

## Invited Article

# Grandparenting in the United States

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### Abstract

Grandparenting varies enormously in the United States and here we discuss that growing diversity. Relying on exchange and reciprocity, feminist, and political economic theoretical perspectives, we begin by exploring the increasing need for grandchild care and assistance in the United States and the dearth of federal and employer supports for working families. Assessing the impact of sociodemographic trends, notably the rise in single parenting and the increase in employment among grandparents, we assess the intensification of grandparenting. Then we turn to issues related to proximity, examining the pleasures and challenges of coresidential, custodial, long distance, and transnational grandparenting. Finally, we turn to the impact of grandparenting on the emotional, physical, and financial wellbeing of grandparents.

**Translational Significance:** Grandparenting in the United States is diversifying and becoming more intense. The impact of grandparenting, which is multi layered and complex, varies significantly across social, emotional, physical, and financial outcomes. The current literature suggests that grandparents would benefit from greater federal- and employer-based supports.

**Keywords:** Care Work, Grandparents, Life Course

Grandparenting varies enormously in the United States. Though one-half of Americans ages 50–64, and 80% of those 65 and older, are grandparents, some are more actively engaged than others (Harrington Meyer & Abdul-Malak, 2016; Livingston & Parker, 2010). For some, grandparenting is the highlight of their later years (Harrington Meyer, 2014; Livingston & Parker, 2010). When PEW asked people to rank what they valued most about growing older, 31% of the women and 19% of the men ages 65–74 ranked spending time with their grandchildren first (Livingston & Parker, 2010). Some grandparents provide very intensive, even custodial, care for their grandchildren while others provide intermittent assistance. Taken together, 50% of U.S. grandparents provide financial assistance to their adult children and grandchildren, 39% provide grandchild care,

and 31% help with errands, housework, and home repairs (Livingston & Parker, 2010).

Other grandparents are much less involved, due to such factors as stressful family relationships, complicated family trees, lack of proximity, limited time, insufficient money, poor health, or lack of interest (Cherlin, 2010; Cherlin & Furstenburg, 2009; Harrington Meyer, 2014; Hayslip, Fruhauf, & Dolbin-MacNab, 2017; NACCRRRA, 2008). Even among grandparents who live in the same neighborhood as their grandchildren, roughly one-half do not provide any grandchild care (NACCRRRA, 2008). Though many readily embrace grandparenting, it is not for everyone (Harrington Meyer & Abdul-Malak, 2016).

Here, we discuss growing diversity in grandparenting in the United States. We begin by using a variety of theoretical

perspectives to explore the increasing need for grandchild care in the United States and the dearth of federal and employer supports for working families. We explore how the impact of sociodemographic trends, notably the increase in single parent families and in employment among grandparents, contributes to the intensification of grandparenting. Then, we examine the pleasures and challenges of coresidential, custodial, long distance, and transnational grandparenting. Finally, we turn to the impact of grandparenting on the emotional, physical, and financial wellbeing of grandparents, emphasizing theoretical explanations for variation in outcomes.

## Theorizing Grandparenting

To understand why grandparents provide assistance to younger generations, and why those supports vary sharply, scholars employ a variety of fairly compatible theories, most of which rest on an underlying life course perspective. Here we address three: exchange and reciprocity; feminist; and political economic theories. Many scholars link intergenerational support to exchange and reciprocity theories (Casper, Florian, Potts, & Brandon, 2016). Families tend to exchange and reciprocate across generations, creating a buffer against economic uncertainty (Casper, 2016; Cox, 1990). In contrast to government or market supports, family supports often come with strings attached, such as expectations about normative behavior, moral obligations, or long-term reciprocity (Casper et al., 2016; Cherlin, 2010). While these exchanges are rarely equivalent over time, reciprocity is expected and common. Feminist scholars are quick to point out that these exchanges are rarely gender-neutral; at all stages of the life course women are more likely to perform virtually all types of care work (Folbre, 2012; Harrington Meyer, 2000; Harrington Meyer & Herd, 2007). Women generally, and grandmothers in particular, are often regarded as more natural or better care providers, and rarely side-step carework even when working full time or out-earning their partners (Folbre, 2012; Harrington Meyer, 2014; Pavalko & Henderson, 2006). Political economic scholars note that the demand for support from grandparents varies over time and country, ebbing and flowing in response to major sociodemographic trends, the presence or absence of various welfare state programs such as parental leave, and shifts in the economy that shape employer benefits, employment rates, and job security (Hughes, Waite, LaPierre, & Luo, 2007; Igel & Szydlik, 2011). Often, families pitch in during hard times, despite adverse effects on social, emotional, physical, and financial well-being, because they have few alternatives (Harrington Meyer, 2014; Hayslip et al., 2017; Huo, Kim, Zarit, & Fingerma, 2017). Comparisons of different country policies have found that where state supports to working families are more extensive, grandparents provide less care; where state supports are meager, grandparents provide much more support (Hughes et al., 2007; Igel & Szydlik, 2011).

