

1 **Experiences and Support Needs of Grandparents of Children Born with Cleft Lip**

2 **and/ or Palate**

3

4 **Abstract**

5 **Objective:** The birth of a child with a cleft lip and/or palate (CL/P) can have a significant emotional
6 and social impact on parents. Yet, the impact on the wider family is rarely investigated. Grandparents
7 are becoming increasingly involved in the care of their grandchildren, and may therefore have support
8 needs of their own. The aim of the current study was to explore the experiences and support needs of
9 grandparents of children born with CL/P.

10 **Design:** Individual semi-structured telephone interviews were carried out with 12 grandparents of
11 children born with CL/P, and were analysed using inductive thematic analysis.

12 **Results:** Five themes were identified 1) Emotional Impact of CL/P on Grandparents 2) Grandparents'
13 Social Experiences 3) Grandparents' Involvement 4) Grandparents' Information Needs 5)
14 Grandparents' Support Needs. Participants experienced difficult emotions around the time of
15 diagnosis, and were concerned about the child's treatment and future experiences. Participants played
16 a significant role in supporting the whole family, but received little information or support themselves.

17 **Conclusions:** Grandparents reported experiences comparable to published literature on parents.
18 Clinicians and charitable organisations could consider how existing resources could be made more
19 accessible to and/or adapted for wider family members, including grandparents.

20

21 **Key words:** cleft lip and palate, family, psychological adjustment, support, grandparents, qualitative
22 analysis.

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25

26 **Introduction**

27 Increasingly, grandparents are becoming more involved in the upbringing of their grandchildren
28 (Dunifon and Bajracharya, 2012); providing support to both their grandchildren and the
29 grandchildren's parents. This has been attributed to a range of factors, such as a rise in the number of
30 single parents, and an increase in the number of women returning to work following the birth of a
31 child (Bol and Kalmijn, 2016; Dunifon and Bajracharya, 2012; Mitchell, 2007). Furthermore, life
32 expectancy in the UK continues to increase (Public Health England, 2017), meaning that grandparent-
33 grandchild relationships are often sustained for many years (Moorman and Stokes, 2014). In fact,
34 Smith (2005) suggests that some may be grandparents for as much as a third of their lifetime.
35 Grandparenting is associated with many personal benefits, including increased happiness, personal
36 satisfaction, and keeping physically and mentally active (Powdthavee, 2011; Sands, Goldberg-Glen,
37 and Thornton, 2005; Seligman, 2002). These factors enable grandparents to maintain their sense of
38 autonomy (Sands et al., 2005), and can lead to personal growth, resilience, and greater life fulfilment
39 (Findler, 2016; Sands et al., 2005).

40 Cleft lip and/or palate (CL/P) is one of the most common congenital conditions worldwide (World
41 Health Organisation, 2016). In addition to those who are born with the condition, CL/P can have a
42 significant psychosocial impact on those around them. While these impacts have been explored in
43 parents of children born with CL/P (Nelson et al., 2012) little research has looked into the impact on
44 wider family members. Studies investigating psychosocial wellbeing in parents suggests that
45 emotional experiences, such as worry, and feelings of bereavement are common at the time of
46 diagnosis (Cadogan et al., 2009; Chuacharoen et al., 2009). Parents may also find it difficult to adjust
47 to the implications of their child's condition, and report symptoms of depression and anxiety (Nelson
48 et al., 2012); particularly in relation to the extensive surgical treatment that their child must undergo
49 (Klein et al., 2006). Additionally, parents often recount negative social experiences, such as upsetting
50 reactions from friends, family, and members of the public (Nelson et al., 2012), and commonly report
51 concerns about their child's future in relation to making friends, potential experiences of bullying,

52 and attending school (Klein et al., 2006). Conversely, some research finds that having a child with
53 CL/P is also associated with unique positive experiences, such as the condition bringing the family
54 closer together, increasing a sense of community, and finding inner strength at a time of adversity
55 (Eiserman, 2001; Klein et al., 2006; Nelson et al., 2012). Consequently, many parents benefit from
56 CL/P-related information and psychological support, in order to minimise distress and increase
57 resilience.

