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Research Article

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Abstract

Getting timely access to help, information, and a variety of services is paramount among the challenges of raising a grandchild, and grandparents face a variety of internal and external barriers in getting such help. The present pilot exploratory study focused on caregiving-related and personal resource variables best associated with minority grandparent caregivers' perceptions of barriers to receiving services. In contrast to previous work, the present study focused on African American and Latino grandparent caregivers. Fifty grandparents (*M* age = 58.59) of minority status (African American, Latino, Philippine) raising their grandchildren completed measures assessing caregiver strain, social support, resilience, self-care, positive emotions, health, depression, and grandchild relationship quality. They also completed measures about difficulties in getting health services and help from others; if their needs for services were being met; and the extent to which they had experienced a variety of internal and external barriers in getting help, assistance, and services in the past three months. Correlations suggested that depression, as well as income, caregiver strain, and caregiving-related issues associated with difficulties in getting help ($p < .05$) were all related to greater perceived barriers. Hierarchical regression analysis indicated that only income and caregiver strain uniquely predicted perceived barriers. These findings underscore the role of a diverse set of factors influencing the impact of barriers to getting needed services. The findings suggest that such factors are important for minority custodial grandparents to overcome barriers to service utilization and improve their well-being and ability to cope with the challenges of raising grandchildren.

Keywords: grandparents raising grandchildren, barriers to service.

Grandparents raising their grandchildren face several caregiving-related challenges, such as coping with isolation from others; dealing with the stigma attached to having to raise a grandchild; reactivating and/or developing new parenting skills; adjusting to the impact of caregiving demands on one's daily routine, lifestyle, and psychosocial well-being; and forming and/or strengthening emotional bonds with the grandchild (Hayslip & Fruhauf, 2019; Park & Greenberg, 2007).

The challenges of raising a grandchild are underscored by grandparents' needs for help, information, and medical, social, and legal services, where the greatest such needs exist among minority and rural grandparent caregivers (Carr et al., 2012; Cox, 2018; Gladstone et al., 2009; Harnett et al., 2014; King et al., 2009; Kluger & Aprea, 1999; Maiden, 2019; Montoro-Rodriguez & Ramsey, 2019; Robinson et al., 2000; Yancura, 2013). As one's access to services are complemented by one's needs for such services, the identification and amelioration/removal of internal and external barriers to getting timely access to help, information, and a variety of services are paramount to helping grandparents meet the challenges of raising a grandchild (Cox, 2019; Dolbin-MacNab, 2003; Yancura, 2013).

In this light, Crowther et al. (2014) have documented barriers to service use among grandparent caregivers (i.e., lack of childcare, lack of information about available programs), as well as the absence of advocacy/legal assistance for such persons. McCallion et al. (2000) found that grandparent caregivers too often fall between the cracks of agency responsibility and are often confronted with both cultural insensitivity and stereotyping, Similarly, Yancura et al. (2016), have identified micro-aggressive interactions with service providers as an impediment to service use among grandparent caregivers. On the other hand, Waldrop and Gress (2002) found public assistance employees' perceptions of grandparent caregivers to be more positive relative to those of spousal and nonrelative caregivers.

While being able to identify those grandparents for whom barriers to service are most salient is key in efforts to lessen their impact, little published work has dealt with the correlates/predictors of grandparent caregivers' perceptions of barriers to services such as self-reported lack of financial resources, transportation, and respite/child care, the unavailability of services, feeling alone or isolated, or poor health. In a sample of 75 primarily Caucasian grandparents, Hayslip et al. (2018) found that while grandparents in poorer health reported facing greater barriers to service and grandfathers were somewhat more likely to report facing fewer such barriers.

The limited research to date exploring predictors/correlates of perceived barriers to service is limited for grandparent caregivers who are members of minority groups, e.g., African American, Latinos. Such grandparents' needs for services are likely to be most intense given that they report fewer socioeconomic resources, in contrast to those grandparents whose resources are greater and for whom access to services are, comparatively speaking, greater, consistent with the Andersen (1995) behavioral health model of service utilization. The present pilot exploratory study focused on caregiving-related and personal resource variables as correlates/predictors of minority grandparent caregivers' perceptions of barriers to receiving services.

Method

Sample

To explore relationships between a variety of factors and perceived barriers to help, we recruited a community-residing sample of 50 minority grandparents raising a grandchild under the age of 18. Each grandparent had been enrolled to participate in a psychoeducational program

targeting the development of positive coping and problem-solving strategies (Montoro-Rodriguez et al., 2021). Each grandparent was the primary caregiver for the child. Participants responded to public announcements, newsletters, church bulletins, and information about the project provided by local service providers. Each participant received a prepaid gift card ($20) for attending each session and completing assessment interviews.