## Increasing Need for Grandparent Care

Family structures are increasingly messy, making grandparents much more diverse, and the need for grandparent assistance more uneven (Cherlin, 2010; Hayslip et al., 2017; Uhlenberg, 2004). Grandparents range in age from under 30 to well over 100 years; some have a single grandchild, others have a hard time counting their grandchildren due to divorces and remarriages (Cherlin, 2010). Grandparents are living longer than ever in history, thus grandchildren tend to have more grandparents and for more years, while grandparents tend to have fewer grandchildren clamoring for their attention or resources (Uhlenberg, 2004). The middle generation, parents of the grandchildren, are gatekeepers of sorts, facilitating or discouraging contact and support between grandparent and grandchildren's (Uhlenberg, 2004). The quality of those relationships, and the quantity of resources available at each generation, shape the frequency, intensity, and impacts of grandparent supports.

Reliance on grandparents is increasing in the United States in part because of unprecedented sociodemographic trends, including increasing life expectancies, declining marriage rates, rising divorce rates, declining birth rates, and rising immigration rates (Casper et al., 2016; Cherlin, 2010). The increase in single parents is a major factor. The share of adults who are married has dropped steadily from 72% in 1960 to current rate of just 50%, and the drop has been much more pronounced for blacks than for Hispanics and whites. Hence, 72% of all black births, compared to 53% of Hispanic and 29% of white, are to unmarried women (Pew Research Center, 2016; Wang & Parker, 2014). Single parents have fewer options and are therefore more likely to rely on grandparents as they juggle employment and childcare. Single parents often eventually become single grandparents.

Moreover, Americans are turning to grandparents for help in part because they are working more hours than ever, and more hours than workers in other countries (Coontz, 2013; Lerner, 2010). U.S. women, particularly those with young children are increasingly likely to work, and to work fulltime (Coontz, 2013; Lerner, 2010). Notably, the percentage of women with children under age three working rose from 34% to 65% between 1975 and 2016 (Bureau of Labor Statistics, 2017; Coontz, 2013; Lerner, 2010). Working families, and single parent working families in particular, who need assistance juggling employment and family, find relatively few social supports, thus they are increasingly likely to turn to grandparents.

## Lack of Federal and Employer Supports for Working Families

Despite growing need, neither the U.S. welfare state nor U.S. employers have responded to the needs of young working families (Chesley & Moen, 2006; Folbre, 2012;

Harrington Meyer & Herd, 2007; Heymann, Earle, & McNeill, 2013). Compared to most European nations, the U.S. welfare state provides little support for working families. Although 127 countries guarantee paid vacations, the United States has no federal vacation policy. This is most problematic for families with lower earnings (Glynn, 2012). Just 27% of employed parents in the bottom quintile of earnings, compared to 77% in the top two quintiles, have paid vacation. Among those who have paid vacation, many working parents and grandparents use paid vacation days to care for children who would otherwise need childcare (Glynn, 2012; NACCRRA, 2008). Those without paid vacation time have one less option for providing childcare coverage.