58 Given the known psychosocial impact that having a child with CL/P can have on a parent, and the
59 broader evidence that grandparents play an increasingly significant role in the upbringing of their
60 grandchildren, it is possible that grandparents may have support needs of their own. One recent study
61 investigated the psychosocial impact of CL/P on unaffected siblings, and reported a range of positive
62 and negative impacts of CL/P on this often overlooked population (Stock et al., 2016). Further, the
63 study called for an inclusive approach to healthcare encompassing all members of the family in order
64 to optimise outcomes. In the wider chronic illness and disability literature, Mitchell (2007) also
65 proposed that future research should specifically explore the support needs of grandparents, and
66 consider how support may best be offered to grandparents of a child with a disability. Gaining insight
67 into the experiences and support needs of grandparents could thus enable existing resources to be
68 expanded and/or specific support to be developed, in addition to providing us with a better
69 understanding of how to promote personal growth and holistic family care. The aim of the current
70 study was to explore the experiences and support needs of grandparents of children born with CL/P
71 using a qualitative approach, in order better understand the psychosocial impact of CL/P on wider
72 family members, and to inform future service provision.

73

74 **Method**

75 *Design*

76 This study was conducted as part of a national evaluation of the support services provided by the
77 Cleft Lip and Palate Association (CLAPA), known as the Regional Coordinators Project (*manuscript*

78 *in press*). Further information about this project is available at [https://www.clapa.com/about-us/what-](https://www.clapa.com/about-us/what-we-do/regional-coordinator-project)
79 [we-do/regional-coordinator-project](https://www.clapa.com/about-us/what-we-do/regional-coordinator-project). An inductive qualitative approach was employed to address the
80 aims of the study. Qualitative methodology enables detailed insight to be gained in areas that are
81 understudied, or in cases where a topic is being explored from a new perspective (Morse and Richards,
82 2002). Individual, semi-structured telephone interviews were conducted over the telephone, to
83 eradicate travel costs and geographical barriers.

84

85 ***Ethical Considerations***

86 Prior to data collection, the study gained ethical approval from the Faculty Research Ethics
87 Committee at (*university*). Additionally, CLAPA's project Advisory Group, consisting of CLAPA
88 staff, researchers, clinicians, and patient and parent representatives reviewed the study design and
89 protocol before recruitment took place. The code of conduct of the (*society*) was adhered to at each
90 stage of the study.

91

92 ***Procedure***

93 The Regional Coordinators Project was partially funded through charitable organisations based in
94 (*country*). For the present study, participants were therefore eligible to participate if they were living
95 in (*country*) at the time of interview. Participants were self-selecting. CLAPA advertised the study
96 through their official social media pages, and through direct e-newsletters to their (*country*)
97 membership. Those who expressed an interest in the study were sent a Participant Information Sheet,
98 outlining the purpose of the study, what they would be asked to do, and what would happen to any
99 information that they provided. It was made clear to participants that they had the right to withdraw
100 from the study prior to the completion of data analysis. Additionally, participants were sent a copy of
101 the Consent Form. On the day of each interview, the researcher read through the consent form with
102 the participant and gave them time to ask any questions prior to the interview commencing.
103 Participants then provided verbal consent to participate. Interviews were conducted over a period of

104 three months, between 01/04/2017 and 30/06/2017. The researcher followed a semi-structured
105 interview schedule, consisting of open-ended questions relating to the grandparents' experiences and
106 support needs in relation to having a grandchild with CL/P. Specifically, this included questions
107 relating to their grandchild's diagnosis and treatment, grandparents' support needs, and access to
108 services. In addition, participants were asked to provide some basic demographic information for the
109 purpose of describing the sample. Interviews lasted 45 minutes on average.

110

111 *Participants*

112 Twelve grandparents (11 female) who had a grandchild born with CL/P and who were living in
113 (country) at the time of interview took part in the current study. Participants' ages ranged from 53 to
114 79 years (M=64.2). All participants reported their ethnicity to be White British or White Scottish. Of
115 the sample, only one participant reported having a family history of CL/P.

116

117 *Data Analysis*

118 The interviews were audio-recorded, transcribed verbatim, and analysed using inductive thematic
119 analysis (Braun and Clarke, 2006). Thematic analysis is a widely used method of qualitative data
120 analysis, which involves identifying and organising key themes within qualitative datasets (Braun
121 and Clarke, 2006). An inductive, data-driven approach was employed (e.g. Fishman, 1999), following
122 Braun and Clarke's (2006) six steps of thematic analysis: 1) Familiarisation with the data, 2)
123 Generating initial codes, 3) Searching for themes, 4) Reviewing themes, 5) Defining and naming
124 themes, 6) Producing the report. Analysis was seen as a recursive process, and detailed notes were
125 written throughout. Themes were subsequently chosen for their prevalence and/or their importance
126 (or "keyness") in relation to the research question (Braun and Clarke, 2006). Each transcript was
127 analysed independently by the first and second authors. These analyses were then compared, and
128 overall findings were discussed with the third author until full agreement was reached.

