

# Using Consumer Input to Tailor Evidence-Based Parenting Interventions to the Needs of Grandparents

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**Abstract** Grandparents provide a significant amount of child care to their grandchildren. However, there is limited research investigating whether grandparents would view a parenting program developed specifically for them as useful. Our study adopted a consumer focused perspective to program design and examined the challenges encountered by grandparents in their role as an informal child care provider. Focus groups were conducted with fourteen grandparents (11 females, 3 males) aged 45–76 years ( $M = 60.14$ ) the majority of whom provided 11–20 h of care per week to their grandchild. A thematic analysis indicated that grandparents have difficulty managing the relationship with the parents and remembering effective parenting strategies. In addition, grandparents also indicated wanting further strategies to cope with the stressors associated with the role, particularly surrounding feelings of frustration and guilt. These results suggest that grandparents could benefit from a parenting program and this paper argues that an existing evidence-based parenting program should be modified. In terms of implications for program design the inclusion of a module centered on improving grandparent–parent communication and partner support may buffer potential conflict and tension that can arise in co-parenting situations.

**Keywords** Consumers · Grandparenting · Parenting · Qualitative research · Focus group

## Introduction

With the proliferation of evidence-based parenting programs it is important that a consumer perspective to program design is adopted by program developers, researchers, service providers, and funders. We have argued previously that better engagement with consumers has the potential to improve the quality and ecological fit of interventions and their evaluation with specific target groups (Sanders and Kirby 2011). Engagement with consumers at the program design stage has the added benefit of promoting client interest in the success of the program, cooperation, and fidelity. There are many avenues available to program developers to increase the engagement of consumers and one such way is to provide population specific variants of existing evidence-based programs (Mazzucchelli and Sanders 2010).

Evidence-based parenting programs (EBPPs) are programs that have been rigorously evaluated through randomized control trials and show increased positive parenting practices and reduced ineffective disciplinary practices. They produce better mental health and developmental outcomes in children than do comparison conditions, such as care as usual, no treatment, or wait list control conditions (e.g., Sanders 1999; Taylor and Biglan 1998). Typically only a small percentage of parents participate in EBPPs (Sanders et al. 2007). One way of increasing both the participation rate and the fidelity of parents accessing EBPPs is to offer a program informed and developed by that specific consumer group.

In the field of parenting, the Triple P-Positive Parenting Program is an example of a current EBPP. Triple P is a multilevel system of parenting aimed at preventing behavioral, emotional, and developmental problems in children and adolescents by enhancing the knowledge,

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skills and confidence of parents (Sanders 2008). Triple P is one of the few parenting programs that has a strong evidence-base with numerous randomized control trials and four independent meta-analyses supporting the program's effectiveness and efficacy across its varying levels of intervention on both parent and child outcomes (de Graaf et al. 2008a, b; Nowak and Heinrichs 2008; Thomas and Zimmer-Gembeck 2007). Triple P was originally developed for parents of children aged 0–16, but since its development it has been modified for a number of different populations. For example, Triple P has been modified to be have a better ecological fit for parents of children with a disability (Stepping Stones Triple P; Whittingham et al. 2009), for Aboriginal Australians and Torres Strait Islander families (Indigenous Triple P; Turner et al. 2007), and for families experiencing separation or divorce (Family Transitions Triple P; Stallman and Sanders 2007). Developing specific population variants of existing EBPPs not only helps with the engagement of key target groups, but can also remove the amount of ambivalence practitioners face when attempting to flexibly deliver existing EBPPs to new consumer groups (Mazzucchelli and Sanders 2010).

#### Adapting EBPPs to New Consumer Groups

There is no 'correct' way of adapting existing EBPPs to new consumer groups. We put forward the following set of guidelines to provide a useful framework when considering program design and development. Firstly, utilize epidemiological surveys to gather information about the prevalence of problem behaviors and concerns of different parent groups in order to determine whether to develop or adapt a program for a specific population. Secondly, ensure that the developed program adopts a strong theoretical underpinning so that the program has a method of conceptualizing current child and parent functioning and that the program has mechanisms of change (e.g., learning theory, applied behavior analysis, cognitive-behavioral principles, attachment theory, family-systems theory and principles and concepts derived from public health approaches to intervention). Thirdly, review the published parenting literature to find information related to at risk or vulnerable groups. Currently, research has highlighted the lack of involvement of parents from minority cultures, parents of children with special needs (e.g., autism and intellectual disability), grandparents, indigenous parents, foster parents, and parents of children with chronic health problems (e.g., asthma), and parents with mental illnesses (e.g., bipolar disorder, major depression) in participating in parenting programs (Sanders and Kirby 2011). Despite the children of these parent groups being at elevated risk for psychosocial problems little is known about the challenges they confront in their parenting role and the kinds of parenting

interventions that are required (Roberto and Qualls 2003). Fourthly, utilize survey and interview techniques to help clarify the challenges, concerns and needs of these parents. Finally, adopt a consumer perspective in program design to ensure that these population groups are better understood. The previous components mentioned are well known and commonly used strategies in program design; however, the notion of consumer input is a relatively new approach with little firm guidelines established for its use in EBPPs.

