The Experiences of Grandparents Providing Regular Child Care For Their Grandchildren

A Masters Honours Thesis Submitted to the University of Western Sydney

By
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Declaration

This thesis represents new research that has not previously been submitted for a higher degree at the University of Western Sydney or any other tertiary institution. Findings outlined in this thesis (Chapters 6, 7, 8 and 9) represent original contributions arising from this research.

This research has been undertaken with assistance from the NSW Department of Community Services. However, the information and views contained in this study do not necessarily, or at all, reflect the views or information held by the NSW Government, the Minister of Community Services or the Department.

Signed: ___________________________
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Abstract

Little research is currently available on child care arrangements involving grandparents, at a time of significant change within the child care sector. This study explored the experiences of grandparents providing regular care of their grandchildren prior to school entry. It used narrative inquiry, a qualitative research methodology to investigate the nature of their care experiences from the perspective of grandparent carers. Narrative texts were gathered through semi-structured interviews with 17 grandparents from a range of socio-economic and cultural backgrounds across Sydney and in south-west NSW. The active engagement of grandparents in the preparation of interpretive texts, enabled significant depth of meaning to be discovered within grandparents’ stories.

The study revealed that grandparents held contrasting views in relation to their care experience. They gained significant meaning from building strong bonds with grandchildren, while also experiencing loss of autonomy, physical tiredness and in some cases family tension. The study found grandparent carers were not a homogenous group and identified four “carer clusters”, grouped around grandparents’ perspectives on family contribution, care obligations and personal independence. The study points to the importance of grandparents having choice in care decisions and the need to establish arrangements with adult children that are true care partnerships.
Chapter 1  Introduction

Grandparents are increasingly acting as carers of their grandchildren on a regular basis (Australian Bureau of Statistics, ABS, 1999; NSW Committee on Ageing, 1997; VandenHeuval, 1996). Recent literature indicates demographic and social changes such as increased longevity of family members are creating greater opportunities for intergenerational engagement and support provision within families (Bengston, 2001; Borowski & Shu, 1991; Gattai & Musatti, 1999). At the same time, the feminisation and casualisation of the workforce has resulted in an increased demand for child care particularly flexible forms of care to meet varying work arrangements (ABS, 1999; Australian Institute of Health & Welfare, 1999; Goodfellow, 1999). Approximately one fifth of children in Australia aged less than 5 years are currently cared for by grandparents as part of regular child care arrangements (ABS, 1999). Despite being an important child care option, few studies have specifically focused on grandparents as regular child care providers. Similarly, few studies in Australia and overseas have involved grandparents as active research participants (Smith & Drew, 2002).

This study investigated the experience of grandparents providing regular or part-time care child care for their grandchildren during the years prior to school entry. It investigated this experience from the perspective of grandparent carers of grandchildren of below school age. The study engaged grandparents as active participants in the research process, as it sought to understand the nature of their care experiences and expectations of their care role. The study assessed the impact regular care roles were having on grandparents’ lives and explored the complexity underpinning their care involvement. The study considered the individual, family and social contexts of care and the tensions and contradictions attached to care arrangements. Regular care was defined in this study as provision of child care for grandchildren for at least 5 hours each week, but excluding full-time parenting care provided by custodial grandparents. The terms “care role and care roles” have been used interchangeably throughout this thesis, as it was evident some grandparents defined their care as a singular role, while others saw...
their care as made up of a multiplicity of roles and activities, for example, as nurturers, playmates and explorers.

This investigation was initiated following a major commissioned research project undertaken by Dr Joy Goodfellow for the NSW Department of Community Services (the Multicare Arrangement Patchwork Study, 1999). Goodfellow found grandparents were playing a significant role in the multiple care arrangements parents had in place for their children. This study built on these findings and delved further into the needs of this grandparent carer group. It involved both participants providing child care as part of multiple arrangements and also sole care providers. The study considered the care demands on grandmothers and grandfathers and identified factors influencing grandparents’ decision to care for grandchildren and their capacity to manage and sustain their regular care role. It drew on a substantial body of literature discussed in Chapters 2 and 3 which encompassed: social and demographic trends influencing care provision; developments within the child care sector and family policy in Australia; intergenerational relationships and care provision within families, and findings from a small number of studies focused on grandparents views and perceptions.

The research is positioned within a phenomenological framework, as it focused on discovering the essence or essential meaning existing within the regular care experience of grandparents. It drew on the work of Van Manen (1990; 1997) in conceptualising and documenting the nature of experience and approaches to draw meaning from such experience. As outlined in Chapter 4, narrative inquiry was selected as the research methodology to delve deeply into grandparents’ care experience, as lived and told by participants. Semi-structured interviews with grandparents were used to identify and understand many of the subjective issues relating to care provision and the interaction of this care role with the broader life expectations and perspectives of these middle-aged and older Australians. The intensive storying process involving researcher and participants working together to prepare interpretive texts from transcripts and grandparents’ writings, enabled significant depth of meaning to be gained from the individual and collective experiences of grandparents. Data analysis strategies were

The analysis sought to explore the personal, social, temporal and spatial aspects of individual and collective experiences and to identify the common threads within and across grandparents’ stories. The collective meaning drawn from this analysis was then framed within a larger or overarching story identified as the collective narrative (Polkinghorne, 1995). The collective narrative was represented in this study as the findings in Chapters 6, 7 and 8, with a biography of each grandparent presented in Chapter 5. These biographies have been included to enable readers to better understand the different contexts of care and the range of experiences grandparents brought to their care role and circumstances.

Study findings uncover complex dimensions and layers of meaning existing within grandparents’ experiences. Chapters 6 and 7 are woven around two narrative threads: creating closeness and connection with grandchildren and trading personal time and autonomy. These threads represented the contrasting views grandparents held both individually and collectively about their care experience. Grandparents viewed the care experience as a dichotomy, an interleaving of both positive and negative aspects inherent in their care experience. On the one hand grandparents drew significant meaning from building a relationship with grandchildren and nurturing their growth and development. On the other, they were conscious of the foregone opportunities, loss of autonomy and sacrifices they were making in their own lives. In some cases grandparents felt overwhelmed and compromised by the negative aspects of the care dichotomy and their reduced capacity to achieve broader life goals and personal priorities.

The diversity and commonality of views and expectations grandparents held in relation to their care role and broader life meaning are explored further in Chapter 8. The concept of a care-identity continuum was developed to illustrate the extent to which
the regular care of grandchildren was central to grandparents’ lives or was viewed as one of a number of broader life involvements. The continuum demonstrated that some grandparents sought lives revolving around their grandchildren, although the majority chose to position care as one of a number of broader roles and involvements in their lives. Analysis of grandparents’ position along the continuum led to defining four carer clusters, or specific groupings of grandparent carers. These were: avid carers, flexible family carers, selective carers and hesitant carers. Grandparents in each cluster were united by a common understanding or perception of family contribution and obligation and expectations of personal independence and autonomy in their lives.

This study identified the importance of grandparents being pro-active and vocal partners in establishing care arrangements that were based on mutual respect and that effectively considered grandparents’ needs alongside adult children’s commitments and grandchildren’s well-being. This investigation found the ability of grandparents to choose the type and level of care they took on was fundamental to their satisfaction with their regular care roles. Where care commitments matched their expectations and life goals, care roles were found to be satisfying. However where commitments were not seen as matching life priorities, grandparents positioned care as competing with other personal pursuits and struggled with reconciling care commitments with their personal expectations.

Conclusions drawn in Chapter 9 of this study indicated grandparents were challenging the capacity of formal child care to deliver the same level of one-on-one nurturing, flexibility and continuity of care that they felt they were providing for their grandchildren. Grandparents stressed the importance of children’s early years of life as significant building blocks in children’s emotional and physical development. Their experience highlighted the need for policy makers and service initiatives to more fully recognise the role grandparents’ play in creating confidence and security for grandchildren. Grandparents’ stories highlighted the major contribution grandparents were making to individual families and the broader community, through their unpaid care. The study highlighted some practical support issues, including the need to have
available local services and resources to actively assist grandparents who experience difficulties with care arrangements. Such support was needed to ensure grandparents felt confident and secure in their care role and were empowered as care negotiators, to establish and maintain care arrangements on their terms.

This study makes an important contribution to the body of academic research on families, grandparenting and the provision of other-than-mother quality care for very young children. It extended the boundaries of current knowledge on these issues both in Australia and internationally at a critical time of social and economic change. The study highlighted both the strengths and fragilities of intergenerational relationships which define the family care context. It recognised regular care was a dynamic experience and identified diversity and commonalities amongst grandparent carers. Findings highlight that grandparents’ propensity to care for grandchildren should not to be assumed, but was based on a complex set of factors and influenced by grandparents’ beliefs and values relating to family obligation and independence. The study confirmed that grandparents were choosing to grandparent their grandchildren, not to parent them. They were extending the nurturing boundaries within their families and embedding their regular care role within a broader grandchild-grandparent relationship. The extent to which grandparents were supplementing or replacing parent-child bonds within these families, was beyond the scope of this investigation.

The study highlighted the need for further research that builds on this exploratory work, to determine the extent to which findings reflected the experience of the broader grandparent carer population, or related specifically to the 17 participants in this study and at a point in time. While a small number of grandmothers in this study were regularly caring for grandchildren and working, a more detailed investigation of the nature of this work and care experience is also needed, including further consideration of the impact these dual roles are having on the lives of these grandmothers.
For the purposes of this study the term child care or care referred to arrangements (other than parental care) made for the care of children. Formal care was regulated care taking place away from the child’s home and included attendance at preschool, a child care centre, family day care and occasional care. Informal care was non-regulated care that can take place in the child’s home or elsewhere. It included care by family members, friends, neighbours and paid baby sitters (ABS, 1999). Parents often used a combination of formal and informal arrangements to provide for children’s care needs. They also often used combinations of care within both the informal and formal sectors (Goodfellow, 1999). Child care provided by grandparents formed part of the informal child care sector in Australia (ABS, 1999).
Chapter 2 A Review of Literature: Social trends and Child Care Directions

This Chapter explores Australian and international literature relating to social and demographic changes affecting the demand for child care, the role of grandparents in child care provision and related developments in child and family policy. Literature relating to the intergenerational context for care within families and discussion of available research on the views and experiences of grandparents is reviewed in Chapter 3.

