

Grandparents Raising Their Grandchildren: A Review of the Literature and Suggestions for Practice

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An increasingly prevalent family constellation is a home headed by a grandparent who is raising grandchildren. We explore the state of our knowledge about such grandparents with particular attention to its implications for service providers and researchers. In our review we address several key areas: (a) the costs and benefits of raising a grandchild; (b) the heterogeneity of custodial grandparent caregivers; (c) the critical need for social support among custodial grandparents; (d) parenting practices and attitudes among grandparents raising grandchildren; and (e) helping efforts at multiple levels with custodial grandparents. We also discuss directions for research and practice concerning custodial grandparents.

Key Words: *Grandparents, Social support, Service needs*

Custodial grandparents, adults who are caring for their grandchildren on a full-time basis, are becoming more prevalent. In 2000, 5.7 million grandparents lived with their grandchildren (Bryson, 2001; U.S. Bureau of the Census, 2001), and approximately 2.4 million individuals were raising their grandchildren. Since 1990, there has been a 30% increase in the number of children (half of whom are under the age of 6) living in households maintained by grandparents (Fuller-Thomson & Minkler, 2001; U. S. Bureau of the Census, 2000). Many of these children live in poverty, with the percentage of grandparent caregivers living below the poverty line (19%) being greater than that for other types of families with children (14%; see the U.S.

Bureau of the Census, 2000). Many such children have difficulty registering for school (Ehrle, 2001; Silverstein & Vehvilainen, 2000). Furthermore, although 20% of children in homes headed by their parents have no health insurance, 33% of children in grandparent-headed homes lack such insurance (see Bryson & Casper, 1999; Kirby & Kaneda, 2002). Such difficulties are greatest for grandparents who are caring for their grandchildren “informally,” lacking a formal legal basis (i.e., adoption, legal custody, or guardianship) for doing so (Generations United, 2002).

Several salient issues have defined the literature on custodial grandparenting over the past 15 years and have implications for both practitioners and researchers: (a) the costs and benefits of raising a grandchild; (b) heterogeneity among custodial grandparent caregivers; (c) the critical need for social support among custodial grandparents; (d) parenting among custodial grandparents; and (e) suggestions for practitioners working with grandparent caregivers.

Costs and Benefits of Raising a Grandchild

Becoming a custodial grandparent can have many negative personal, interpersonal, and economic consequences, including poorer physical and mental health (Hayslip, Shore, Henderson & Lambert, 1998; Kaminski & Hayslip, 2004; Minkler, Fuller-Thomson, Miller, & Driver, 2000), role overload and role confusion (Emick & Hayslip, 1999), and more isolation from age peers and noncustodial grandchildren (Jendrek, 1994). Indeed, the incidence of such illnesses as depression, diabetes, hypertension, and insomnia (Minkler et al.) is greater among grandparent caregivers, who often report more difficulty than their age peers in performing activities of daily living (Minkler & Fuller-Thomson, 1999). Strawbridge, Wallhagen, Shema, and Kaplan (1997) found that, over a 20-year period, grandparent caregivers were more likely to experience poorer physical and mental health than noncaregivers (see also Szinovacz, DeViney, & Atkinson, 1999). Such illnesses

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may cause custodial grandparents to fear for their grandchildren's well-being in the event of their own disability or death (Shore & Hayslip, 1994). Lee, Colditz, Berkman, and Kawachi (2003) found that "high levels" of caring for grandchildren (i.e., 9 hours per week) increased women's risk of coronary heart disease over time. Taking on the parenting role also can strain grandparents' marriages (Erhle & Day, 1994) and disrupt their life plans (Jendrek, 1993).

Many grandmothers give up working outside the home to raise a grandchild, losing income and the less tangible benefits of employment such as better health and less parenting stress (Musil, Schrader, & Mutikani, 2000). Indeed, many grandparents spend a significant proportion of their income on rent (Fuller-Thomson & Minkler, 2003), and, in this light, LEGACY (Living Equitably—Grandparents Aiding Children and Youth) was passed by Congress in 2003 to train front-line staff to help grandparents qualify for housing assistance and to provide financial help to those seeking to remodel their homes to accommodate a grandchild (Generations United, 2004).