#### How Do You Access Consumer Input for Program Design?

There are a number of theories postulating the components necessary for effective consumer involvement in program design. Two notable theories are the participatory action research paradigm (PAR; Whyte et al. 1989) and Diffusion of Innovations theory (Rogers 1995). Both theories argue that in order for a program to have success there needs to be a participatory process whereby consumers and developers are involved in a synergistic exchange of ideas to produce meaningful products, programs, or services for a particular target group. Qualitative research methods (e.g., focus groups, key stakeholder feedback, web surveys) provide a particularly useful framework for engaging in this participatory exchange. Focus groups, for example, can provide rich new insights and are especially applicable to the exploration of new topics (program content) and complex issues. Focus groups are also cost-effective, provide observational and interview data, permit discussion of ideas, activities and group exercises, and allow for draft or pilot program materials to be reviewed (Colucci 2007). Although there are limitations to a focus group approach such as participants being potentially influenced by strong opinion leaders within the group, this can be counteracted by an experienced facilitator (Morgan et al. 1998). Analysis of the focus group data can then be used to inform the program design in terms of content area to be covered and preferred delivery methods (Braun and Clarke 2006). Importantly, the use of focus group data or other qualitative data for that matter, can also be examined through quantitative methods (Morgan 1998).

#### An Illustration on How to Tailor EBPP to Target Populations: Grandparents

As discussed, the efficacy of Triple P has been demonstrated with a number of different populations, however, Triple P has not yet been evaluated with the population of grandparents. Grandparents are now the biggest single providers of both formal and informal child care between birth and 12 years of age in Australia (ABS 2006). Other Western countries such as The United States of America,

England, and New Zealand are also facing a similar pattern of heightened grandparent involvement (Francese 2009; Hendricks 2010; Ochiltree 2006). In accordance with this trend, it is important that the issue of parenting takes a greater social ecological viewpoint and considers the impact that outside influences such as grandparents can have on the emotional and behavioral development of children (Barnett et al. 2010). This view supports Bronfenbrenner's (1979) social ecological theory, which postulates that an expansive view of possible influential factors needs to be considered in relation to child behavior (Lussier et al. 2002). Consequently it is important to move beyond the child's immediate home environment with their parents, and evaluate the impacts other family members (e.g., grandparents), friends (e.g., neighbours) and environments (e.g., grandparents' home) can have on child behavior. Accordingly, researchers have identified that the grandparent-grandchild relationship is likely to influence children's adjustment either directly (e.g., providing support) or indirectly (e.g., supporting the parent; Attar-Schwartz et al. 2009; Lussier et al. 2002). Therefore, adopting the previous guidelines recommended in program modification of existing EBPPs to new consumer groups, we will now outline epidemiological data and current parenting knowledge of grandparents to inform consumer input into program design.

### What Do We Know About Grandparents?

The involvement of grandparents in families varies on a continuum from the extreme of being the custodial grandparent to situations where grandparents have no involvement at all in the lives of their grandchildren (Cherlin and Furstenberg 1986; Kivnick 1982). A large body of research is emerging that identifies the impact and strain custodial care has on grandparents and grandchildren (Dolbin-MacNab 2006; Heywood 1999; Minkler and Fuller-Thomson 1999). Consequently, many educational and parenting interventions have been designed specifically for grandparents in their role as custodians and of the few programs evaluated so far there is evidence suggesting positive outcomes for grandparents (Hayslip 2003; Kelley et al. 2001; Strom and Strom 1997).

Unlike custodial grandparenting, the research investigating grandparents who provide regular informal child care is still within its infancy. Informal child care refers to non-regulated care that takes place in the child's home or elsewhere (ABS 2006). Grandparents provide a significant amount of informal child care with approximately 661, 300 grandchildren receiving informal child care from their grandparents in Australia. This figure equates to 20% of all children aged between of 0 and 12 years (ABS 2006).

The major distinction between custodial versus informal grandparent caregivers is that the former are the *primary caregivers* of their grandchildren whereas the latter are *secondary caregivers*. Many researchers have argued that a parenting program could be useful in assisting custodial grandparents in their primary caregiving role (Hayslip 2003), a view which is supported by the current parenting programs trialed with custodial grandparents (see Hayslip 2003; Kelley et al. 2001). Similarly, it has been suggested that grandparents who provide informal care (secondary caregivers) often struggle with finding the right balance of supporting the parents in their parenting role and also making independent parenting decisions (Thomas 1990).

The involvement of grandparents in regular child care, can lead to, or exacerbate, conflict and tension between the grandparent and parent (Mason et al. 2007). In a study conducted by Thomas (1990) 69 mothers (52 married and 17 divorced) were asked to describe the advantages and disadvantages of having grandparents in the family. Based on the results of the study, both married and divorced mothers agreed that grandparents' childrearing advice and their interference in childrearing were the worst aspects of having grandparents in the family. This finding was replicated in a study conducted by Mason et al. (2007) where 46 grandparents were interviewed about their caregiving role. Based on the thematic analysis of the study two major themes emerged for grandparents (a) 'being there for parents' and (b) 'not interfering'. Mason et al. (2007) drew the conclusion that the grandparent role is characterized by ambivalence and this can lead to confusion, frustration, and tension in the grandparent–parent team.

### Challenges for Informal Grandparent Caregivers

There is a paucity of literature examining grandparents involved in regular child care, however, Goodfellow and Laverty (2003) interviewed 32 Australian grandparents regarding their views on the challenges of providing regular child care to their grandchildren. Grandparents reported the challenges as being emotional tiredness, isolation from friends, finding it difficult to manage more than one grandchild at a time, and feeling as though they were being taken for granted (Goodfellow and Laverty 2003). However, positive implications for grandparents providing care have also been identified, including a greater perceived purpose in life and greater role satisfaction (Burton and DeVries 1992).