The Changing Demographic and Social Context

The involvement of grandparents as regular providers of child care for grandchildren is occurring at a time of considerable social and demographic change. A body of Australian and international research predominantly undertaken over the last 2 decades, reflects on these social and demographic changes and the current and potential impacts these changes are having on the demand for formal child care and informal care roles within families. Changes such as increased female participation in the workforce, the incidence of divorce and family breakdown, increased life expectancy and the associated ageing of the population have individually and collectively influenced the need for child care and the role of family members in later life who respond to this child care need.

Women’s Participation in the Workforce and Multiple Roles

Women in Australia have “stepped into the labour force in increasing numbers” over the last 25 years (VandenHeuval, 1996, p.288). Women represented 43% of the labour force in 1995 compared with 33% in 1970. The participation rate for working mothers whose youngest child was aged 4 years or under increased from 44.5% in 1991 to 49.8% in 2001 (ABS, 2001). Almost half of all children aged less than 12 years
(48%) were living in families where a lone parent or both parents were working full-time or part-time. These shifts have created demand for formal and informal child care for children of below school age and at primary school (ABS, 1999).

The increasing participation of women in the workforce has implications not only in terms of demand for child care (to meet the work commitments of mothers) but also in relation to the participation of older women in the workforce (Millward, 1996). Employment rates for women aged 45 to 54 years increased from 46% in 1980 to 68% in 2000, with rates also increasing for older women aged 55 years to 64 years from 21% to 34% during this time (ABS, 2001). The greater likelihood of older women being employed than previously has a number of follow on effects or implications in relation to this study. The re-entering or continuation of women in the workforce for longer periods may lead to a decline in the availability of grandmothers who are able to provide regular informal child care for grandchildren, particularly for extended periods or during traditional business hours. Millward (1996. p.19) saw such a phenomenon as reducing the “army of unpaid domestic help and child care labour in which middle-aged grandmothers feature prominently”. While the increased participation of older women in the workforce may lead to less grandmothers having time to care for grandchildren, grandmothers may equally however be taking on regular child care responsibilities, over and above their work-related commitments. Research by Millward (1998) based on a sub-sample of 449 grandparents from the 1996 Australian Institute of Family Studies Life Course and Later Life Families Study (AIFS) indicated this latter scenario was already occurring. Grandmothers in paid employment reported they saw their grandchildren slightly more often than those grandparents who were not working. More specifically Millward found employed grandmothers were caring for their grandchildren at least as often as retired/non-working grandmothers, suggesting employed grandmothers were juggling work and care commitments simultaneously. This was also more likely given the majority of women aged 45-54 years were working part-time not full-time (McDonald, 1997).
In terms of age, Millward (1996; 1998) found working grandmothers caring for grandchildren were usually younger than non-working grandmothers and mostly caring for younger grandchildren, aged less than 2 years. From an international perspective, Baydar and Brooks-Gunn (1998) confirmed these findings in a larger study in the United States using a multivariate regression model to analyse data (sample of 2095) from the National Survey of Families and Households 1992-94. This study examined the characteristics of grandmothers who helped provide care for their grandchildren and found that the 43% of these grandmothers were younger, of better health, had higher educational attainment and were more likely to be employed. These grandmothers were defined by Baydar and Brooks-Gunn as young and connected grandmothers, as they maintained a range of diversified social and civic roles in addition to caring for grandchildren. Co-residence, where grandparents were living in the same household as their adult child and grandchild/children was also found to greatly increase the likelihood of grandparents providing care.

Despite limitations relating to the small sample size used by Millward (1996) and difficulties in identifying characteristics and actual levels of grandparent involvement in the study by Baydar and Brooks-Gunn (1998), both studies provided important findings on the nature and timing of work and care roles, assuming female participation rates remained stable or continued to increase over time. The studies indicated caregiving responsibilities did not appear to curtail or restrict women’s participation in the workforce and vice-versa. Similarly, the studies inferred that the time of greatest need for grandparent care of young grandchildren (linked to their adult child’s employment or other reasons) can fall when many grandmothers were still in paid employment and when children were youngest (Millward, 1996). The studies indicated middle-aged/older women were playing a critical role in the delivery of care for young children at a time when they were also contributing through the taxation system to government funded formal care and assistance (Millward, 1996). These grandmothers were also juggling work and care commitments at a time when there was little recognition of their dual responsibilities in the public domain, or little understanding of their needs or views of this experience.
Unlike Millward (1996) and Baydar and Brooks-Gunn (1998), Bergquist, Greenberg and Klaum (1993) found in a qualitative study based on interviews with seventy-three men and women in the 50 to 60 year age group, that grandmothers in the United States did feel some personal conflict between their care giving roles and paid employment commitments. Women felt there were more demands on them to care for extended periods, compared to grandfathers. The study found that while care of grandchildren may have been manageable for retired/non-working women it placed additional psychological and physical stress on older women in employment. The conflicting findings between available studies confirmed the need for more specific research focused on the extent and nature of potential stresses on older women with dual work and care roles.

**Gender and Provision of Care for Grandchildren**

The Bergquist et al. (1993) study found men in their fifties had very positive views of their grandparenting role – having more time and opportunity to enjoy grandchildren and in some cases making up for missed opportunities with their own children. Although this study was important in understanding priorities for grandfathers, most available literature showed care provision continued to be very gender driven, with the responsibility for care of grandchildren being significantly greater for grandmothers than grandfathers. Millward (1996), using a subset of the 1996 AIFS data, reported none of the grandfathers interviewed took the main responsibility for care of grandchildren, with half sharing this role with their partner. The remaining 50% of grandfathers indicated care of grandchildren was the sole responsibility of their female partner.

While findings from the Millward (1996) study need to be considered cautiously given the limited number of men interviewed relative to women, Bergquist et al. (1997) also found this same role difference between male and female grandparents. While there was no difference in the frequency of grandfathers and grandmothers looking after grandchildren, the responsibility of care when jointly caring for grandchildren fully
rested with the female grandparent. This positioning of women as the main carers of grandchildren was consistent with earlier research that found women were the most likely natural carers of other family members (Finch, 1989; Glezer, 1991; Howe & Schofield, 1996). Women’s predominant role as carers linked with Millward’s assertion that the grandparenting role was more integral to women’s identity than for grandfathers, although no data is presented to support her view. Millward suggested that this intertwining of identity and role was most significant where women felt they had a mentoring role for their daughters/daughter-in-law or where raising a family had been their main work in life. Millward reported these women played a greater hands-on care role and that for some women this was core to their personal identity. She also found women registered the lowest levels of satisfaction relating to care of grandchildren in the AIFS data, presenting a complex picture concerning the meaning drawn from this care role and how this role added or detracted from some grandmothers’ broader life satisfaction.

**The Impact of Divorce**

Approximately 43% of first marriages and 55% of second marriages in Australia end in divorce (Gonski, 1997). In Australia, de Vaus (1997) found divorce rates over the last 2 decades have been fairly stable. ABS data (2002) indicated over 50% of divorces involve families with children less than 18 years of age.

Divorce along with other trauma such as drug addiction, incarceration or mental illness involve grandparents taking over the full-time or primary parenting role of their grandchildren, where the grandchildren’s parents were unable to adequately carry out care responsibilities (Burton & Merriwether-deVries, 1992; Creighton, 1991; Hayslip, Shore, Henderson & Lambert, 1998; Jendrek, 1994; Minkler & Roe, 1993; Minkler, Roe & Price, 1992). There was usually no choice for grandparents in this situation, as they often represented the only care option available for grandchildren (Cherlin & Furstenberg, 1986, Hayslip et al., 1998; Jendrek, 1994; Thomas, 1986). While a number of recent studies have focused on custodial grandparents providing primary care of
grandchildren, less is known about the impact of divorce on non-custodial grandparents, beyond legal and access issues. Most available research has focused on the impact of divorce on extended family relationships. Rossi and Rossi (1990) and Stein (1993) identified a weakening or terminating of relationships towards in-laws following divorce, based on the premise that such relationships were weaker than biological links to begin with. Drawing on work by Finch and Mason (1993) in the United Kingdom, Coleman, Ganong and Cable (1997) in the United States also found stronger perceived biological obligations over in-laws prior to divorce, but indicated that this did not necessarily lead to an automatic severing of in-law relationships after divorce. They found the quality of the previous in-law relationship and patterns of support prior to divorce influenced the nature of relationships and support provision after divorce. In an earlier study, Gladstone (1989) reported a significant increase in grandmother-grandchild contact after an adult child’s divorce, subject to grandparents living in proximity to grandchildren, being mobile and active and having access through custody arrangements. Where relationships between grandparents and their adult children were perceived as harmonious, opportunities for grandparents to play a supportive role after divorce were greater, at least in the initial stages, with grandparents often providing financial assistance and informal child care (Aldous, 1995; Gladstone, 1989; Kivett, 1991).

Based on this research, grandparenting roles after divorce appeared to be influenced by the nature of relationships with adult children or in-laws prior to divorce. Studies by Cherlin (1978) and Coleman and Ganong, (1995) highlighted, however, that family dynamics can become far more complex when divorce occurs. They found increased ambiguities in relationships and obligations resulting from divorce of an adult child affected both new and former kin. Remarriage of an adult-child after divorce also created further dilemmas relating to loyalties and time management and relationships being more strained for all involved (Millward, 1996). These studies indicated that divorce created more complex family dynamics and inferred that grandparenthood and negotiations around regular child care arrangements were potentially more fraught.
From the perspective of grandchildren whose parents divorce, Gonski (1997) in the Australian context highlighted the powerful role grandparents could play in supporting grandchildren at this time. She found grandparents were less emotionally involved in the divorce situation than parents and were able to provide continuity and unconditional love during a changeable and sometimes volatile time. While divorce could lead to some grandparents having greater involvement with grandchildren, it also meant less access to grandchildren for other grandparents. According to Gonski, this withdrawal of grandparent contact could be occurring at a time when grandchildren most needed a stabilising influence within their family.