Caregivers were grandmothers (N = 50), who were either African American (n = 31), Latinas (n = 18), or Puerto Rican (n = 1). They were in their late 50s (M = 58.59, SD = 10.39). They all reported having completed high school, and on average, the majority (66%) had attended some college**.** Thirty percent of the sample reported a total family income less than $15,000 annually, and 28% reported annual incomes between $15,000 and $29,000. The remaining 38% had incomes exceeding $30,000 (four cases with missing values). Seventeen percent lived alone, and 39% were married and living with their spouse/partner. Forty-four percent, while not living alone or with a spouse/partner, reported living with others. On average, grandmothers had two adult children and five grandchildren.

Grandparents were on average raising two grandchildren for a variety of reasons related to family dysfunction or parental absence (e.g., parent substance abuse or child abuse, abandonment, or neglect by the parent). Regarding self-rated overall health, 28% rated their health as "fair," 46% rated it as "good," and 18% rated their health as either "very good" or "excellent" (four cases with missing values). Sixty-eight percent of the sample stated that their health either "rarely" or "never" interfered with their ability to provide care for their grandchild, while 20% indicated that it sometimes did. Four percent reported that their health always interfered with their ability to provide care for the grandchild (four cases with missing values). Participants had been caring for their grandchildren for an average of six years (SD = 1.80).

Fifteen grandmothers indicated that the grandchild's birth parent was living in the same home (co-parenting grand-family), while 35 indicated that they were raising the grandchild without any involvement of the adult child (skipped generation grand-family).

Rationale for the Selection of Measures

Data for the present study are based upon measures completed by each grandparent prior to the program's outset. Each participant provided demographic data (e.g., health, income, self-rated health, see above), as well as completing self-report measures assessing caregiving-related concerns (caregiver strain, self-care, social support, adequacy of needs met, difficulties giving rise to needs for service) and personal characteristics/resources felt to be relevant to coping with the demands of raising a grandchild (resilience, depression), in part based on the stress and coping model of Pearlin et al. (1990), on previous research (Carr at al., 2012; Hayslip et al., 2018), and on the behavioral model of service utilization by Andersen (1995).

While the present study does not explicitly test Andersen's (1995) model of service utilization, this model provided a framework within which measures potentially correlating with barriers to service were selected. The Andersen (1995) behavioral model of service utilization has been examined in many studies exploring service use and barriers to getting help among a variety of populations: custodial grandchildren, Korean Americans, African Americans, dementia caregivers, older adults, palliative care recipients, young adults seeking mental health care, persons suffering from cardiovascular illness or HIV disease, culturally diverse children, and persons addicted to drugs seeking rehabilitative services (Almasri et al., 2019; Azuero et al., 2013; Bergman et al., 2011; Huynh et al., 2016; Jang et al., 2009; Maulik et al., 2010; Montoro-Rodriguez et al.,2012 ; Park et al., 2018; Petrovic & Blank, 2015; Pilar et al., 2020; Schomerus et

al., 2013; Woolfenden et al., 2015).

In the context of the present study, the Andersen (1995) model identifies a) *predisposing factors* influencing the use of services (e.g., age, income, self-rated health status, health interfering with caregiving); b) *enabling factors* influencing the use of services (e.g., level of education—competed high school vs. some college, resilience, social support, self-care, grandparent positive affect); and c) *needs factors* reflecting aspects associated with caregiver strain, co-parenting, negative affect expressed toward the grandchild, depression, and difficulties in getting help. Generally speaking, we expected that fewer personal resources, poorer health, and greater caregiving-related difficulties would be associated with greater perceived barriers.

Measures

Barriers to Service. Barriers to Service were assessed via 10 questions (alpha = 0.86**)** exploring a variety of factors potentially interfering with access to services, e.g., poor health, lack of transportation, isolation from others, lack of respite/childcare, lack of both knowledge of and the availability of services, inadequate financial resources (available from the first or second authors). These items were generated via a perusal of the literature on grandparent caregiving (Carr et al., 2012; Cox, 2000; Hayslip & Kaminski, 2005; Park & Greenberg, 2007) as well as the aging literature as it applied to the use of programs and services by older adults (Wacker & Roberto, 2019).

