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Grandparenting and Adolescent Adjustment in Two-Parent Biological, Lone-Parent, and Step-Families

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There is limited research on the links between grandparenting and adolescents' well-being, especially from the perspective of the adolescents. The study examined whether grandparent involvement varied in two-parent biological, lone-parent, and step- families and whether this had a different contribution to the emotional and behavioral adjustment of adolescents across different family structures. The study is based on a sample of 1,515 secondary school students (ages 11-16 years) from England and Wales who completed a structured questionnaire. Findings of hierarchical regression analyses showed that among the whole sample, greater grandparent involvement was associated with fewer emotional problems ($p < .01$) and with more prosocial behavior ($p < .001$). In addition, while there were no differences in the level of grandparent involvement across the different family structures, grandparent involvement was more strongly associated with reduced adjustment difficulties among adolescents from lone-parent and step- families than those from two-parent biological families. A possible implication is that the positive role of grandparent involvement in lone-parent and step- families should be more emphasized in family psychology.

Keywords: parental separation, lone parents, stepfamilies, grandparenting, adolescents' adjustment

In recent decades growing numbers of children and adolescents spend part of their childhood within families which do not include both of their biological parents, because their parents are divorced, remarried, or single (Dunn, 2002; Office for National Statistics, 2007). Research consistently reports that children and adolescents in lone-parent and step- families have on average higher probabilities of difficulties in their psychosocial, health and school adjustment than those growing up in two-parent biological families. Research has documented a range of risk factors for this poorer adjustment, such as socio-economic difficulties, family conflicts, poor parental mental health, frequent changes in family situations, lack of social support for the mother, and decreased parental attention (Hetherington & Stanley-Hagan, 1999; O'Connor, Dunn, Jenkins, Pickering, & Rabasah, 2001; Zill, 1994).

In the last two decades, many Western countries are witnessing lower rates of fertility and higher life expectancy. The number of individuals therefore who will live part of their lives as members of three- and four-generation families is increasing, as is the proportion of grandparents. As a consequence, grandparenthood is achieving a growing prominence. It is accepted that a relationship with biological grandparents can be one of the more stable relationships in a young person's changing world of adult relationships in families in which one of the biological parents is absent (Ruiz & Silverstein, 2007).

Previous research has shown that patterns of contact between grandchildren and their grandparents vary in different family structures. Evidence from the UK showed that children

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and adolescents reported that in the weeks following separation, grandparents were the most frequent source of intimate confiding about family problems (Dunn, Davies, O'Connor, & Sturgess, 2001). Kennedy and Kennedy (1993) in a U.S. retrospective study of young adults found higher levels of grandparent involvement among young adults in lone-parent families and stepfamilies than those who grew up in two-parent biological families. Among those from lone-parent and stepfamilies in this study, stepfamilies had higher levels of grandparent involvement than lone-parent families.

Studies show that usually grandchildren are significantly closer to the maternal than paternal grandparents, and between their maternal grandparents, they are significantly closer to their grandmother than grandfather (Clarke & Roberts, 2004; Wood & Liossis, 2007; Pollet, Nettle, & Nelissen, 2006). In the majority of cases of parental separation, custody of children is awarded to the mother (Office for National Statistics, 2007). Among lone-parent or stepfamilies, paternal grandparents generally see less of their son's children. But maternal grandparents (especially grandmothers) often become much more involved in the family life and in help in the care of the grandchildren during the years of single-parenthood (Cherlin & Furstenberg, 1986; Dench, Ogg, & Thompson, 1999; Johnson, 1988; Lussier, Deater-Deckard, Dunn, & Davies, 2002). Studies on the multigenerational family have often addressed the social and demographic characteristics of the grandparents and the roles they play in families with young children (e.g., Mueller & Elder, 2003). However, far less is known about the importance of grandparents for the adjustment of adolescent grandchildren, especially in diverse family structures (Ruiz & Silverstein, 2007).