129

130

131 **Results**

132 Thematic analysis identified five key themes relating to the experiences and support needs of
133 grandparents whose grandchild was born with CL/P. These were 1) Emotional Impact of CL/P on
134 Grandparents 2) Grandparents' Social Experiences 3) Grandparents' Involvement 4) Grandparents'
135 Information Needs 5) Grandparents' Support Needs. In the following section, each theme is presented
136 with direct quotes to illustrate the findings. All participants have been given pseudonyms to preserve
137 anonymity.

138

139 ***Theme 1: Emotional Impact of CL/P on Grandparents***

140 The first theme relates to the emotional impact associated with having a grandchild with CL/P.
141 Participants recounted experiencing a range of negative emotions following the news of their
142 grandchild's diagnosis:

143 *"It was a shock" (Rachel).*

144 *"I suppose the initial reaction was a bit disappointed" (Katie).*

145 Perhaps unsurprisingly, many participants had experienced concern for both their grandchild, and the
146 grandchild's parents:

147 *"But the initial, it was a worry... Was [my grandchild] going to be badly disfigured and would
148 she be called names?" (Katie).*

149 *"I felt for my son and his wife really, more than anything else..." (Cath).*

150 Participants also spoke of how their grandchild's treatment had affected them emotionally. Again,
151 this included feeling worried about future procedures that their grandchild had to undergo:

152 *"You worry about what is going to happen in the operation theatre" (Sophie).*

153 *"I worry he has to have, at some point, a bone implant into his gum, and that's another huge
154 operation" (Rachel).*

155 Participants also expressed concern for their grandchild's future in relation to speech and language
156 difficulties, and the child's social interactions at school:

157 *"I think my main concern is whether he'll have any speech problems in the future... There*
158 *could be bullying down the line, which is another thing possibly to worry about"* (Cath).

159 Conversely, and despite experiencing a range of challenging emotions, participants also reported that
160 having a grandchild with CL/P had a positive impact on their emotional wellbeing. This included
161 increased feelings of gratitude, and improved family functioning:

162 *"It makes you appreciate how skilled the medical professionals are"* (Rachel).

163 *"Having never had anybody in the family who's had anything like that, it makes you realise*
164 *how lucky you are"* (Cath).

165 *"I suppose, a positive is...it draws family members together"* (Rachel).

166

167 ***Theme 2: Grandparents' Social Experiences***

168 The second theme relates to participants' discussions around their social experiences. Some
169 participants recalled negative encounters with members of the public:

170 *"[It] was quite difficult when you were out and about because people stared"* (Rachel).

171 *"The reactions of some people, like "oh a new baby", and then "oh" drawing back as if there*
172 *was some kind of monster in the pram"* (Elaine).

173

174 Interestingly, participants felt that having a grandchild with CL/P had enabled them to have novel
175 social experiences, which they would not otherwise have had:

176 *"You get to meet an awful lot of different people that you would have never met otherwise..."*

177 *Sort of another family, if you know what I mean, we're all in the same kind of boat"* (Claudia).

178 Participants also discussed how having a grandchild with CL/P had enabled them to support other
179 affected families, which was described as a highly rewarding social experience:

180 *“... We were out for a meal and there was a family who came into the restaurant and the baby*
181 *had a cleft lip...and I said “go across and just show these people what can be done’... By*
182 *being in a position to do that and also encourage them, I think that was rewarding for us and*
183 *I’m sure it was helpful and rewarding for the [other] family” (Sam).*

184

185 ***Theme 3: Grandparents’ Involvement***

186 The third theme focuses on participants’ perceptions of the role they adopted in relation to their
187 grandchild being born with CL/P. First, participants recounted visiting their grandchildren in hospital
188 and attending other medical appointments:

189 *“I certainly attended quite a few of the initial meetings with the surgeon, the dental institute,*
190 *the speech therapist, and the endocrine department” (Rachel).*

191 Additionally, they referenced their role in providing practical and emotional support to their
192 grandchild’s parents:

193 *“I was involved in quite a lot. Most days helping out, even if it was just doing washing or*
194 *cleaning” (Elaine).*

195 *“Support for his mum while she was in hospital...and taking turns to watch the baby so she*
196 *had a chance to get a cup of tea and shower” (Claudia).*