Among the stresses experienced by grandparent caregivers are those associated with the grandchild's parent (see Wohl, Lahner, & Jooste, 2003). In one study, nearly two thirds of custodial grandparents expressed disappointment in their child, nearly one third (28%) resented him or her, and one third (30%) felt taken advantage of by this child (Shore & Hayslip, 1994). Not surprisingly, grandparents who have healthier relationships with their grandchild's parent(s) report feeling less burdened (Pruchno & McKenney, 2000).

Many custodial grandparents grieve over the losses that placed them in that role (Baird, 2003; Pinson-Millburn, Fabian, Schlossberg, & Pyle, 1996; Wohl et al., 2003), such as the death or incarceration of their adult child, and grandparents often express shame, guilt, and anxiety over a child's illness or death due to AIDS (Joslin, 2002). Many grandparent caregivers also must cope with the secondary losses linked to a parent's death, physical or emotional absence, as well as with their grandchild's grief related to parental loss (Levine-Perkell & Hayslip, 2002; McKelvy & Draimin, 2002). Recent evidence (Miltenberger, Hayslip, Harris, & Kaminski, 2003–2004) suggests that grandparent caregivers' grief may be disenfranchised (i.e., not publicly recognized or acknowledged by others; see Doka, 1989), undermining their opportunities to express themselves and receive social support.

In spite of its many demands, the grandparent caregiver role can be inherently rewarding (Giarrusso, Silverstein, & Feng, 2000), as grandparents can enjoy an especially close relationship with their custodial grandchild (Erhle & Day, 1994). Significantly, 90% of the custodial grandparents in our convenience sample ($N = 101$) report they would still take responsibility for their grandchildren if they had to make that choice again (Hayslip & Shore, 2000). The caregiving role also can enhance a grandparent's sense of purpose in life and contribute to feelings of maintaining the family's continuing identity and well-being (Giarrusso et al.). Moreover, custodial grandparents have a "second

chance" at parenting (Gatti & Musatti, 1999); they can learn from their previous experiences and improve parenting skills.

Grandchildren, of course, can benefit when they are raised by a grandparent. Although objective data are scarce, grandmothers and grandfathers (especially in African American families) can serve as role models for children whose parents are physically or emotionally absent, and improved school performance, less reliance on welfare, more autonomy in decision making, and fewer deviant behaviors have all been observed in grandchildren raised by their grandmothers (Wilson, 1986; Wilson, Tolson, Hinton, & Kiernan, 1990). Solomon and Marx (1995), who found that children in traditional nuclear families (i.e., both parents present) were the most likely to excel academically, also found that children from grandparent-headed families were as likely as those from single-parent families to succeed in school. Children in grandparent-headed and traditional nuclear families, however, were less likely to experience behavioral problems at school versus those in one-parent-only families. In addition, children being raised by one parent were the most susceptible to illness.

Most importantly, custodial grandparents can provide love, security, encouragement, and structure for grandchildren who might otherwise be in a foster care home. A grandparent can act as a "safety net" for children whose families have been damaged or broken by death, drug abuse, family violence and abuse, incarceration, or divorce.

The Heterogeneity of Custodial Grandparent Caregivers

Although a majority of custodial grandparents are under the age of 65 (72%), female (77%), and married (54%; Fuller-Thomson & Minkler, 2000; U.S. Bureau of the Census, 2000), they are actually quite heterogeneous. Although most are Caucasian (51%), significant numbers of African Americans (38%) and Hispanics (13%) also provide such care (American Association of Retired Persons, 2003; Fuller-Thomson & Minkler, 2001). Proportionately, however, African Americans (4.3%) and Hispanics (2.9%) are more likely to be caring for grandchildren than are Caucasians (1%; U.S. Bureau of the Census, 2000).