### The Benefit of a Parenting Program for Grandparents

Given the large involvement grandparents can have in parenting their grandchildren and the reported difficulties experienced, a parenting program could be useful and

beneficial not only for grandparents but also for parents and grandchildren. To date, programs have focused on assisting custodial grandparents and have neglected the larger proportion of grandparents providing informal child care (Szinovacz and Roberts 1998). As such, an iteration of an existing evidence-based parenting program could be advantageous for grandparents in helping them with their caregiving role. However, research has not yet identified what grandparents would like assistance with, how the caring role affects the relationship with their adult child, and how they would like the program delivered. All of this information would increase the ecological fit of the program to the grandparent consumer group and help with program engagement.

### The Present Study

The aim of our study was to explore the potential value of a parenting program for grandparents who care for their grandchildren through a series of focus groups. Our study undertook a consumer perspective design, as we have argued that the consumer should be the primary focus of researchers' and program developers' attention when designing, conducting, and reporting on the outcomes of research. By gaining the consumer's perspective, programs can be better tailored to meet the specific needs of the target population (Boyd et al. 2006). For example, how the program is delivered, who delivers it, and what content the program covers, can significantly influence whether potential consumers will be engaged by the program or service.

Consequently, in order to maximize the ecological fit of a proposed grandparenting program our study consisted of a series of focus groups which attempted to ascertain what grandparents viewed as being the positive aspects of caring for their grandchildren, the difficulties, how caring for grandchildren affects their relationship with the parent, and what they would like to see in a program that aimed at assisting grandparents in their role.

## Method

### Participants

Fourteen grandparents (11 females, 3 males) aged 45–76 years ( $M = 60.14$ ,  $SD = 9.00$ ) all identifying as Caucasian were recruited through advertisements in local newspapers, magazines, radio, and letters that were sent to grandparent organizations. The grandparent participants indicated that the primary reasons for providing care was that it was a cheaper option for the parents ( $n = 8$ ), not wanting the grandchildren to enter child care at a young age ( $n = 3$ ), being in a co-residential family ( $n = 2$ ), and

having 'free time' due to retirement ( $n = 1$ ). The majority of grandparents cared for one grandchild and the age of grandchildren ranged from 1 to 11 years ( $M = 3.34$ ,  $SD = 2.00$ ). Grandparents were commonly providing between 11 and 20 h of care per week. The volunteers received no remuneration for their participation. Further demographic characteristics of the sample are provided in Table 1.

### Materials

Participants received an information sheet, consent form, and demographics questionnaire. At the end of the demographics questionnaire grandparents were also asked two yes/no questions concerning their willingness to participate in a grandparent program (see Table 2). Focus groups were led by a moderator with 2–5 grandparents in each group with a total of four focus groups conducted. To maintain treatment integrity, the same moderator was used for all focus groups (first author). All focus groups were video-taped and lasted between 50 and 70 min. In alignment with the participatory action research paradigm (PAR; Whyte et al. 1989) and Diffusion of Innovations theory (Rogers 1995) the program researcher and developer (first author) was actively involved in accessing the consumers views during the program development phase (i.e., the focus groups).

During the focus groups, five questions were asked: What are the positives about providing care to your grandchildren? What are the challenges and difficulties about providing care to your grandchildren? Does providing care affect your relationship with the parents? Should a program be made available for grandparents who provide care to grandchildren? What should the program include? The questions were devised according to Morgan et al. (1998) questioning route technique. The study was granted ethical approval from the relevant ethical review committee.

### Procedure

After introductions, the focus group questions were asked and participants were instructed to answer as honestly as possible, discuss any issues they would like surrounding the questions, and provide examples where possible. If a participant did not answer one of the questions the moderator asked the participant directly their views on the question and whether they would like to contribute.

### Analysis

The focus groups were video-taped and transcribed verbatim by the moderator. The responses were analyzed

**Table 1** Demographic characteristics of the sample

	Frequency % (N = 14)
Gender	
Male	3 (21.43%)
Female	11 (78.57%)
Age	
40–49	1 (7.14%)
50–59	8 (57.14%)
60–69	3 (21.43%)
70–79	2 (14.29%)
Marital status	
Separated/divorce	4 (28.57%)
Married/defaulto	10 (71.43%)
Level of education	
Grade 10	4 (28.57%)
Grade 12	1 (7.14%)
Trade or apprenticeship	1 (7.14%)
Diploma or TAFE	2 (14.29%)
University	5 (35.71%)
Other	1 (7.14%)
Place of residence	
Suburban	4 (28.57%)
Rural	7 (50.00%)
Urban	2 (14.29%)
Unanswered	1 (7.14%)
Work status	
Part-time/casual	5 (35.71%)
Retired	4 (28.57%)
Full-time	4 (28.57%)
Unanswered	1 (7.14%)
Total gross income	
Less than \$30,000	1 (7.14%)
\$30,001–\$50,000	4 (28.57%)
\$50,001–\$75,000	3 (21.43%)
\$75,001–\$100,000	3 (21.43%)
Over \$100,000	2 (14.29%)
Unanswered	1 (7.14%)
How many children cared for	
One	6 (42.86%)
Two	4 (28.57%)
Three	2 (14.29%)
Four	1 (7.14%)
Five	1 (7.14%)
How many hours	
6–10 h	5 (35.71%)
11–20 h	7 (50.00%)
21–30 h	3 (21.43%)
Relationship to parents	
Son	4 (28.57%)
Daughter	7 (50.00%)
Son and daughter	3 (21.43%)