197 Finally, participants had provided support by taking care of their grandchild’s siblings during CL/P
198 treatment:

199 *“I was helping out with a sibling - my granddaughter’s brother” (Susan).*

200 *“I looked after her baby sister” (Katie).*

201

202 ***Theme 4: Grandparents' Information Needs***

203 The fourth theme centres on discussions of grandparents' access to CL/P-related information. Some
204 participants did not feel that they had received enough information about their grandchild's condition:

205 *"I wasn't given any information. Other than he had been born with a cleft lip and palate"*
206 *(Sam).*

207 Participants reported that their grandchild's parents had been their main source of information, from
208 the initial point of diagnosis and throughout treatment:

209 *"I would ask my daughter about treatment and she would tell me what was happening, and*
210 *anything further down the line" (Annabel).*

211 However, participants had not found this source of information to always be reliable:

212 *"We couldn't really get that much information out of my daughter because she was distraught*
213 *really" (Sophie).*

214 Participants also reported using the internet to gain information about the condition:

215 *"Most information I got was basically online" (Sam).*

216 A smaller proportion of participants had also received information from CLAPA and the specialist
217 cleft teams:

218 *"[The cleft team] explained things so it was a big help...and being able to...contact them ...if*
219 *you've got a question or something that's worrying you" (Claudia).*

220 *"We got all the information we needed - CLAPA, the cleft team, everybody...so it was really*
221 *good" (Elaine).*

222 In contrast, participants felt that non-specialist health professionals, including midwives, lacked
223 understanding of CL/P:

224 *"It felt as if you were constantly explaining what [the cleft] was and what [the specialists]*
225 *were doing" (Claudia).*

226 Some participants felt that additional sources of information for grandparents would be helpful:

227 *“Even something as simple as a leaflet...because not everyone is as internet savvy or would*
228 *know where to look... It would be good to have a leaflet that could...point in the direction of*
229 *real time support” (Sophie).*

230

231 ***Theme 5: Grandparents’ Support Needs***

232 The final theme describes the sources of support that participants drew upon, and any additional
233 CL/P-related support needs.

234 In all cases, grandparents had looked to their friends and family for support:

235 *“I have a sister and she was very helpful.... I got support from my friends... Also I have a son*
236 *who...is a dentist and he was great help” (Annabel).*

237 A small number of participants spoke of gaining support from health professionals:

238 *“You get good support from the nursing staff... There to hold your arm and, you know, tell*
239 *you everything's alright” (Elaine).*

240 In contrast, the majority of participants had not had the opportunity to engage with the health
241 professionals involved in their grandchild’s care:

242 *“I never really had any direct contact with them” (Alex).*

243 Similarly, only a few participants had benefitted from the services offered by CLAPA:

244 *“We didn't have contact with any support group at all... [CLAPA] is more just for the parents*
245 *from what I can make out” (Rachel).*

246 Interestingly, many participants felt that additional support for grandparents wasn’t necessary, so long
247 as the other members of the family were well cared for:

248 *“I don't honestly think that we need anything” (Julia).*

249 *“As long as my daughter got support that was enough” (Susan).*

250 Nonetheless, participants reflected on the types of support that grandparents might benefit from. This
251 included increased contact with health professionals, advice about how to best support the family,
252 practical help with feeding, and access to peer support:

253 *“I think it would have been nice to be approached by somebody...probably when the baby was*
254 *born...so you knew that there were people there” (Rachel).*

255 *“Even something as simple as a leaflet so you know how you as grandparents can support the*
256 *process” (Sophie).*

257 *“We've left it to my son and his wife to do all the feeding....whereas, maybe if you'd been*
258 *shown yourself, had some support in that, you'd have been confident to do it. So a meeting*
259 *would have been nice to be told how to do things” (Alex).*

260 *“It would be nice to have a grandparents meeting sometime. You know, get together and share*
261 *experiences” (Cath).*

262

263 **Discussion**

264 The findings of this study provide novel insight into the experiences of an under-explored population
265 in the context of CL/P. Grandparents who participated in this study reported similar experiences and
266 support needs as has previously been identified in parents, suggesting a need to expand existing
267 resources to encompass members of the wider family.