Research on the role of grandparenting in the family has been defined as a continuum with at one end, total lack of involvement—whether for causes under grandparents' control or not—and at the other, full-time care of grandchildren (Cherlin & Furstenberg, 1986; Kivnick, 1982). The so-far limited research on grandparents with full-time care presents a mixed picture of the benefits for grandchildren (Hunt, 2001). However, there is some research evidence that closeness and informal involvement of grandparents are associated with reduced adjustment difficulties among grandchildren (Lussier et al., 2002; Ruiz & Silverstein, 2007). Werner and Smith (1982) identified contact with a grandparent as being one of the numerous protective factors for children at risk for maladjustment, in part because of the continuity in care that such a relationship provides during the times of family transitions. In addition, in a recent study of U.S. young adults by Ruiz and Silverstein (2007), it was found that close and supportive relationships with grandparents reduced depressive symptoms especially among young people whose families of origin were absent a parent (see also Kennedy & Kennedy, 1993). It should be noted, however, that their study was retrospective and did not measure the concept of grandparent involvement per se. Several UK studies have examined grandparenthood in different family structures based on samples from the UK Avon Longitudinal Study of Parents and Children (ALSPAC). For example, Lussier et al. (2002) examined reports of children and adolescents and their parents on their relationships with their grandparents. They found that closeness to maternal grandparents typically was associated with better child adjustment, particularly in two-parent biological families and stepfather families. Closeness to paternal grandparents was either not associated with child adjustment or was linked with poorer adjustment. Based on the ALSPAC longitudinal data, Bridges, Roe, ALSPAC, Dunn, and O'Connor, (2007) investigated children's relationships with grandparents over time in different family structures. The data were collected at two time points over a 5-year period. Associations between closeness of child-grandparent relationship and children's adjustment were found only at the first point of data collection when the mean age of the grandchildren was 14 (Lussier et al, 2002). However, it should be noted that the age range of participants in this study was very wide and that the measure of closeness was based on a single question. The study also did not include a measure of what grandparents actually did with their grandchildren. Bray and Berger (1990) found among a sample of U.S. children and adolescents from stepfather, white, middle-class families that while for girls, the associations between paternal grandparent involvement and adjustment scores (such as self-esteem) were positive, for boys the association was at some points of the remarriage positive and at others negative.

The present study is guided by social ecological theory (Bronfenbrenner, 1979), which suggests that to understand children's development, we should take into account not only the children and their immediate circles' characteristics, but also experiences with other family members outside of the immediate family's residence (Lussier et al., 2002). Grandparents often serve as a positive influence in the lives of their grandchildren by taking on various roles such as caregiver, playmate, adviser, and friend (King, Elder, & Conger, 2000). This theoretical framework suggests that grandparent-grandchild relationships are likely to influence adolescents' adjustment either directly (e.g., providing support) or indirectly (e.g., supporting the parent).

As it emerges from the above, adolescents-grandparents relationships have received little attention in the literature and relied mainly on adults' reports. Studies which have focused on adolescents' reports have been often based on small-scale samples. This study focuses on the adolescents' reports on their relationships with their "closest" grandparent in a large-scale sample from England and Wales. It focuses on the following questions: (a) How do adolescents' reports on their closest grandparent's involvement vary in different family structures? (b) What are the associations between grandparent involvement and adolescents' emotional and behavioral adjustment? And (c) Do the associations between grandparent involvement and adolescents' adjustment vary across different family structures?

Method

Participants

The sample for the current study includes 1,515 secondary school students in England and Wales ages 11 to 16 years (curriculum years 7-11). The original eligible sample was 1,566 secondary school students, from which we ex-