While studies discussed so far were focused on adult children’s divorce and the role of grandparents, McDonald (1997) found divorce amongst the grandparent group in later life could bring unexpected financial difficulty, particularly amongst women who may not have access to superannuation funds. Such pressures led some women to re-enter or enter the workforce for the first time in later life, potentially impacting on their current or future availability to provide regular care for grandchildren. Available literature suggested however that these women would be adding employment to their roles and responsibilities, rather than necessarily trading off or reducing their regular care of grandchildren (Baydar and Brooks-Gunn, 1998; Millward, 1998).

**Ageing and Increased Life Expectancy**

In a recent study on family bonds in the United States, Bengston (2001) cited increased longevity and simultaneous decreased fertility as major factors that have reconfigured the population age structure in most industrialised countries over the last century. These countries, including Australia, have and are continuing to experience an ageing of the population, with the number of older people increasing relative to other age groups. This greying of the community is likely to continue. In the Australian context, McDonald (1997) showed that between 1994 and 2011 the population aged 65 years and over will grow at a rate that is double that for the population as a whole, due to declining fertility rates (Borowski and Shu, 1991).
Although such developments have led to reforms in aged care and shifts by governments to focus on private financing to meet future needs (through superannuation schemes and private health insurance incentives), demographic shifts also have implications within families. Uhlenberg’s 1996 study charting mortality rates in the United States showed that for children born in 2000, by the time they are aged 30 years, over three quarters were likely to still have one grandparent alive, compared to one fifth for the same age group born in 1900. Bengston (2001, p.6) saw this phenomenon as “longer years of shared lives” across generations, creating a “latent network of kinship supply” within families. He saw this latent network as a relatively recent phenomenon, which positioned grandparents as part of a family safety net, able to assist and engage with adult children and/or grandchildren when needed, on a permanent, ad-hoc or regular basis.

While Bengston discussed greater grandparent availability in latent terms, King and Elders Jr. (1997) and Robertson (1995) identified the impact of increased longevity, along with health improvements, as placing grandparents as more active and significant figures within families. Robertson in particular saw such changes as having thrust greater numbers of grandparents into active caregiving roles, with grandparents becoming part of the daily lives of their grandchildren. King and Elders Jr. and Robertson suggested that increased life expectancy equated with more active grandparenting. Although this concept of active grandparenting may be evident in many families, it cannot be assumed. Increased life expectancy has created the conditions and opportunity for active involvement, however, issues of grandparent’s availability, mobility and proximity to grandchildren can also influence their role with grandchildren (Cherlin & Furstenberg, 1986; Gravenish & Thompson, 1996; Uhlenberg & Hammill, 1998, see Chapter 3). Similarly, availability of alternative care options such as long day care places, can also lead in some cases to regular child care being provided outside the family unit.
While increased life expectancy has meant grandparents on average are living longer, Borowski and Hugo (1997) found people’s increased years might not be free of chronic illness or disability. In a review of Australian trends in disability and overall health expectancy in people aged 65 years and over (between 1981 and 1992), they found the incidence of chronic illness amongst older Australians was increasing. This increased disability with age may mean the burden of care is falling on older, unwell adults, or in some cases grandparents being unable to take on informal child care responsibilities because of their limited physical capacity. This trend could also mean younger grandparents were being called on to care for young grandchildren while providing care for elderly parents. Based on trends in life expectancy, this elder care could also continue over longer periods of time.

Trends in life and health expectancy suggest care roles and pressures are falling heavily on the middle aged/older age groups in the community. Work by Ingersoll-Dayton, Neal and Hammer (2001), Brody (1985) and Miller (1981) defined the middle aged/older group aged between 40 and 60 years as the sandwiched generation, reflecting their dual roles in caring for both dependent children and elderly parents. This definition conveyed a double burden of care responsibilities. Hagestad (1988), Rosenthal and Gladstone (2000) and Smith and Drew (2002), suggested that becoming a first time grandparent is a mid-life not a later-life event, with most people becoming a grandparent in their late forties or early fifties. This mid-life timing meant some individuals and couples were not only juggling raising their own children and/or the care of elderly parents (consistent with the sandwiched generation definition), but also potentially involved in the regular care of new grandchildren. Work by Connidis (1996) countered this view, showing that active parenting and grandparenting was less likely to overlap due to reduced periods of childbearing. Gee (1991) however found in a Canadian study that 45% of women participating in the research became first time grandmothers while they still had dependent children. The study indicated that overlapping roles were a reality in some families. Furthermore, the studies by Baydar and Brooks-Gunn (1998) and Millward (1996; 1998) indicated it was also possible that an additional convergence
or layering of family roles was occurring for middle aged grandmothers, as they took on or managed their multiple care roles along with employment commitments.

Whether this role convergence and layering is widespread amongst the current generation of women and/or becomes an identifiable trend over time, depends in part on further demographic factors. Most significantly the trend towards older parenting, with the average age of women having first births increasing from 26.3 years in 1992 to 27.6 years in 2000 (ABS, 2002), could lead to grandparenting becoming more a later life experience than a mid to later life experience. Similarly, factors influencing individual family care choices and decisions including the availability of care alternatives such as formal child care services for young children and home nursing services for the elderly will also impact on future roles and commitments within families. What was evident in available literature, however, was that grandmothers could be providing regular informal child care for grandchildren at the same time that they are caring for other family members, and/or juggling work commitments as part of their daily or weekly routines. Further investigation is needed to better understand the nature of this multi-faceted experience of these grandmothers.

**Developments in Child Care and Family Policy in Australia and Factors Influencing Child Care Preference**

This section discusses child care provision in Australia and recent family policy initiatives that provide the broader context for the provision of care for young grandchildren by grandparents. It also identifies factors influencing the child care preferences and choices of parents.

**The Changing Face of Child Care for Young Children**

Following altruistic beginnings, the development of the formal child care sector in Australia has been characterised by two major movements: (1) education, primarily driven through the pre-school movement, and (2) care, focused on the provision of child
care for children who have working parents. Brennan and O’Connell (1986) in a history of child care provision in Australia, indicated that massive growth in the number of formal care places for children has occurred since the early 1970s. The Whitlam Government (1972-75) provided public funds (in the form of capital works expenditure and operational subsidies) for local government and non-profit organisations to establish and operate long day care centres for children of below school age. It also established family day care schemes across Australia. According to the Department of Family and Community Services (2000) the number of Commonwealth funded child care places across Australia increased from 122,600 in 1990 to 422,100 in 1999. This growth was associated with and also facilitated the significant increase in participation of women in paid employment (Smith & Ewer, 2001). A number of private sector providers also established centres during this time, with a dual focus on care provision and profitability.

**Recent policy shifts in child care funding.**

Since 1996 a number of controversial policy changes have been introduced by the Commonwealth Government, relating to child care financing. Smith and Ewer (2001) summarised these as: the abolition of the operational subsidy to non-profit long day care centres from 1 July 1997; the imposition of limits on the Child Care Assistance available for work related care and the introduction from July 2000 of a new Childcare Benefit as part of the Governments GST package.

The impact of these and related changes has created considerable debate within the child care sector and with the Commonwealth Government (Smith and Ewer, 2001). The Government contended that families were better off under these changes, although Smith and Ewer cited the National Association of Community Based Children’s Services (NACBCS) 1997 survey as indicating that a number of centres were closing and long day care fees had risen because of the funding changes. Utilisation rates for long day care centre places operated by Fairfield Council (a local government authority with a long history in child care development and management in south-west Sydney,
NSW), fell from 95.3% in 1997 to 71% in 2000. Centre directors confirmed that a number of parents responded to the new child care funding arrangements by adjusting their form of child care. Parents were shifting to more affordable options such as pre-school or informal care arrangements, rather than withdrawing from the labour market.

An independent study on the impact of new child care funding changes was commissioned by the Western Sydney Regional Organisation of Councils (WSROC) and undertaken by Smith and Ewer (2001). The study compared female workforce participation rates in two areas with different income profiles in metropolitan Sydney. They found that between 1996 and 2000 there was a slight weakening of labour force participation rates for women in the low income area of Fairfield –Liverpool in southwest Sydney, compared to a continuing trend of increased participation for women in the high income areas located in lower northern Sydney (Mosman, Willoughby, Hunters Hill, North Sydney and Ryde Local Government Areas).

These findings need to be treated with caution, due to the limited geographic focus of the study, difficulties associated with controlling for external factors affecting participation rates and the restricted time period under analysis. The study flagged, however, a possible change occurring within parts of the labour market, with the most significant impacts occurring within lower income areas. Whether child care funding changes lead to a more extensive readjustment in participation rates, and/or shifts in the demand and use of formal child care overall, was not fully evident from this investigation. The extent to which such changes translate into more grandparents caring for grandchildren, also remains uncertain.

**Recent Developments in Demand for Child Care**

Along with women’s participation in the work force and the availability of affordable child care, the number of children of below school age is a driver of demand for formal and informal care. From 1987 to 1992 the number of children aged 4 years or less in Australia increased by nearly 5%, with this slowing to 1% between 1992 and
Millward (1998) proposed that growth in demand for new child care places appeared to have peaked in the early 1990s, although some mismatch between demand and supply was evident in some regions. Planning data prepared by the Commonwealth Department of Family and Community Services (2001) showed gaps in provision still existed in rural areas with the need to further investigate demand in small townships. Anecdotal information also indicated a shortfall in places for children less than 2 years of age.

Millward (1998) posed that parents in some rural areas had very limited access to long day care, or nearby relatives to assist with informal care. In some cases families kept children with them when working (which could be potentially dangerous on farms), with some mothers in rural areas unable to engage in paid work outside the home until children were in school (Millward, 1998). While regular care of grandchildren by grandparents was not seen as a phenomenon exclusive to rural areas, Millward’s findings and recent planning data inferred that unmet demand for child care could be a factor influencing the involvement of grandparents in rural areas. Unmet demand for baby places could also be influencing child care decisions and grandparenting care arrangements in both rural and metropolitan locations.