Attending to ethnic and cultural differences among custodial grandparents is vital to an accurate understanding of their circumstances and needs. For example, household composition, a variable influencing childcare demands, social support, and financial stress, varies according to ethnicity. In this respect, Pruchno (1999) found that Black (vs White) custodial grandmothers were more likely to be coresiding with peers, to have been raised in families where each generation had lived together, and to be receiving more formal social services. American Latino custodial grandparents are more likely to coparent with an adult child other than the grandchild's parent (Burnette, 1999). However, Hispanics and African Americans are more likely than Caucasian Americans to coparent with one of their grandchild's parents, consistent with an emphasis

on the family as an ongoing entity, and expectations of intergenerational assistance for the former two groups (Cox, Brooks & Valcarcel, 2000; Pebley & Rudkin, 1999). Caputo (2000) found that, for Blacks but not Whites, the odds of coresidency increased with more education, younger age, being single, and having more grandchildren. However, for both Blacks and Whites, the longer one had been a coresident grandmother, the greater the odds were of reassuming this role later, irrespective of income. Although the effects of coparenting (vs. custodial caregiving) on grandparent caregiver well-being are generally positive (Musil, 2000), its effects also differ by ethnicity. For example, Goodman and Silverstein (2002) found that Latino grandmothers' well-being was positively related to coparenting, whereas African American grandmothers' well-being was higher in custodial families.

The circumstances giving rise to caregiving further differentiate custodial grandparents. Divorce, adult parent drug abuse, and child abuse most commonly lead to grandparent custody (Fuller-Thomson & Minkler, 2000; Hirshorn, VanMeter, & Brown, 2000). However, teen pregnancy and the incarceration, disability, or death of an adult child also can thrust grandparents into the custodial role. Moreover, grandparents choose to raise their grandchildren for differing reasons—from being the only relative available, to believing they can provide better care than the parent, to wanting to help their adult children in a time of crisis (Hayslip et al., 1998). In this respect, Goodman and Silverstein (2002) found that, among coparenting grandmothers, the desire to help financially and the adult child's divorce were more common, whereas among custodial grandmothers, parents' substance abuse, child neglect, mental or emotional distress, criminality, and child abuse were more common. The reasons for role assumption also vary by ethnicity, with factors influencing a grandparent's perception that the child's family was dysfunctional being more common among Caucasians, whereas unemployment and teenage pregnancy are more common among African Americans (Pebley & Rudkin, 1999). Generally speaking, custodial care is linked to the adult parent's inability to care for the child, whereas coresident care is associated with the parent's lack of financial independence (Pebley & Rudkin). The likelihood of coparenting covaries negatively with the child's age, and receiving more public assistance reduces the chances that preschool children will live away from their mothers (Pebley & Rudkin).

The physical and mental health of the grandchild also differentiates grandparent caregivers; on the basis of two independent studies, there exist two distinct groups of custodial grandparents, defined in terms of the degree (none or minimal vs. moderate or severe) to which they perceive their grandchild to experience emotional or behavioral problems. These two groups are (a) those grandparents whose difficulties primarily stem from the demands of the parenting role and (b) those grandparents whose difficulties relate to a grandchild with developmental, emotional, or behavioral difficulties (Emick & Hayslip, 1999; Hayslip et al.,

1998; Hayslip & Shore, 2000). Moreover, grandparents raising grandchildren with developmental disabilities face unique challenges (Kolomer, McCallion, & Overeinder, 2003; McKinney, McGrew, & Nelson, 2003); such grandparents are at a greater risk for depression (Burnette, 2000) and experience more stress, often to the detriment of their own physical health (Grant, 2000). Further contributing to the heterogeneity among custodial grandparents are grandchildren who are HIV positive (Joslin, 2002).