Similarly, 44 million U.S. workers do not have paid sick days (Glynn, 2012; Williams, Drago, & Miller, 2011). Only 24% of employed parents in the lowest earnings quintile, compared to 76% in the upper two earnings quintiles, receive paid sick days. Workers use sick days to cover their own, their children's, and their grandchildren's, illnesses. Those without paid sick days often go to work when they or their children or grandchildren are ill, or face time off with lost wages or job loss.

The United States does not guarantee paid maternal or paternal leaves. Though 180 nations offer paid leave to new mothers and 81 offer paid leave to new fathers, the United States does not (Heymann et al., 2013). The U.S. Family and Medical Leave Act offers 12 weeks of unpaid leave, but one-half of U.S. employees are ineligible, either because their employer has too few employees, they have not worked at that firm for a full year, they do not work enough hours, or the care recipient does not meet the qualifying criteria. Others opt out because they cannot afford time off without pay (Armenia & Gerstel, 2006; Baum, 2006; Folbre, 2012; Han, Ruhm, & Waldfogel, 2009; Heymann, 2013; Lerner, 2010; Rudd, 2004). Only 39% of workers earning less than \$20,000 a year are covered by this law, compared to 74% of those earning over \$100,000 (Heymann, 2013; Waldfogel, 2010). Thus, those with lower incomes, who are single parents, and who are least likely to be able to afford time off without pay, are least likely to be able to take the leaves. When parents have no paid parental leave, they often turn to grandparents for grandchild care.

The United States does not assure an adequate supply of flexible, affordable, high quality childcare. Childcare is often difficult to find, inflexible, expensive, and of variable quality. Those who require childcare during irregular hours or on only a part-time or rotational basis often find that there are few organized childcare options for them (Presser, 2005). Moreover, sick children are not permitted at school or daycare. The costs for childcare are rising more sharply than family earnings; childcare expenses often now eclipse home mortgages (Cohn, 2013; Giannarelli & Barsimantov, 2000; Lerner, 2010). The United States provides some support for families. Middle-income families may be eligible for tax subsidies through the dependent care tax credit.

Low-income families may be eligible for tax credits and subsidized childcare, but only about 15% of those entitled to subsidized daycare actually receive assistance in part because waiting lists are long (Harrington Meyer & Herd, 2007; Lerner, 2010; Mezey, Greenberg, & Schumacher, 2002). Finally, concerns about the quality of childcare are persistent. The National Institute of Child Health and Human Development (2007) established standards for care and reported that only 10% of day care settings they evaluated provided what they deemed high quality care.

With few high quality, affordable options available through the market, many families turn to grandparents for childcare. In fact, grandparents are often defined as the most desirable source of childcare because they tend to have strong bonds with their grandchildren, be flexible about hours and locations, and cost little or no money (Folbre, 2012; Harrington Meyer, 2014; NACCRRA, 2008). When grandparents live nearby, more than half provide some amount of childcare every week, and one-half of those provide more than 12 hr a week (NACCRRA, 2008).

The lack of federal guarantees for paid vacation, paid sick leave, paid family leave, and affordable daycare, coupled with modest and diminishing employer benefits, leaves many families turning to grandparents for help with grandchildren. Many workers have some benefits through their employers, but these benefits are generally offered to fulltime workers with higher salaries and lengthier tenure on the job. Moreover, employer based coverage has been shrinking in recent years (Glynn, 2012; Harrington Meyer & Herd, 2007; IWPR, 2007; Lerner, 2010; Mezey et al., 2002).

## Working Grandparents

Outdated images of grandparents with rocking chairs and rolling pins are being replaced by images of grandparents with briefcases and laptops. One-half of Americans are grandparents by age 50 and three-fourths of those in their early 50s are still employed (AARP, 2002; Munnell, 2015; U.S. Bureau of Labor Statistics, 2011). The average age at retirement has increased by two years for men and women since the mid-1990s (Munnell, 2015; Population Reference Bureau, 2011; U.S. Department of Health and Human Services, 2008). Increasingly, grandparents balance the role of grandparenting with a job.

