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Parenting a second time around: The strengths and challenges of Indigenous grandparent caregivers

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Parenting a second time around: The strengths and challenges of Indigenous grandparent caregivers

Cover Page Footnote

The authors would like to thank Esme Fuller-Thomson, PhD, for her patient guidance and support. They would also like to extend acknowledgements to University of Toronto Librarians Jenaya Webb, MA, MLS, and Gail Nichol, MIST, for their assistance in conducting the database searches. The authors are grateful to Loriena Yancura, PhD, for her timely response to requests for missing articles. Finally, the authors would like to acknowledge the TD Bank Group and the Social Sciences and Humanities Research Council for funding support.

*Research Article***Parenting a Second Time Around:
The Strengths and Challenges of Indigenous
Grandparent Caregivers**

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Abstract

Background: There is a lack of knowledge and research of Indigenous grandparents rearing grandchildren. A burgeoning area of research, the literature only includes studies conducted from the year 2002 and onwards. In order to minimize the burdens that Indigenous grandparents encounter when assuming this role, a greater understanding of this population is crucial. This scoping review was

undertaken to gain insight into and generate awareness of this population, specifically concerning their needs and experiences.

Methods: Sixteen databases were searched, including two medical databases and 14 social science databases. A total of 92 titles and abstracts were independently reviewed. Of these, 36 full-text articles were retrieved; 31 articles met the inclusion criteria and were reviewed.

Findings: Four major themes were identified: (1) The historical context of Indigenous peoples and how this has affected families; (2) The context of caregiving and government policies as they relate to Indigenous grandparents raising their grandchildren; (3) The physical and mental health of the grandparents; and (4) Informal social support.

Keywords: indigenous, grandchildren, grandparent, caregiving, child-rearing

As the global population continues to age, the grandparent population is increasing as well (Statistics Canada, 2003; United Nations, 2013). While children are typically raised by parents, one of the fastest growing family structures is grandparent-headed households (Hadfield, 2014). As of 2013, 2.7 million grandparents in the United States held primary responsibility for meeting the basic needs of one or more grandchildren living with them (Ellis & Simmons, 2014; U.S. Census Bureau, 2013). In Canada, 30,005 children (aged 14 and under) lived with one or both grandparents, with no parents present (Statistics Canada, 2013). Research suggests that grandparent caregiving is particularly prevalent in racialized and socioeconomically disadvantaged communities (Ellis & Simmons, 2014).

Emerging evidence has also shown that the prevalence of grandparents raising grandchildren is

disproportionately higher among Indigenous peoples (Chen, Weng, Hsu, & Lin, 2000; Fuller-Thomson, 2005a; Fuller-Thomson, 2005b; Simmons & Dye, 2003). While there has not been a formal definition of the concept of “Indigenous” put forth by the United Nations (2009), Wiessner (2011) offers a possible description, where Indigenous peoples are seen as “collectivities which are characterized by the desire and practice of sharing virtually all aspects of life together” (p. 126). Specifically, in Canada, there are three groups of Indigenous peoples that are recognized, including First Nations, Metis, and Inuit (Government of Canada, 2016), while Indigenous peoples living in the United States have identified as Native American and/or Alaska Native, as Maori in New Zealand, and as Aboriginal and/or Torres Strait Islander in Australia (International Work Group for Indigenous Affairs, 2016). As there are more than 370 million Indigenous peoples worldwide, living in approximately 90 countries (United Nations, 2009) and representing over 5000 distinct groups of peoples (International Work Group for Indigenous Affairs, 2016), it is imperative to understand the many issues these individuals experience.

The role of Indigenous grandparents rearing grandchildren requires further investigation to understand the context in which grandchildren are raised (Minkler & Fuller-Thomson, 2005). To address this gap in knowledge, this scoping review was undertaken to examine the needs of Indigenous grandparents raising grandchildren. There has been some research conducted on grandparent child-rearing in racialized communities, particularly African American (Lipscomb, 2005; Minkler & Fuller-Thomson, 2005; Ross & Aday, 2006) and Latin American (Burnette, 1999; Fuller-Thomson & Minkler, 2007). While the research on grandparents providing care for grandchildren within Indigenous communities has been scarce, it has been noted that the support that is offered by extended family members to parents in raising children is greatly valued in

this community (Lohoar, Butera, & Kennedy, 2014). Within the Indigenous community, grandparents and elders are seen as playing important roles in the functioning of families by helping provide “hands-on” care for children (Lohoar et al., 2014). Additionally, elders are highly regarded in Indigenous communities, as they aid children in understanding practical aspects of life, society, and Indigenous culture (Walker, 1993).

It is customary in many Indigenous cultures that grandparents assume some responsibility for raising grandchildren (Greer, 1995). This is commonly seen in three-generation households, where grandparents, parents, and grandchildren reside together (Scommegna, 2012). The number of grandparents acting as surrogate parents for their grandchildren in the absence of the parents continues to rise; this family structure is defined as a skipped-generation household (Burnette, 1997; Hadfield, 2014; Longoria, 2005; Statistics Canada, 2003). These forms of child-rearing differ because “surrogate” parenting infers that the grandparent(s) act as the primary caregivers (Longoria, 2005); this often occurs in families impacted by social issues including, but not limited to, the adult child’s substance abuse, domestic abuse, mental health issues and/or emotional difficulties, employment and/or financial struggles, teen pregnancy, child abuse or neglect, incarceration, or death (Burnette, 1997; Conway, 2004; McKenzie, Bourassa, Kubik, Strathy, & McKenna, 2010; Royal Commission on Aboriginal Peoples, 1996; Statistics Canada, 2003). Indigenous communities experience many of these issues disproportionately, as a result of the inequalities perpetuated by the rise and fall of colonialism (Muir & Bohr, 2014; Sinclair, 2004). The mode in which Indigenous grandparents become caregivers for their grandchildren may differ; while requests from child welfare workers in crisis situations are common, the parents themselves often approach the grandparents in times of need (McKenzie et al., 2010).

The history of Indigenous peoples has been negatively impacted by colonization and residential schools (Smith, Varcoe, & Edwards, 2005); the disenfranchisement of this population has also contributed to a significant number of fractured families (Sinclair, 2004). Ultimately, the historical forced separation of families continues to impact communal relations and the upbringing of children within Indigenous communities (Greer, 1995). To date, these historical events continue to impact the lives of many Indigenous peoples (Smith et al., 2005). With the proportion of Aboriginal children increasing (Australian Bureau of Statistics, 2013; National Congress of American Indians, 2010; Statistics Canada, 2013), it is imperative to focus attention on this growing and vulnerable population.