using the inductive thematic analysis procedure outlined by Braun and Clarke (2006). This involved six systematic stages including: (1) reviewing the data to identify key areas relevant to the research topic; (2) generating initial categories whereby similar areas of text are grouped together across the whole data set; (3) coding potential themes and gathering all data relevant to each theme; (4) reviewing themes checking they are cohesive; (5) finalizing the definition and names of themes; and (6) producing the report and selecting vivid and compelling extracts to convey the themes generated.

## Results

### Informal Grandparent Caregivers' Willingness to Participate in a Program

Grandparents were quite receptive to the idea of participating in a grandparenting program with 92% of grandparents wanting to be contacted about participating in a program aimed at helping them manage grandchild behavior problems. Furthermore, 78% of grandparents reported that they would participate in a parenting program aimed at helping them with their caring role (see Table 2).

### Focus Group Findings

The inductive thematic analysis revealed 32 categories that were then grouped into six key themes (see “Appendix” for a full list of categories and themes). The reliability of the categories was examined by an independent coder who recoded the data set and identified 33 categories, which produced a high level of inter-rater reliability  $\kappa = .88$  ( $p < .001$ ), 95% CI [.76–1.0]. The six key themes were: (a) how to manage grandchild behavior, (b) how to be a parent to a parent, (c) taking care of yourself as a grand-

**Table 2** Informal grandparent child care providers' willingness to participate in a grandparent program

	Frequency % (N = 14)
Would you ever participate in program aimed at helping you provide care	
Yes	11 (78.57%)
No	3 (21.43%)
Would you like to be contacted about participating in a program for grandparents aimed at helping you manage grandchild behavior problems	
Yes	13 (92.86%)
No	1 (7.14%)

parent, (d) being a grandparent is rewarding, (e) parenting experience, and (f) grandparents want parenting information and support.

#### *How to Manage Grandchild Behavior*

Grandparents identified that one of the biggest issues they encountered with providing informal child care was difficulty knowing what to do with different grandchild behavior problems and discipline strategies. Importantly, this raised the notion that although grandparents were providing only part-time care and had been parents before, they were still experiencing difficulty with managing child behavior problems. Grandparents gave the following reasons for their difficulties with child behavior: the time delay between parenting young children and becoming an informal grandparent care provider, the perception that parenting practices have changed, the impact of age on memory, and not knowing all the different parenting strategies available.

The challenging bits, well it's the behavior management.... I don't think I do anything different now to what I did with my own. But memory is failing. I don't remember some of the things I used to do.

Certain situations and behaviors grandparents reported finding difficult to manage included trying to get grandchildren to sleep; toilet training; knowing what food to provide; looking after more than one grandchild at a time; grandchild anxiety; and shopping trips.

#### *How to Be a Parent to a Parent*

A second theme to emerge from the focus groups was *how to be a parent to a parent*. The roles and definition of being a parent to a child are well established, however being a parent to an adult child who is a parent themselves is vague and varied (Smith and Drew 2002). Previous research has identified that grandparents have difficulty with finding a balance between supporting the parents without interfering (Thomas 1990). This concept was evident in the focus groups with grandparents reporting that they feel that their major role is to support, but also feeling worried about interfering in parents' parenting.

You got to be careful of telling them what to do as parents, my daughter-in-law says that, and even my daughter does. But I can remember saying the same things to my Mum.

Despite grandparents being able to recognize both the importance of supporting parents and not interfering, grandparents acknowledged that it is very difficult not to give unsolicited parenting advice regardless of this

understanding. Another key issue that was raised by grandparents was the importance of not undermining the parent's authority and what was appropriate to say to your own adult children versus their partners (i.e., son in-law and daughter in-law). One way of overcoming these obstacles of how to be a parent to a parent was to build on communication strategies, as suggested by a number of grandparents.

There are arguments around discipline, about how we as grandparents umm treat the grandkids I suppose versus how the parents do it. And that's when we try and communicate. And say tell us you know, well if you are fairly particular over and about something talk to us about it, and we'll work things out.

#### *Taking Care of Yourself as a Grandparent*

Grandparents emphasized needing to break away from their role without having to experience feelings of guilt or shame. Grandparents reported that there was a sense of obligation to provide care to their grandchildren and that it felt like an implicit expectation of the parents that they had to provide care to their grandchildren.

I felt obliged to and that was one of the biggest things in the beginning with my daughter. So my life was totally on hold and revolved around what her social life with her partner was. So that was not very pleasant.

Grandparents discussed that it was this sense of obligation to provide care that was both emotionally and physically draining. Grandparents often felt that there was less time to enjoy activities that were important to them. Grandparents identified that they needed both 'between' breaks (e.g., going away for a holiday or having a week 'off' providing care) and 'within' breaks (e.g., having a nap while baby-sitting) from their role as a grandparent provider.