Social Support and Custodial Grandparenting

Social isolation and inadequate social support are significant problems for custodial grandparents; experiencing loneliness, feeling different, and having a sense of invisibility are the most salient problems reported by grandparent caregivers (Wohl et al., 2003). When either emotional (e.g., friendships, empathy) or instrumental (e.g., childcare, community services) support is lacking (see Minkler & Roe, 1993), custodial grandparents are at risk for depression (Musil, 1998) and lowered self-esteem (Giarrusso, Silverstein, et al., 2000). Grandparents' isolation appears to be related, at least in part, to the demands of the parenting role (Erhle, 2001; Giarrusso, Feng, Silverstein, & Marengo, 2000; Jendrek, 1994). Custodial grandparenting also may contribute to social isolation indirectly, as when custodial grandparents report feeling alone in their situation and suspect that their peers cannot relate to their experience (Erhle, 2001; Kelley, Whitley, Sipe, & Yorker, 2000).

In the context of historical changes in grandparenting (Uhlenberg & Kirby, 1998), future increases in Alzheimer's disease, elder abuse and child abuse, or deaths due to AIDS, in addition to cohort differences in the experience of parenting (see Kropf & Burnette, 2003), may all further exacerbate the isolation of custodial grandparents. At present, such grandparents report having little in common with the parents of their grandchild's friends (Erhle, 2001).

The importance of social support is supported by data gathered from two independent samples of custodial grandparents. In one study by Emick and Hayslip (1999) of mostly Caucasian grandmothers (95%; $N = 52$, age, $M = 60.2$ years), the extent of overall social support that was composed of both instrumental and emotional support correlated moderately with better self-rated health ($r = .28, p < .05$), less parental role strain ($r = -.29, p < .05$), and less depression ($r = -.27, p < .05$). Well-being was also related to overall social support from one's children ($r = .30, p < .03$) and from one's friends ($r = .26, p < .05$), whereas more effective parental coping was associated with support from relatives ($r = .27, p < .05$). Furthermore, among those raising "healthy and well-adjusted" grandchildren ($n = 24$), overall social support was correlated with role satisfaction ($r = .38, p < .06$).

In a second study by Hayslip and colleagues (1998) of predominantly custodial grandmothers ($N = 102$; age, $M = 54.10$ years; 80% Caucasian, 15% African American, 5% Hispanic), although overall support and

specific sources of support failed to correlate with well-being or role satisfaction, other family support was negatively related to self-rated health ($r = -.23, p < .02$), suggesting that poorer health may have necessitated more family support. Among those raising grandchildren with problems ($n = 51$), more overall social support ($r = .38, p < .01$) and more support provided by children were associated ($r = .40, p < .01$) with increased tolerance of a grandchild's disruptive or irritating behavior. Thus, at least on the basis of several small, convenience samples of grandparent caregivers, social support appears to be crucial to the physical and mental health of custodial grandparents, as well as to their ability to cope with the demands of parenting. Research utilizing more representative samples would be desirable to examine the generalizability of these findings (see also Musil et al., 2000).

Parenting Practices and Attitudes Among Custodial Grandparents

Although few studies have examined how custodial grandparents differ from parents in their parenting attitudes and practices, our preliminary data (Kaminski & Hayslip, 2004) suggest some key differences. We compared demographically matched (by gender, marital status, income, child age, child gender) parents (age, $M = 37.3$ years, $n = 40$) and custodial grandparents (age, $M = 57.5$ years, $n = 40$) regarding their beliefs about child rearing as well as their self-report of parenting behaviors, as measured by the Adult-Adolescent Parenting Inventory (Bavolek & Keene, 1999). Half of the caregivers in each group were raising children with emotional and behavioral difficulties. The groups did not differ regarding (a) their understanding of children's normal development or (b) the extent of their beliefs in the use and value of corporal punishment. Custodial grandparents, however, were more likely than parents to endorse turning to (grand)children to meet their social, physical, and emotional needs: $F(1, 78) = 24.22, p < .01, \eta^2 = .24$. For example, custodial grandparents were more likely to endorse items such as "Good children comfort their parents after they have argued." Additional research is needed to explore whether custodial grandparents' social isolation or health problems contribute to this effect.