cluded 51 students (3.3% of the eligible data) who were living with their grandparents ($n = 11$), living with older brothers or sisters or other relatives ($n = 13$), or those who reported living equally with their mother and father ($n = 2$). An additional 25 adolescents who did not answer this question, or reported they lived with someone else, were omitted from the study. The sample consisted of approximately equal percentages of males (51.3%) and females (48.7%) ages 11 to 16 years ($M = 13.38$, $SD = 1.39$). As shown in Table 1, 66.3% of the adolescents were from two-parent biological families, 18% from lone-parent families, and 15.7% from stepfamilies. About 9% of the adolescents reported having been excluded from school in the past, 18.7% reported having received free school meals, and 89.4% of the students were White-Caucasian. The resulting sample was broadly representative, by age, gender, ethnic origin, family background, and family socio-economic background of young people in England and Wales. An average of 22 questionnaires were returned per class. This number matches the average class size for secondary schools in England which was 21.3 students in 2007 (www.dcsf.gov.uk/rsgateway/DB/TIM/m002008/index.shtml). All students who were present in the class on the survey day took part in the study. No withdrawals from the study were recorded.

Procedure

The sampling frame of this study included 1010 schools, elicited from the appropriate years of the School Government Publishing Company's list of schools using probability proportionate-to-size sampling (i.e., the number of pupils per school was examined to ensure that larger schools had a greater chance of being selected). One grade level per school was randomly selected and one class within each grade level was also randomly selected. All of the students in the selected class were surveyed. Out of the 1010 schools, 103 were randomly selected, and seventy schools returned the questionnaires (response rate of 68%).

Information was collected from the adolescents by an anonymous structured questionnaire in a classroom setting. Letters were sent to the sampled schools, enclosing a letter to be sent to parents, detailing the purpose of the study and this included a return slip for the school to indicate their willingness to take part in the project and also a contact name of the person at the school who would be in charge of arranging the survey process. Parents were told they could withdraw their children if they did not want them to take part. The adolescents provided informed consent to take part in the survey. They were made aware they were free to withdraw from the study at any time for any reason. Confidentiality was ensured to all participants. Questionnaires, procedures, and informed consent forms and instructions were reviewed by the Ethical Committee of the University of Oxford. The study was funded by the Economic and Social Research Council (ESRC), and a UK survey agency (GfK National Opinion Polls) contacted the schools and undertook the survey on behalf of the researchers.

Table 1
Descriptive Statistics and Percentages of Adolescents in Different Family Structures and Grandparent Involvement

			Grandparent involvement	
Family structure	*n*	%	*M*	*SD*
Two-parent biological	1005	66.3	14.75	3.25
Lone-parent	272	18.0	14.58	3.47
Stepfamily	238	15.7	15.19	3.26
Total	1515	100.0	14.79	3.29

Measures

Dependent Variables

Adolescents' adjustment difficulties and prosocial behavior were assessed by the Strengths and Difficulties Questionnaire (SDQ), a 25-item 3-point Likert-type scale (0 = not true, 1 = somewhat true, 2 = certainly true) measuring four difficulties (hyperactivity, emotional symptoms, conduct problems, and peer problems), as well as prosocial behavior (Goodman, 1994; 1997). Each subscale has five items such as 'constantly fidgeting or squirming' (hyperactivity; $\alpha = .72$), 'many worries, often seems worried' (emotional symptoms; $\alpha = .69$), 'steals from home, school or elsewhere' (conduct problems; $\alpha = .63$), 'rather solitary, tends to play alone' (peer problems; $\alpha = .55$), and 'helpful if someone is hurt, upset or feeling ill' (prosocial behavior; $\alpha = .66$). A total difficulties score is calculated by summing the scores for hyperactivity, emotional symptoms, conduct problems, and peer problems ($\alpha = .70$). Cut-off scores for the borderline/abnormal range (the SDQ cut-off score identifies 20% of the population) are 16+ for total difficulties, 6+ for emotional symptoms, 4+ for conduct problems, 6+ for hyperactivity, 4+ for peer problems, whereas the borderline/abnormal range for prosocial behavior is 0–5. The SDQ has been widely used internationally as a screening tool for child adjustment (www.sdqinfo.com).

Control Variables – Adolescents' Characteristics

The first section of the questionnaire asked adolescents to provide demographic information, including: age, gender, free school meals (FSM) eligibility (in the UK FSMs are given to students of families receiving benefits because of low income), ethnicity, and whether they had ever been excluded from school.