Approximately half (48.1%) of Canadian children in foster care are of Aboriginal descent (Statistics Canada, 2011). Aboriginal children are vastly overrepresented in foster care, not only in Canada, but also in the United States (Cross, Day, & Farrell, 2011), New Zealand (Worrall, 2006), and Australia (Australian Institute of Family Studies, 2015). Governments of these nations are seeking solutions, or have implemented measures, to decrease child welfare placement of Aboriginal children (The Truth and Reconciliation Commission of Canada, 2015; Tilbury & Thoburn, 2008; Walker, 1996).

Since there has been an immediate call for action, it is important that research on Indigenous grandparents raising grandchildren is also amalgamated to get a more complete picture of what their lives are like and what their needs are. The main purpose of this review is to enhance the understanding required to determine what services and support are needed for Indigenous grandparents raising grandchildren, a population that remains under-researched.

Methods

A computerized search of the literature was conducted in January 2016. A total of 16 databases were

searched, including two medical databases and 14 social science databases, as follows: Medline (1946-Jan Week 3 2016), Embase Classic+Embase (1947-2016 Jan Week 04), PsycINFO (2002-Jan Week 4 2016), Social Work Abstracts (1968-Dec 2015), Applied Social Science Index and Abstracts (ASSIA) (1987-Jan Week 4 2016), Social Service Abstracts (1979-Jan Week 4 2016), Sociological Abstracts (1952-Jan Week 4 2016), AgeLine (1978-Jan Week 4 2016), America: History & Life (1910-Jan Week 4 2016), Anthropology Plus, Bibliography of Native North Americans, Child Development & Adolescent Studies, FRANCIS (1972-Jan Week 4 2016), Humanities & Social Sciences Index Retrospective: 1907-1984 (H.W. Wilson), Humanities Abstracts (H.W. Wilson) (1984-Jan Week 4 2016), and Social Sciences Abstracts (H.W. Wilson) (1983-Jan Week 4 2016). Google Scholar was also searched for additional articles.

The following keywords were used:

("American Indian*" OR "Native*" OR Aborig* OR "First Nation*" OR Indigenous OR Maori* OR Metis OR Inuit*) AND ("child rear*" OR "kinship care" OR kincare OR "grandparent care*" OR "custodial care*" OR "grandparent* raising grand*") AND (grandm* OR grandf* OR grandp* OR grandd*). These search terms were approved by a social science librarian and a medical research librarian. Keywords were modified per the search parameters established by each database.

Inclusion and Exclusion Criteria

Quantitative studies were included to be reviewed if at least 5% of sample participants were Indigenous grandparents who were raising or had raised at least one grandchild. Qualitative studies were included for review if they contained information on Indigenous grandparents raising grandchildren and focused on skipped-generation households. Among the sources that were excluded were those that (1) discussed grandparents raising grandchildren,

but did not specifically focus on Indigenous grandparents; (2) did not distinguish data pertaining exclusively to Indigenous grandparents raising grandchildren; (3) focused solely on child-rearing information passed down to mothers by other family members (e.g. grandparents); and (4) focused on grandparents raising grandchildren collaboratively with middle-generation children involvement. Articles not available in English were excluded as well.

Data Extraction

As shown in Figure 1, the initial searches returned a combined total of 91 unique titles and abstracts. Each of these titles and abstracts was reviewed independently by two of the authors. This process resulted in a total of 39 articles identified for full text reviews, of which 36 articles were retrieved in full-text and were reviewed by all three authors. Despite multiple efforts to contact authors and publishers for copies, the remaining three articles were not found. After full text reviews, 30 articles met the inclusion criteria. One additional article was further provided to the authors by an expert in the field. Thus, a total of 31 full-text articles were reviewed.

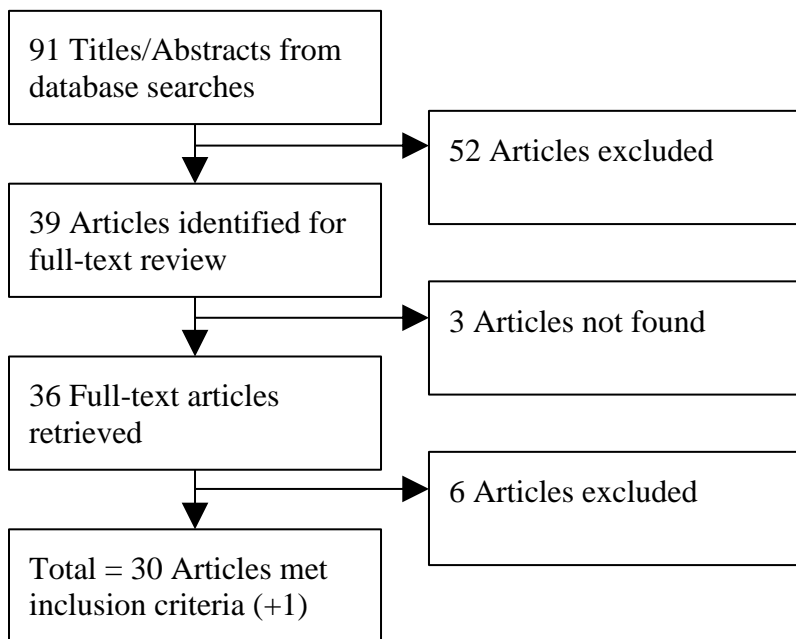


Figure 1. Identification of studies, inclusion and exclusion assessment

Results

A total of 31 academic literature articles were identified for review (see Appendix A - Table 1). Of these 31 articles, nine were quantitative cross-sectional surveys, eight were qualitative interviews, six were secondary data analyses, five were discussion papers, two were focus groups, and one utilized both quantitative cross-sectional surveys and focus groups.

The following four main themes were observed from the 31 articles:

1. The historical context of Indigenous peoples and how this has affected families
2. The context of caregiving and government policies as they relate to Indigenous grandparents raising their grandchildren (IGRG)
3. The physical and mental health of the grandparents

4. Informal social support

See Appendix B -Table 2 for a detailed representation of the themes and sub-themes that were identified across the articles.

Historical Context

The history of the Indigenous people and the effects that it has had on this group is one that has been well-documented in the literature. Sixteen of the articles included in this review discussed themes related to historical context, with a focus on two sub-themes: 1) cultural/traditional roles and beliefs among this population, and 2) past trauma experienced by Indigenous peoples.

Cultural/traditional roles and beliefs. Thirteen of the articles discussed aspects of culture and tradition among Indigenous peoples. While there are many reasons why grandparents may become caregivers for their grandchildren, a significant factor appears to be the cultural beliefs among many Indigenous elders towards grandparents' traditional roles in child-rearing. Grandparents, particularly grandmothers, are revered among the Indigenous population, and they are seen as playing a vital role in helping raise children (Byers, 2010; Kopera-Frye, 2009; McKenzie et al., 2010; Mignon & Holmes, 2013; Mooradian, Cross, & Stutzky, 2007).