Grandparent caregivers were also less likely than parents to be aware of and respond to children's psychoemotional needs, $F(1, 78) = 10.69, p < .01, \eta^2 = .12$, and they were more likely to emphasize obedience and view a child's differing opinion as a sign of disrespect, $F(1, 78) = 6.12, p < .05, \eta^2 = .07$. Whether these differences can be attributed to cohort effects in parenting experiences could be investigated by studying noncaregiving grandparents. Nevertheless, understanding the parenting attitudes of custodial grandparents is a prerequisite to the development of psychoeducational programs for them.

Suggestions for Practice: Interventions for Custodial Grandparents

Although an in-depth discussion of psychoeducational interventions is beyond our scope, four recently published volumes address such issues (Cox, 2000; Hayslip & Goldberg-Glen, 2000; Hayslip & Patrick, 2003; Joslin, 2002). Moreover, Roe and Minkler (1998–1999) have discussed interventions targeting the social service network and public policy, as have Smith and Beltran (2003). Excellent discussions of how the legal system can help grandparent caregivers (e.g., in gaining legal custody and acquiring visitation rights) can be found in Glass and Honeycutt (2002), Albert (2000), and Wallace (2001).

As we have pointed out elsewhere (Hayslip & Kaminski, in press, a) helping efforts with custodial grandparents should be understood in terms of the construct of levels of intervention (Danish, 1981). Thus, efforts to positively affect custodial grandparents could be directed to the culture at large, to the community, or to the interpersonal and intrapersonal systems of the grandparents (see Hayslip & Kaminski, in press, a; Hayslip & Patrick, 2003). In this context, many researchers (e.g., Baird, 2003; Burton, 1992; Cohen & Pyle, 2000; Roe, 2000; Silverstein & Vehvilainen, 2000; Smith, 2003) have documented barriers to service use (i.e., lack of childcare, lack of information about available programs) and the absence of advocacy for grandparent caregivers (Baird, 2003; Butts, 2000). Landry-Meyer (2000) indicates that 92% of all grandparent caregivers do not receive social security benefits, and 85% do not receive any type of public assistance such as Temporary Assistance to Needy Families (TANF; see also Dellmann-Jenkins, Blankemeyer, & Olesh, 2002). Furthermore, only a small number enjoy the benefits of foster care status, which can provide childcare, monetary remuneration, learning disability assessments, and tutoring (Dellmann-Jenkins et al.). As McCallion, Janicki, Grant-Griffin, and Kolomer (2000) found, grandparent caregivers too often fall between the cracks of agency responsibility and are often confronted with both cultural insensitivity and stereotyping. The researchers suggest that service providers need to be educated about grandparents' individual needs, to be more accessible, and to be more willing to serve as advocates. In this respect, however, Waldrop and Gress (2002) found public assistance employees' perceptions of grandparent caregivers to be more positive than those of spousal caregivers and nonrelative caregivers, and to greatly exceed those about both older adults and social service clients in general. Although this finding might reflect the unique nature of their sample, it could also suggest that increased experience with grandparent caregivers positively affected such employees' perceptions of them.

The aforementioned obstacles to service use are reflected in our own research, wherein despite being a small and nonrandom sample of parents and grandparents ($N = 80$), a majority (56%) of the latter indicated that they had difficulty in acquiring one or more needed services for their grandchild (Kaminski &

Hayslip, 2004), the most frequent of which were accessing medical (e.g., Medicaid, medical care, and health insurance) and legal services. Although parents and custodial grandparents were equally likely to encounter obstacles to getting help with their parenting, the most frequent obstacles reported differed across groups. For grandparents, these were (a) not knowing what help was available or how to access it, and (b) not having the time to attend. We encourage practitioners to develop creative solutions to these problems. For example, time-crunched custodial grandparents might benefit from either audiotaped or videotaped parent training materials they can use at home (see Kropf & Wilks, 2003).