Categorization of Family Structure

In this study, adolescents were asked to report if they were living with (a) their mother and father; (b) mother on her own; (c) father on his own; (d) mother and stepfather or mother's partner; (e) father and stepmother or father's partner (as mentioned earlier, adolescents who were living with both parents equally, or living with neither parent, such as those living with their brothers or sisters, were excluded from the study). Based on this question, we could not

distinguish in this study between adolescents from continuously single-parent, widowed, and separated parent families. Instead, we focused on the number of parents in the household and classified adolescents' reports into three groups: (a) *Two-parent biological families* were those in which adolescents reported they were living with both their parents; (b) *Stepfamilies* were those in which adolescents reported they were living with one of their parents and step-parent or parent's partner; (c) the third group was adolescents from *lone-parent* families. These adolescents reported they lived with their mother or father on their own. These families were headed by a non-married, non-cohabiting parent (in the majority of cases the mother), and might include adolescents of an unmarried, divorced, or widowed parent. We created two dummy variables of step- and lone-parent families. The two-parent biological families were the reference group.

Grandparent-Grandchild Relationship Characteristics

The 'closest grandparent.' Elder and Conger's (2000) scale of grandparent-grandchild relationship was used to assess the emotional closeness of the adolescents with their grandparents. Adolescents assessed the quality of this relationship on a 4-point Likert-type scale (ranging from 1 = *not at all* to 4 = *a lot*) by indicating the extent to which: they could depend on their grandparents, they felt appreciated, loved or cared for; the grandparent helped them in significant ways; and they were close compared to other grandchildren to grandparents. The total responses for each living grandparent were averaged: higher mean score indicated a closer grandchild-grandparent relationship. Cronbach's alphas across ratings for each living grandparent ranged from 0.77 to 0.84.

The grandparents who received the highest averaged score from the closeness scale were referred as the '*closest grandparent*' for the adolescents in the current study and the involvement of these grandparents was examined. In order to ensure that the identification of the 'closest' grandparent for all adolescents was achieved, additional criteria, as suggested and used by Elder and King (2000), were used when more than one significant grandparent emerged. These criteria were frequency of contact (i.e., the grandparent that they saw or talked to most was rated as the most significant), gender of grandparent (i.e., the same-sex grandparent was rated as the most significant), and lineage (i.e., maternal grandmother was chosen first, followed by maternal grandfather and then paternal grandparents). In this study, in 41% (n = 640) of the cases, more than one closest grandparent appeared. Among these cases, about 4% (n = 61) of the closest grandparents were identified by the additional criterion of frequency of contact, 29.2% (n = 458) by the gender of the grandparent and 7.7% (n = 121) by the lineage criteria.

Grandparent involvement. The pattern of grandparent involvement was measured using a series of items about the direct and indirect influence of grandparents on grandchildren (Elder & Conger, 2000; King & Elder, 1997). The levels of grandparent involvement were determined by asking the adolescents to indicate the extent to which their grandparents had looked after them, participated in their social interest and school-related activities, had been mentor/advisor for future plans and problems, and provided financial assistance (Elder & Conger, 2000). The extent of grandparent involvement (α = .74) was assessed using the summation of all these 6 items, ranging from 6 to 18, with higher scores indicating higher level of grandparent involvement in adolescents' lives.

Results

The rates of adolescents within the clinical range according to the cut-off points of the SDQ scores suggested by Goodman (1997) were presented. In addition, descriptive statistics for grandparent involvement for adolescents in the different family structures were provided. Univariate analysis of variance (ANOVA) was then conducted to examine family structure differences in grandparent involvement level. Next, a series of hierarchical multivariate regression models were estimated to predict each of the six dependent variables: emotional symptoms, conduct problems, hyperactivity, peer problems, prosocial behavior, and total difficulties. In the first step, the sociodemographic characteristics of the adolescents (age, gender, exclusion from school, receipt of free school meals, and ethnicity) were included. The second step added family structure. In the third step grandparent involvement was added, and the fourth step included the terms that interact with grandparent involvement and family structure. Given the relatively small numbers of adolescents in the different family structures, the pairwise procedure for treating missing values was used.