Studies show that employed grandparents are just as likely to provide care as those who are retired and one-third change their work schedule to accommodate grandchild care (NACCRRA, 2008; Pavalko & Henderson, 2006). Indeed, working grandparents often rearrange their work schedules, reduce employment hours, or use their paid vacation and sick time, to provide grandchild care (Dodson, 2009; Galinsky, Bond, Sakai, Kim, & Giuntoli, 2008; Harrington Meyer, 2014; Lee & Tang, 2015). Some change careers and residences to facilitate juggling employment and grandchild care. Some bring grandkids to the

office while others bring their work to their grandkids' homes. Many grandparents are readily able to juggle work and care for grandchildren, describing role enhancement. But others, particularly those with fewer financial and health resources, find the multiple roles conflicting, overly taxing, and exhausting (Harrington Meyer, 2014).

### Intensification of Grandparenting

Historically, the role of grandparents was very different from the role of parents. Grandparents were supposed to take kids to the zoo or the park while parents were supposed to worry about proper nutrition, good manners, and calculus (Cherlin & Furstenberg, 2009; Harrington Meyer, 2014; Uhlenberg, 2004). Traditionally, grandparents augmented childrearing rather than take responsibility for basic daily care. Role differentiation was quite high.

But over the past few decades, the roles are converging somewhat and, for many, the role of grandparenting is intensifying. One study of employed grandmothers found that 83% of the respondents reported providing more care than their parents did and more care than they expected to provide, given that they were employed (Harrington Meyer, 2014). In addition to feeding, bathing, and tucking in, grandparents are driving kids to lessons and camps, helping with homework, and watching kids for weeks, months, and even years at a time. Those helping grandchildren with special needs may take on even more intensive care work, including therapies, physician visits, and medications (Hogan, 2012). Developmental disabilities are on the rise in the United States but social and educational programs for those with disabilities have not increased to meet the demand (Centers for Disease Control, 2011; Hogan, 2012). Thus grandparenting is intensifying in part because young working families need help that is not being provided by the state or by employers. While many grandparents take the intensification of duties in stride, some are left depleted and wishing they were doing a lot less parenting and a lot more traditional, old-fashioned, grandparenting (Harrington Meyer, 2014; Hogan 2012).

### Co-residential Grandparenting

Co-residential grandparents, living in multigenerational families, are becoming somewhat more common. The number of co-residential grandparent households rose by 12%, from 4 to 4.5 million, between 2010 and 2012 (Casper et al., 2016). The tendency to co-reside varies by gender, race, and ethnicity. Multiple generation households are more common among grandmothers than grandfathers, due to their longer life expectancy, greater tendency to be single, and lower average incomes (Casper & Bianchi, 2002; Casper et al., 2016; Ellis & Simmons, 2014). Multiple generation households are also more common among immigrants, African Americans, and Native Americans, and least common among Asians Americans, due to economic, cultural,

and normative differences (Casper et al., 2016; Ellis & Simmons, 2014; Florian & Casper, 2011; Lee, Ensminger, & Laveist, 2005).

Increases in co-residential grandparenting are linked in part to economic factors, such as the Great Recession and increasing employment among mothers and grandmothers (Casper et al., 2016; Ellis & Simmons, 2014). Increases are also linked to social and demographic factors such the rise in single parenting, rising costs of day care, and reduced access to government assistance programs (Casper et al., 2016; Ellis & Simmons, 2014). Generally, younger generations move in with grandparents. In fact, grandparent maintained households are three times more common than adult children maintained households (Casper et al., 2016). When grandparents do move into their adult children's homes, they tend to be older, less educated and less likely to be employed compared to grandparents in grandparent maintained homes (Casper & Bianchi, 2002; Casper et al., 2016; Ellis & Simmons, 2014). Regardless of where they live, the reasons for cohabitation are often multiple and multidirectional. Grandparents who face dwindling savings or diminishing health may co-reside because of the assistance with finances or personal care (Casper & Bianchi, 2002; Casper et al., 2016; Ellis & Simmons, 2014). Conversely, or simultaneously, adult children who face divorce, job loss, children with special needs, or complex childcare demands may co-reside because they need assistance with juggling employment and family (Bengtson, 2001; Casper et al., 2016).