Although the nature and extent of these obstacles warrant additional empirical investigation, several organized, programmatic efforts are being implemented to address access problems. For example, the National Family Caregiver Support Program (NFCSP) was established in 2000 to enable states to make information available about, and improve access to, a variety of support services relating to physical health and well-being, financial, and legal assistance, mental health counseling, and support group services (Beltran, 2001). Similarly, a number of public benefits programs can help grandparent caregivers by providing financial assistance and medical insurance (e.g., Supplemental Security Income or SSI), Social Security benefits for children aged 17 and younger (Old-Age Survivors and Disability Insurance), TANF, Medicaid, and the Children's Health Insurance Program (known as CHIPs; Biscarr, 2002). Importantly, McCallion and colleagues (2000) note that grandparents should become more knowledgeable about available services, enhancing the likelihood of their utilizing them.

Parent Skills Training With Grandparent Caregivers

When assisting custodial grandparents with their parenting, it is important to remember that except in cases in which a grandparent has raised a grandchild from infancy, the experience of parenting one's grandchild is necessarily complicated by the child's temporary or permanent loss of a parent(s). No matter what the circumstances of the parent's absence, children will be bereaved, requiring more emotional resources from grandparents. Young children have not yet developed the abilities to verbalize complex feelings and tolerate intensely painful emotional experiences such as grief. This grief may be expressed in many ways (e.g., somatic and depressive symptoms, irritability, aggression, academic problems; Webb, 1993). Hence, in addition to coping with their own feelings about an adult child, custodial grandparents also must face the responsibility of caring for a vulnerable grandchild.

A variety of topics should be included in educational programs for custodial grandparents, as they may lack knowledge about mental health care for themselves or their grandchildren, and they may also be unfamiliar with STDs, drug use, school violence, or peer influences on their grandchildren

(Silverthorn & Durant, 2000). Such content might include the following: (a) parenting skills such as discipline styles, setting limits, and providing consequences; (b) communication skills on topics such as how to talk to a teenager or to a child's teacher; (c) advocacy issues that include legal or custody questions and becoming knowledgeable about one's rights; (d) drug use and sexuality; and (e) grief and related issues of loss (Wohl et al., 2003). For grandparents who are raising children with psychobehavioral difficulties, specific information related to these issues also may be beneficial (Wohl et al.).

As a group, custodial grandparents are especially likely to benefit from information about children's psychoemotional needs and how to respond to them (Kaminski & Hayslip, 2004), wherein a teaching module might include empathy training and role-play exercises. In this respect, Cox's (2000b) training program on empowerment, Dolbin-MacNab and Targ's (2003) discussions of parenting education and parenting skills, and Chenoweth's (2000) presentation of educational curricula are extremely valuable.

Parenting skills training, despite its potential benefits, may be resisted by grandparents because it may imply they have not adequately raised their now adult children (Pinson-Millburn et al., 1996). Prefacing this training (see Wohl et al., 2003) with a caveat that stresses how times have changed may help decrease grandparents' defensiveness about developing new skills and acquiring new knowledge. It also is important to monitor custodial grandchildren for signs that too many care-taking demands are being placed on them. Such role reversals can be detrimental to children, for the real "work" of childhood (i.e., intellectual, psychological, and spiritual development) cannot optimally occur when pseudoadult behavior is required (Bavolek & Keene, 1979). Increasing instrumental and social support may be especially helpful for those custodial grandparents who unduly rely on their grandchild to meet their needs, perhaps borne of their isolation from age peers or friends.

Support Groups and Custodial Grandparents

Support groups can successfully assist custodial grandparents in coping with their new roles (see Cox, 2000a; McCallion et al., 2000; Strom & Strom, 2000; Vacha-Haase, Ness, Dannison, & Smith, 2000). For example, KinNet, a project funded in 2000 through the Adoption and Safe Families Act and created through Generations United, establishes a national network of support groups for grandparent caregivers in the formal foster care system. Moreover, the Brookdale Foundation's Relatives as Parents Program funds demonstration projects providing information, referral, and direct support to grandparent caregivers and their grandchildren. In addition, the American Association of Retired Persons (AARP) Grandparent Information Center maintains a national database of grandparent support groups, and an online source of information targeting the emotional, legal, and financial needs of grandparent caregivers (AARP, 2003).