In the Indigenous community, many grandparents take on the role as caregivers for their grandchildren in order to pass on traditional wisdom and values (Kilcullen, Swinbourne, & Cadet-James, 2012; Kiraly, James, & Humphreys, 2015; Yancura, 2013a). To aid in this process, grandparent caregivers often participate in cultural activities with their grandchildren, such as attending cultural events and imparting knowledge about family traditions, customs, and spirituality (Byers, 2010; Kopera-Frye, 2009). Thompson, Cameron, and Fuller-Thomson (2013) also noted a reluctance by some Indigenous

grandparents to allow their grandchildren to attend Christian Services, as they felt that it is antithetical to their own belief system. With an emphasis on culture among this community, grandparent caregivers noted the importance of a strong intergenerational relationship between grandchildren and other family members (Hill, 2014; Kiraly et al., 2015; Mooradian et al., 2007).

Past trauma experienced by indigenous peoples.

Ten of the articles discussed the traumatic history of the Indigenous population. The past traumatic experiences of this community also play an important role in their approach to caregiving. The negative treatment and policies from the past that were directed towards Indigenous peoples were cited in several articles. In Canada, many of the negative issues affecting Indigenous grandparents were impacted by the policies of residential schools and the “Sixties Scoop” practice, where many Indigenous children were placed in the child welfare system (McKenzie et al., 2010; Thompson et al., 2013). Similar to the policies of residential schools and the “Sixties Scoop” in Canada, the “Stolen Generations” was cited as having a significant impact in the lives of the Indigenous peoples of Australia (Kiraly et al., 2015), while in the United States, the U.S. Bureau of Indian Affairs’ Boarding School System resulted in traumatic experiences (Byers, 2010; Cross, Day, & Byers, 2010; Mooradian et al., 2007).

Having been forced to leave their own homes and give up their language, traditions, and cultural beliefs among other things, these practices have contributed to many negative issues, including substance abuse, domestic abuse, and a number of mental health issues (Kiraly et al., 2015; McKenzie et al., 2010; Thompson et al., 2013). While these practices are no longer in place, the intergenerational effects that they have had on this population is great, as Thompson, Cameron, and Fuller-Thomson (2013) noted that the majority of individuals who

are currently grandparents had attended residential schools when they were younger.

These traumatic experiences of many Indigenous grandparents have contributed to a strained relationship with mainstream culture, government and practitioners as well. The child welfare system is viewed by the Indigenous community with a great level of distrust or fear (Hill, 2014; McKenzie et al., 2010; Mooradian et al., 2007), which stem from their past experiences with mainstream government. These past traumatic experiences and resulting negative views contribute to grandparents opting to care for their own grandchildren instead of allowing non-Indigenous individuals or the child welfare system to do so (Cross et al., 2010; Mooradian et al., 2007).

Context of Caregiving and Government Policy

Government policies and services were a common theme, with 26 of the 31 articles discussing the implications of policy in the lives of Indigenous Grandparents Raising Grandchildren (IGRG). Sub-themes related to the context of caregiving and government policy that emerged including poverty and income-support programs, housing and relevant programs, barriers to seeking formal support, the child welfare system, and recommended policies and services needed.

Poverty and income-support programs. Twenty-two of the articles addressed the issue of poverty among IGRG and the fact that this population is often low-income. Mutchler, Lee, and Baker (2002) found that nearly one third of Native American GRG were living in poverty, while Letiecq, Bailey, and Kurtz (2008) reported that Indigenous grandparents' average annual household income was between \$10,000 and \$20,000 (US). IGRG were found to be in need of additional financial support (Center for Rural Health, 2003; Chang & Hayter, 2011; Mignon & Holmes, 2013; Mutchler, Baker & Lee, 2007;

Worrall, 2009; Yancura, 2013b) or in need of more information about the financial support that was already available to them (American Association of Retired People, 2003; Mutchler et al., 2007).

While the grandparents themselves experience financial struggles, a main concern of theirs was in regards to the difficulties they have in providing basic necessities for their grandchildren (McKenzie et al., 2010). A North Dakota-based study found that information on financial support was often requested by IGRG both on and off reservations because approximately 60% of families were receiving no financial support for the child (Center for Rural Health, 2003). There was also stigma associated with receiving support, as IGRG may feel ashamed of their biological children's inability to parent; this stigma resulted in IGRG being less likely to seek support (Worrall, 2009). This finding is in line with Fuller-Thomson and Minkler's (2005) finding that 75% grandparent caregivers living in poverty were not receiving public assistance.

IGRG in the Canadian province of British Columbia are eligible for a number of tax provisions in the form of tax credits, but those who are more disadvantaged or do not have taxable income cannot benefit from these (Callahan, Brown, MacKenzie, & Whittington, 2004). Callahan, Brown, MacKenzie, and Whittington (2004) reported that the "Child in the Home of a Relative" (CIHR) and "Guardianship Financial Assistance" (GFA) programs offered in British Columbia provided only modest monthly income assistance. Further, these programs provided far less income assistance per child than when the child welfare system was involved and foster home payments were granted (Callahan et al., 2004). This situation is in line with what occurred in New Zealand as well before 2005, where related caregivers were given less financial support than foster caregivers, despite the similar difficulties both face, including behavioural and physical problems due to past traumas (Worrall, 2006; Worrall,

2009). Since 2008, the New Zealand government gives related caregivers the same weekly board rates as foster caregivers; however, this payment does not include medical, educational, clothing, holiday, or other benefits that foster caregivers receive (Worrall, 2009).

Housing and relevant programs. Six of the articles discussed issues related to housing, or more specifically, issues associated with the lack of housing assistance. In a study by Conway, Boeckel, Shuster, and Wages (2010), housing assistance was found to be one of the least available resources, while Mignon and Holmes (2013) reported that IGRG identified a number of services needed, including improved access to housing. Yancura (2013b) also addressed unmet needs surrounding housing, and found that 17.5% of Hawaiian grandparents in her study reported needing housing services; further, there were 65.7% of grandparents reporting that their housing needs were not adequately met. Kiraly, James, and Humphreys (2015) noted concerns with overcrowding, as households tend to be larger among the Indigenous community. The ability for Indigenous grandparents to obtain adequate services, such as medical services, for their grandchildren, is also often negatively affected by where they live; many Indigenous grandparent caregivers live on reservations and/or in more rural areas, and this isolation can serve as a barrier (Fuller-Thomson & Minkler, 2005; Letiecq, Bailey, & Kurtz, 2008).

Barriers to seeking formal support. IGRG face a number of barriers when seeking formal support. These barriers include, but are not limited to, lack of transportation, lack of childcare, and a lack of information about the available services (American Association of Retired People, 2003; Cross & Day, 2008; McKenzie et al., 2010; Mutchler et al., 2007). Kiraly, James, and Humphreys (2015) also noted difficulties for the families in

obtaining cultural support to help maintain connection with traditions, perhaps due to an absence of a partnership between the child welfare system and Indigenous services. A general lack of service providers who are knowledgeable about tribal culture and Indigenous issues created a barrier to IGRG seeking services as well (Mignon & Holmes, 2013).

Three studies noted that past traumas inflicted by the government, which often resulted in feelings of distrust, could deter IGRG from accessing government-related services (Cross et al., 2010; Kilcullen et al., 2012; Mooradian et al., 2007). Kiraly, James, and Humphreys (2015) noted that a general suspiciousness to child welfare workers' suggestions served as an impediment. This is a point that Yancura and Greenwood (2012) also identified, as it was found that many Hawaiian IGRG feel minimal protection from the mainstream political and social systems.

Child welfare. The child welfare system was often involved in situations of IGRG because of neglect, child abuse, parental alcoholism or incarceration (Worrall, 2006). As previously mentioned, grandparents had a highly negative view of the child welfare system; many felt that it was untrustworthy and ineffective in terms of protecting their grandchildren (Callahan et al., 2004; Yancura & Greenwood, 2012). A high level of concern surrounding the issue of custody is also expressed by Indigenous grandparents due to their people's history with the government and child welfare system (Kopera-Frye, 2009); as a result of the past traumas inflicted by the government, many IGRG would do anything possible to keep their grandchildren out of the child welfare system (Cross et al., 2010; Mooradian et al., 2007).

The United States' Indian Child Welfare Act was legislation created to prevent the loss of cultural identity of Aboriginal children by requiring them to be first placed

with their extended family, other members of their tribe, an American Indian foster home or adoptive family, or an American Indian institution, prior to being placed with a non-American Indian family or institution (Cross & Day, 2008; Cross et al., 2011; Mooradian et al., 2007). Yet, American Indian/Alaskan Native and Canadian Indigenous children are still removed from their homes at rates disproportionately higher than non-American Indian/Alaskan Native children (Cross et al., 2011; Mooradian et al., 2007; Trocmé, Knoke, & Blackstock, 2004). This is not only an issue in the United States, but New Zealand as well, where Maori children are overrepresented in state care statistics (Worrall, 2006). However, with the implementation of the New Zealand Children Young Persons and Their Families Act in 1989, which mandated extended family placement, Maori children are now nearly twice as likely to be placed with extended family members, including grandparents, when compared to European children (Worrall, 2006).

Recommended policies and services. Worrall (2006) noted a number of policy changes that are needed: relative caregivers should be given the same financial support as foster caregivers, services such as counselling and educational assistance should be available for all relative caregivers and paid for by the government, respite care should be arranged at the time of placement, and entire extended family assessments should be conducted by social workers, since it is common for children to move around within the family. At the time of placement, it is suggested that social workers should also assist grandparents in appointing a guardian for when they can no longer care for the child, and finally, funding should be provided to non-government agencies to undertake support services (Worrall, 2006). Byers (2010) suggested that due to the intergenerational issues which are commonly present, services should be directed to entire

family units as opposed to one specific member, so that this member cannot withhold services or act as a gatekeeper; however, Byers (2010) also stated that grandmothers who are caregiving due to parental incarceration should receive specialized services due to their unique needs. Additionally, Byers (2010) concluded that tribal-administered programs fostered autonomy and allowed for more individualization.

There is a clear need for better support and services for IGRG (Mutchler, Lee, & Baker, 2002). One aforementioned support that many noted as necessary for IGRG was financial support (Center for Rural Health, 2003; Chang & Hayter, 2011; Mignon & Holmes, 2013; Mutchler et al., 2007; Worrall, 2009; Yancura, 2013b). Better housing or assistance with housing was also an area in which IGRG needed support (Mignon & Holmes, 2013; Yancura, 2013b). Caregiver respite was also noted as an important service for IGRG (Center for Rural Health, 2003; Cross & Day, 2008; Worrall, 2009), while a need for health support and services, such as visiting nurses, general health programs, and health care (Center for Rural Health, 2003; Mutchler et al., 2007; Mignon & Holmes, 2013; Yancura 2013b), was also identified. Kopera-Frye (2009) also discussed the benefits that could result from the development of support groups for this population, as it could help foster relationships and cohesion, as well as decrease the level of isolation.

Other needs of IGRG that were identified included cleaning services, assistance in accessing services, caregiver training, food stamps, legal assistance, transportation, and grandparents' rights information (Center for Rural Health, 2003; Cross & Day, 2008; Mignon & Holmes, 2013; Yancura, 2013b). Mignon and Holmes (2013) suggested that community-university partnerships could be used to develop some of the services needed by IGRG. In addition to these services, programs for children are also needed, with particular focus on education,

specifically in the areas of mentoring, tutoring, and scholarships (Center for Rural Health, 2003; Mignon & Holmes, 2013; Yancura, 2013b).

Physical and Mental Health

The physical and mental health of grandparent caregivers was discussed in 19 of the 31 articles. Prominent underlying themes related to grandparent health included both physical and mental health issues associated with caregiving, as well as factors impacting coping, resilience, and level of burden.

Coping. Relational and contextual factors were found to negatively impact the coping abilities of Indigenous grandparents rearing grandchildren. The reason that grandparents assume custody is often due to distressing circumstances in the adult child's life (e.g. incarceration, overdose, psychotic break) (Callahan et al., 2004; Fuller-Thomson, 2005a; Mignon & Holmes, 2013). Grandparents experience conflicting emotions when trying to protect their grandchildren during this time of parental turmoil (Chang & Hayter, 2011). According to Callahan et al. (2004), the moment of initiation of custodial grandparenting occurs during a "period of crisis and clarity, where grandchildren are taken into their homes because they are unsafe, or have no other options" (p. 66). Grandparents often experience loss and grief over their tumultuous relationship with their troubled adult children (Cross et al., 2010; Worrall, 2009). In addition, IGRG face uncertainty regarding whether their adult children will resume the primary caregiving role (Fuller-Thomson, 2005a).

Resilience of indigenous grandparents raising grandchildren. Despite the various challenges that grandparents encounter while providing sole care to their grandchildren, seven of the 31 articles found that assuming

the role of primary caregiver was strongly linked to the resilience of caregivers. IGRG often felt happiness, pride and satisfaction from the time spent raising their grandchildren (Chang & Hayter, 2011). Grandparents usually shared a strong emotional bond with their grandchildren, and felt they could not leave them (Chang & Hayter, 2011). Additionally, IGRG experienced personal satisfaction, feeling secure in the knowledge that they were able to provide their grandchildren a home where they were loved and felt a sense of belonging (Cross et al., 2011). Ultimately, IGRG accepted the caregiving role as an opportunity to love and support their grandchildren, as well as to make up for any possible parenting missteps from the past (Thompson et al., 2013). Known as keepers of cultural values and wisdom, IGRG often sought to ensure that grandchildren were connected to cultural traditions and heritage (Kilcullen et al., 2009; Kopera-Frye, 2009). IGRG exhibited resilience and leadership in their choice to undertake the role of rearing their grandchildren (Thompson et al., 2013). IGRG were found to have high levels of self-reliance and acceptance of life (Kilcullen et al., 2009). It was emphasized that grandparents were flexible, in that they often adjusted childcare methods according to their own level of energy or chronic health issues (Chang & Hayter, 2011; Thompson et al., 2013). Regardless of the positive factors linked to Indigenous grandparent caregivers, there are notable challenges which often arise as a result of assuming this role.

Stress and level of burden. The level of burden of IGRG was highly associated with the grandparents' personal experiences of stress and environmental stressors. The literature provided contrasting views regarding grandparents' perception of surrogate parenting. IGRG were often faced with inter-role conflict and role overload as a result of the demands associated with child-rearing (Fuller-Thomson, 2005a). It was suggested that inadequate

resources to meet these needs could contribute to poor self-perception of grandparents (Fuller-Thomson, 2005a). While caregiver stress levels were higher among grandparents with lower social supports (Conway, 2004), there are several other factors influencing the grandparent caregiver's level of burden, including level of resources available, whether the grandchild had emotional and/or health issues, and the level of conflict in the relationship between the child's parent and the grandparent caregiver (Conway et al., 2010; Cross et al., 2010). Grandparents also tend to experience greater burden when they are in a conflictual relationship with their grandchild's parent (Conway et al., 2010).

It was highlighted that, as the duration of the primary caregiver's role increased, the grandparent's parental stress decreased; grandparents also seemed to feel more comfortable when parenting for the second time (Conway, 2004). Feelings of being overwhelmed were often mitigated by psychosocial factors that facilitated support (Kilcullen et al., 2009). Conway, Boeckel, Shuster, and Wages (2010) found a relationship between caregiver burden and the inaccessibility of government and community resources. It is imperative that IGRG are able to utilize health services in order to prevent worsening of health issues (Yancura, 2013b). Of significance, a failure to cope and high levels of burden were associated with negative mental health outcomes of IGRG (Conway, 2004). Grandparent stress was further established as the best predictor of coexisting depressive symptoms (Letiecq et al., 2008).

Mental health. The mental health and well-being of IGRG are gaining increased attention by health practitioners (Letiecq et al., 2008). Researchers found that depression experienced by IGRG was related to caregiver stress and lower household income (Conway, 2004; Letiecq et al., 2008). IGRG were found to have higher levels of

depressive symptoms than White GRG, and also to have had reared grandchildren for longer periods of time (Letiecq et al., 2008).

As was discussed above, the experience of the “Stolen Generations” had a profound influence on the lives of Indigenous families, and contributed to mental health issues, violence, difficulty parenting, and mistrust of government services (Kiraly et al., 2015). Substance abuse by adult children contributed to family violence, financial stress, and other issues for custodial grandparents (Mignon & Holmes, 2013); therefore, some grandparents felt they had to overcome their own past issues with substance abuse in order to grandparent effectively (Thompson et al., 2013). Studies emphasized that as the length of time in a caregiving role increased, the levels of depression among Indigenous grandparent caregivers decreased (Conway, 2004; Letiecq et al., 2008). Lower levels of depressive symptoms were also linked to available formal supports, which put IGRG living in rural communities, who often receive very little assistance, at greater risk (Letiecq et al., 2008).

Physical health issues. In many Indigenous cultures, kinship carers were found to be older and in poorer health than non-caregivers, due to higher levels of disability (Fuller-Thomson, 2005a; Kiraly et al., 2015; Mutchler et al., 2007; Worrall, 2009). Grandparents were notably discouraged by their energy levels and physical limitations (Cross & Day, 2008; Fuller-Thomson & Minkler, 2005; Worrall, 2009). Their own health may suffer when IGRG place their own needs second to those of their grandchildren; however, IGRG perceive this role as a lifelong obligation despite health limitations (Chang & Hayter, 2011; Cross & Day, 2008). The vulnerability of IGRG’s health is a crucial concern of grandparent child-rearing (Fuller-Thomson & Minkler, 2005).

The energetic nature of young children, with which

IGRG were sometimes unable to keep up, often placed excessive physical demands on grandparents (Chang & Hayter, 2011; Worrall, 2006). IGRG were more likely to be living with a disability than grandparent caregivers of other ethnicities (Chang & Hayter, 2011; Fuller-Thomson, 2005a). These grandparents also reported having to do more hours of work and housework for their families (Chang & Hayter, 2011; Fuller-Thomson, 2005a). In studies conducted by Cross, Day, and Byers (2010), Fuller-Thomson and Minkler (2005), and Mignon and Holmes (2013) a significant number of grandparents cited major health issues, such as diabetes, heart disease, and arthritis. These health concerns are often coupled with hypertension, visual impairment, hearing problems, and limited functional mobility (Cross & Day, 2008; Fuller-Thomson & Minkler, 2005).

Informal Social Support

While the literature mainly focused on formal support, 10 of the 31 articles discussed informal social support for IGRG. The main areas of discussion included who was providing informal social support to the IGRG and the type of support that was offered; lack of informal social support was addressed in some of the articles as well. Perceived social support has also been found to improve IGRG's confidence in their parenting abilities (Conway, 2004).

Grandparents view social support as being of high importance, and that forming bonds with others in their own community was beneficial (Kilcullen et al., 2009), though the types and amount of informal support that IGRG received seemed to vary greatly. Chang and Hayter (2011) found that some IGRG received financial support from their adult children for child care; family members also commonly provided aid in the form of childcare and social support (Cross et al., 2011; Hill, 2014). Yancura's (2010) study of Native Hawaiian grandparent caregivers

found that IGRG received varying levels of support from family and friends; 33% received daily support, while another 33% received no support. The amount of support that was received by the other 33% in this study was not specified. Meanwhile, Mignon and Holmes (2013) found that IGRG received minimal financial support from family members. Many studies found that grandparents frequently reported a general lack of social support (Kiraly et al., 2015; Letiecq et al., 2008; Mignon & Holmes, 2013).

Those living on reservations reported receiving less support than those who did not (Center for Rural Health, 2003). Another caregiver lived in the household among 44.7% of those living on reservations compared to 67% living off reservations, and support was received from someone not living in the home by 31.2% of those living on reservations compared to 43.4% living off reservations (Center for Rural Health, 2003). While Chang and Hayter (2011) found that some IGRG received financial support, the payments were often minimal; it was also noted that many did not receive any support from their children. Letiecq, Bailey, and Kurtz (2008) indicated that the level of social support and depression were not necessarily related. Additionally, spiritual support has also been cited as a practice that aids grandparents in feeling connected with their culture (Kilcullen, Swinborne, & Cadet-James, 2009).

Gaps in the Literature

Despite the substantial needs of Indigenous grandparents rearing grandchildren, the literature identified in the search was all published in the year 2002 or later; as a result, little data and information is known about IGRG and their needs prior to this date. Much of the information relied on the same data (e.g. 2000 U.S. Census of Population), and the same literature was cited repeatedly.

Other gaps that remain within this area of study included investigations into child health outcomes, as well as the impact that child welfare involvement has on the

grandchild's wellbeing. Although grandchildren were reported as having a variety of psychological, behavioral, and learning disability challenges, the prevalence and cause of these health concerns remain unclear. Studies addressed grandchildren's ability to adjust to mainstream environments, but did not investigate the longitudinal impacts of grandparent childrearing on grandchildren. The cross-sectional nature of most of the studies prohibited determination of the cause or timing of the grandparents' health. The poor health may be a result of Indigenous peoples often living with significant health issues throughout their lives, and later developing multiple age-related illnesses, or it may have been as a result of child-rearing a second time; however, there has been no evidence in the literature to support either possibility.

It is important to note that many of the articles offered several different views of GRG among Indigenous communities; however, none of the articles looked at multiple Indigenous groups in different parts of the world. As well, none of the articles went so broadly as to define exactly what was meant by the term "Indigenous" or even to note the number of different Indigenous groups. Further, none of the articles compared any different Indigenous groups to provide a better picture of the similarities or differences among GRG in different Indigenous communities. Providing a definition or comparison would likely give readers a greater understanding of the needs, struggles, and strengths of these groups, as well as a better comprehension of who exactly is included in the term "Indigenous."

Very few articles focused on the strengths and resilience of Indigenous peoples, with the majority highlighting the deficits and systemic barriers with which IGRG face. This negative viewpoint can potentially perpetuate stereotypes against Indigenous people. Furthermore, the literature was constrained by studies with small sample sizes and/or the limited number of studies

conducted in this area.

Discussion

Implications for Research

There are many options for improving the current body of research on IGRG; however, it is important to note that these suggestions do come at a significant cost, may take much longer to complete, or come with other logistical barriers and difficulties. Notwithstanding, it is suggested that long-term goals in future research utilize larger sample sizes to obtain more accurate and complete results on this population. While there were a substantial number of articles meeting the inclusion criteria, the sample sizes in the 31 selected articles may not have been the most inclusive. Only eight articles (Chang & Hayter, 2011; Cross & Day, 2008; Cross et al., 2010; Kilcullen et al., 2012; Mignon & Holmes, 2013; Mooradian et al., 2007; Thompson et al., 2013; Yancura, 2010) had Indigenous peoples make up the entirety of their sample, and these sample sizes were also small, with the largest having a total of 50 participants. Other articles saw Indigenous peoples make up low percentages of the total sample size; for instance, in Hill's (2014) sample of 10 participants, there were only two from the Indigenous community. The authors are aware that researchers are often working with very limited resources; thus, incremental change to increase sample sizes and representativeness of participants is an important intermediate step. Additionally, as the majority of the articles' participants identified themselves as American Indian, Alaska Native, Native American, and Native Hawaiian, it is suggested that future research include Indigenous peoples from other groups.

Longitudinal studies would be beneficial not only for uncovering any long-term effects of being an IGRG, but also the effects of being an Indigenous child raised by one's grandparent(s). It is important to recognize the added costs and time associated with longitudinal studies, as well as the

fact that dropout rates increase with longitudinal studies (Hogan, Roy, & Korkontzelou, 2004). This would create significant challenges for researchers when coming to conclusions about their studies regarding IGRG. It may also increase the possibility that the outcome of longitudinal studies will be inconclusive and/or non-representative.

It is also recommended, when possible, for researchers to interview both the children, as well as the grandparents, to obtain information from both perspectives. Researchers conducting interviews with children must ensure that consent is received from the child's legal guardian, and that the child can understand and appreciate the content of the interview. Younger children may be more challenging to engage due to their perception of their environment and relationships being influenced by their age.

It may also be advantageous for a researcher to take a cross-cultural approach and study IGRG from different areas in the world. The published literature only covers five countries (Australia, Canada, New Zealand, the United States, and one article from Taiwan) to date. This approach would help highlight how different policies in different countries affect IGRG; subsequently, it can also serve as a catalyst in amending policies so that the outcomes for this population are enhanced.

In general, the articles were not explicit about their theoretical orientation; however, the theoretical underpinnings are consistent with an intersectionality framework. In intersectional theory, there are many different factors that may affect an individual's experiences, including individual identity, social locations, and macro forces (Hunting, Grace, & Hankivsky, 2015; Simpson, 2009). Additionally, the multiple systems of oppression facing women, older adults, and visible minority members provide a triple jeopardy of vulnerability (King, 1988) to those such as Indigenous grandmothers

who are disadvantaged due to their age, gender, and ethnicity. While King (1988) addressed the concept of triple jeopardy in relation to African-American women, the idea can be extended to apply to Indigenous women as well. Furthermore, Herk, Smith, and Andrew (2011) found that perceptions held by service providers towards Aboriginal women may affect therapeutic relationships and the accessing of health care. The majority of the selected articles also addressed the oppression and the historical colonialism that is, and was, experienced by the Indigenous population. It is imperative to first understand the impact that Indigenous peoples' history has had on this population overall, and only then can culture-focused approaches be applied effectively (Browne & Varcoe, 2006). In future research, it would be beneficial for authors to apply theoretical principles to address these concerns more explicitly and to further explore the issue of intersectionality with this population.

The lack of studies with service providers was a gap that had been noted; further research into this area would provide insight into what services are being used and by whom. Obtaining more demographic details, as well as additional information on the grandparenting context would be valuable when conducting studies; for instance, asking participants to clearly state whether they are engaging in solo grandparenting or co-parenting and to indicate where they are living (e.g. on reserves or urban settings) would help provide a more complete picture of the overall situation. Further, there is a need to conduct greater research in this area using a strengths-based approach; the majority of studies focused on the difficulties associated with being an Indigenous grandparent raising grandchildren, but neglected to address the positive aspects or strengths needed to take on this role.

Implications for Policy

There are many challenges facing Indigenous grandparents who are raising their grandchildren, and the literature reveals that a number of these issues are policy-related. Many Indigenous peoples harbor feelings of distrust and suspicion towards mainstream government and policies, and therefore, it is important to eliminate any barriers that hinder service use. Implementing policies that would aid in ensuring increased communication and a stronger relationship between child welfare organizations in Canada, the United States, New Zealand, Australia, Taiwan, as well as other countries around the world, are also strongly suggested in cases where child welfare is involved.

Individuals working with Indigenous grandparent caregivers, regardless in what capacity, should be provided with education on the history, culture, and other pertinent issues of this population. It is also recommended that Indigenous people, and particularly IGRG, be included in the policy-making process and be given the opportunity to provide input. Overall, there is a greater need for more funding for programs and services for Indigenous people. To help foster autonomy and allow for tribes to cater to their own specific needs, it is recommended that funding be allocated to tribes so that it can be individualized for the care that is needed. To prevent any unnecessary barriers to accessing these services, strict eligibility requirements for these services should be eliminated. For instance, if the eligible family member is incarcerated, the rest of the family unit should still be allowed to access the services in question.

Policies such as the one in New Zealand which mandates related caregivers be provided with the same weekly board rates as foster caregivers (Worrall, 2009) should be implemented worldwide. These policies can still be improved by including provisions such as providing related caregivers the other benefits that foster caregivers

receive (e.g., medical, educational, clothing, and holiday benefits). This can serve to not only help the many IGRG who are living in poverty, but also allow a country to develop a more equitable system.

Implications for Practice

There are several important factors that health practitioners should consider when working with IGRG. Many recommendations within the literature were found to be directed toward human service providers, as well as aimed at improving service provision for IGRG. A theme evident throughout research is the need for practitioners to be aware of the complex history of Indigenous peoples, including colonization, the implementation of residential schools, and their negative relationship with the child welfare system. This awareness would allow practitioners to develop cultural sensitivity and competence while working with this marginalized population. It is important to note that many of the implications for practice were directed toward the ways in which practitioners may better serve Indigenous communities. It is essential that health practitioners recognize the special and unique issues that IGRG encounter when raising their grandchildren, and have an awareness of the health risks that Indigenous grandmothers face (Chang & Hayter, 2011). Health practitioners should be instrumental in connecting IGRG to appropriate healthcare and community resources; however, it has been highlighted by available research that there is a general lack of health services and respite services available for IGRG. As a result, it is recommended that advocacy efforts include addressing systemic barriers, such as developing policy recommendations aimed at increasing accessibility of such services.

The development of cultural sensitivity was considered central to obtaining an increased understanding of IGRG. Specifically, social workers were mentioned

throughout the literature as needing to work towards developing better relations with Indigenous peoples. Cross, Day, and Byers (2010) urged that it should be a requirement of social workers as part of their training to acquire knowledge regarding the true history of Indigenous people, as well as direct practice experience in working with this population. Attending workshops and participating in sensitivity training sessions in order to improve cultural literacy of Indigenous people were also recommended as additional methods to help social workers gain competency (Cross et al., 2010). These methods have the potential to help social workers develop an acute awareness of the intergenerational trauma that many Indigenous people have experienced. In order to mend the fractured relationship with this population, which has stemmed from a difficult history with colonialism, social workers should look to engage in culturally sensitive outreach with Indigenous communities, as well as strive to be essential players in helping connect IGRG with appropriate and valuable services.

Throughout the literature, there was a general focus on services being provided for IGRG by individuals outside of the IGRG community. It would be ideal for individuals within the community to be able to become the service providers and developers as well. Preference should be given to community members when hiring professionals working directly with IGRG, as this could help with a higher level of understanding issues, lessened risk for continued distrust of the child welfare system, and lessened risk for continued colonialism and trauma. Social workers could play a role by providing assistance in designing programs and services. It would be beneficial to have social workers and other professionals working alongside individuals from the community, as this can aid in developing programs and services that will be seen as the most helpful and desirable.

Conclusion

This scoping review of surrogate grandparent caregiving within Indigenous communities identified the following four themes:

1. The historical context of Indigenous peoples and how this has affected families
2. The context of caregiving and government policies as they relate to Indigenous grandparents raising their grandchildren
3. The physical and mental health of the grandparents
4. Informal social support

As this review only considered peer-reviewed studies and dissertations that were conducted in English, studies conducted in languages other than English were not included. Furthermore, the Grey Literature databases were not searched in the undertaking of this review. Despite these limitations, this is the first scoping review that has been performed to help obtain a better understanding of surrogate grandparent caregiving within Indigenous communities.

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Appendix A

Table 1
Studies Included in the Scoping Review

Author	Country of Origin	Study Design
American Association of Retired People (2003)	United States	14 Focus Groups (8 of 14 with ethnic minorities - Native American, Hispanic, African American)
Byers (2010)	United States	Discussion Paper with Case Example
Callahan, Brown, MacKenzie, & Whittington (2004)	Canada	Qualitative Interviews N = 22
Center for Rural Health (2003)	United States	Cross-sectional Survey N = 383
Chang & Hayter (2011)	Taiwan	Qualitative Interviews N = 15
Conway (2004)	United States	Dissertation; Cross-sectional Survey N = 44
Conway, Boeckel, Shuster, & Wages (2010)	United States	Cross-sectional Survey N = 247
Cross & Day (2008)	United States	Cross-sectional Survey

		N = 8 dyads
Cross, Day, & Byers (2010)	United States	Qualitative Interviews N = 31
Cross, Day, & Farrell (2011)	United States	Discussion Paper
Fuller-Thomson (2005)	Canada	Secondary Data Analysis of the 1996 Canadian Census
Fuller-Thomson & Minkler (2005)	United States	Secondary Data Analysis of the American Community Survey/Census 2000 Supplementary Survey
Hill (2014)	United States	Qualitative Interviews N = 10 families
Hodge (2010)	Australia	Discussion Paper
Kilcullen, Swinbourne, & Cadet-James (2012)	Australia	Qualitative Interviews N = 7
Kiraly, James, & Humphreys (2015)	Australia	Cross-sectional Survey N = 57 (caregivers) & Focus Groups N = 13
Kopera-Frye (2009)	United States	Qualitative Interviews N = 24

Letiecq, Bailey, & Kurtz (2008)	United States	Cross-sectional Surveys N = 55
McHugh (2003)	Australia	Discussion Paper
McKenzie, Bourassa, Kubik, Strathy, & McKenna (2010)	Canada	Discussion Paper
Mignon & Holmes (2013)	United States	Cross-sectional Surveys N = 50
Mooradian, Cross, & Stutzky (2007)	United States	Qualitative Interviews N = 31
Mutchler, Baker, & Lee (2007)	United States	Quantitative Secondary Data Analysis of the 2000 U.S. Census of Population
Mutchler, Lee, & Baker (2002)	United States	Secondary Data Analysis of the 2000 U.S. Census of Population
Thompson, Cameron, & Fuller-Thomson (2013)	Canada	Qualitative Interviews N = 15
Worrall (2006)	New Zealand	Secondary Data Analysis N = 790
Worrall (2009)	New Zealand	Secondary Data Analysis N = 790

Yancura (2010)	United States	Two Focus Groups N = 18
Yancura (2013a)	United States	Cross-sectional Survey N = 259
Yancura (2013b)	United States	Cross-sectional Survey N = 200
Yancura & Greenwood (2012)	United States	Book Chapter, Cross- sectional Survey N = 259

Appendix B

Table 2

Themes and Subthemes across Identified Articles

Themes	Subthemes	Articles that Address the Themes/Subthemes
Historical Context (n = 16)	Cultural/Traditional Roles and Beliefs (n = 13)	American Association of Retired People (2003) Hill (2014) Kilcullen, Swinbourne, & Cadet-James (2012) Kiraly, James, & Humphreys (2015) Kopera-Frye (2009) Letiecq, Bailey, & Kurtz (2008) McKenzie, Bourassa, Kubik, Strathy, & McKenna (2010) Mignon & Holmes (2013) Mooradian, Cross, & Stutzky (2007) Mutchler, Baker, & Lee (2007) Thompson, Cameron, & Fuller-Thomson (2013) Yancura (2013a) Yancura & Greenwood (2012)
	Past Trauma Experienced by Indigenous Peoples (n = 10)	Cross, Day, & Byers (2010) Cross, Day, & Farrell (2011) Fuller-Thomson & Minkler (2005) Kiraly, James, & Humphreys (2015) Letiecq, Bailey, & Kurtz (2008) McKenzie, Bourassa, Kubik, Strathy, & McKenna (2010) Mooradian, Cross, & Stutzky

		(2007) Thompson, Cameron, & Fuller-Thomson (2013) Yancura (2013a) Yancura & Greenwood (2012)
Context of Caregiving and Government Policy (n = 26)	Poverty and Income-Support Programs (n = 22)	American Association of Retired People (2003) Byers (2010) Callahan, Brown, MacKenzie, & Whittington (2004) Center for Rural Health (2003) Conway (2004) Conway, Boeckel, Shuster, & Wages (2010) Cross & Day (2008) Cross, Day, & Farrell (2011) Fuller-Thomson (2005) Fuller-Thomson & Minkler (2005) Hodge (2010) Kilcullen, Swinbourne, & Cadet-James (2012) Kiralý, James, & Humphreys (2015) Kopera-Frye (2009) Letiecq, Bailey, & Kurtz (2008) McHugh (2003) McKenzie, Bourassa, Kubik, Strathy, & McKenna (2010) Mignon & Holmes (2013) Mutchler, Baker, & Lee (2007) Mutchler, Lee, & Baker (2002) Worrall (2006) Worrall (2009)
	Housing and Relevant Programs	Conway, Boeckel, Shuster, & Wages (2010) Fuller-Thomson & Minkler

	(n = 6)	(2005) Kiraly, James, & Humphreys (2015) Letiecq, Bailey, & Kurtz (2008) Mignon & Holmes (2013) Yancura (2013b)
	Barriers to Seeking Formal Support (n = 19)	American Association of Retired People (2003) Callahan, Brown, MacKenzie, & Whittington (2004) Center for Rural Health (2003) Conway, Boeckel, Shuster, & Wages (2010) Cross & Day (2008) Cross, Day, & Byers (2010) Cross, Day, & Farrell (2011) Hill (2014) Hodge (2010) Kilcullen, Swinbourne, & Cadet-James (2012) Kiraly, James, & Humphreys (2015) Kopera-Frye (2009) Letiecq, Bailey, & Kurtz (2008) McHugh (2003) McKenzie, Bourassa, Kubik, Strathy, & McKenna (2010) Mignon & Holmes (2013) Mooradian, Cross, & Stutzky (2007) Mutchler, Baker, & Lee (2007) Yancura & Greenwood (2012)
	Child Welfare (n = 14)	Callahan, Brown, MacKenzie, & Whittington (2004) Cross & Day (2008) Cross, Day, & Byers (2010) Cross, Day, & Farrell (2011)

		<p>Hill (2014) Kilcullen, Swinbourne, & Cadet-James (2012) Kiraly, James, & Humphreys (2015) Kopera-Frye (2009) McHugh (2003) McKenzie, Bourassa, Kubik, Strathy, & McKenna (2010) Mooradian, Cross, & Stutzky (2007) Mutchler, Lee, & Baker (2002) Worrall (2006) Yancura & Greenwood (2012)</p>
	<p>Recommended Policies and Services (n = 14)</p>	<p>Byers (2010) Cross & Day (2008) Fuller-Thomson (2005) Fuller-Thomson & Minkler (2005) Hodge (2010) Kiraly, James, & Humphreys (2015) Kopera-Frye (2009) Letiecq, Bailey, & Kurtz (2008) McHugh (2003) McKenzie, Bourassa, Kubik, Strathy, & McKenna (2010) Mignon & Holmes (2013) Worrall (2006) Worrall (2009) Yancura (2013b)</p>
<p>Physical and Mental Health (n = 19)</p>	<p>Coping (n = 3)</p>	<p>Chang & Hayter (2011) Conway (2004) Yancura & Greenwood (2012)</p>
	<p>Resilience of Indigenous Grandparents</p>	<p>Conway, Boeckel, Shuster, & Wages (2010) Cross, Day, & Byers (2010)</p>

	Raising Grandchildren (n = 5)	Fuller-Thomson (2005) Kiraly, James, & Humphreys (2015) Letiecq, Bailey, & Kurtz (2008)
	Stress and Level of Burden (n = 7)	Cross & Day (2008) Cross, Day, & Byers (2010) Cross, Day, & Farrell (2011) Kilcullen, Swinbourne, & Cadet-James (2012) Letiecq, Bailey, & Kurtz (2008) Thompson, Cameron, & Fuller-Thomson (2013) Yancura & Greenwood (2012)
	Mental Health (n = 12)	Callahan, Brown, MacKenzie, & Whittington (2004) Chang & Hayter (2011) Conway (2004) Cross, Day, & Farrell (2011) Kiraly, James, & Humphreys (2015) Letiecq, Bailey, & Kurtz (2008) Mignon & Holmes (2013) Thompson, Cameron, & Fuller-Thomson (2013) Worrall (2006) Worrall (2009) Yancura (2010) Yancura (2013b)
	Physical Health Issues (n = 10)	Chang & Hayter (2011) Cross & Day (2008) Cross, Day, & Byers (2010) Cross, Day, & Farrell (2011) Fuller-Thomson (2005) Fuller-Thomson & Minkler (2005) Mignon & Holmes (2013)

		Mutchler, Lee, & Baker (2002) Worrall (2006) Worrall (2009)
Informal Social Support (n = 10)		Center for Rural Health (2003) Chang & Hayter (2011) Conway (2004) Cross, Day, & Farrell (2011) Hill (2014) Kilcullen, Swinbourne, & Cadet-James (2012) Kiraly, James, & Humphreys (2015) Letiecq, Bailey, & Kurtz (2008) Mignon & Holmes (2013) Yancura (2010)