Co-residence often, though not always, provides much needed protections for children. Children in mother-only families living with grandparents are less likely to be living in poverty when compared to children in mother only families living without a grandparent (Casper et al., 2016; Ellis & Simmons, 2014; Mutchler & Baker, 2009). Children of parents who have divorced, or who have conflicted relationships with their parents, often turn to co-residential grandparents for much needed emotional support (Dunifon, Kopko, Chase-Lansdale, & Wakschlag, 2016). When generations are compressed, which is more common in families with less income and education, parenting often begins at younger ages and grandparents often become secondary, or even primary, parents (Casper et al., 2016; Minkler & Fuller-Thomson, 2005). Such close proximity may lead to multigenerational conflicts, but often leads to strong multigenerational family ties.

### Custodial Grandparenting

Custodial grandparenting is on the rise in the United States. In 2016, there were 2.7 million grandparents their grandchildren, an increase of 7% since 2009 (Cancino, 2016). African American, Hispanic, and lower income families report even higher rates (Hayslip et al., 2017). Grandparents typically take custody of grandchildren when parents face imprisonment, drug related issues, or other mental health

problems (Baker, Silverstein, & Putney, 2008; Casper et al., 2016). Often grandparents provide custodial care to keep their grandchildren out of foster care (Baker et al., 2008; Hayslip & Kaminski, 2005). Thus, many custodial grandparents are not only raising grandchildren, but are also navigating complex relationships between parents and children (Baker et al., 2008; Crowther, Huang, & Allen, 2015; Hayslip et al., 2017; Hayslip & Kaminski, 2005).

Custodial grandparents are more likely than noncustodial grandparents to face economic hardships. Generally, custodial grandparent incomes are lower, yet their grandchild expenses are higher (Casper et al., 2016; Hayslip & Kaminski, 2005). Though many grandparents assist intermittently with expenses, custodial grandparent expenditures tend to be constant. Custodial grandparents tend to be responsible for food, diapers, clothing, school supplies, housing, health care, and nearly all other expenses around the clock (Baker et al., 2008; Cooper, 2012). Though they may be eligible for assistance through welfare programs such as Temporary Assistance to Needy Families (TANF), custodial grandparents often find it difficult to navigate welfare programs, particularly if they do not have full legal guardianship (Hayslip et al., 2017). Historically, custodial grandparents often remained outside the reach of welfare programs, but recent changes in some state and federal policies have expanded eligibility to nonlegal guardian custodial grandparents. Nonetheless, many custodial grandparents continue to struggle to gain access to benefits (Cooper, 2012). Currently, TANF only reaches about 12% of custodial grandparents and other kinship families, though most of those families would be eligible for benefits (Cooper, 2012).

Custodial grandparents often face more challenging emotional and social hardships that other grandparents (Hayslip et al., 2017). Like many noncustodial grandparents, custodial grandparents often feel great happiness and joy when caring for their grandchildren. Some appreciate the second chance at parenting (Hayslip & Kaminski, 2005). But in contrast to many noncustodial grandparents, custodial grandparents, and grandmothers in particular, often feel they have to put their lives and plans on hold to raise their grandchildren (Crowther et al., 2015). Thus, custodial grandparenting may result in increased depression, feelings of being overwhelmed, entrapment, and stress (Hayslip et al., 2017). Some attempts have been made to provide more supports to custodial grandparents (Hayslip et al., 2017). Notably, Tennessee built Fiddler's Annex, a subsidized housing project that provides a wide array of social programs and supports for custodial grandparents and their grandchildren; but budget cuts have precluded other such ventures (Casper et al., 2016). More streamlined access to welfare programs, foster training, affordable childcare, and respite services, might ease the economic, emotional, and social hardships faced by many custodial grandparents (Baker & Silverstein, 2008a; Crowther et al., 2015; Hayslip et al., 2017).