Use of grandparents as informal carers has often been framed within a parent choice or preference context (Goodfellow, 1999). As part of a major study commissioned by the NSW Department of Community Services on multiple child care arrangements for children, Goodfellow cited preference as an orientation to favouring particular forms of care over others, based on pre-existing attitudes, values and beliefs (Erwin & Kontos, 1998; Pungello & Kurtz-Costes, 1999). Vandell (1997) suggested that more highly educated mothers with fewer children had a preference for formal care arrangements. This group placed priority on opportunities for intellectual, educational and social development through such care (Pungello & Kurtz-Costes, 1999). A preference for informal care amongst parents with a commitment to traditional family values was also evident, with a higher priority placed on the caregiver being warm and positive with children (Becerra & Chi, 1992; Lacey, 1994; Modigliani, 1997). Trust,
familiarity and shared values, or being of the same ethnic background as the caregiver were important considerations for some parents in making child care decisions, along with issues of convenience and children’s safety.

Within Australia the national survey of child care undertaken by ABS in 1999, confirmed most very young children (aged less than 3 years) who were in some form of child care were being cared for by grandparents (55%). Reasons underpinning parents’ care preferences were not identified in the survey. Folk and Beller (1993) in a study of American families found parents were choosing provision of child care by relatives as their care preferences for very young children (aged less than 3 years). Folk and Yi (1994) showed that while parents may prefer care by relatives, this was not always possible, or not available in the quantities parents needed. As a result these parents were using formal child care, or a mix of formal and informal child care, to allow them to meet work commitments.

D’Abbs (1984) in earlier work found that although parental preference may be a key factor influencing the use of relatives as informal child carers, the lack of care alternatives, particularly where the cost of formal child care may be prohibitive, was a factor influencing care arrangements. The D’Abbs study highlighted the likely financial imperatives underpinning care choices.

Although there is little definitive information on the reasons why grandparents are providing care, be it choice versus necessity, Goodfellow (1999) in the “Parents in the Multicare Arrangements Patchwork Project” found the greater flexibility needed by parents to meet varied work commitments and issues such as the cost of formal care were critical reasons for using grandparents as informal carers. As part of this study Goodfellow used telephone interviews to explore the combinations of child care used by different families in NSW, Australia. While this study focused on families using multiple arrangements, (therefore excluding families using grandparents only for child care), the findings confirmed that grandparents played an active role in complementing formal child care for children aged 0 to 4 years. Almost two thirds (62%) of the 32
families interviewed used grandparents to support their formal child care arrangements (Goodfellow, 1999), with the predominant combination of care being long day care, preschool services and grandparent care. Parent participants commonly cited the flexibility and availability of child care delivered through combined care arrangements as enabling them to manage work and/or study commitments.

VandenHeuval (1996) found a major work-related factor influencing the use of formal or informal care in Australia was the increasing casualisation of the work force. She identified the rapid rise in part-time and casual jobs in the service sector over the last 2 decades and an associated fall in the number of more traditional, permanent jobs as having reconfigured the nature of employment during this period (ABS, 2001).

VandenHeuval’s study found women working in permanent, part-time employment with a child under 6 years of age were more likely to use formal care, while part-time casual workers with children of the same age were least likely to use formal care. Permanent employees, whether full-time or part-time were more likely to use formal care, specifically long day care. Informal care was more likely to be used by shift workers, with relatives (particularly grandparents), being the most likely care providers. This was also found in a United States study by Folk and Beller (1993) that showed that mothers working night shifts and weekends were more likely to use informal child care. Such patterns flagged the greater flexibility of care needed by women working changeable shifts from week to week, or working at times which were outside traditional business and child care hours. Based on VandenHeuval’s study, these women predominantly relied on and used informal care.

Although factors such as a child’s age, parent preferences and care affordability, availability and flexibility were critical issues influencing parents’ child care choices, an exploratory study undertaken by the NSW Grant in Aid Co-operative (1996) in NSW found family perceptions of the suitability of formal child care impacted on care decisions. Using focus groups with grandparents of non-English speaking background, the study found that limited knowledge and perceptions of formal child care within these families were major barriers to their use of formal child care. Specific reasons reported
by grandparents for the non-use of formal child care were: mistrust of centre-based child care and family day care services; limited knowledge of existing services; inadequate provision of culturally and linguistically appropriate child care; differences in child rearing practices; language barriers and excessive cost. The barriers identified by these grandparents represented a mix of specific cultural concerns to be addressed by formal child care providers, but also broader factors concerning the perceived appropriateness, quality and cost of formal care. Although it was not clear from the study if grandparents/families had actively sought information and/or had placed a child in formal care to inform their views, the study drew attention to some important issues that need further investigation. In particular, research is needed to determine the extent to which non-English speaking families were actively choosing not to use formal care options because of these perceived barriers, or if child care choices were more likely to be driven by a preference for informal, home-based care provided by relatives.

In summary, it appeared that some unmet demand for child care continued to be evident within rural NSW for all ages and for very young children across NSW. A major issue driving demand and use of different child care types was the need for flexibility of care to meet parents’ varying work commitments. Child care choices were influenced by parent/family perceptions of the quality, affordability and cultural appropriateness of formal child care and the availability or value placed on family care. Initial work on the impacts of recent funding changes indicated some minor shifts in parts of the labour market and reduced use of formal child care in some areas. Whether labour market changes generally lead to a broader readjustment in the demand and supply of formal and informal care, after 3 decades of sustained growth and an increasing need for flexibility of care, was not evident in available literature.

**The Broader Family Policy Context**

Changing work arrangements, mobility of families and greater family diversity in Australia has created greater complexity of “community and family life”
(Commonwealth Child Care Advisory Council, 2001, p. 3). This greater complexity has put pressure on existing family and children’s services that were established and structured around traditional concepts of families and work patterns. Until more recently, many child and family funding initiatives have been ad-hoc, under funded and uncoordinated across different levels of government and based on residual approaches targeting only those in crisis (Gledhill, 1996).

Since the mid 1990’s there has been increasing attention both in the United Kingdom and in Australia of the importance of early intervention and prevention programs for children, and the need to combine targeted strategies for at risk groups with more universal forms of service delivery. Such integrated approaches were seen as more effective interventions in addressing issues such as child abuse and social exclusion within the broader community (National Child Protection Council of Australia, 1993; Pugh, 2002). In part, these developments have been triggered by increasing evidence demonstrating the importance of the first 3 years of a child’s life in laying the foundations for later life health, well being and competence (Hertzman 2002, Shonkoff & Phillips, 2000; Commonwealth Child Care Advisory Council, 2001). Examples of recent initiatives at the national level include Strengthening Families, a Commonwealth Government program and the Families First initiative in NSW. These initiatives are aimed at increasing the effectiveness of existing services to help families and communities raise healthy, well adjusted children and to improve family functioning (NSW Office of Children and Young People, 1999). These initiatives aimed to strengthen connection between communities and families, combining universal community development strategies with targeted support provision for families with additional or complex needs.

While such whole of government initiatives have contributed significantly to the suite of services available for families and in improving co-ordination across family and children’s services within targeted localities, this literature review indicated there is no national, intergovernmental agenda which positions child and family well being as central policy concerns within Australia (Commonwealth Child Care Advisory Council,
2001; Stanley, 2002). A number of research alliances such as the National Investment for the early Years (NIFteY) and the more recent Australian Research Alliance for Children and Youth (Stanley, 2002) have specifically focused on putting the needs of children on the national agenda, using research based evidence to influence Government funding allocations and policy development. These groups stressed the importance of investing more in children during their early critical years to maximise health outcomes and to reduce the incidence of longer term social problems such as youth suicide and crime within the community. As major carers of children in their early years (ABS, 1999), grandparents were well positioned to play a critical role in fostering the growth, development and security of their grandchildren (Shonkoff & Phillips, 2000, p. 229). Additional consideration needs to be given in the research, policy and service contexts to this role of grandparents to ensure children’s developmental outcomes are fully maximised through their care.

**Summary**

This review of literature covering social and demographic influences, family care preferences and child care developments in Australia highlighted the dynamic environment in which grandparents were providing care for grandchildren. There was a wide range of social, personal and family policy issues influencing young children’s care arrangements. Studies indicated a changing social and demographic context, creating a more complex environment for the provision of intergenerational support within families. Within this dynamic and complex environment government child and family policy was shifting, while the role of older women was also evolving - with a large number of employed grandmothers acting as carers of young children. Increasing life expectancy was creating greater potential for “shared lives” (Bengston, 2001, p.6) including the potential for women in particular to be caring for their grandchildren while also working and caring for their own children and/or elderly parents. Whether this convergence and layering of roles continues and how women in this sandwiched generation view their multiple care roles within the family requires further investigation.
This family context in which grandparents were providing care of grandchildren, and the nature of grandparenting experiences is considered further in the next Chapter.
Chapter 3 A Review of Literature: Family Relationships and Grandparenting Experiences

Chapter 2 highlighted the increased opportunities for grandparents to engage with their adult children and grandchildren through increased life expectancy, workforce influences on care roles and the more complex context in which care is being provided. This section of the literature review considers the importance of the intergenerational family context for child care provision, including the diversification of the grandparenting role. It considers the influence of obligation and family cohesion on grandparents’ propensity to provide regular care for grandchildren. The incidence of grandparents caring for grandchildren of below school age in Australia and the views and experiences of grandparent carers are also discussed as part of this Chapter.

The Grandparenting Role and Intergenerational Relationships Within Families

Older adults can play a pivotal role in supporting their adult children financially, physically and emotionally (Ingersoll-Dayton et al., 2001). In the Australian context, Millward (1996; 1998) found that parents were providing more family support or assistance to their adult children than adult children were providing to parents and that this was not restricted to crisis periods. Millward saw the provision of care by grandparents for grandchildren within this broader context of intergenerational support within families.