268

269 ***Grandparents' Information and Support Needs***

270 The reported social and emotional consequences of having a grandchild born with CL/P included
271 shock, sadness, uncomfortable encounters with members of the public, and concern for their
272 grandchild's future. These findings are highly comparable to those reported by parents of children
273 with CL/P (Nelson et al., 2012), suggesting that grandparents must also come to terms with 'losing'
274 the grandchild they were expecting, and the long-term implications of the condition (Hastings, 1997;

275 Mitchell, 2007). In order to better cope with these concerns, participants emphasised the value of
276 accurate and reliable information, engagement with specialist health professionals, and access to peer
277 support. These types of effective support are already offered to parents, via the specialist cleft teams
278 and/or through charitable organisations such as CLAPA (*manuscript in press*; Hodgkinson et al.
279 (2005), and could therefore potentially be expanded to also encompass grandparents. Nonetheless,
280 only a few of the participants in the current study had engaged with the support services that are
281 currently available. While some participants commented that they felt they had all the support they
282 needed, others had the misconception that support was exclusively aimed at parents. Additional
283 efforts to promote existing resources to those outside of the immediate family may therefore be
284 necessary. One potential route could be to identify grandparents who may be able to offer peer support
285 to others, since this can provide psychosocial benefits for both those providing and receiving the
286 support (Shilling et al., 2013).

287 Further to this, participants reported additional concerns for the wellbeing of their grandchild's
288 parents, which has also been identified in grandparents of children with other chronic conditions (Bol
289 and Kalmijn, 2016). The birth of a grandchild with a health condition such as CL/P may therefore
290 place an additional burden upon grandparents, particularly given the increasing role that they play in
291 the upbringing of their grandchildren, and in supporting the wellbeing of the family as a whole
292 (Dunifon and Bajracharya, 2012). Previous research has found that this additional responsibility can
293 be stressful for grandparents (Ferguson et al., 2004; Mitchell, 2007), particularly if they do not have
294 a good understanding of the condition (Schilmoeller and Baranowski, 1998), or are struggling to come
295 to terms with the diagnosis themselves. In response to these concerns, participants felt that receiving
296 advice about how they could best support the family, in addition to practical guidance on how to use
297 the specialist feeding equipment would be valuable.

298 Grandparents who participated in the current study highlighted several positive experiences that they
299 believed they had gained as a result of their grandchild's condition. These included feelings of
300 gratitude for the health system, a greater appreciation for one's own health, and a sense of the family

301 being brought closer together in the face of adversity. Again, similar positive experiences have been
302 reported by parents of children with CL/P, such as closer family relationships, confidence, stress-
303 related growth, and improved coping strategies (Baker et al., 2009; Klein et al., 2006; Nelson et al.,
304 2012). Findings such as this call for an investigation of positive outcomes to be included in research
305 studies, so that more can be learned about how to best promote resilience in all members of the family.

306

307 *Methodological Considerations*

308 A number of methodological issues relevant to the current study should be considered. First,
309 participants were self-selecting, and may therefore have had a particular motivation for participating
310 in this research, which in turn could have biased the findings of the study. Further, participants were
311 primarily recruited online, which could have inadvertently excluded those who are less confident in
312 using the internet. In addition, and due to the source of the project funding, recruitment was only
313 possible in (*country*), which may limit generalisability of the findings to other countries and cultures.
314 Finally, the practical and financial limitations of the project reduced the amount of time in which
315 recruitment and data collection could take place. While three authors agreed that data saturation had
316 been achieved, future research should seek to clarify and expand the findings of the current study.

317

318 **Conclusions**

319 This small-scale but novel study provides important insight into the experiences and support needs
320 of grandparents of children born with CL/P. Participants reported experiences comparable to
321 published literature on parents, and played a key supportive role in the upbringing of their grandchild
322 and the wellbeing of the family as a whole. Clinicians and charitable organisations could consider
323 how existing resources could be made more accessible to and/or adapted for wider family members,
324 including grandparents.

