual persons. Such factors may be environmental or contextual (e.g. physical proximity to services, access to transportation, the nature of such services), or interpersonal in nature (the availability of social support, physical proximity to others, interactions with service providers) (see Conway et al., 2010).

Implications for Practitioners

In the context of the present qualitative findings, we advocate for a *needs-based* approach as a criterion for receiving help and services (see Neugarten, 1983). This stance underscores the wisdom of an approach which is personalized and yet generalizable across all targeted counties in this project, regardless of location (see Hayslip et al., 2018). This "one size does not fit all" approach argues for an individualized, person-to-person approach to understanding and meeting grandparent caregivers' needs, and especially in dealing with their isolation, stigmatization, frustration, and disruption of social/friendship networks.

These findings give rise to several observations and recommendations regarding directions that policy makers and practitioners may want to take in meeting the needs of grandparent caregivers and their grandchildren. In some cases, these recommendations stress the development of information-based services, while in other cases, issues of access to services might be paramount: 1) identify or develop accessible and affordable activities programs for children of varying ages being raised by grandparents, and provide ongoing educational opportunities regarding child development and parenting (infants versus young children versus teenagers); 2) develop a voucher program for medications, transportation, respite care/child (day) care, legal representation; 3) capitalize upon /recognize the strengths and resilience of grandparents raising their grandchildren (see Hayslip & Smith, 2013); openly acknowledge the grandparent's emotional connection, love, dedication, desire to provide the grandchild with a stable home environment, optimism about the future, sacrifices, and pride in helping a grandchild whose parent is absent, ill, or deceased; 4) create a county-specific reference/clearinghouse for information about services that would advocate for grandparents, coordinate information access and services in a timely manner, help grandparents cut though administrative delays and red tape, improve access to affordable legal advice and help, and organize and schedule social activities

for grandparents and grandchildren, wherein churches and senior centers can help in coordinating or providing needed services, support, information, and help (see Rhynes et al., 2013); 5) create a grandparents' "hotline" that one could rely upon as a starting point in getting one's questions answered, getting needed referrals, providing information, or getting case management for medical, psychological, or social services; 6) target vulnerable grandparents— those who are single, isolated, ill, those raising more than one grandchild, caring also for an ill family member, and those who are male caregivers; 7) make available community-based and accessible resources for mental health services for grandparents and grandchildren, wherein adapting a proactive stance toward getting grandparents to take advantage of such services for themselves and their grandchildren, as is providing information about mental health services to enhance attitudes toward receiving/seeking help; 8) develop county-wide, but geographically centrally based within each county support group/opportunities to connect with other grandparents. Many of these goals might be achieved via a monthly email or mailed newsletter or access to an online support groups (e.g., via Facebook) to enhance communication and information access as well as provided needed social support.

Implications for Interventions with Grandfamilies
        Regarding interventions, we suggest the development and implementation of Empowerment Training (Cox, 2000), providing Grandparents Raising Grandchildren Fact Sheets (Brintnall-Peterson et al., 2009) or providing resourcefulness training (Zausniewski & Musil, 2013) to help grandparents develop skills that can benefit themselves and their grandchild (e.g., enhancing knowledge about parenting and child development, assertiveness training, becoming a more skilled consumer, self-care, setting boundaries with an adult child). Relatedly regarding interventions, we also recommend developing and continually emphasizing access to parenting skills training for grandparent caregivers (see Smith et al., 2008; Smith et al., 2015, 2018), especially for those raising for children with emotional and behavioral problems (see Hayslip et al., 1998) or those raising multiple grandchildren.
        Beyond the above recommendations, these focus group findings underscore the need for the development and implementation of theory-based interventions *simultaneously* targeting grandfamilies, service providers, and the public at large (see Hayslip & Smith, 2013). Likewise, such interventions could not only be inoculative in nature (e.g., by helping grandparents who are at risk for raising a grandchild develop self-care and coping skills in advance), but also focus on building/capitalizing upon grandparents' strengths (i.e., resilience, see Hayslip, et al, 2013) or resourcefulness (Musil et al., 2019), rather than focusing solely on alleviating distress. Indeed, one might conceptualize focus groups themselves as a form of intervention, emphasizing mutual support, the license to express oneself openly and spontaneously without shame and/or fear of being judged by others (see Baird, 2003), and the development of a proactive mindset toward solving problems and setting personal goals to be achieved (Montoro-Rodriguez & Hayslip, 2019).
        From an intervention perspective, to better serve grandparent caregivers, service providers should continually be updated on all resources available within the community that will help meet the individualized needs of persons thrust into this role. In this light, using a systems perspective to organize how services can best be provided based on the circumstances surrounding the grandparent caregiver may be helpful (Fruhauf et al., 2015). This adoption of a less siloed process of providing services and information for grandparent caregivers would help

to minimize the impact of many of the thematic issues revealed via this focus group approach, enhancing our understanding of the needs of grandparent caregivers.

Limitations of the Present Study

One must acknowledge the relative smallness of the sample of grandparents in the current focus group project and the fact that our findings may not generalize to grandparents in other geographic areas where the physical distance between persons may be greater and/or where services are either less available or less accessible. Moreover, these findings do not address the salience of culture (see Montoro-Rodriguez & Ramsey, 2019) in understanding grandparent caregivers. In this respect, a post hoc analysis of the quantitative data reported by Hayslip et al., (2018) indicated race/ethnicity to differentiate grandparents' psychometrically assessed unmet needs for information, support, and help, wherein surprisingly, Caucasian grandparents reported *greater* degrees of unmet needs than did either African Americans or Hispanics ($F_{1,73} = 4.96$, $p < .05$). This suggests that to an extent, culture may have impacted at least some grandparents' perceptions of their unmet needs. As the focus group data were collected and taken in a manner that did not allow for the identification of ethnicity, the contribution of race/ethnicity to the present qualitative findings remains unknown. As grandparents were assured of anonymity in introducing those present who were taking notes on each focus group's discussion, no identification of individuals along any dimension was possible; to do otherwise would have violated IRB approval criteria.

The Value of Focus Groups with Grandparent Caregivers

We feel that the data presented here addressing the thematic dimensions of custodial grandparenting are indeed valuable and complement in part what we have learned on the basis of larger scale quantitative work (see reviews: Hayslip & Fruhauf, 2019; Hayslip & Kaminski, 2005; Hayslip et al., 2017; Park & Greenberg, 2007; Tang et al., 2015). Additionally, these findings suggest that focus group methodology is *no less* sensitive to the dynamics of grandfamilies than is an orientation emphasizing a more psychometric approach to such issues. That the two approaches *complement* one another attests to the universality of the difficulties facing grandparent caregivers and to the challenges that they face (see Fruhauf & Hayslip, 2019; Hicks-Patrick & Hayslip, 2003). Both large scale psychometric/secondary data-based approaches, as well as labor-intensive focus group approaches, thus have equal validity in this respect and indeed are necessary to fully understand grandfamilies' functioning.

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