While there has not been a substantial body of research generated on grandparenting until recently, the focus of published work over the last 50 years has shifted. Smith and Drew (Bornstein, 2002) in a review of international literature on grandparenting saw studies until the 1960’s as presenting grandparents as authoritarian and old-fashioned family members. In contrast, Pruchno (1995) found American studies during the same time focused on the enjoyable side of grandparenting, highlighting pleasure without responsibility aspects (Albrecht, 1954). During the 1960’s and 1970’s
both Smith and Drew and Pruchno saw grandparents as being presented as more accessible family figures, with Pruchno seeing more research on grandparent typologies and the consideration of grandparent-grandchild bonds and family relationships (Neugarten & Weinstein, 1964; Robertson, 1977).

Changing demographics has led to a greater body of research since the 1980s focused on demographic and social change and related impacts on families. More recent studies have examined the emergence of new family structures and the diversity of roles fitting within the grandparent label. Pruchno’s (1995) review of literature discussed these developments as discrete trends, although work on intergenerational and family bonds has continued in Australia and internationally over this time. A major body of work has specifically focused on family solidarity, changing family structures and support exchange (Bengston, 2001).

Since the 1990’s a number of studies have also investigated the roles and characteristics of custodial grandparents, in response to the increasingly large population of children being raised by grandchildren in the United States (Minkler & Roe, 1998). As outlined in Chapter 2, the rise in drug addiction and increases in HIV/AIDS have been major contributors to this phenomenon (Minkler & Roe, 1998). Further research is likely to emerge in Australia in response to similar trends.

The diversification of the grandparenting role, as evidenced in literature over the last 3 decades, has been attributed in part to the vagaries or lack of social norms defining this role (Fischer & Silverman, 1982; Troll, 1985; Wood, 1982). Bengston (1985) indicated these vagaries created a lack of clarity around grandparents’ rights and obligations. This largely undefined context has meant grandparents’ roles will vary and can span from less active concepts such as being there for grandchildren - linked to Bengston’s (2001) concept of the latent kinship network, to roles which bridge the past and present histories within families and the more substantial and active grandparenting roles including some surrogate parenting functions (Bengston, 1985). Other roles evident in literature on grandparenting include: strengthening family solidarity and
continuity over time (King, 1994; Giarrusso, Silverstein & Bengston 1996); provision of economic resources to younger generation family members, (Bengston & Harootyan, 1994) and involvement in the socialising and mentoring of young grandchildren (Elder, Rudkin & Conger, 1994; King & Elder, 1997; Tinsley & Parke, 1984). Grandparents can also act as negotiators or buffers for grandchildren, where relationships between grandchildren and their parents were difficult (Tinsley & Parke, 1984). Rosenthal and Gladstone (2000) identified grandparenting as a complex social process, which was able to be experienced in a variety of ways, with this process and its meaning shifting over time.

Although this research collectively highlighted the diverse and dynamic nature of grandparenting, Hirshorn (1998, p.200) found that the current type of activities undertaken by grandparents were specifically “moving the grandparent out of the more traditional older generation in the family roles…. and into roles typically assumed by a child’s parents”. She suggested that the active role of grandparents as secondary carers of grandchildren in particular, was changing relationships within families, with this activity stretching, reorganising and redefining relationships between family members and often redrawing “boundaries of family” (p.200). While Hirshorn (1998) implied roles within families were more interchangeable, as grandparents were actively taking on some parenting roles, he also indicated roles were being extended beyond children’s immediate parents to encompass a broader definition of family. This work inferred an almost tag-team approach to some parenting activities and roles, with children’s care becoming more of a shared experience within families. While illustrating the integral role grandparents were playing within families (Smith & Drew, 2002), this sharing of activities brings into question the issue of parental responsibility and whether this active involvement was creating a more shared definition of responsibility for grandchildren’s well being within families including grandparents.

The lack of standard norms guiding the grandparent role, as identified by Bengston (1993), has meant the level and type of involvement grandparents have with grandchildren is more likely to be negotiated and decided at an individual family level
Such negotiations and interactions were seen by Bengston (1993, p.4) as part of a “social contract” - the myriad of “unwritten informal expectations and obligations that created solidarity or conflict and the negotiation of these in everyday life”. Social contracts were therefore potentially influenced by traditional expectations, such as children needing to care for elderly parents when older (Millward, 1998) or equally, based on individual and collective family preferences such as families opting for a mix of family and government funded services to best support family members (King & Chamberlayne, 1996). Bengston (1993) saw the more recent trend where multiple generations were alive concurrently and parents and children were spending more time together as adults than as children and adults, as influential in creating different support connections and exchanges within and outside families. Bengston proposed that where expectations and obligations differed amongst family members, family conflict was more likely to occur. Similarly, he saw that consistent values across generations created solidarity and greater engagement within families.

Bengston’s concept of the social contract and conditions for family conflict and solidarity recognised the dynamic nature of decision making within families. Roberts’, Richards’ and Bengston’s (1991) framework on propensity to provide support within families identified more fully the values and issues which influenced or underpinned support negotiations and decisions. The framework aimed to better identify why some family members were involved in provision of support and others were not. The framework consisted of a set of elements that individually and collectively influenced the propensity to provide forms of support for family members such as young children or elderly parents. Key elements were:

- **Structure** – existence of relatives and where they are living.
- **Association** – communication and involvement in shared activities.
- **Function** – transfers and exchanges of goods and services.
- **Affect** – feelings of affection, closeness, and satisfaction with relationships.
- **Value systems** – the obligations and beliefs about family culture.
- **Identity/similarity** – social or economic mobility amongst relatives.
While not specific to child care provision within families, the framework has some applicability in relation to this research topic. The interaction of framework elements encompassing: situation (being available or unavailable to provide care); feelings (such as emotional closeness to adult children or wanting to develop a relationship with grandchildren); values (including feeling an obligation to care or not and/or believing home based family care was best for young children) and function (the form of assistance needed, including child care) demonstrated not only the preconditions for grandparents providing care for grandchildren but also the dynamic nature of relationships during the care period. The Roberts, Richards and Bengston (1991) framework was able to consider the diversity of the grandparent population, including the range of values and beliefs grandparents held, which either aligned, or were in opposition to their adult children’s beliefs and understandings. The framework acknowledged the multiplicity of interconnected reasons underpinning grandparents’ decisions to either offer care, agree to provide care if asked, or choose not to provide regular care. The framework elements in total also highlighted the range of issues individuals brought to family negotiations concerning informal care arrangements. For example, where there was emotional closeness and commonality of views and values amongst family members, agreements around grandparents providing child care were likely to be more straightforward, with fewer tensions. However, where there were divergent views on obligation or tensions in relationships, negotiations and arrangements could prove more complex initially and throughout the period of care provision.

While the Roberts, Richards and Bengston (1991) framework gave little recognition of the existence of external formal care options for families, their focus on support propensity went some way to explaining why families choose different forms of care. For example, the combination of obligation to family, the belief that family care was best for young children and grandparents also living nearby could lead to grandparents caring for grandchildren rather than formal care arrangements being made by parents.
The Nature of Obligation for Women in Later Life

A number of studies have focused on women’s perceptions of obligation in relation to the care of family members. This predominant focus on women reflected their historical role as primary carers in families. Women were seen as the major child bearers and rearers, caregivers and kin keepers through time (Rossi, 1993, p.275) providing “the glue that holds family and lineages together”. Coleman, Lawrence and Cable (1997) in a study on perceptions of women’s intergenerational family obligations after divorce and remarriage in the United States found participants believed female family members had an obligation to help other family members when in need. The study posed a number of care scenarios involving an older and younger woman and used regression models to analyse comments provided by 190 women and 93 men. They found that women felt there was a stronger obligation on genetic mothers to assist their daughters, but that when it came to their daughter(s)-in-law there was a perception that the sense of obligation related more to the grandchild or grandchildren. This study helped to unpack lineal obligations across age groups amongst women, by indicating that for some grandparents the strongest motivation for caring for their young grandchildren was to support their adult children. For others this role related more directly to their relationship and a sense of commitment to their grandchildren. Coleman, Lawrence and Cable identified this as relating to mothers giving overriding importance to the job security of their adult children and wanting “the needs of their immediate family” to be put first (p. 10). Adult children’s job security was also perceived by parents as absolving some obligation on adult children providing care for them in later life. They found that that while some participants saw care reciprocity as relevant to their sense of obligation, this was not a significant factor identified through regression analysis.

The Coleman, Lawrence and Cable (1997) study was important in that it investigated how the work commitments of adult children influenced support exchange, between parents and adult children. What wasn’t clear from this study however, was
how the quality of relationships with adult children influenced grandmothers’ sense of obligation. Equally, it was not evident how work commitments of older women, impacted on perceptions of obligation, given both younger and older women were and are active participants in the workforce. As indicated previously Millward (1998) and Baydar and Brooks-Gunn (1998) found older women were taking on dual work and care roles. Whether they were doing this out of a perceived sense of obligation, due to economic necessity, or because they were actively choosing to take on dual roles irrespective of issues of obligation, was unclear from available research.

Two earlier studies provided some qualification around the nature of women’s obligation to provide support, although the studies did not consider the impact of additional employment roles. Cotterill (1992) in a British study using interviews with 10 mothers-in-law and 25 daughters-in-law, found all participants felt women were morally obliged to help each other for short term or domestic assistance. When it came to long term obligations however, particularly providing extended informal child care, there was reluctance to provide this assistance except in extreme circumstances (such as hardship in the parental family). Participants felt grandmothers should be free of parenting responsibilities having already raised their own children. They felt older women should be able to have time for themselves enjoy the grandparenting experience without significant responsibility. Cotterill questioned the assumption that all family women were naturally altruistic and prepared to subordinate their own interests to support each other, particularly where this went beyond short term assistance. While short term commitments were viewed by participants as manageable, long term commitments were not seen as a positive involvement, but rather representing a burden which would be reluctantly taken on in extreme circumstances.

An American study undertaken in Boston by Rossi (1993) on gender and intergenerational obligation found a negative relationship between age and levels of normative obligation amongst women. Rossi indicated that the older the female respondent, the lower the level of obligation they felt towards family members. Like Cotterill (1992), Rossi found that older women might feel they had fulfilled their duties,
having raised their own children and therefore experienced less of a sense of obligation than younger women. She found however that older women had not disengaged totally from their sense of obligation. Instead she proposed that older women were expressing greater selectivity around the commitments they took on.