Appraisal of Self-Care. Appraisal of Self Care was assessed via a 12-item scale tapping the grandparent's perceived efforts in caring for himself/herself (alpha = 0.88). Items reflected efforts to stay healthy, seeking help when necessary, getting needed health information, engaging in self- reflection and meditation, being with others, maintaining a sense of humor, and being optimistic about the future (Sousa et al., 2010).

Grandparent Positive Affect. Grandparent Positive Affect measured positive emotional states exhibited by an individual. For the purpose of this study, we included only Positive Affect as assessed by the Positive Affect/Negative Affect Scale (PANAS) (Watson et al. 1988). Examples of affective states were proud, strong, active, and alert, measured in a five-point scale ranging from "not at all" to "a great deal." Higher scores reflect greater Positive Affect; the alpha coefficient for this scale was 0.90.

Caregiver Strain. We used a 20-item multidimensional measure of caregiver strain adapted from the Caregiving Appraisal Scale (CAS) (Lawton et al., 1989). Items described the appraisal of the impact of caregiving on the use of one's time, satisfaction with life, physical health, relationships with others, and emotional health. Items used a five-point scale (from "never" to "nearly always") regarding the extent to frequency of each statement. Higher scores indexed greater strain. The alpha coefficient for this scale was 0.93 in the present sample.

Negative Affect Expressed toward the Grandchild. Grandparents' perceptions of the demanded-ness of their relationships with grandchildren were measured by the Negative Affect Index (10 items, see Bence & Thomas, 1988; Thomas, 1990). This scale measures the extent of the grandparents' negative feelings toward irritating behaviors of the grandchild (*alpha* = 0.79), and thus is an *indirect* index of the quality of the grandparent-grandchild relationship. Higher scores indexed greater Negative Affect.

Grandparent's Needs for Service Being Met. Ten items assessed grandparents' perceived needs for information, help, and a variety of social, medical, and legal services (Carr et al., 2012). Higher scores indicated the greater extent to which a given need being was seen as being met (alpha = 0.95).

Resilience. The Resilience Scale (RS) (Neill & Dias, 2001) is a 15-item self-report survey used to measure themes of personal resilience. All items are worded positively and responses are on a four-point Likert scale. Concurrent validity has been supported by significant correlations between RS scores and measures of morale, life satisfaction, and depression. The scale's Cronbach's alpha was 0.91. Higher scores represented higher levels of resilience.

Social Support. For purposes of the present study, we created an eight-item index of emotional assistance from others stressing perceptions of understanding, caring, trust, and emotional availability in times of distress, derived from a broader 37-item scale by Krauss (1999)**.** Participants reported their level of support using a four-point scale ranging from "disagree" to "strongly agree." Higher scores indexed greater overall social support; the alpha coefficient for this scale was 0.77 in the present sample.

Caregiver Self-Reported Depression. The Short form (10-item) CES-D scale (Radloff, 1977) assessed depressive symptoms. Participants endorsed items indicating how many days they felt a particular way in the past week. Higher scores indexed greater depressive symptomology (alpha = 0.79).

Needs for Help and Assistance Perceived to be Difficult in Getting. Ten items assessed the extent of a variety of areas where grandparents perceived themselves to be having difficulties in getting help and assistance, i.e., one's own or the grandchild's emotional distress, one's own or the grandchild's health, accessing mental health or home care services, getting support from others or professionals, balancing work and childcare **(**alpha = 0.86). Higher scores indexed a greater variety of personal or caregiving problems associated with difficulties in getting such help and assistance (Carr et al., 2012).

Results

See Table 1 for descriptive data on selected measures. Pearson correlations were calculated based upon complete data from 44 of the 50 grandmothers assessing perceived barriers to service and not only health, but also the above personal and caregiving-related variables. These results are presented in Table 2. They suggest that income ($r = .31$, $p < .05$), caregiver strain ($r = .46$, $p < .01$), needs-related difficulties ($r = .49$, $p < .01$), and depression ($r = .31$, $p < .05$) were each related to barriers to service, wherein greater annual income, more caregiver strain, more needs-related difficulties, and greater depressive symptoms were each associated with greater perceived barriers.

Andersen's (1995) model also framed the implementation of the subsequent hierarchical regression analysis, where *predisposing* variables as a set were entered first (age, self-rated health, health interfering with caregiving, income), followed by *enabling factors* as a set (education level, resilience, social support, self-care, grandparent positive affect), and last, *needs factors as a set* (caregiver strain, grandfamily status [skipped generation versus co-parenting], negative affect expressed toward the grandchild, depression, unmet needs, areas of need

associated with difficulties in getting such help.

Table 1

Descriptive Data

	M	***SD***
Age	58.59	10.39
Self-rated health	2.95	.86
Health Interfering	1.70	1.09
IncomeLevel[1]	2.30	1.23
Education[2]	1.61	.49
Family Status[3]	1.70	.46
Social Support	25.89	3.30
Resilience	56.70	4.94
Self-Care	51.77	9.01
GP Positive Affect	49.52	8.06
Neg Affect-GC[4]	21.66	6.47
Areas of service difficulty	14.61	5.93
Needs Met	30.05	13.29
CES-D	18.59	7.93
Caregiver Strain	12.36	4.88
Barriers	12.43	4.66

Notes:

1. Income was coded via 7 levels in $15K intervals, ranging from < $15K annually to over $90K annually.
2. Education was coded as having completed high school versus having some college experience.
3. Family status was coded as either skipped generation or co-parenting.
4. Negative affect expressed toward grandchild

This analysis (also based upon complete data for 44 grandmothers) at step 1 for predisposing factors (overall model $F_{4, 39} = 3.40$, $p < .02$) yielded statistically significant effects for income only ($B = .45$, $t = 2.97$, $p < .01$). At step 2, no enabling factors predicted barriers to service (overall model $F_{9, 34} = 1.51$, $p > .05$). At step 3, among the needs factors, only caregiver strain ($B = .37$, $t = 2.00$, $p = .05$) uniquely predicted barriers to service (overall model $F_{14, 28} = 1.76$, $p < .09$). Because they each shared some common variance with other model predictors (see Table 2), the roles of depression and needs associated with difficulties in getting help (see above) in predicting barriers to service were minimized.

Table 2[a]
Correlation Matrix

	Barriers	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
1 Age	.11	1.0	-.01	-.06	**-.30**	**.30**	-.12	-.08	.25	**.30**	.28	.23	-.19	**.35**	.01	.04
2 Income	**.31**		1.0	**.43**	-.16	**.31**	-.18	-.29	.21	.11	.12	-.03	.07	.12	.22	-.14
3 Health	- .16			1.0	**-.39**	.23	.05	-.09	.15	.10	.19	-.17	-.12	.28	**-.30**	-.11
4 Health-Int[b]	.23				1.0	**-.39**	.15	**.33**	-.22	**-.34**	**-.38**	.24	**.35**	**-.44**	.15	.01
5 Education	.14					1.0	-.28	-.10	.27	.19	.17	-.15	-.04	.19	.19	.19
6 GC Neg Aff[c]	.00						1.0	.19	-.15	-.23	-.23	.27	.12	-.24	.09	**-.31**
7 Family Status[d]	.07							1.0.	-.15	-.16	-.21	.15	.21	-.16	.12	.07
8 Resilience	.01								1.0	**.47**	**.6**	-.02	-.22	**.50**	.11	.02
9 Self-Care	.03									1.0	**.84**	.02	**-.30**	**.64**	.19	**.44**
10 GM PosAff[e]	-.05										1.0	.07	**.34**	**.70**	.03	**.36**
11 CG Strain[f]	**.46**											1.0	**.40**	-.15	**.38**	-.08
12 CES-D	**.31**												1.0	**-.38**	**.30**	.03
13 SSupport[g]	-.08													1.0	-.16	.28
14 SDifficulty[h]	**.49**														1.0	-.05
15 Needs Met	.09															1.0

Notes:

a. Participants with complete data ($N = 44$). Entries which meet/exceed $p < .05$ are in bold
b. Health interfering with everyday activities
c. Negative affect expressed toward the grandchild
d. Skipped generation vs. Co-parenting
e. Grandmother positive affect
f. Caregiving strain
g. Social support
h. Areas of service difficulty

Discussion

These findings suggest that personal, service-related, and caregiving-related factors are each associated with the perception of greater barriers interfering with access to needed services among minority grandparents raising grandchildren. Greater caregiver strain, depression, and personal/relational problems giving rise to difficulties in getting help for such problems appear to heighten the perception that such help is more difficult to access. This may reflect the lack of time and energy needed to find sources of help borne of greater caregiving-related strain, feeling overwhelmed by numerous difficulties in getting help for, and/or a preoccupation with one's negative feelings about oneself, one's present life situation, and/or one's future, all of which characterize depression (see Segal et al., 2018).