#### *Being a Grandparent is Rewarding*

Grandparents reported that one of the most rewarding parts of being a grandparent is seeing both the parent and grandchild grow and develop. Specifically, grandparents emphasized that they were able to spend more one-on-one time with their grandchildren now compared to when they were parenting their own children. Indeed, the notion of having more time for grandchildren highlights the opportunity grandparents have to build on past parenting regrets and allows grandparents to help with the development of learning for the grandchildren.

I can perhaps spend more time with them on things that their parents are too busy to do. Help with the

education and bounce with them and be a bit of a kid with them. Play with them and have fun myself.

Additionally, grandparents pointed out that although they find the role of being a grandparent rewarding it is important for the boundaries to be respected by the parents.

The grandparent role is a real joy, but as long as it is kept to just that and they (the parents) don't step over that boundary.

Another area identified as being rewarding was seeing their own children become parents and seeing how they coped with the parenting role.

### *Parenting Experience*

Grandparents have a wealth of parenting experience to draw upon when caring for their grandchildren. Strategies that were successful can be used again and mistakes made previously can be rectified the second time around.

I didn't have many boundaries with my children because I worked two jobs and I studied. And most of the time I did that so I could be away from my children. I mean it was just really full on, being a single mum with three kids. And now I find it very easy to have boundaries with my granddaughter. So I can see the mistakes I made with my kids and now I am not making them with my granddaughter.

Additionally parenting experience can also enhance the relationship with the parent. Some grandparents reported that they felt more respected by the parents, as the parents now understood the pressures of the parenting role.

### *Grandparents Want Parenting Information and Support*

Grandparents in the focus groups reported wanting parenting information and support to help them with their role. They expressed that the grandparenting role has unique challenges that the parenting role does not prepare you for, including, how to communicate with adult children over parenting issues, how to accept that some parenting issues are out of your control, and working in a team with the son and daughter in-laws. Specifically grandparents reported wanting to know new parenting strategies, wanting ideas on what to do with the grandchildren, better ways of communicating with each other over parenting problems, wanting contact with other grandparents that provide care, and wanting information on how to handle transition times (e.g., dropping and picking-up grandchildren).

Also I would like to see a communication program between grandparents and their children in reference to how things are done with the grandchildren.

Because a lot of the time the communication breakdown is between me and my daughter and my granddaughter is still behaving beautifully, but we are the ones having the problems.

Although grandparents have been parents before, it could have been many years since their previous parenting experience. Additionally, over time parenting practices have changed subtly and although grandparents feel they have a solid base of parenting experience to utilize, they also admit not being 'up to speed' with current parenting practices. As one grandparent put it,

It has been a long time and I'm not up to speed with what I should be doing.

In terms of the program itself, grandparents identified that they would like to receive a group program where they could have contact with other grandparents for support, they indicated they would like a book or information sheets they could refer to as resources, and they wanted ongoing support after the program finished either through staying in contact with the grandparents in their group or through telephone calls. Finally, grandparents also indicated that they would prefer to do the program by themselves without the parents present.

## **Discussion**

The adoption of a consumer perspective to program design allowed the views of informal grandparent providers to be harnessed by means of a series of focus groups. The key finding to emerge was that informal grandparent providers need assistance in their co-parenting relationship with the parents. The focus groups identified that grandparents found the relationship with the parents challenging, particularly around communication, differing expectations, and parenting strategies used. Grandparents reported that arguments, tension, and communication difficulties were common problems that would arise between themselves and the parents. This result highlighted that although parenting may prepare you for caring for your grandchildren it does not prepare you for working in a co-parenting team with adult children (the parents).

The second key finding was that 92% of the participating grandparents indicated that they would like to attend a program aimed at helping them manage grandchild behavior problems. This finding was further supported in the focus groups. These results are consistent with previous researchers' views suggesting that grandparents are unlikely to be knowledgeable about modern parenting practices (Hayslip and Kaminski 2005). Parenting practices have evolved over time and there is now a better understanding

of what strategies may be effective and ineffective in helping prevent and reduce childhood emotional and behavioral problems (Sanders 2008). Accordingly, grandparents could benefit from a refreshment course in current parenting strategies.

Finally, the focus groups also indicated that grandparents do find the role of providing child care emotionally draining. Consistent with previous research (Goodfellow and Laverty 2003) the focus groups found that grandparents struggled with feelings of stress, guilt, frustration, and tiredness. These feelings tended to be exacerbated when it involved situations where grandparents felt as if they were being taken for granted, felt obligated to provide the child care, or felt that they were unable to take a break from the child care role.

### Implications for Program Design

Through directly accessing the views of consumers the key area that grandparents identified needing most assistance with was the relationship with the parents. The implication of this finding in relation to program design is the inclusion of a module centered on how to build a positive parenting team with parents. Accordingly this module should consist of strategies aimed at helping grandparents support the

parents in the role of raising the grandchildren. As such strategies focused on effective communication skills, problem solving, acceptance, and coping skills could be effective. In evidence-based behavioral couple therapy programs and some parenting programs these strategies are suggested to help enhance partner-support (Halford et al. 2008; Petch and Halford 2008). Although the relationship between grandparent–parent differs to that of romantic couples, these strategies warrant further research to determine if they could be applied to potentially enhance grandparent–parent partner support.