## Long Distance Grandparenting

Long distance grandparenting is becoming more common as grandparents move for jobs or retirement, or as children and grandchildren move for spouses, jobs, or schools (Banks, 2009; Holladay & Seipke, 2007). Around 10% of grandparents have to travel over 200 miles to see their closest grandchild, while 40% of grandparents report having to travel over 200 miles to see their furthest grandchild (AARP Report, 2012).

Long distance grandparents often worry about maintaining close relationships with their grandchildren (Bangerter & Waldron, 2014; Holladay & Seipke, 2007; Sigad & Eisikovits, 2013). Such worries may be lessened with the use of technology (Bangerter & Waldron, 2014). Increasingly, grandparents are able to maintain communication with their grandchildren via texting, tweeting, social media, or Skype (Bangerter & Waldron, 2014; Holladay & Seipke, 2007). For example, Holladay and Seipke (2007) found that grandparents who use e-mail are more satisfied with their relationship with their grandchildren, particularly when the grandchildren also initiate e-mails.

In fact, some studies show that long distance grandparenting may lead to an intensification, and redefinition, of grandparenting roles. Though some grandparents view long distances as a reason for their deteriorated relationship with their grandchildren (Banks, 2009; Harwood & Lin, 2000), many grandparents feel just the opposite. Because they live far apart, they tend to have longer and more intense visits. Moreover, often the parents are not there to distract them (Banks, 2009). Sigad and Eisikovits (2013) and King and Vullnetari (2006), found that long distance grandparents often visit grandchildren for periods ranging from one to six months. Similarly, grandchildren may visit long distance grandparents for extended periods, perhaps the entire summer (Banks, 2009; Sigad & Eisikovits, 2013). With longer and more intense visits, grandparents may become more like temporary second parents. Alternately, some long distance grandparents redefine their roles by becoming even less parental. Instead, they take on tutorial roles to facilitate closer relationships. For example, Sigad and Eisikovits (2013) find that U.S. grandparents often became teachers, rather than second parents, to establish more mutually rewarding relationships with their Israeli grandchildren.

With long distance grandparenting, the relationship between grandparents and parents is particularly pivotal. Banks (2009) found that long distance grandparents maintained healthy positive relationships with their grandchildren as long as the grandparents had healthy positive relationships with the parents. But when relationships with the parents were strained, they were less likely to be able to maintain positive relationships with their grandchildren (Banks, 2009). Though long distance can lead to heartache, it often leads to satisfying relationships for those who employ technological solutions, favor longer and more intense visits, redefine grandparenting roles, and maintain positive multigenerational relationships.

## Transnational Grandparenting

One emerging type of grandparenting is transnational or visa grandparenting. Grandparents are increasingly traveling between countries to care for grandchildren. Family reunification laws have given some adult immigrants the ability to bring parents to the United States (Casper et al., 2016). Typically grandparents migrate to catch up with their adult children and grandchildren, though the reverse also occurs (King, Cela, Fokkema, & Vullnetari, 2014; Neysmith & Zhou, 2013; Treas, 2008). Transnational grandparents often live with their adult children and provide grandchild care (Casper et al., 2016; King et al., 2014). Depending on country of origin, many must return home every six months to obtain new visas. In addition to building strong family ties and heightened cultural awareness, transnational grandparents often provide grandchild care that enables their adult children to simultaneously focus on employment and reduce childcare costs (Neysmith & Zhou, 2013; Treas, 2008). Indeed, though rarely acknowledged, they may contribute to the economy in ways similar to other care providers (Neysmith & Zhou, 2013). Moreover, they may defy stereotypes that they are frail, older dependents by travelling great distances at advanced ages to fulfill grandparental duties (Treas & Mazumdar, 2004).

Though research on transnational grandparenting is growing, additional work is needed to ascertain more about the impact on daily lives. Many transnational grandparents face barriers related to language, transportation, forming social connections, and obtaining health care while in destination countries (Abdul-Malak, 2016; Casper et al., 2016; Neysmith & Zhou, 2013; Treas & Mazumdar, 2004). In one study, immigrant grandmothers caring for their grandchildren were facing lower incomes, poorer health, and culture clashes such as differing views on the acceptability of corporeal punishment (Abdul-Malak, 2016). Moreover, we need to know more about the impact of their migration on the social and economic well being of families remaining in countries of origin.