Adolescents' Emotional and Behavioral Adjustment

According to the cut-off points of clinical range of the SDQ scores suggested by Goodman (1997), 80% of the adolescents in the community are normal, 10% are borderline, and 10% are abnormal. Given this, the study sample was at lower risk of emotional problems (9.7%) and peer problems (8.5%) than expected. However, the proportions of adolescents at risk of conduct problems (19.9%), hyperactivity (23.8%), and of problems in prosocial behavior (21.6%), and total difficulties (25.2%) were as expected or slightly higher.

Family Structure, Grandparent Involvement and Adolescents' Adjustment

As shown in Table 1, the adolescents' score for involvement of the closest grandparent averaged 14.79 (SD = 3.29) with a median score of 15. The table also presents the level of grandparent involvement among adolescents from the different family structures. No significant differences were found between adolescents from the different family structures in levels of their closest grandparent involvement, as indicated by an ANOVA, $F(2, 1336) = 2.177$, $p = .11$.

Results from multiple regression analyses (Table 2) showed that adjustment difficulties and prosocial behavior varied according to the adolescents' characteristics. Older adolescents reported fewer conduct problems and total difficulties. More overall difficulties and emotional symptoms were found among females than males; however boys had higher levels of conduct problems and peer problems and showed fewer prosocial behaviors than girls. Adolescents who had ever been excluded from school showed more psychopathology (total difficulties, conduct problems, and hyperactivity) and lower levels of prosocial behavior. Similarly, those who received free school meals showed more adjustment difficulties (emotional symptoms, peer problems, and total difficulties). After controlling for receipt of free school meals as an indicator for socio-economic difficulties, white adolescents showed more hyperactivity, peer problems, and total difficulties.

Controlling for these factors, it was found that respondents raised in stepfamilies and lone-parent families had more conduct problems and more total difficulties than those from two-parent biological families. Furthermore, those from lone-parent families had higher hyperactivity levels and those from stepfamilies had more peer problems than adolescents from two-parent biological families. In a further examination, instead of utilizing the two-parent biological families as the reference group, we inserted into the regression equation two dummy variables where the reference group is the stepfamily. It was found that there was a general tendency of adolescents from stepfamilies to have more adjustment difficulties than those from lone-parent families. The findings regarding the differences between emotional symptoms ($\beta = -.079$, $p < .05$) and total difficulties ($\beta = -.13$, $p < .05$) reached statistical significance. The addition of grandparent involvement in step 3 produced some significant associations with the adolescents' adjustment. Adolescents whose closest grandparent (according to Elder's criteria) was more involved in their lives, reported fewer emotional symptoms and more prosocial behaviors than those who reported less grandparent involvement.

Significant interaction was found between family structure and involvement in predicting conduct problems. While the association between grandparent involvement and conduct problems for adolescents from two-parent biological families was weak and nonsignificant, for adolescents from lone-parent and step- families there was a significant association between more grandparent involvement and reduced child adjustment difficulties (Figure 1).

Furthermore it was found that while the association between grandparent involvement and peer problems was statistically nonsignificant for adolescents from two-parent biological families, there was a significant association between grandparent involvement and reduced peer problems among adolescents from stepfamilies (Figure 2).

Finally, with regard to broad psychopathology (total difficulties score) it was found that while the association between grandparent involvement and reduced total difficulties was nonsignificant for adolescents from two-parent

Table 2
Summary of Hierarchical Regression Analyses Predicting Adolescents' Adjustment From Background Variables, Family Structure, and Grandparent Involvement (Standardized Beta Coefficients)