Secondly, based on the results from the focus groups, a program including a refreshment of parenting strategies would also be advantageous in assisting grandparents in their role as informal child care providers. Thirdly, in terms of program design grandparents indicated that a group approach with telephone calls and materials (e.g., workbooks, information sheets) would be preferable. Current evidence-based parenting programs available for parents include such information, materials, and delivery formats (e.g., Incredible Years, Webster-Stratton 2000; Parent–Child Interaction Therapy, Querido et al. 2002; The Triple P-Positive Parenting Program, Sanders 2008), and it is recommended that one such parenting program is modified for grandparents.

**Table 3** Example of consumer input and parenting research influencing program modification

Consumer input	Parenting research	Potential program modification
<p>Parenting arguments</p> <p>“There are arguments around discipline, about how we as grandparents treat the grandkids I suppose versus how the parents do it.”</p>	<p>Parents dislike unsolicited parenting advice from parents (Thomas 1990)</p>	<p>Inclusion of a module centered on effective communication skills and problem solving (e.g., checklist of positive and negative speaking and listening habits)</p>
<p>Grandparent role taking over life</p> <p>“I just get the feeling that sometimes my son is starting to take me a little bit more for granted. And that becomes overwhelming and frustrating.”</p>	<p>Grandparents report finding the role exhausting and demanding (Goodfellow and Laverty 2003)</p>	<p>Inclusion of strategies to manage emotional distress (e.g., relaxation strategies, controlled breathing, coping strategies)</p>
<p>Program design</p> <p>“To be with other grandparents is important, that way I can feel like I am not alone because I have lost some contact with friends since I started this.”</p>	<p>Grandparents reporting feeling isolated from friends (Goodfellow and Laverty 2003)</p>	<p>Using a group format for program delivery so that grandparents can meet other grandparents who are in a similar role and potentially build on their support network</p>
<p>Need more parenting information</p> <p>“The challenging bits, well it’s the behavior management.... I don’t think I do anything different now to what I did with my own. But memory is failing. I don’t remember some of the things I used to do.”</p>	<p>The need for a parenting refreshment course for grandparents (Hayslip 2003)</p>	<p>Emphasizing past parenting experience, building on parenting knowledge, and past parenting strategies (e.g., include an exercise reflecting on when you were a parent and what worked and did not work)</p>
<p>Difficult not to challenge parents</p> <p>“Although you know you shouldn’t say anything....sometimes you can’t help yourself.”</p>	<p>Involvement of grandparents can increase conflict and tension between the grandparent and parent (Mason et al. 2007)</p>	<p>Inclusion of acceptance and commitment therapy strategies so that grandparents can manage feelings of distress about decisions that are outside their control</p>



The advantage of modifying an existing evidence-based parenting program is that these programs have been demonstrated to work previously, are more likely to succeed in the long term, and are likely to be more economical and cost-effective (Campbell and Miles 2008). Below in Table 3 is an example on how the current Group based Triple P program could be modified to include the views of consumers and parenting research for grandparents.

## Conclusion

Although there is arguably sufficient research to justify adapting evidence-based parenting interventions to the specific needs of grandparents caring for grandchildren this is the first study to our knowledge which directly accesses the views of grandparents as consumers. By doing so it revealed that grandparents seek more information beyond a refresher course in parenting strategies. Grandparents would also like particular attention focused on enhancing partner support in the grandparent–parent co-parenting team. It is argued that this area has been previously underemphasized with importance only being focused on communication skills (see Thomas 1990) rather than broader partner-support strategies of problem solving skills, acceptance, and coping skills.

The findings from this study identified six key themes that grandparents regard as important when adapting an EBPP to assist them in their role as informal child care providers, however, the results should be interpreted with caution given its limitations. Firstly, as is an issue with all qualitative research, the findings of this study represent the

perspectives of only 14 grandparents. As such the generalizability of the themes arising with this specific group of informal child care grandparents to the informal child care grandparent population in general cannot be known. Secondly, it should be acknowledged that of the 14 participants 11 were grandmothers so the themes emerging from this study are more reflective of the experience of grandmothers than grandfathers. Thirdly, participants were drawn from a largely homogenous population with a lack of ethnic or socioeconomic diversity. Therefore, the application of this study's findings to other ethnically diverse populations and high-risk families cannot be made. In future research it would also prove helpful to access the views of the parents to determine other challenging components of grandparent involvement in family life. In addition, sampling a large number of socio-economic and ethnically diverse grandparents by means of consumer surveys could add support for the preliminary findings of the focus groups.

In spite of these limitations, through adopting a consumer perspective in program design, we identified a number of specific content areas grandparents would like in an EBPP. Consequently an EBPP modified specifically for grandparents should include information aimed at helping refresh parenting practices, build on effective coping skills, and include partner-support strategies to help improve the grandparent–parent relationship.

## Appendix

See Table 4.