## Impact of Grandparenting

The impact of grandparenting on emotional, physical, and financial wellbeing is varied (Baker & Silverstein 2008a,b; Baker et al., 2008; Blustein, Chan, & Guanais, 2004; Dolbin-MacNab, 2006; Hayslip & Kaminski, 2005; Hughes et al., 2007; Kataoka-Yahiro, Ceria, & Caulfield, 2004; Landry-Meyer & Newman, 2004; Ludwig, Hattjar, Russell, & Winston, 2007; Musil, Warner, Zausniewski, Jeanblac, & Kercher, 2006; Nelson, 2000; Robinson-Dooley & Kropf, 2006; Wang & Marcotte, 2007). Emotional outcomes are often linked to a great deal of joy. Some grandparents find it to be the most joyful phase of their lives, even more joyful than raising their own children (Baker & Silverstein, 2008a,b; Folbre, 2012; Harrington

Meyer, 2014; Mansson, 2016). But the emotional stresses and strains associated with care work, particularly if care is intense and must be balanced with other roles, can be overwhelming. Some grandparents struggle with anxiety, lack of sleep, strained family relations, sibling rivalry, and worries they are enabling their children to be substandard parents (Cherlin & Furstenberg, 2009; Harrington Meyer, 2014; Sprang, Choi, Eslinger, & Whitt-Woosley, 2015; Wang & Marcotte, 2007).

Physical impacts may be positive in that grandchild care often leads to increased exercise, healthier diets, and a commitment to setting a good example (Baker & Silverstein, 2008b; Harrington Meyer, 2014; Hughes et al., 2007). But it may also wear out aching joints, increase rates of chronic diseases, and leave many grandparents too busy or too tired to attend properly to their own health issues. Hughes et al. (2007) found no widespread adverse health effects from grandparenting, but did find that custodial grandmothers reported more negative changes in health behavior, depression, and self-rated health. Castillo, Henderson, and North (2013) found that custodial grandparents who adopted a less authoritarian parenting style reported more negative impacts. One overarching concern is that many U.S. grandparents do not have health insurance, particularly if they are transnational grandparents, and this increases stress and uncertainty (Harrington Meyer 2014; King et al., 2014).

Financial impacts of grandparenting are rarely positive. Grandparenting often results in less money coming in and more money going out. Many grandparents reduce or rearrange their work schedules to accommodate grandchild care (Glenn, 2010; Harrington Meyer, 2014; Wang & Marcotte, 2007). Moreover, many pay for necessities such as formula, diapers, rent, and electric bills while others pay for extras such as nannies, house cleaners, summer camps, and cruises. While some grandparents can readily absorb these financial strains, others have to postpone travel and other leisure pursuits, delay retirement, or take on new debt (Bailey, Haynes, & Letiecq, 2013; Cherlin & Furstenberg, 2009; Harrington Meyer, 2014; Ho, 2015; Rubin & White-Means, 2009; Wang & Marcotte, 2007).

The negative impacts of grandchild care are not evenly distributed. Some scholars focus on the fit between roles and resources. Grandparents juggling multiple roles may find them complementary or conflicting. For those with sufficient resources, particularly good health, financial security, and peaceful family ties, roles may be complementary and actually enhance quality of life (Chen, Mair, Bao, & Yang, 2014; Harrington Meyer, 2014). But for others, multiple roles may conflict. Because they may have poorer health and fewer financial resources, grandparenting may be more stressful for grandparents who are women, black or Hispanic, less educated, lower income, and custodial or coresidential (Baker & Silverstein, 2008a,b; Baker et al., 2008; Chen et al., 2014; Crowther et al., 2015; Harrington Meyer, 2014; Mahne & Huxhold, 2015). Increasingly

scholars suggest that differences in the impact in grandparenting are linked to differences that preceded the care work, notably gender, race, class, and coresidence (Baker & Silverstein, 2008a,b; Baker et al., 2008; Bluestein et al., 2004; Chen et al., 2014; Goodman & Silverstein, 2002; Hughes et al., 2007).