Contrary to what one might expect, *greater* annual incomes were associated with more perceived barriers. This income-barriers relationship might reflect the fact that minority grandparent caregivers who had more resources were more likely to have sought help and, in so doing, encountered more barriers to getting such help. Interestingly, the role of depression as a correlate of perceived barriers is also substantiated by these findings. Indeed, that depression and anxiety is indeed common among grandparent caregivers has been reported by Kelley et al. (2021). In addition to the fact that many grandparent caregivers are isolated from others in

raising their grandchildren (Generations United, 2015) and suffer from multiple health problems (Hughes et al., 2007), depressive affect may create an inability/lack of opportunity to explore needed sources of help, assistance, and services (see Collins et al., 2016). Accurately accessing one's needs for help has been found to be a prerequisite for seeking such help among minority grandparent caregivers (Carr et al., 2012). However, this task is made even more difficult if one not only lacks information about what sources of help exist, but also encounters impediments to accessing such help in a timely manner. These problems are likely exacerbated in light of the gravity of a minority grandparent's own, as well as her grandchild's, needs for both instrumental and emotional support, the need for respite care, and the provision of coping skills training to lessen the impact of caregiving on her (see Smith et al., 2018; Sumo et al., 2018).

Interestingly and somewhat surprisingly, providing more social support, enhanced personal resilience, self-care, and the extent of unmet needs per se were each not associated with barriers to service, contrary to what one might predict on the basis of previous research (see Andersen, 1995; Dolbin-MacNab et al., 2013; Fruhauf & Bundy-Fazioli, 2013; Hayslip & Smith, 2013; Kolomer et al., 2013). Therefore, approaches to breaking down barriers to help perhaps need be more subtle and yet comprehensive, reflecting *both* an emphasis on external (service-oriented) *and* internal (emotional, caregiving-oriented) influences that otherwise undermine the identification and use of needed help among minority grandparent caregivers (see Kahana et al., 2014).

Similarly, alleviating barriers to getting help, assistance and services may involve the redesign and/or coordination of existing help sources by centralizing them (see Wacker & Roberto, 2019). It also requires that grandparents be provided with usable and understandable sources of information about what services do indeed exist. Lessening barriers also involves providing financial support and access to transportation (see Cox, 2019) so that services, once identified, can be used in a timely manner.

Important as well, and as suggested by the present findings, efforts are needed to alleviate caregiver strain and treat emotional distress as *impediments* to a grandparent's efforts to overcome identified barriers to getting help so that they may be advocates for their own rights and be able to care for themselves physically, interpersonally, and emotionally. Addressing impediments to getting help and being proactive may each be especially important for minority grandparent caregivers who may have the fewest financial resources, whose health may be poorest, who may face significant challenges in finding affordable housing, and who are more likely to face discrimination in seeking help and assistance (see Montoro-Rodriguez & Ramsey, 2019).

In light of their impact on perceived barriers, alleviating depression and caregiver strain puts minority grandparents in a position to better make informed choices and decisions regarding their needs as well as being better able to realistically evaluate whether a given help source/service will alleviate such needs. Given the correlational nature of our findings, possibly the confrontation with barriers to service might *also* intensify a grandparent's depressive symptoms, exacerbate the demands of caregiving, or magnify the urgency of a personal, interpersonal, or caregiving crisis. Thus, such relationships may be bidirectional in nature. In either case, these influences are in fact linked to the perception of greater barriers to getting help. Thus, to enhance person-environment fit, a dual focus is needed reflecting both the design and implementation of services per se *and* interventions positively impacting minority grandparents' ability to access such services (Bronfenbrenner & Morris, 2006; Lawton & Nahemow, 1973). This goal might be achieved by reducing depression, lessening isolation, and allowing for and

promoting self-care, all of which are paramount to supporting grandparents in their efforts to raise a grandchild and care for themselves.

Limitations and Future Directions

Despite the novelty and value of these findings for grandparent caregivers, they need to be cross-validated with larger samples of minority grandparents as well as with Caucasian grandparent caregivers, whose resources may be greater and thus allow them to more effectively overcome barriers to service. The present findings may not also generalize to grandfathers raising their grandchildren. Given that the present sample had volunteered for a psychoeducational program targeting goal-setting and positive thinking (see Montoro-Rodriguez et al., 2021; Hayslip et al, In Press) and the fact that all had either graduated from high school or had some college experience, such persons may have possessed more resilience and or greater problem-solving skills, enabling them to better able confront and overcome barriers to service that they had/will have experienced.

Longitudinal work could speak to potentially bidirectional causal pathways between, for example, both depression and caregiver strain and perceived barriers to help that the data here suggest might exist. Nevertheless, these findings have important implications for interventions that ultimately enhance the quality of life for minority grandparents raising their grandchildren by allowing such persons to overcome barriers to receiving help, assistance, and services critical to their well-being.

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