**Table 4** Complete set of identified themes

Theme A	Theme B	Theme C	Theme D	Theme E	Theme F
How to manage grandchild behavior	How to be a parent to a parent	Taking care of yourself as a grandparent	Being a grandparent is rewarding	Parenting experience	Grandparents want parenting information and support
Discipline is challenging	Grandparent role is to support parents	Baby-sitting role taking over life	Grandparent role makes me feel appreciated and needed	Grandparents helping with grandchild development	Not enough information available about grandparenting role
How do you deal with grandchild misbehavior	How to build better communication between grandparent–parent	Feeling frustrated and tired with caring role	The reward in seeing your children become parents	Boundaries and house rules are important	Wanting to know new parenting strategies and have ongoing support
Difficulties with sleeping for grandchild	Being aware of interfering and not wanting to interfere with parent	Our age is impacting on role	Better relationship with own child because of grandchildren	Grandparenting expertise	Wanting books and resources about grandparenting

**Table 4** continued

Theme A	Theme B	Theme C	Theme D	Theme E	Theme F
How to manage grandchild behavior	How to be a parent to a parent	Taking care of yourself as a grandparent	Being a grandparent is rewarding	Parenting experience	Grandparents want parenting information and support
How to deal with different grandchildren	Grandparents giving parenting advice	The constancy of the caring role	Feels like I doing something good	Planning what I should do with grandchildren is important	Grandparents wanting contact with other grandparents that provide care
Difficulty with toilet training	The need to be consistent between grandparent–parent Grandparents and difficulties working with in-laws	The need for an afternoon nap		Parents asking for parenting advice from grandparents I have more time as a grandparent to spend with grandchildren	Grandparents needing financial support for care How it handles transition times

## References

- Attar-Schwartz, S., Tan, J., Buchanan, A., Flouri, E., & Griggs, J. (2009). Grandparenting and adolescent adjustment in two-parent biological, lone-parent, and step-families. *Journal of Family Psychology, 23*(1), 67–75.
- Australian Bureau of Statistics [ABS]. (2006, Re-issue). *Child care, Australia, June 2005* (Catalogue No. 4402). Canberra: Australian Bureau of Statistics.
- 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. *Journal of Family Psychology, 24*(5), 635–645.
- Boyd, R. C., Diamond, G. S., & Bourjolly, J. N. (2006). Developing a family-based depression prevention program in urban community mental health clinics: A qualitative investigation. *Family Process, 45*(2), 187–203.
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology, 3*, 77–101.
- Bronfenbrenner, U. (1979). *The ecology of human development*. Boston: Harvard University.
- Burton, L. M., & DeVries, C. (1992). Challenges and rewards: African American grandparents as surrogate parents. *Generations: Journal of the American Society on Aging, 16*(3), 51–54.
- Campbell, L., & Miles, M. S. (2008). Implementing parenting programs for custodial grandparents. In B. Hayslip & P. Kaminski (Eds.), *Parenting the custodial grandchild: Implications for clinical practice* (pp. 115–130). New York: Springer.
- Cherlin, A., & Furstenberg, F. F. (1986). Grandparents and family crisis. *Generations: Journal of the American Society on Aging, 10*(4), 26–28.
- Colucci, E. (2007). “Focus groups can be fun: The use of activity-oriented questions in focus group discussions. *Qualitative Health Research, 17*, 1422–1433.
- de Graaf, I., Speetjens, P., Smit, F., de Wolff, M., & Tavecchio, L. (2008a). Effectiveness of the Triple P-Positive Parenting Program on behavioral problems in children: A meta-analysis. *Behavior Modification, 32*(5), 714–735.
- de Graaf, I., Speetjens, P., Smit, F., de Wolff, M., & Tavecchio, L. (2008b). Effectiveness of the Triple P Positive Parenting Program on parenting: A meta-analysis. *Family Relations, 57*, 553–566.
- Dolbin-MacNab, M. L. (2006). Just like raising your own? Grandmothers’ perceptions of parenting a second time around. *Family Relations, 55*, 564–575.
- Francese, P. (2009). *The grandparent economy: A study of the population, spending habits and economic impact of grandparents in the United States*. Grandparents.com Report.
- Goodfellow, J., & Lavery, J. (2003). Grandparents supporting working families: Satisfaction and choice in the provision of child care. *Family Matters, 66*, 14–19.
- Halford, W. K., Markman, H. J., & Stanley, S. M. (2008). Strengthening couple relationships with education: Social policy and public health perspectives. *Journal of Family Psychology, 22*, 497–505.
- Hayslip, B. (2003). The impact of a psychosocial intervention on parental efficacy, grandchild relationship quality, and well-being among grandparents raising grandchildren. In B. Hayslip & J. H. Patrick (Eds.), *Working with custodial grandparents* (pp. 163–178). New York: Springer.
- Hayslip, B., & Kaminski, P. L. (2005). Grandparents raising their grandchildren: A review of the literature and suggestions for practice. *The Gerontologist, 45*(2), 262–269.
- Hendricks, A. K. (2010). *Changing roles: The pleasures of being a grandparent in New Zealand*. A Families Commission Report. Retrieved from <http://www.oscarnetwork.org.nz/site/oscarnetwork/files/resources/FC-changing-roles.pdf>.
- Heywood, E. (1999). Custodial grandparents and their grandchildren. *The Family Journal: Counselling and Therapy for Couples and Families, 7*(4), 367–372.
- Kelley, S. J., Yorker, B. C., Whitely, D. M., & Sipe, T. A. (2001). A multimodal intervention for grandparents raising grandchildren: Results of an exploratory study. *Child Welfare Journal, 80*(1), 27–50.
- Kivnick, H. Q. (1982). Grandparenthood: An overview of meaning and mental health. *The Gerontologist, 22*, 59–66.
- Lussier, G., Deater-Deckard, K., Dunn, J., & Davies, L. (2002). Support across two generations: Children’s closeness to grandparents following parental divorce and remarriage. *Journal of Family Psychology, 16*, 363–376.
- Mason, J., May, V., & Clarke, L. (2007). Ambivalence and the paradoxes of grandparenting. *The Sociological Review, 55*(4), 687–706.
- Mazzucchelli, T. G., & Sanders, M. R. (2010). Facilitating practitioner flexibility within an empirically supported intervention: Lessons from a system of parenting support. *Clinical Psychology: Science and Practice, 17*(3), 238–252.
- Minkler, M., & Fuller-Thomson, E. (1999). The health of grandparents raising grandchildren: Results of a national study. *American Journal of Public Health, 89*(9), 1384–1389.