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327 **References**

- 328 Baker SR, Owens J, Stern M, Willmot D. Coping strategies and social support in the family impact of cleft
329 lip and palate and parents' adjustment and psychological distress. *Cleft Palate Craniofac J.*
330 2009;46:229–236.
- 331 Bol T, Kalmijn M. Grandparents' resources and grandchildren's schooling: Does grandparental involvement
332 moderate the grandparent effect? *Social Sci Res.* 2016;55:155–170.
- 333 Braun V, Clarke V. Using thematic analysis in psychology. *Qual Res Psychol.* 2006;3:77–101.
- 334 Cadogan J, Marsh C, Winter R. Parents' views of 4D ultrasound scans following diagnosis of cleft condition.
335 *British J Midwifery.* 2009;17:374–380.
- 336 Chuacharoen R, Ritthagol W, Hunsrisakhun J, Nilmanat K. Felt needs of parents who have a 0-to 3-month-
337 old child with a cleft lip and palate. *Cleft Palate Craniofac J.* 2009;46:252–257.
- 338 Hodgkinson P, Brown S, Duncan D, Grant C, Mcnaughton A, Thomas P, Mattick C R. Management of
339 children with cleft lip and palate: a review describing the application of multidisciplinary team working
340 in this condition based upon the experiences of a regional cleft lip and palate centre in the United
341 Kingdom. *Fetal Mat Med Rev.* 2005;16:1–27.
- 342 Dunifon R, Bajracharya A. The role of grandparents in the lives of youth. *J Fam Issues.* 2012;33:1168–1194.
- 343 Eiserman W. Unique outcomes and positive contributions associated with facial difference: expanding
344 research and practice. *Cleft Palate Craniofac J.* 2001;38:236–244.
- 345 Ferguson N, Douglas G, Lowe N, Robinson M, Murch M. *Grandparenting in Divorced Families.* CITY:
346 Policy Press:2004.
- 347 Findler L. Being a Grandparent of a Child with a Disability. In: EDITORS *Grandparents of Children with*
348 *Disabilities.* CITY: Springer;2016:39–67.
- 349 Fishman D. *The Case for Pragmatic Psychology.* New York: NYU Press;1999.
- 350 Hastings RP. Grandparents of children with disabilities: A review. *Int J Disability Dev Edu.* 1997;44:4, 329–
351 340.
- 352 Klein T, Pope AW, Getahun E, Thompson J. Mothers' reflections on raising a child with a craniofacial
353 anomaly. *Cleft Palate Craniofac J.* 2006;43:590–597.
- 354 Mitchell W. The role of grandparents in intergenerational support for families with disabled children: A
355 review of the literature. *Child Fam Social Work.* 2007;12:94–101.

356 Moorman SM, Stokes JE. Solidarity in the grandparent–adult grandchild relationship and trajectories of
357 depressive symptoms. *Gerontologist*. 2014;56:408–420.

358 Morse J, Richards L. Read me first for a user’s guide to qualitative research. Thousand Oaks, California;
359 Sage Publications:2002.

360 Nelson P, Glenny A, Kirk S, Caress A. Parents’ experiences of caring for a child with a cleft lip and/or palate:
361 a review of the literature. *Child Care Health Dev*. 2012;38:6–20.

362 Powdthavee N. Life satisfaction and grandparenthood: Evidence from a nationwide survey.
363 Public Health England: 2011. Available at: [https://www.gov.uk/government/publications/health-profile-for-](https://www.gov.uk/government/publications/health-profile-for-england/chapter-1-life-expectancy-and-healthy-life-expectancy)
364 [england/chapter-1-life-expectancy-and-healthy-life-expectancy](https://www.gov.uk/government/publications/health-profile-for-england/chapter-1-life-expectancy-and-healthy-life-expectancy). Accessed: January 15, 2019.

365 Sands RG, Goldberg-Glen R, Thornton PL. Factors associated with the positive well-being of grandparents
366 caring for their grandchildren. *J Gerontological Social Work*. 2005;45:65–82.

367 Seligman MEP. Authentic Happiness. *New York: Free Press. Seligman, MEP, & Csikszentmihalyi, M.(2000).*
368 *Positive Psychology: An Introduction. American Psychologist* 2002; 55, 5–14. WHICH ONE?

369 Shilling V, Morris C, Thompson-Coon J, Ukoumunne O, Rogers M, Logan S. Peer support for parents of
370 children with chronic disabling conditions: a systematic review of quantitative and qualitative studies.
371 *Dev Med Child Neurol*. 2013;55:602–609.

372 Smith PK. Grandparents and grandchildren. *The Psychologist*. 2005;18:684–687.

373 Stock NM, Stoneman K, Cunniffe C, Rumsey N. The psychosocial impact of cleft lip and/or palate on
374 unaffected siblings. *Cleft Palate Craniofac J*. 2016;53:670–682.

375 World Health Organisation. Oral health: Factsheet 318. Available at: [https://www.who.int/news-room/fact-](https://www.who.int/news-room/factsheets/detail/oral-health)
376 [sheets/detail/oral-health](https://www.who.int/news-room/factsheets/detail/oral-health). Accessed: January 15, 2019.

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