	Emotional symptoms	Conduct problems	Hyperactivity	Peer problems	Prosocial behavior	Total difficulties
			β			
Step 1						
Age	−.04	−.06*	−.02	−.03	−.04	−.06*
Sex (boys)	−.28***	.08**	.004	.08**	−.29***	−.06*
Exclusion from school (excluded)	.03	.18***	.14***	.01	−.08**	.14***
Free school meals (receivers)	.10**	.04	.01	.09**	.03	.09**
Ethnicity (white)	.04	.003	.07*	.06*	.02	.06*
ΔR^2	.083***	.064***	.027***	.02***	.115***	.04***
Step 2						
Lone-parent family (ref = two-parent family)	−.02	.64***	.26*	.20	−.19	.40**
Stepfamily (ref = two-parent family)	−.05	.43**	.07	.31*	−.11	.28*
ΔR^2	.004	.006*	.005*	.001	.002	.008**
Step 3						
Grandparent involvement	−.010**	.03	−.04	−.05	.16***	−.06
ΔR^2	.007**	.005*	.004*	.009*	.032***	.013**
Step 4						
Lone-Parent Family × Involvement	.01	−.63***	−.24	−.18	.16	−.36**
Stepfamily × Involvement	.12	−.35**	.01	−.28*	.08	−.19
ΔR^2	.001	.020***	.003	.004	.001	.006*
Adjusted R^2	.087	.088	.031	.026	.14	.061

Note. Emotional symptoms: $F(10, 1311) = 13.479$, $p < .001$; Conduct problems: $F(10, 1311) = 48.886$, $p < .001$; Hyperactivity: $F(10, 1311) = 5.231$, $p < .001$; Peer problems: $F(10, 1311) = 4.515$, $p < .001$; Prosocial behavior: $F(10, 1311) = 22.989$, $p < .001$; Total difficulties: $F(10, 1311) = 9.480$, $p < .001$.
* $p < .05$. ** $p < .01$. *** $p < .001$.

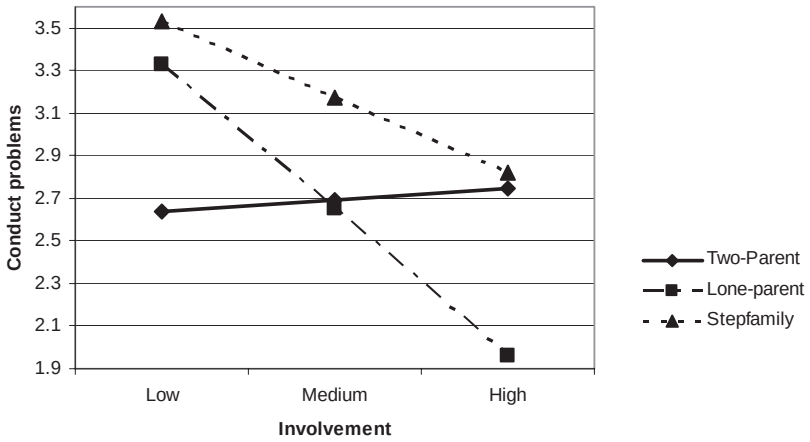


Figure 1. Interaction between grandparent involvement and family structure in predicting conduct problems.

biological families, it was significantly stronger among adolescents from lone-parent families (Figure 3).

Discussion

The current study is the first large-scale nationally representative study conducted in England and Wales that examines the links between grandparenting and adolescents' well-being in different family structures. The main findings of the study showed that greater grandparent involvement was associated with fewer emotional problems and with more prosocial behavior among the whole sample. In addition, while there were no differences in the level of grandparent involvement across the different family structures, grandparent involvement was more strongly associated with reduced adjustment difficulties among adolescents from lone-parent and step- families than those from two-parent biological families. Given the increasing proportions of children and adolescents growing up in non-traditional family structures, more attention may need to be paid to the role of grandparents as social supporters for children and adolescents raised in these changing and complex environments.

The similar level of involvement of the closest grandparent across different family structures is an interesting finding which is consistent with that of Lussier et al. (2002) who found no differences in frequency of contact with grandparents among children in different family structures. It is also in line with large-scale surveys which indicate that grandparents value the relationships with their grandchildren and are consistent and active presence in their lives (Dench et al., 1999). This finding may imply that grandparents often remain important figures in their grandchildren's lives regardless of changes in family structure (Lussier et al., 2002). Although this study used cross-sectional data, one possible implication of the association found between greater grandparent involvement and fewer emotional symptoms and more prosocial behavior is that active contact with grandparents is important for adolescents' adjustment. This finding is in line with the social ecological paradigm and family systems theories which suggest that supportive relationships

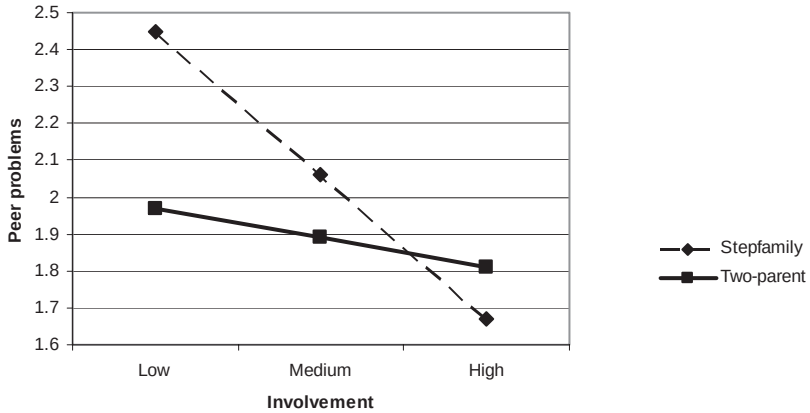


Figure 2. Interaction between grandparent involvement and family structure in predicting peer problems.

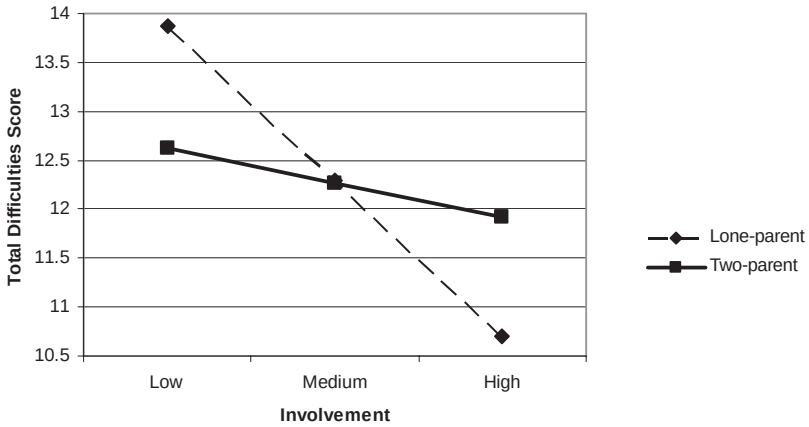


Figure 3. Interaction between grandparent involvement and family structure in predicting total difficulties.

with family members outside the immediate family are linked to better adjustment for children and adolescents.

The main purpose of this study was to examine whether the association between grandparent involvement and adolescents' adjustment varied across different family structures. Although there were few significant interactions between family structure and grandparent involvement, the pattern of the findings was consistent. It showed, as mentioned above, that for adolescents in lone-parent and stepfamilies, involvement of the closest grandparent was more strongly associated with reduced total difficulties and specific adjustment difficulties than for adolescents in two-parent biological families. This finding is consistent with studies which showed that close relationships with grandparents following parental separation were associated with fewer adjustment problems among young people (Lussier et al., 2002; Ruiz & Silverstein, 2007).

Although the current study cannot determine causal implications, these findings may indicate that grandchildren in lone-parent and step- families are the chief beneficiaries of grandparent contact and that this contact is an important protective resource in their lives. Ruiz and Silverstein (2007) suggest that in the face of single parenthood and the new challenges imposed by forming a stepfamily, as well as developmental challenges faced by adolescents, grandparents may serve as functional substitutes in lessening adolescent distress. These findings are in line with those of Werner and Smith (1982) who identified close contact with a grandparent as one of a number of protective factors for children born at risk for maladjustment, in part because of the continuity in caregiving that such a relationship provides during multiple transitions (see also Kennedy & Kennedy, 1993). Studies also showed that grandparents were important confidants for young people in times of distress, such as parental separation and divorce, as well as constructing a new family. In addition, they functioned as monitors of parental behaviors (e.g., Dunn & Deater-Deckard, 2001; Kennedy & Kennedy, 1993).

The results of this study should be interpreted with caution given its limitations. First, the study was based on a cross-sectional design and therefore the direction of associations between variables cannot be determined. Future studies should adopt longitudinal designs to understand better the issues raised here. In addition, the study included information only about the residence of adolescents and therefore was unable to fully differentiate between the family structures to which the adolescents belonged, such as single or divorced families, cohabiting or married couples, and others. Instead we have focused on the number of parent figures available to adolescents. More detailed comparisons would be of particular interest for future research. Future research should examine also the variation in adjustment within the different family structures and contain information on the length of time since the entry to the lone-parent or step- family and the developmental stage in which this transition occurred, as well as additional retrievable information about the history of the adolescents' family situation (see for example Bray & Berger, 1990). Furthermore, in the current study we were interested in examining the contribution of a close relationship with a grandparent to adolescents' adjustment and therefore focused on the "closest grandparent" rather than considering the involvement of all living grandparents. We recommend for future research to broaden the scope of the current examination and investigate the contribution of the involvement of more than one grandparent. The small amount of variance accounted for by family structure and grandparent involvement calls for caution when relying on the study's findings. This variance might be the result of the relatively large sample size.

In the present study, the results showed that after controlling for socio-economic status, non-White students were doing better in some areas of adjustment than White-Caucasian students. This finding can be explained by the following. The largest ethnic group in the UK, as in this study, are young people from South Asia. Meltzer, Gatward, Goodman, and Ford (2000) in a survey of the mental health of children and adolescents in Great Britain have shown that the prevalence of any mental disorder is lower in Indian, Pakistani/Bangladeshi, than White or Black (such as Afro-Caribbean) groups and that the prevalence of any mental

disorder is much higher in low income households. The inclusion of different groups within the non-White category in conjunction with controlling for socio-economic status may result in under-representation of the adjustment problems of poorer populations among the non-Whites in the current study. These non-White groups were placed together due to small numbers of respondents in each group. Future research across different cultural groups, with a more detailed specification, would be of interest. In this study only grandchildren's accounts were relied upon in assessing relationships with grandparents. Parents' and grandparents' reports were not included, nor did we address grandparents' age and health, factors that are likely to inform about cross-generational relationships (Hannson & Carpenter, 1994; Troll, 1983). Future research should include additional information that might be relevant to adolescent outcomes such as the actual resources of the family.

In spite of these limitations, our findings are consistent with extant theories in the literature concerning the consequences of parental absence for the development of adolescents. Grandparents were identified as a potential resource and as potentially moderating the negative influence of parental separation and multiple family transitions (Cherlin, Chase-Lansdale, & McRae, 1998; Hetherington, Bridges, & Insabella, 1998; Ruiz & Silverstein, 2007). The current study emphasizes the need to examine adolescents' adjustment and well-being from a social ecological perspective, taking into account not only their characteristics and those of their immediate family characteristics but also factors outside the family. Practitioners should consider working across generations to strengthen the entire family. Grandparents represent important resources to stabilizing the changing ground of family life that arises in separated and lone-parent families. This is especially important as research shows that the emotional benefits of grandparent contact may persist into adulthood (Ruiz & Silverstein, 2007). Currently, grandparents potential contribution to children's and adolescents' development is largely unacknowledged by professionals working with children and adolescents (Lussier et al., 2002). Public institutions, such as schools and welfare services, need to recognize grandparents as a potentially important source for support in adolescents' lives in general, but in particular, for those increasing numbers of adolescents going through a family transition. Evidence from this research serves as a platform for further investigation of the influence of grandparents on the well-being of their grandchildren in different family types.

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