- Morgan, D. (1998). Practical strategies for combining qualitative and quantitative methods: Applications to health research. *Qualitative Health Research*, 8, 362–376.
- Morgan, D. L., Krueger, R. A., & King, J. A. (1998). *Focus group kit*. Thousand Oaks: SAGE Publications.
- Nowak, C., & Heinrichs, N. (2008). A comprehensive meta-analysis of Triple P-Positive Parenting Program using hierarchical linear modeling: Effectiveness and moderating variables. *Clinical Child and Family Psychology Review*, 11, 114–144.
- Ochilree, G. (2006). The changing role of grandparents. *Australian Family Relationships Clearing House*, 2, 1–9.
- Petch, J., & Halford, W. K. (2008). Psychoeducation to enhance couples' transition to parenthood. *Clinical Psychology Review*, 28, 1125–1137.
- Querido, J. G., Bearss, K., & Eyberg, S. M. (2002). Parent/child interaction therapy. In F. W. Kaslow & T. Patterson (Eds.), *Comprehensive handbook of psychotherapy: Cognitive-behavioral approaches* (pp. 91–113). Hoboken: Wiley.
- Roberto, K. A., & Qualls, S. H. (2003). Intervention strategies for grandparents raising grandchildren: Lessons learned from the caregiving literature. In B. Hayslip & J. H. Patrick (Eds.), *Working with custodial grandparents* (pp. 13–27). New York: Springer.
- Rogers, E. M. (1995). *Diffusion of innovations*. New York: Free Press.
- Sanders, M. R. (1999). Triple P-Positive Parenting Program: Towards an empirically validated multilevel parenting and family support strategy for the prevention of behavior and emotional problems in children. *Clinical Child and Family Psychology Review*, 2(2), 71–90.
- Sanders, M. R. (2008). The Triple P-Positive Parenting Program as a public health approach to strengthening parenting. *Journal of Family Psychology*, 22(4), 506–517.
- Sanders, M. R., & Kirby, J. N. (2011). Consumer engagement and the development, evaluation and dissemination of evidence-based parenting programs. *Behavior Therapy*. doi:10.1016/j.beth.2011.01.005.
- Sanders, M. R., Markie-Dadds, C., Rinaldis, M., Firman, D., & Baig, N. (2007). Using household survey data to inform policy decisions regarding the delivery of evidence-based parenting interventions. *Child: Care, Health and Development*, 33(6), 768–783. doi:10.1111/j.1365-2214.2006.00725.x.
- Smith, P. K., & Drew, L. M. (2002). Grandparenthood. In M. Bornstein (Ed.), *Handbook of parenting: Being and becoming a parent* (Vol. 3, pp. 141–173). London: Lawrence Erlbaum & Associates.
- Stallman, H. M., & Sanders, M. R. (2007). “Family Transitions Triple P”: The theoretical basis and development of a program for parents going through divorce. *Journal of Divorce and Remarriage*, 47(3–4), 133–153.
- Strom, R. D., & Strom, S. K. (1997). Building a theory of grandparent development. *International Journal of Aging and Human Development*, 45(4), 255–286.
- Szinovacz, M. E., & Roberts, A. (1998). Handbook on grandparenthood. In M. E. Szinovacz (Ed.), *Programs for grandparents* (pp. 247–256). Westport, CT, US: Greenwood Publishing Group.
- Taylor, T. K., & Biglan, A. (1998). Behavioral family interventions for improving child rearing: A review of the literature for clinicians and policy makers. *Clinical Child and Family Psychology Review*, 1, 41–60.
- Thomas, J. L. (1990). The grandparent role: A double bind. *The International Journal of Aging and Human Development*, 31(3), 169–177.
- Thomas, R., & Zimmer-Gembeck, M. J. (2007). Behavioral outcomes of parent–child interaction therapy and Triple P-Positive Parenting Program: A review and meta-analysis. *Journal of Abnormal Child Psychology*, 35(3), 475–495.
- Turner, K. M. T., Richards, M., & Sanders, M. R. (2007). A randomised clinical trial of a group parent education program for Australian Indigenous families. *Journal of Pediatrics and Child Health*, 43(6), 429–437.
- Webster-Stratton, C. (2000). *Bulletin: The incredible years training series*. Washington, DC: US Department of Justice, Office of Juvenile Justice and Delinquency Prevention.
- Whittingham, K., Sofronoff, K., Sheffield, J., & Sanders, M. R. (2009). Behavioral family intervention with parents of children with ASD: What do they find useful in the parenting program Stepping Stones Triple P? *Research in Autism Spectrum Disorders*, 3, 702–713. doi:10.1016/j.rasd.2009.01.009.
- Whyte, W. F., Greenwood, D. J., & Lazes, P. (1989). Participatory action research: Through practice to science in social research. *American Behavioral Scientist*, 32, 513–551.