Both the Cotterill (1992) and Rossi (1993) studies indicated a more conditional approach to family obligations than was identified through the work of Coleman, Lawrence and Cable (1997), although Cotterill and Rossi identified two different aspects of this conditional approach. Cotterill proposed that grandmothers’ altruism could not be assumed in relation to taking on long term commitments such as child care. Rossi saw older women prioritising their commitments, more than younger women, indicating a more selective approach to obligation. Both studies inferred women saw later life as equating with renewed freedom, choice and control over their lives.

**Geographic Proximity of Family Members and Factors Influencing Grandparent Contact and Involvement**

While issues of obligation were likely to have some influence on grandparents’ involvement in regularly caring for grandchildren (be it potentially conditional) geographic proximity of grandparents to their adult children was identified as the major factor influencing grandparent contact in a number of quantitative studies (Cherlin & Furstenburg, 1986; Gravenish & Thompson, 1996). Using data on grandparent-grandchild dyads in the United States taken from the 1992-93 National Survey of Families and Households, Uhlenberg and Hammill (1998) undertook a multivariate analysis on a number of variables they considered influential in determining frequency of contact between grandparents and grandchildren. These variables included: opportunity variables (including geographic distance/proximity, numbers of grandchildren, health and labour force status); family and gender variables (including sex of grandparent and grandchildren, marital status, adult child and parent relationship quality) and socio-economic variables (age, race and education).
The study found the most significant predictor of frequent visiting between grandchildren and grandparents was geographic proximity of residence. It recognised the importance of grandparents being accessible and available as a precondition of care provision. The study gave weight to elements of Roberts, Richards and Bengston (1991) framework particularly structure or the existence of relatives and where they were living. Millward (1996), Finch (1989) and Glezer (1991) also found proximity was a significant factor in facilitating meaningful exchange between family members, not only frequency of contact.

The other five significant variables identified by Uhlenberg and Hammill (1998) as influencing frequency of contact were found to be:

1. The quality of relationships between grandparents and their adult children, with existing family relationships influencing grandchildren and grandparent involvement - the study reinforced previous findings concerning the central role of adult children acting as gatekeepers in grandchild and grandparent relationships - facilitating, moderating or restricting contact (Rosenthal & Gladstone, 2000). Rosenthal and Gladstone indicated the importance of this role was most evident when grandchildren were very young.

2. The number of grandchild sets – the study indicated the greater the number of sets of grandchildren that grandparents had, the less likely they were to have frequent contact with individual grandchildren, although there was a greater likelihood of contact being frequent with at least one grandchild set than grandparents who had only one grandchild set.

3. The gender of the grandparent - with grandmothers more likely to have frequent contact than grandfathers.

4. The lineage of the grandchild set – where maternal grandparents were likely to have more contact than paternal grandparents, with the effect of lineage being greater for grandmothers.
5. The marital status of the grandparent - with divorced grandfathers having the least contact with grandchildren.

Despite some data limitations such as the use of indirect measurements for frequent and infrequent contact and a lack of data on grandchildren characteristics, the study confirmed the domination of geographic proximity in influencing frequency of contact. It also highlighted the central role of adult children in determining grandchild-grandparent contact, along with the influence of lineage, gender and marital status. What was not evident in the study however were the reasons underlying frequent or infrequent contact between grandparents and grandchildren. Although studies such as these measuring frequencies yield a “breadth of information”, they were unable to deliver a deeper analysis of the motivation or symbolic meaning associated with such frequencies, from the perspective of the grandparent, grandchild or adult child (Robertson, 1995, p. 247). Robertson highlighted that factors such as who initiated the contact or the type of contact cannot be clarified through such quantitative methods. Further qualitative work is needed which specifically considers the reasons underpinning regular or irregular contact between grandparents and grandchildren.

In a study that attempted to delve more deeply into the motivators of grandparent-grandchild involvement, King and Elders Jr. (1997) used data from two linked longitudinal studies of rural families in Iowa in the United States. They challenged the predominant focus of research on existing relationships and circumstances as influencing grandparent involvement (Cherlin & Furstenburg, 1986; Paulson, 1989; Tinsley & Parke, 1984). They proposed that people bring to experiences their histories and learnings from the past and that, based on life course theory, children learn grandparent behaviors by observing their own grandparents in this role (Cottrell, 1969). This influence was seen as particularly strong when grandparents were significant figures in their early lives. While other experiences and factors such as lack of geographic proximity can limit the involvement grandparents have with grandchildren, King and Elders Jr. revealed using regression analysis, that people who knew their grandparents when they were young were more likely to be actively involved
with grandchildren when they were grandparents. This more active involvement was measured through: grandparents’ participation in activities with grandchildren; provision of assistance to grandchildren; mentoring and companion roles and perceptions of how well grandparents knew their own grandparents when they were young children. While this study had some data limitations including the use of localised samples and difficulties in finding quality measure for past experiences, it was important in recognising the influence of people’s pasts on their current and future roles and their relations within families and across generations. Based on this study, involvement and memories of grandparents – both experienced and learned – represented a further factor influencing the personal decisions of grandparents to be actively involved with their grandchildren. Additional qualitative work is needed however to draw out more fully the complexity and interconnectedness of influences on grandparents’ roles, which was not able to be captured in the quantitative study undertaken by King and Elders Jr.

In summary, research on intergenerational bonds and exchange provided important insights into research on grandparents who regularly cared for young grandchildren. The diversification of grandparenting roles may be stretching and redefining boundaries and roles within families, as some grandparents took on surrogate parenting functions. This redefinition required greater negotiation of arrangements within families, which were affected by a range of factors reflected in the framework developed by Roberts, Richards and Bengston (1991) and Bengston’s social contract (1993). The provision of regular care for grandchildren by grandparents can be positioned within a broader context of intergenerational exchange within families, which was being primarily provided by older generations to younger generations. Geographic proximity, lineal or maternal relationships, marital status and gender appeared to be important influences on contact between grandparents and grandchildren, but arrangements could also be affected by issues of independence, privacy and the quality of relationships between parents and their adult children. Adult children were positioned as central figures in determining grandparent grandchild contact.
Women’s views on their obligation to provide support and care within families appeared to be conditional, although study findings varied. Cotterill’s (1992) work indicated women were willing to take on short term commitments but were more reluctant to take on long term commitments, including informal care of grandchildren. Rossi (1993) found older women were more selective in their commitments, having already raised their own children and wanted to establish their own priorities in later life. Further qualitative work is needed to better understand the combination of reasons that underpin grandparent’s decisions to regularly care for young grandchildren. In particular additional research is required which goes beyond explorations of frequency of contact between grandparents and grandchildren, to understand the motivations, contexts and influences on this regular child care role.

**Incidence of Grandparents’ Caring for Young Grandchildren and Studies on Grandparents’ Experiences**

This section discusses the incidence of grandparents providing regular care of grandchildren of below school age in Australia and explores issues relating to grandparents’ satisfaction with their grandparenting roles and regular informal care of grandchildren. Three studies which specifically involved grandmothers in discussions about their care role and experience are highlighted in this section.

**Child Care Provided by Grandparents in Australia for Children of Below School Age**

Grandparents have played an active role in the care of young children in Australia (ABS, 1999). In 1999 over one-fifth of children aged less than 5 years in Australia were cared for by grandparents as part of regular child care arrangements. The ABS data (1999) indicated that children being regularly cared for by grandchildren represented almost half (45%) of all children in formal or informal child care in this age group and over two thirds of children aged less than 5 years in informal care (69%). Grandparents represented an important child care option being used for very young children in Australia.
The importance of grandparent care relative to other forms of care was particularly evident when looking at children aged less than 1 year, with over three quarters (76%) of children in informal care in this age group cared for by a grandparent. While the ABS Child Care Survey (1999) did not provide reasons underpinning this high incidence, possible factors could include a greater parent preference for grandparent care of very young children, the availability and agreement of a grandparent or grandparents to take on this role and/or a limited availability of other formal baby care options in specific locations. Ochiltree (2002, p.16) confirmed grandparents were the “preferred caregivers for the very youngest of pre-school children” in recent research for the AIFS. She found the main reasons given for this care choice were that parents and grandchildren trusted grandparents and that grandparent care “suited the child’s needs”. These findings were also confirmed in research focused on Italian, Vietnamese and Arabic speaking families by Lever (1995). Lever found other key motivators for grandparents involved in the regular care of grandchildren were the desire to pass on language and customs and to help their families financially, by enabling adult children to work.

The ABS Survey data (1999) indicated grandparents’ care of grandchildren was greatest for children up to the age of 3 years, with this decreasing for pre-school children aged 3 to 5 years. The concentration of grandparent involvement in the care of very young children showed grandparents played an important nurturing role for this group, but potentially a more supplementary role in relation to pre-school children. Ochiltree (2002) saw this supplementary role of grandparent care for older preschool children reflecting parents wanting children to participate in pre-school programs with an education and social focus, as they moved closer to school entry. Similarly the greater availability of formal care for children aged 3 years and over could also be influential.

More recently, the ABS Survey (1999) identified an increase in the use of formal care by children aged less than 4 years increasing from 20% in 1996 to 23% in 1999, although informal care remained the most frequently used child care arrangement by
Australian families. Families combining formal and informal care grew by 17.4% over the same period. What was interesting in relation to formal care attendance in the ABS Survey was that more children were attending formal care on a part-time basis. A total of 76% of children in 1999 had used long day care for 3 days or less compared to 68% in 1996. While the survey provided no reasons for this shift, such changes could reflect reduced participation by one or more parents within the workforce (reducing the need for care), issues relating to the eligibility limits for Child Care Benefit (based on hours of care), or broader issues of affordability and service quality. Parents may also be replacing the use of full-time formal care with a mix of part-time formal care and informal care, including grandparents, although no definite conclusions can be drawn from available data.