Other scholars emphasize that negative effects often occur primarily during the transitions into and out of grandchild care. For example, custodial grandparents often report the greatest emotional and physical distresses near the beginning and end of their terms, with these stresses moderating after the transition has settled (Baker & Silverstein, 2008a,b; Baker et al., 2008; Bluestein et al., 2004; Chen et al., 2014; Goodman & Silverstein, 2002; Hayslip & Kaminski, 2005; Hughes et al., 2007). New custodial grandparents typically need to provide immediate housing and food for grandchildren; communicate with schools, welfare programs, day cares, medical providers; and navigate troubled relationships with adult children, who may be imprisoned or institutionalized, and distressed grandchildren. Over time, routines may develop and stress levels may subside, but as the custody nears the end, grandparents often fret about how well their grandchildren will be tended and whether they will need to run this entire cycle again (Baker & Silverstein, 2008a,b; Baker et al., 2008; Bluestein et al., 2004; Chen et al., 2014; Goodman & Silverstein, 2002; Hayslip & Kaminski, 2005; Hughes et al., 2007).

The impacts of grandparenting are as diverse as grandparenting itself. Providing the right amount of the right types of care for grandchildren may leave grandparents rejuvenated and fulfilled; providing too much of the more intensive types of care may leave them depleted and exhausted.

## Future Research and Policies

As grandparenting becomes more diverse, researchers are following suit with greater attention to diversity in samples, types of grandparents, and data sets (Abdul-Malek 2016; Hayslip et al., 2017; Stelle, Fruhauf, Orel, & Landry-Meyer, 2010). In this article, we have outlined several different trends in grandparenting that need additional research as we face emerging socioeconomic and political realities. For the increasing numbers who are working grandparents, how is juggling work and grandchild care in middle and older ages affecting emotional, physical, and financial well-being, particularly as grandparenting continues to intensify, work lives lengthen, economic hardship is further concentrated, and private and public old age pensions continue to erode in value? For grandparents who are coresidential, how will demographic and economic swings shape rates of, and impacts of, coresidence? For grandparents who are custodial, how will the mushrooming opioid crisis, changes in mass imprisonment, and ongoing inadequacies in mental health care shape the need for and the transitions into and

out of custodial care (Hayslip et al., 2017). For transnational grandparents, how will recent changes to immigration policies, which may specifically exclude grandparents and grandchildren as bona fide relationships, shape the revolving door used by so many international grandparents (Harris & Nixon, 2017).

There are few social supports for working families in the United States, especially when compared to our European counterparts. Some countries, notably the United Kingdom, are discussing implementing paid leave and expanded job flexibility for grandparents (BBC, 2015), but it is difficult to imagine that in the United States when we do not yet have federally guaranteed leaves or job flexibility for parents. In addition to emphasizing benefits for grandparents, such as building more Fiddler's Annexes, the best strategy in the United States may be to work toward a fuller slate of federal guarantees for working families, including paid vacation, paid sick leave, paid parental leave, and better child care. Hughes and colleagues (2007) demonstrate that where social supports are stronger, grandparents provide less care. They may also face fewer adverse affects (Uhlenberg, 2004). But given our current climate of cutting rather than expanding social supports it is difficult to imagine that will change any time soon (Casper et al., 2016).

Grandparenting can be a source of great joy and great heartache. Given the lack of supports for working families in the United States, grandparents are often called upon to provide substantial assistance. The impact of grandparenting on emotional, physical, and financial wellbeing varies widely. Those with fewer resources tend to feel any adverse impacts more readily. U.S. social policy lags behind that of most countries; federally guaranteed paid vacation, sick leave, parental leave, flex time, and affordable quality child care, would greatly reduce the burden on working families and grandparents. Such policies would be particularly beneficial for families with fewer resources, and more care demands, who are currently facing the most adverse impacts.

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## Conflict of Interest

None reported.

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