Anecdotal evidence suggests that although support groups likely lessen some of the distress that grandparent caregivers experience, they sometimes merely allow group members to merely vent their frustrations without focus (Strom & Strom, 2000). However, support groups do provide the opportunity for expressing feelings and receiving empathy from others. By disclosing how they became custodial grandparents, talking about their families, and comparing memories of raising their adult children with their current experiences, custodial grandparents can bring closure to unfinished business and work through feelings of guilt and regret (Smith, 2003; Wohl et al., 2003).

A recent pilot study (Hayslip, 2003) found that grandparents who participated in a parent training and psychosocial support group intervention ($n = 18$) experienced a decrease in negative affect scores (related to their grandchildren's behavior) as compared with control individuals ($n = 18$). Parental self-efficacy and quality of the relationship with the grandchild also increased over time, whereas parental role strain, financial strain, and depression declined. Among controls, such positive and negative effects decreased and increased, respectively. These findings suggest that the psychosocial adjustment of grandparents can be improved with interventions targeting such issues. Although such interventions can be helpful, it is important to note that they are not likely to provide easily implemented solutions to problems over which grandparents have little control (i.e., problems in working with the school system, legal ambiguities over custody, or unresponsive social service providers; see Hayslip, 2003; Hayslip & Kaminski, in press, a).

Emerging Issues in Custodial Grandparenting Research

In integrating our knowledge about grandparents raising grandchildren that can be utilized by practitioners, the methodological diversity in custodial grandparenting research deserves mention. For example, the nature of samples utilized in custodial grandparent research merits concern, wherein even relatively large sample data collected from volunteers are limited in that such participants may be different from their nonvolunteer counterparts (see Baltes, 1968). In this respect, some grandparents may be understandably reluctant to disclose information that they consider personal or that they feel might further isolate or stigmatize them. Although these problems are not unique to grandparent caregivers, they remain challenges for which mutually beneficial (to grandparents and researchers alike) solutions must be found if we are to fully understand grandparent caregivers in all their diversity. Moreover, generalizations based on samples that differ from one another along a number of parameters (e.g., age, gender, and race or ethnicity) have to be carefully considered. It also is important to note that different findings about grandparent caregivers are often a function of whether qualitative research (e.g., targeting focus groups) or quantitative

work (e.g., employing surveys or self-report psychometric measures) is conducted.

Purposefully designed studies whose focus is to test specific a priori defined hypotheses often rest on samples that are not representative of grandparent caregivers. Only after such studies are replicated do such concerns about their generalizability lessen. Nevertheless, representative samples may not be the best avenue by which to study specialized subgroups of grandparents (see Goodman & Silverstein, 2002) or to test a priori defined hypotheses utilizing measures specifically designed for this purpose (see Hayslip, 2003). Pebley and Rudkin (1999) have highlighted the relative advantages and disadvantages of large-scale population-based studies versus work based on smaller, convenience samples. Suffice it to say that both research strategies can yield valuable, yet distinctly different, insights into the experience of raising a grandchild. Likewise, both cross-sectional and longitudinal findings have to be integrated to examine the extent to which they yield similar findings regarding age-related changes in custodial grandparenting (e.g., the impact of social change on grandparent well-being, changes in the meaning of the grandparent role).

Our attempts to understand the unique and often complex aspects of custodial grandparenting are just beginning. For example, we know little about the long-term consequences of either having been raised by a grandparent or about raising a grandchild later in life. As few long-term studies of custodial grandparents are available at present (e.g., Hayslip, Henderson, Emick, & Elias, 2002; Strawbridge et al., 1997), longitudinal work, perhaps targeting vulnerable grandparents, will be necessary to answer these questions. Future researchers also would do well to recruit participants about whom we know even less (e.g., rural grandparents, custodial grandparents of differing ethnicities, custodial grandfathers). By attending to these and other key variables (e.g., reasons for role assumption, the grandchild's adjustment, see Hayslip & Kaminski, in press, b; and family system processes, see Goodman, 2003), we can improve the design and implementation of helping efforts for grandparents and the grandchildren they are raising.

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