In summary, the ABS Survey data (1999) indicated that grandparents provided a substantial proportion of child care for very young children during the critical first 3 years of development, with this role being less dominant for children aged over 3 years, prior to their school entry. Grandparents were playing a major role in provision of child care for grandchildren during their critical years of development and they represented a major informal child care provider in the broader child care system in Australia. Similarly, grandparent care represented a significant “intergenerational economic transfer” in support of their adult children (Hirshorn, 1998, p. 203).

**Views on Grandparenting and Grandparent Care Experiences**

The lives of men and women in their fifties can be a time of celebrations with weddings, the birth of new grandchildren and watching grandchildren grow and meet milestones (Bergquist, et al., 1993). The Bergquist et al., (1993) study found people in their fifties saw grandparenting equating with having fun with grandchildren, being playful and able to spoil them without worrying about longer-term consequences. Grandparents felt because they didn’t have to live with their grandchildren or have the full-time responsibility for them, they were more relaxed and loving than when they were parents with young children. As outlined previously, grandfathers believed
grandparenting meant they had a chance to "make up, at least in part, for their neglect as parents", which they saw as a resulting from their greater focus on career achievement when their children were young (p. 101).

In terms of age, Troll (1985) found that grandparents who were 50 to 70 years of age had more positive feelings towards grandparenthood than either younger or older grandparents. She suggested that younger grandparents were less comfortable with the concept of grandparenthood, because they had not perceived themselves as being ready for grandparenting, while older grandparents may have felt overwhelmed and had difficulty coping with the high energy levels of grandchildren. Influential early work by Neugarten and Weinstein (1964) on older and younger grandparents found that older grandparents were most likely to have traditional, formal roles, while younger grandparents were more likely to be fun seekers and involved for the mutually enjoyment of themselves and their grandchildren (Rosenthal & Gladstone, 2000). These studies flagged the diversity of grandparents’ perceptions relating to their role, with these perceptions being influenced by age, their preparedness to be a grandparent and capacity to engage with grandchildren. How grandparents approached and acted out their grandparenting role also varied, with younger grandparents placing greater emphasis on more active interaction when compared to older grandparents.

While these studies focused on acceptance of grandparenting and types of involvement, Kivnik (1983; 1985) attempted to define the meaning grandparents drew from their overall role and experience. She identified five dimensions which grandparents valued about grandparenting. These were: (1) role centrality, where grandparents lives revolved around grandchildren; (2) valued eldership with the role being to pass down family history and tradition and provide advice; (3) immortality through clan, representing the continuation of personal and family life and lineage; (4) re-involvement in personal past, providing an opportunity to relive one’s own past and (5) indulgence, where grandparents could be more frivolous than they were as a parent.
This work stressed the importance of the grandparenting role in giving connection and standing or position within families. The dimensions recognised grandparenting as providing an opportunity for people to reflect on and explore issues of self, in the context of their past, present and future, while also enabling them to act indulgently towards their children’s children, outside the limits they felt as parents. While this work is almost 2 decades old it provided important insights into the significance grandparents drew from their grandparenting roles. At the same time however, Neugarten and Weinstein’s work (1964) on age perceptions, inferred that the value placed on different dimensions of meaning by grandparents may vary, with younger grandparents potentially seeing indulgence as more relevant than immortality through clan, and vice versa. When layered with Hirshorn’s (1998) work on active grandparenting including some surrogate parenting functions, Kivnik’s dimensions of meaning may need updating, to reflect the more active roles of grandparents, including the regular informal care of young grandchildren, while their parents work. While such conclusions may be too simplistic, diversification of the grandparent role, as reflected earlier in this Chapter, inferred the relative importance of Kivnik’s five dimensions would vary to encompass a broader range of meanings than those previously identified. Similarly, as outlined by Rosenthal and Gladstone (2000), the form this grandparenting role takes and the meaning drawn from this role can also change, as grandparents’ lives and involvements with grandchildren vary over time.

**Grandparents’ Satisfaction and Their Regular Care Roles**

Linked to Kivnik’s (1983; 1985) work on dimension of meaning, are a number of studies focused on grandparents’ satisfaction with their care role. A study by Millward (1998) used a sub-set of 1996 AIFS data to analyse two key questions relating to grandparenting and informal care of grandchildren. Although not specifically targeting grandparents caring for grandchildren of below school age, the first question queried the importance of being a grandparent, while the second question asked participants if they found looking after grandchildren a positive and satisfying experience, quite a strain, or if they had mixed feelings about this role. Of the 449
grandparents in the sample, 82% of grandmothers (239 women) and 62% of
grandfathers (97 men) reported grandparenting to be very important to them. This higher
rate amongst women may reflect the greater active role played by women and the
contribution of this role to their self identity within the family, as outlined previously
(Millward, 1996; 1998). At the same time, however, 14% of grandmothers had mixed
feelings or found caring for grandchildren quite a strain, compared to only 7% of
grandfathers. Although the research did not provide specific reasons for this dual
perception amongst some grandmothers, this higher incidence amongst women could
reflect the added responsibility these women felt as the major carers of grandchildren.

While again not specifically focused on grandparents care of grandchildren prior
to school entry, Bowers and Myers (1999) explored the issue of grandparent satisfaction
further in a quantitative study in the United States. The study looked at grandmothers
with different levels of caregiving responsibility for a grandchild. A total of 101
grandmothers with at least one grandchild aged 14 years or younger participated in the
study including 23 full-time primary custodial carers, 33 grandmothers providing part-
time care (15 hours or more per week) and 45 grandmothers who visited regularly but
with no care responsibility. The study found that overall, grandmothers providing part-
time care were more satisfied than full-time carers or grandparents who did not have
regular responsibilities. A total of 18% of part-time carers saw a positive change in the
relationship with their adult child, with 73% reporting an excellent relationship with
their grandchild. This compared to 61% of full-time carers, who reported their
relationship with their grandchild as excellent. Using multiple regression analysis the
study found grandchildren’s behavioral problems had the greatest influence on
grandmothers’ stress, burden and satisfaction levels. Full-time carers had more
stress/burden and less satisfaction than other participants. Grandmothers with less
available income and lower energy levels felt the most burdened of the group, indicating
that grandmothers with most responsibility and least resources were most likely to
experience care related stress. Bowers and Myers (1999) found full-time carers usually
had care circumstances forced upon them, because of a trauma in the family (due to
incarceration or drug abuse and child neglect). In comparison, most part-time carers
were undertaking this role as their adult children were working and their grandchildren needed care. These very different circumstances for care provision were considered important factors in differentiating the levels of burden and satisfaction felt by custodial and part-time grandmother carers.

The Bowers and Myers (1999) study showed the need to consider further a number of related factors that were potentially influencing grandparents’ sense of burden and satisfaction. These were: the impact of grandparents relationships with their adult children; the level of acceptance of their adult child’s circumstances; the skills grandparents brought to their care role and their capacity to manage stress. A factor that was not considered in the study was the age of grandchildren being cared for (with care of a baby being very different to caring for an adolescent grandchild). Despite these limitations, the work by Bowers and Myers did give weight to earlier literature which showed caring for grandchild on a part-time basis was welcomed but full-time care was stressful and unwelcome (Burton 1992; Kelley 1993). Full-time carers were not able to enjoy the unique nurturing and unconditional acceptance, which was seen as central to the grandparenting role (Kornhaber & Woodward, 1981). They were unable to be indulgent without “worrying about the children’s discipline, homework, clean clothes or health care” (Bowers and Myers, 1999, p.9). Cherlin and Furstenberg (1986) and Thomas (1986) also reported that grandparents saw the absence of parenting responsibility as one of the most enjoyable features of grandparenting. Grandparents also preferred their caregiving role to be limited so that they had a life outside their family, with time and freedom to do their own activities (Minkler and Roe, 1993; Pinson-Milburn, Fabian & Schlossburg, and Pyle, 1996; Robertson, 1977). Such findings give weight to Cotterill (1992) and Rossi’s (1993) assertions that women were more selective in their approach to family obligation in later life.

This need to have a life outside of care responsibilities was considered by Szinovacz and Ekerdt (1995) in a study on retirement. They explored the concept of over-involvement, identifying the potential for older family members to focus too much on the needs of grandchildren and other kin who needed help. They saw this broadly as...
retirees handing over their last few decades of their lives to their families, handing over
the freedom usually associated with later life. Laslett (1991) defined the time after
children had become adults as The Third Age, or the life stage when people should be
free of responsibility to pursue their own interests and prior to greater dependence
nearer death (known as The Fourth Age). Ochiltree (2002, p.17) also discussed the
dangers of over-involvement in recent research for the AIFS. She found grandparents
were generally viewed within families as “a resource for the family” and cited anecdotal
evidence that some grandparents with several grandchildren were overwhelmed with
requests for child care and help with grandchildren. These studies by Szinovacz and
Ekerdt and Ochiltree indicated the potential for problems to arise where involvement
with grandchildren and family commitments were solely driven by adult children’s
needs, without consideration of grandparents’ needs.

Literature on issues of grandparenting satisfaction and specifically, involvement
with grandchildren, inferred that grandparents were able to enjoy their grandparenting
role and specific care roles more when it is not consuming all of their time and where
there was choice involved - where care of grandchildren was not forced on them
because of adverse circumstances. Grandparents wanted to experience their Third Age
(Laslett, 1991) and were not actively seeking to take on custodial or full parenting
responsibilities. Grandparents with part-time care responsibilities gained satisfaction
from being able to indulge grandchildren and to experience the “glad to see them come,
glad to see them go” aspects of part-time care that were not available to custodial
grandparents (Bowers & Myers, 1999, p.9). The extent to which grandparents providing
extensive hours of part-time child care experienced similar issues to custodial
grandparents was not clear from current investigations. Further research is needed to
better understand the impact of choice and lack of choice on grandparent’s perceptions
of the care experience, where grandparents were taking on part-time child care of
grandchildren due to adverse family circumstances or family pressure (Bowers &
Myers, 1999).
Very few qualitative studies have been undertaken which focus on the views, perceptions and experiences of grandparents. Similarly few studies have provided an opportunity for grandparents to speak about their experiences to inform research in this field. Three qualitative studies, two of which were undertaken in Australia provide important insights into the views and experiences of grandmothers who regularly care for children, including some grandparents who have migrated to Australia from non-English speaking countries. These studies are initially considered separately, with key issues emerging across the studies discussed as a whole at the end of this section.

**Having Choice and Setting Clear Parameters – the Wearing and Wearing Study (1996)**

Wearing and Wearing (1996) undertook semi-structured interviews with twenty grandmothers aged between 40 and 65 years living in a middle-class residential area of Sydney, Australia to explore ideas about grandmotherhood, gender roles, involvement with grandchildren and self concepts. The study also involved a content analysis of weekly local newspapers to examine how older women and grandmothers were portrayed in terms of the overall image, their activities and satisfaction.

Wearing and Wearing (1996) found grandmothers in the 1990’s perceived themselves as younger and more interested in being actively involved with grandchildren compared to their own grandparents, (except where grandparents had lived in the same house with them). They felt grandparents were more approachable, more like friends to grandchildren, although the characteristics they defined as making a “good” grandmother were traditional and motherly: patient; spending time; listening; supporting; caring; but also “not interfering” (p.171). This description indicated participants saw grandmothers as nurturers of grandchildren, but not involved in broader parenting decisions.
Grandmothers in the Wearing and Wearing study (1996) also identified their role as different to mothering because they did not have full care responsibility for grandchildren and felt less pressured in this role than when they were parents. Wearing and Wearing found the ideology of motherhood was strong amongst participants, with participants saying there was no substitute for a child’s mother and disapproval of mothers in the workforce unless this was absolutely necessary (Wearing, 1984).

Wearing and Wearing (1996) highlighted that while grandparenting was important to participants and part of their sense of self, they did not rely on their grandchildren for their whole sense of self and did not want to live their lives through their grandchildren. This was an important new insight as it questioned Kivnik’s (1983: 1985) definition of role centrality. Participants valued their role as a grandmother but they did not want to define themselves exclusively through this grandparenting role and their grandchildren. Participants in the Wearing and Wearing study saw themselves as “a women, a person, just me” rather than primarily as a grandmother (p. 174). This study placed the grandparent role as only one facet of women’s lives, with women defining themselves in a range of other ways beyond their care role and their position within the family.

As with previous work on satisfaction in grandparenting, the Wearing and Wearing study (1996) confirmed the importance of grandmothers being able hand back responsibility of their grandchildren to their adult children, finding the care experience more enjoyable as a result. All grandmothers however identified their care experience as tiring, hard work and in some cases adding some stress in their lives. The study added new insights into the importance of grandmothers having choice in decisions relating to care roles within families and the need to define care outcomes. They recommended grandmothers communicate openly with their adult children as part of care arrangements and set clear parameters to ensure their interests were adequately considered. They also identified the role of grandmothers as being undervalued by society, requiring greater recognition and a more positive portrayal of grandmothers’ contributions in the public domain and media.
As in other studies, Wearing and Wearing (1996) found women perceived traditional gender divisions in relation to the care of grandchildren. Generally grandmothers had the overall care responsibility for grandchildren when in their care with grandfathers being involved in specific activities such as playing, kicking the ball around and going for walks. There was some evidence, however, of change where both grandparents were working part-time.

The Wearing and Wearing (1996) study confirmed findings in previous literature which recognised that grandmothers wanted to enjoy time with their grandchildren, but not at the expense of this overtaking their life and sense of self. The study more fully articulated that grandmothers did not want to have a decision making role in parenting issues and it highlighted the importance of grandmothers’ preserving their own interests. Wearing and Wearing saw open communication with adult children as critical to ensuring workable care arrangements.

A Powerful but Tenuous Role – The Gattai and Musatti Study (1999)

As with Wearing and Wearing (1996), an Italian study of grandmothers by Gattai and Musatti (1999) found grandmothers did not want the full-time parenting responsibility for grandchildren. The study stressed, however, that powerful bonds were being created between grandmothers and grandchildren through regular care arrangements. The study focused on psychological and relational aspects associated with grandmothers’ care of grandchildren, using unstructured interviews with 30 grandmothers from different socio-economic backgrounds who were in Tuscany, Italy. Overall, grandmothers were caring for young grandchildren aged from 12 to 48 months for full days each week, on a part-time or occasional care basis, and in some cases supplementing formal child care arrangements. Participants included 25 maternal and 5 paternal grandmothers.
Gattai and Musatti (1999, p.4) found grandmothers drew significant pleasure from caring for their young grandchildren and making a contribution to their family: “In the evening when you go to bed, you think back over the day…you fall asleep feeling happy and content”. For the Italian grandmothers their regular care of grandchildren created a sense of fulfillment, based on a strong physical interaction of “tenderness, gentleness” with their grandchildren (p.5). Gattai and Musatti (1999) found the regular care of very young grandchildren as babies represented a powerful and legitimate role, which gave grandmothers status within their families. Participants discussed their care role as being a “job”, wanting this role to be seen as valuable by their adult children and daughter or son-in-law (p.8). As in the Wearing and Wearing (1996) study they felt this role was different to mothering, as they did not have responsibility for making decisions about grandchildren’s well-being and were able to detach themselves from the care role. Participants in the Gattai and Musatti (1999) study also stressed the importance of arrangements being voluntary and the need to “feel you want to do this work” (p.8).

Gattai and Musatti (1999) found the Italian grandmothers felt their regular role with grandchildren put them in a position to evaluate the quality of their adult child’s parenting, which caused some conflicts and doubts to emerge for them. These grandmothers also realised the caring role gave them respect and position within their family, but that this could be withdrawn at any time by their adult children or son or daughter-in-law. This created stress and a vulnerability for some grandmothers, with a small number fearing they would appear incompetent. Stories were also recorded of women not telling their daughter-in-laws if they were tired, fearing regular care arrangements would change as a result and therefore denying them of regular access to their grandchildren: “I actually do feel a little tired. I don’t tell anyone, otherwise that’s the end of it. My daughter-in-law will say: ‘No, otherwise it is too much for you, don’t bother’…” (p.11).

The power of adult children in determining care continuity aligned with earlier work by Uhlenberg and Hammill (1998) and more specifically Rosenthal and Gladstone (2000). These studies identified the dominant role played by adult children in
determining the frequency of contact between grandparents and grandchildren, particularly when grandchildren were very young. Similarly, the Gattai and Musatti (1999) study found that where grandparents had pre-existing difficulties with adult children, these difficulties were exacerbated rather than improved through the care arrangements, although some family ties had been strengthened through the care arrangements (where relationships with adult children were strong).

In summary, the Gattai and Musatti (1999) study strongly emphasised the strength of connection grandparents felt with their grandchildren as part of their care experience. The study found this care role was more integral to participants’ sense of self than found in the Wearing and Wearing (1996) study, and indicated grandmothers felt some vulnerability around the continuity of care and regular access to grandchildren, which was seen to be controlled by adult children and their partners.

“It’s a Long Day on Your Own” - The WHIN/VICSEG Study (2000)

A third study on the issue of grandparents’ experiences in caring for grandchildren was undertaken in Victoria, Australia in 1996 by Women’s Health in the North (WHIN) and the Victorian Co-operative and Children’s Services for Ethnic Groups (VICSEG). This action research project focused on the experiences and issues confronting grandmothers from three cultural groups (Arabic speaking, Macedonian and Mainland Chinese backgrounds) who had substantial child caring responsibilities for their grandchildren (averaging 10 hours per day). The project involved bi-lingual staff interviewing thirty women caring for a total of 48 children (with two thirds of children aged under 5 years). The main focus of the project was on the health issues of these grandmothers, but also related issues such as support needs.

In the WHIN/VICSEG study (2000) most grandmothers felt their involvement with grandchildren filled in their time and contributed to their emotional, mental and physical well-being. For some grandmothers the thought of not looking after grandchildren was “inconceivable” (p. 3) with each day being unbearably long and
lonely without them. As in previous research involving participants of non-English speaking background (Lever, 1995), Arabic speaking grandmothers identified teaching their grandchildren their language and culture as important, while at the same time also enjoying the company of grandchildren. This centrality of grandchildren in the lives of these grandmothers and the passing on of traditional culture, gives strength to Kivnik’s (1983; 1985) dimensions of role centrality and valued eldership with care arrangements representing the vehicle for this to be expressed within the family context.

Participants generally felt they had more time in later life to enjoy and contribute to grandchildren than they had as parents. Grandparents felt they had more valuable time to watch grandchildren develop and grow. The WHIN/VICSEG study found health gains were reported by most women as a result of their child care role, although one third of women, mostly grandmothers of Chinese background, experienced adverse health impacts. Grandmothers of Chinese background felt their health had declined since caring for grandchildren, reporting high blood pressure, weight loss and depression and fatigue as specific problems. Only 1 of 10 grandmothers of Chinese background felt caring for grandchildren had a positive influence on health. The study identified a range of potential factors contributing to these adverse health results, including stressful settlement in Australia, loss of independence, isolation, lack of help with child care and lack of alternative arrangements for child care. Arabic speaking grandmothers also reported some adverse physical health effects, including worsening back pain and knee problems resulting from their care role.

Almost all grandmothers across the three cultural groups experienced reduced social contact because of their regular care role. This was also reflected in the Wearing and Wearing (1996) study. Macedonian grandmothers did not raise any difficulties associated with the role, although this may reflect a reluctance to discuss problems publicly. Issues such as feeling anxious and cautious about going out because of the potential for the grandchildren to hurt themselves (evident amongst both Arabic speaking and Chinese grandmothers) and uncertainty about what to do in an emergency (amongst Chinese grandmothers) were new factors identified through the
WHIN/VICSEG (2000) study. Whether these issues are relevant to a broader range of groups or individuals required further examination.

Another issue identified by grandmothers from the three cultural groups in the WHIN/VICSEG (2000, p.31) study was the lack of time alone without grandchildren to do other things or to just sit quietly, with almost half expressing this as a sense of loss. They felt they had given up their freedom since commencing care of grandchildren. This was seen as a drawback and aligned with broader work related to difficulties for grandparents where care roles were all consuming at the expense of time alone or for other pursuits (Ochiltree, 2002; