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Grandparenting children with disabilities: An introductory review with focus on theories and measurements

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Abstract

The research on the experiences of grandparents involved in caring for children with disabilities is a neglected area in empirical studies. Using a survey design, titles of articles from national and international journals, books, and databases were collected in the fields of family science, gerontology, and disability studies. Out of 165 references available to the author until December 2023, 82 entries were reviewed by analyzing aspects such as format, timelines, journal titles, and themes that resulted in the identification of 20 relevant research articles primarly focusing on theories and measuremen. Grandparents were found to face unique challenges such as emotional stress, isolation, lack of peer support, the demanding nature of caregiving, and concerns about the future of their grandchildren with disabilities. Financial burdens for medical expenses, therapies, and special education services were other areas of concern. Issues like intergenerational conflicts, language barriers in multicultural settings, transportation difficulties, and toxic grandparenting are also highlighted. The study revealed a scarcity of information on grandparenting theories and measurement tools across different cultures and time periods. It calls for researchers to reassess, revise, and update existing theories, paradigms, models, tools, and measurements to adapt to the evolving landscape of caregiving for children with disabilities in the digital era.

Keywords: Theories; Tools; Measures; Disabilities

1. Introduction

A grandparent (GP) can be defined as an individual who has a child that has become a parent, thus making them the parent of the child's parent. This definition emphasizes the observable and measurable criteria for identifying a GP, which is having a child who has become a parent. The first generation is the child, the second generation is the parent, and the third generation is the GP. GPs are commonly referred to as grandfather (GF) or grandmother (GM) based on whether they are from the paternal or maternal side. In many Indian languages, there are distinct terms for addressing GPs depending on their side of the family. Grandparenting is a significant personal and social role across different countries and cultures. GPs are expected to fulfill various duties and responsibilities, such as providing assistance, care, and support to younger generations while following norms of non-interference and obligation. They are also expected to offer emotional support, share wisdom, provide childcare, preserve cultural traditions, offer guidance and mentorship, and contribute to the well-being and stability of the family (Timonen, 2020).

Most GPs express high levels of satisfaction in their familial roles. According to the developmental theory of grandparenting, the stages of grandparenthood are fluid and evolve as the GC grow. Initially, GPs act as mentors for infant and toddler care, transitioning to companions for GC aged 4-8. The grandparent-grandchild (GP-GC) relationship may weaken when the child is between 8 and 12 years old, as they gravitate towards peers of their age. In adolescence, GPs typically provide more supportive roles (Thiele and Whelan, 2006; Thomas, 1990).

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For children aged 3-5, the joint tasks between the GP-GC dyad may involve activities like dusting, setting the table, emptying waste baskets, putting away toys, sweeping, or mopping. As the child grows to 5-7 years old, they may help with making beds, sorting or folding clothes, watering plants, and caring for pets. Between the ages of 7 and 10, GC may join their GPs in making lunches, washing dishes, preparing desserts or salads, loading the washing machine, and vacuuming. From the age of 10 and onwards, they may become involved in washing windows, helping prepare dinner, and cleaning the bathroom (Pieper, 1976). Research also indicates a shift in the child's perceptions in the GP-GC relationship with the age of the child. From concrete perceptions (ages 3-5 years) to functional views (ages 8-10 years), there emerges an abstract interpersonal orientation among older children (ages 11-12 years). The quality of perception about the GP as indulgent changes to fun-loving partners eventually recede as GC moves away towards their peers (Schultz, 1980)

The GP-GC connection is a unique inter-generational bond that involves unconditional love, care, guidance, sharing of wisdom, life experiences, and support (Sandler, Warren, and Raver, 1995). The relationship imparts a sense of security, stability, and continuity by passing down family history, traditions, and values. It offers opportunities for learning different perspectives or understanding intergenerational differences (Scheman et al. 1988). Despite its benefits, challenges such as differing parenting approaches, generation disparities, and geographical separation can affect their relationship dynamics (Mason, May, and Clarke, 2007).

Some GPs may provide minimal or no help in caring, do not understand the child, blame the parents for the child's problems, or are overprotective of their GC. If there is geographical distance that limits the frequency of interaction, these consequences are aggravated. The psychoanalytic theory views GPs as surrogate parents meant to offer extra comfort, love, and admiration to the younger generation. While the grandfathers (GFs) serve as babysitters or handymen, in their stereotypes, grandmothers (GMs) are pictured as "bespectacled gray-haired ladies wrapped in a shawl" playing the role of stern authority figures to take over children lacking adequate parenting.

Surrogate grandparenting involves a non-relative assuming a GP-like role in a child's life, offering support and guidance akin to a second round of parenting. This situation arises when biological parents are unable to fulfill their duties due to issues like substance abuse, teenage parenthood, divorce, imprisonment, or illness. Surrogate grandparenting can manifest in different ways, including participation in volunteer programs, formal childcare arrangements, or informal mentorship and role modeling within the community, as outlined in various studies (Burton and Devries, 2019; Burton, Dilworth-Anderson, and Merriwether-De Vries, 2014; Erbert and Alemán, 2008; Fitzgerald, 2001; Sands and Goldberg-Glen, 2000; Minkler and Roe, 1996).

In a positive light, the traditional family systems theory of grandparenting places great importance on seniors, enabling them to fulfill valuable roles. The relationship between GP-GC is seen as filled with love, guidance, advice, companionship, bonding, wisdom sharing, and mutual support. Aspects like nurturing, cultural transmission, educational and emotional support, family unity, financial aid, and protection from adversity contribute to mental and physical well-being, shielding against negative outcomes like stress and emotional strain for both age groups. This additional care, empathy, and resources help sustain the overall welfare of everyone involved (Kivett, 1991).

In addition, GPs are traditionally recognized for creating a secure and empathetic atmosphere, transmitting traditions and values, offering guidance based on life experiences, aiding in education, strengthening family ties, providing financial assistance, and safeguarding children from challenging circumstances. Their engagement includes sharing family anecdotes, passing down cultural customs, imparting practical skills, fostering outdoor exploration, instilling ethical principles, nurturing emotional intelligence, advocating continuous learning, teaching fiscal responsibility, promoting family respect, and underscoring the significance of family unity. Their active participation plays a vital role in establishing a stable and nurturing setting for the growth and well-being of GC (Hurme, Westerback, and Quadrello, 2010).

GPs are seen to derive intrinsic rewards from their relationships with GC, adding significance to their own lives and allowing them to revisit their childhood or personal history. Kivnick (1983) outlined five types of inherent rewards or meanings in GP experiences. Indulgence involves a lenient approach towards GC. Centrality suggests that being a GP provides purpose in life. Valued elder entails passing on generational values and norms. Reconnecting with the past involves GPs reliving their own earlier experiences through their GC. Immortality through the clan represents a patriarchal or matriarchal duty, feeling a connection to the lineage and spanning generations.

1.1. Special situations or conditions

From the preceding, it is evident that GPs can take on various roles, types, and styles, depending on family dynamics and individual preferences. On special occasions or under special conditions, GPs may take up an extra call as seen in the following situations.

Long-distance GPs reside far from their GC due to a geographical move, posing challenges in maintaining a close bond. To overcome this obstacle, they must utilize technology or schedule occasional visits to remain connected and engaged in their GC's lives. Virtual interactions and considerate gestures become essential during remote communication. All the traditional roles and responsibilities of GPs must be fulfilled through digital platforms like online tutoring or mentoring. Despite the distance, special occasions and events are celebrated, requiring the maximization of brief moments for meaningful contact. Cultural, linguistic, religious, and technological barriers can hinder effective face-to-face interaction, but with careful planning, GPs can bridge the gap to actively participate in their GC's lives (Bangerter and Waldron, 2014; Nedelcu and Wyss, 2020; Rice, 2019; Schuler, Schuler, and Dias, 2022; Sigad and Eisikovits, 2013; Fuller-Thomson, 2005; Westheimer and Kaplan, 1999).

Active versus passive GP, or engaged versus disengaged GP delineates the degree and depth of connection and participation between GP-GC in activities like childcare, school functions, and various egagements. Active GPs often spend quality time with their GC, offer childcare assistance, and actively contribute to their upbringing. Conversely, passive GPs take a more hands-off approach, providing support and guidance from a distance while respecting the parents' primary role in child-rearing. Both styles of GP offer unique benefits to GC. Actively involved GPs can provide immediate support and create lasting memories, whereas more reserved GPs may impart stability and wisdom. A balanced combination of both approaches is essential for optimal child development in any given situation (Bates, Taylor, and Stanfield, 2018). However, the classification of GPs as active or passive has been challenged by subsequent studies. The perception of an active GP by the GC may not align with how the GP sees themselves, and vice versa (Harwood, 2001).

Respite GPs, whether voluntary or paid caregivers, provide short-term childcare for children when the primary caregivers require a break. This temporary arrangement offers caregivers a reprieve from their duties while ensuring the children receive proper care, support, and supervision during their time with the respite GP. Many respite GPs may experience stress, health challenges associated with aging, housing issues, and financial strains. In Western countries, Grandparents Respite Programs exist to offer temporary assistance to GPs in caring for their GC, alleviating some of their ongoing responsibilities (Strang et al., 1999).

Custodial GPs assume the primary caregiving role for their GC when parents are unable to do so, a situation known as GP parenthood, which is increasingly prevalent. These GPs have legal responsibility for the child and take their duties seriously, often sacrificing sleep and relying on more medication for rest. Maternal GPs typically provide the most extensive support. In Indian households, GPs fulfill diverse roles as mentors, historians, companions, and childcare providers, esteemed for their unwavering love and guidance. They may head GP-led families or grandfamilies (Emick and Hayslip, 1999; Hayslip et al., 1998). GPs caring for CWDs face distinct challenges such as round-the-clock care needs, limited services, financial strains, and social isolation (Hillman and Anderson, 2019). GC raised by custodial GPs may encounter negative mental, behavioral, and educational outcomes compared to those raised by biological parents (Xu et al., 2022). Custodial GPs, particularly those with higher education levels, poor health, and additional responsibilities, often report increased levels of stress and duty (Grünwald, Damman, and Henkens, 2022).

1.2. Need, rationale, scope, and justification for study

Research on contemporary theories and measurement tools concerning GPs of CWDs is an important academic area. An impartial investigation into this topic is crucial due to the evolving nature of the GP-CWD relationship. Understanding the short-term and long-term impacts, health challenges, legal issues, and unique practices of GPs caring for CWDs necessitates a thorough research review. Exploring specific GP skills for special needs, cultural influences, and intergenerational dynamics can benefit both parties. Unanswered questions about GP challenges, support systems, and diverse cultural experiences highlight the need for further research to enhance understanding and support for GPs in varying contexts. The explorations on condition-specific grandparenting CWDs, though needed and important, are kept beyond the scope or purview of this review. Similarly, issues related to social-emotional support, GP-based therapeutic interventions, and advocacy are also presently kept outside the limits of this review.

Objectives

The main aim of this narrative review was to compile research contributions on or about the available theories and the use of measurement tools on GPs participating in or raising CWDs.

2. Method

A survey method collected research articles, reviews, and publications from family science, gerontology, and disability impairments fields using keywords like grandparenting and children with disabilities. Databases like Google Scholar, PsycINFO, and PubMed were searched, while excluding non-research materials. Ethical considerations in caring for GPs of CWDs involve respecting diversity, parental autonomy, privacy, and maintaining integrity in research. GPs should offer support, collaborate with parents and professionals, respect consent, and acknowledge power dynamics. It is crucial to accurately represent GPs' perspectives in research (Venkatesan, 2009).

Various sources such as books, journal articles, and websites were identified in the search strategy for data extraction. Details like authors, publication dates, titles, volume, issue, page numbers, and URLs were noted following the 2021-APA-7 style. Accuracy checks were performed to ensure reference list precision. Extracted data was structured in an Excel spreadsheet for easy reference. Data synthesis involved reviewing, understanding, and extracting pertinent information to highlight main ideas, arguments, or results from different sources. Key points and themes were summarized and compared across sources, ensuring cohesive organization with proper citations in the designated style.

2.1. Procedure

After entering the raw data on reference listing in an Excel spreadsheet, the codification, categorization, and classification of the themes reflected by the titles included in the study were generated and subjected to inter-observer reliability checks by involving two mutually blinded independent coders for at least a quarter of entries in the overall sample of research articles to minimize the risk of bias which yielded a robust correlation coefficient (r: 0.93). A descriptive and interpretative statistical analysis was carried out by applying measures of non-parametric statistics using IBM SPSS Statistics (Version 27). Effect sizes were analyzed using Cohen's guidelines as 0.91 (Cohen, 2013), which is interpreted as an 'almost perfect agreement' (Landis and Koch, 1977). Face validity is found to be high for the classification of the thematic categories covered by the research papers.

A compiled list of 165 entries up to December 2023 available with the author underwent bibliometric analysis following academic principles. The process involved creating a well-structured introductory review on the topic, including clear introduction, background information, critical analysis, organized structure, citations, and conclusion. The introduction set the review's purpose and scope, providing context and defining objectives. The review was logically structured with headings and subheadings for easy navigation. It included a critical analysis of existing literature, key findings, trends, and research gaps. Proper citations added credibility. The conclusion summarized key points and suggested future research areas. A flow diagram illustrating the review process was created to present the results effectively (Table 1; Figure 1). Guidelines included defining objectives in the introduction, outlining search strategy, data extraction, and synthesis in methods, detailing study characteristics and findings in results, interpreting implications, suggesting future research in discussion, and concluding based on evidence (Booth et al., 2021).

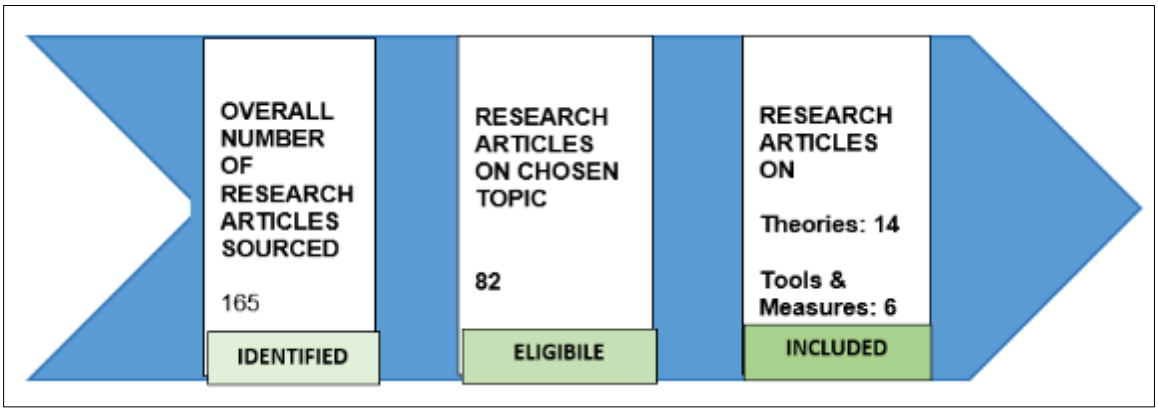

Figure 1 Flow Diagram depicting the procedure for review

Table 1 Harvest plot showing the frequency distribution of compiled literature on GP in CWDs (N: 165)

Variable	N	%
Format		
ORA	54	65.86
Books	18	21.95
Chapters	7	8.53
Reviews	3	3.66
Journals		
The International Journal of Ageing and Human Development	8	9.76
Others	80	90.24
Timelines		
1957-1980	8	9.76
1981-2000	21	25.61
2001-2010	18	21.95
2011-2020	28	34.15
2020>	7	8.53
Topics/Themes		
Theories	14	17.07
Tools and Measurements	6	7.32

3. Results

The author examined a subset of 82 citations on grandparenting CWDs from a pool of 165 references in order to select 20 suitable research articles focusing on theories, tools, and measurements. These articles are presented with detailed information including format, timelines, journal titles, and topics or themes.

3.1. Format

A majority of the publications in this review consist of original research articles (N: 54 out of 82; 65.86%), followed by books (N: 18 out of 82; 21.95%), chapters in books (N: 7 out of 82; 8.53%), and a few review articles (N: 3 out of 82; 3.66%).

3.2. Title of journals

Search engines indexed numerous journals focusing on GP issues, including intergenerational, aging, and family topics. The International Journal of Ageing and Human Development had the highest number of articles (8 out of 82; 9.76%) related to GPs in CWDs. Over 25 journal names of other journas were mentioned in the results where research articles on this theme were published, such as Journal of Intergenerational Relationships, Grand Families, Educational Gerontology, Gerontologist, and others. None of the journals exclusively focus on GP in CWDs.

3.3. Timelines

Over time, there has been a significant increase of 3-4 times in publications concerning GPs) and CWDs since 1957-1980. The earliest paper in this collection by LaBarre, Jessner, and Ussery (1960) explored the impact of GMs versus mothers on the development of psychopathology in children during their early years. In the 1960s, there was a rising interest in the evolving roles and interaction styles of middle-class American GPs, with a focus on comparing traditional and more playful types by Neugarten and Weinstein (1964).

3.4. Topic/Theme-specific

From among the several topics/themes on GP vis-a-vis CWDs, the chosen area of theories as well as the use of measurement tools on GPs participating in or raising CWDs was alone reviewed in this study.

3.4.1. Theories

In this review, seven theories of GP were identified, including the **family ecological theory**, which considers the broader influences on the extended family system where GPs of CWDs operate. This theory recognizes factors like interconnectedness, role flexibility, social support networking, and adaptability to change among GPs, parents, and CWDs at various levels. It highlights the microsystem of immediate interactions impacting the well-being of CWDs, mesosystems involving interactions between different environments, and macrosystems influenced by cultural beliefs. GPs play a vital role in managing these connections to promote positive outcomes for the child, considering factors like relationships, dynamics, support, community resources, support services, and societal attitudes towards disabilities (Algood, Harris, and Hong, 2013; Worthman, 2010; Bronfenbrenner, 1975).

The family systems theory of grandparenting CWDs focuses on the interconnected relationships and dynamics within the family unit when addressing the challenges of raising such children. It underscores the interdependence among family members and how individual actions and emotions can impact others in the family system. The theory delves into the roles of GPs and the establishment and maintenance of boundaries within the family structure. Central to this approach is the promotion of open and effective communication among family members to meet the needs of CWDs and overcome obstacles collectively. It also emphasizes the available support systems for GPs and the coping mechanisms they employ to manage the emotional, physical, and practical demands of caring for a GC with disabilities. Furthermore, the theory acknowledges families' resilience in adapting to the distinct needs of a CWD and growing stronger through shared challenges. Additionally, it considers how cultural beliefs, values, and norms, as well as contextual factors, can influence GPs' perceptions and responses to their GC's disabilities. Collaboration among GPs, parents, and professionals involved in the child's care is encouraged to ensure a comprehensive approach to support and intervention (Prendeville and Kinsella, 2019).

The life course theory examines the stages and transitions experienced by GPs caring for GC with disabilities. It delves into how GPs navigate caregiving stages as they age alongside their GC, considering historical contexts that shape their attitudes and behaviors. The theory explores various life stages and transitions, like retirement and health changes, impacting GPs caring for CWDs. It acknowledges how events such as the birth of a GC with disabilities influence a GP's life trajectory and responsibilities. Emphasizing intergenerational relationships, it highlights the resilience GPs show in facing challenges and adapting to caregiving complexities. Cultural beliefs also play a role, shaping GPs' perceptions within different cultural settings. The theory stresses the importance of support networks, both formal and informal, to aid GPs in effectively caring for their CWDs throughout their lives.

The **theory of social exchange** focuses on the idea that relationships between GP and GC are based on a give-and-take dynamic similar to other social relationships. According to this theory, both GPs and GCs contribute to the relationship and receive benefits in return. For example, GPts may provide emotional support, wisdom, and resources to their GC, while GC may offer companionship, care, and assistance to their GPs. This theory helps explain the mutual benefits and interdependence that can exist in GP-GC relationships (Allen, Henderson, and Murray, 2019) .

Feminist theory and intersectionality are crucial concepts in social sciences and activism, focusing on gender inequalities and the overlapping nature of discrimination. Feminist theory aims for gender equality, examining how gender intersects with race, class, sexuality, and ability to shape experiences. Intersectionality expands on this by showing how various oppressions intersect, creating unique experiences. In grandparenting CWDs, feminist theory challenges traditional gender roles, empowering grandparents (GMs and GFs) in caregiving. Intersectionality recognizes GPs facing discrimination based on age, gender, race, and socioeconomic status. It calls for a holistic approach to understanding and supporting GPs and children, promoting inclusivity and empowerment in caregiving dynamics.

In sum, understanding these theories, models, and paradigms is vital to gaining valuable insights into the complexities of practices in GPs, informing policies, and interventions aimed at supporting positive GP-GC relationships and enhancing the well-being of both generations (Kahana and Kahana, 1971). Some key areas that they address include role strain (Merton, 1957), intergenerational solidarity, transmission, or developmental (Bernhold and Giles, 2017), resilience (Mendoza et al. 2020; Musil et al. 2019), and social networks and support systems (Scherman et al. 1988).

Other theoretical models, although less emphasized, are the evolutionary-genetic perspective, cognitive-developmental perspective (Schultz, 1980), transactional, and psycho-social developmental perspectives (Silverstein, Giarrusso, and

Bengtson, 2003). A few more specific or focused explanations include the continuing bonds theory, feminist theory, theory of GP development (Strom and Strom, 1997), and uncertainty theory (Pandialagappan and Ibrahim, 2018).

3.4.2. Tools and Measurements

Researchers and professionals employ various methods to assess GP relationships, including contact frequency, activities, emotional closeness, support, and overall impact. They also consider the impact on GPs' lives and GC's development. Common methods include surveys, interviews, observations, and standardized assessments. The techniques used can be home visits, phone calls, letters, or activities and engagements with GC, such as playing games, reading, providing childcare, and attending special events. Signs of emotional closeness and support, expression of affection, trust, and mutual understanding between the GP-GC dyad, impact on one another's lives, changes in physical and mental health, social well-being, and overall life satisfaction are taken into account. (Hank et al. 2018).

The tools and measures commonly used for GP, as derived in this review and arranged in chronological order include: The Parent-Grandparent as Educator Questionnaire (PGEQ; Yusuf, 2016) is a multi-dimensional tool for measuring parents' and GPs' religious thoughts, culture, morality, socialization, education, and other skills that they pass on to children and GC; The Posttraumatic Growth Inventory (PTGI; Orit and Shirley, 2016) is used to assess growth following the transition to grandparenthood after the birth of the first GC, promoting strengths-based interventions for this population; The Vineland Adaptive Behavior Scales (VABS; Sparrow, Balla, and Cicchetti, 2005) assist GPs in evaluating personal-social skills in children with intellectual and developmental disabilities from birth to adulthood; Drew and Smith's Questionnaire (Drew and Smith, 1999) assesses cross-generational family dysfunction by measuring the impact of parental separation/divorce on GP-GC relationships, covering contextual information and measures of health and coping strategies using parameters like proximity, contact frequency, and emotional involvement after parental divorce. The Child Health Assessment Questionnaire (CHAQ; Singh et al. 1994) is used to monitor the functional abilities and limitations of children with juvenile idiopathic arthritis and other rheumatic diseases. The Pediatric Evaluation of Disability Inventory (PEDI; Haley et al, 1992) helps GPs assess the functional capabilities and performance of CWDs in terms of activities of daily living (ADL), mobility, and social functions within their natural environments. The Family Empowerment Scale (FES; Koren et al. 1992) - enables grandparents to evaluate the impact of a child's disability on the family's empowerment, resources, and well-being, as well as the family's capacity to manage the difficulties associated with caring for a child with a disability. The NIMH-Family Assessment Needs Schedule (NIMH-FAMNS; Peshawaria et al., 1995) identifies 20 specific needs of GPs caring for CWDs. These needs include information about the child's condition, hostel placement services, government benefits, family guidance, communication skills training, quality time with the child, marriage and sexual issues, financial assistance, vocational guidance, and future planning. The comprehensive areas of demand encompass information, child management, services, marriage, sexuality, finances, guidance, planning, and support.

4. Discussion

Disability is characterized as any limitation or inability to carry out an activity within the typical range expected of a human being. This broad term encompasses three aspects: impairments, limitations in activities, and restrictions in participation. Impairment refers to an issue with the body's structure or function, like a substantial loss or deviation. Activity limitations denote challenges faced by individuals in performing tasks or actions. Participation restrictions indicate difficulties experienced by a person when engaging in real-life situations (WHO, 2001).

The major types of disabilities are locomotor such as post-polio paralysis of extremities, amputation, clubfoot, and other conditions. Disabilities may be caused by acid attacks, accidents, injuries, cerebral palsy, or following leprosy-cure. Instances of short stature or dwarfism, muscular dystrophy, visual or hearing impairments, speech and language, intellectual disabilities, mental illness, disabilities resulting from chronic neurological conditions, spinal cord injuries, blood disorders, or multiple disabilities can be added to this list (Venkatesan, 2004).

The involvement and relationships of GPs with their GC who have disabilities is an underexplored area in research. Existing studies are primarily pilot investigations on limited samples, potentially lacking generalizability. Such GPs encounter distinct challenges, including emotional stress over the well-being and future of their GC, financial strains from covering medical costs, therapies, and specialized education. They may experience isolation without a support network of individuals who comprehend their circumstances. Assuming round-the-clock caregiving responsibilities for a GC with a disability can be physically and emotionally taxing, resembling the rearing duties they once fulfilled for their own children. This responsibility may involve navigating decisions in alignment with their children's preferences, all while grappling with the effects of aging and declining health (Kaczmarek, 2022; Miller, Buys, and Woodbridge, 2012; Woodbridge, Buys, and Miller, 2011; Hastings, 997).

GPs require ongoing training and guidance in childcare, often seeking assistance from professionals and peer groups. Navigating the intricate healthcare system and securing appropriate services for their GC can be overwhelming. They may find themselves advocating for their GC's educational rights or dealing with legal issues regarding guardianship and inheritance. Planning for the long-term care and future of their disabled GC can pose a significant challenge. Balancing the needs of a GC with a disability alongside those of other family members can lead to tension within the family. Each family's circumstances are unique, and support from community resources and organizations can play a crucial role in addressing these difficulties (Gallagher, Kresak, and Rhodes, 2010).

Some GPs face challenges due to limited financial means in providing essentials like food, medications, clothing, and housing for their GC with disabilities. Generational differences in values, behaviors, and identities can lead to perceived conflicts. Disparities in interests, knowledge levels, prejudices, time constraints, and technological disparities can further compound the difficulties for some GPs. Language barriers in multicultural settings and transportation issues when accessing institutional services have been highlighted by certain GPs. The concept of "Grandparent Syndrome," as described by Rapaport, denotes the psychological stress, anxiety, and potential depression experienced by GPs due to their caregiving responsibilities for their GC (Janicki et al. 2000; Lee and Gardner, 2010).

"Toxic grandparenting" describes a scenario where a GP exhibits harmful conduct towards their GC or their adult children (the parents of the GC). This behavior can negatively impact the GC's well-being and growth, as well as create tension within the family. Toxic behaviors may involve GPs disregarding or undercutting parental rules and choices, leading to confusion and discord in the family. Tactics like guilt-tripping, manipulation, and emotional coercion to manipulate or control the GC or their parents are common. Emotional abuse, boundary violations, and adverse family interactions constitute the essence of this form of GP. Consistent manipulation, guilt-tripping, criticism of GC or parents, result in diminished self-worth and strained relationships. Violating parental boundaries on discipline, parenting methods, or personal boundaries, favoritism, disregarding parental decisions, undermining authority, and causing family strife, leading to resentment and sibling discord are additional signs of toxic GPS within interactions involving children with disabilities.

Effective communication, establishing boundaries, considering professional assistance, and focusing on the children's welfare are crucial strategies for managing such GPs. In severe cases, restricting or ending contact with harmful GPs may be essential to safeguard your child's emotional well-being (Johnson, 2022).

"Grandma rule" is another phrase often used to reflect the positive impact they have on their families as is done when they express admiration, love, care, wisdom, nurturing qualities, affection, or appreciation for grandmothers and the special role they play in their GC's lives. In brief, the historical interest in research themes related to GPs dates back to the 1930s, with writings primarily by clinicians or psychiatrists. Initially, negative views prevailed, considering GPs as a "disturbing factor" or "negative influence" on child development, often seen as "too strict or lenient." By the 1960s, perceptions shifted to view GPs as "fun-loving entertainers" or as repositories of traditional knowledge and wisdom. Currently, global practices of GPs, for both children with and without special needs, reflect increased women's empowerment, employment, and migration (Arber and Timonen, 2012).

Limitations

Research on GPs in families of CWDs encounters significant limitations due to insufficient comprehensive data capturing the diversity and complexity of their roles. Neglect of factors like cultural differences and methodological hurdles hinders understanding. Psychological impacts on GPs caring for CWDs are inadequately explored. Policy constraints on research and lack of tailored support services for GPs are evident. Some modern GP forms are overlooked in existing theories. Ethical and privacy concerns impede investigations into families of CWDs. Future research should address data limitations, methodological challenges, psychological aspects, support service gaps, and ethical issues to fully comprehend this crucial familial role. Additionally, contemporary grandparenting practices like "Gramping," "Tech-savvy" grandparents, "Grandparenting as a Lifestyle," "Eco-conscious" grandparents, and "Active Aging" grandparents are emerging but not adequately accounted for in current research (Harrington-Meyer and Abdul-Malak, 2020a; 2020b; Adesman and Adamec, 2020).

5. Conclusion and recommendation

GPs play a crucial role as essential support for CWDs, raising questions about the impact on both parties. Exploring intergenerational dynamics, cultural backgrounds, and necessary skills presents new research opportunities. To understand GP caregiving effects and enhance their well-being, interdisciplinary studies and longitudinal research are vital. However, current theories and tools for measuring GP care of CWDs are lacking. It is crucial to integrate modern

aspects of caregiving in a digital world, address harmful practices, aging challenges, digital gaps, and training needs in future measurement tools and theories.

Compliance with ethical standards

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Data availability statement

The research article is based on secondary data freely available across search engines on the internet

Authors contribution

The research article is entirely conceived, prepared, and submitted by the sole author, including data mining, coding, classification, interpretation, and manuscript preparation.

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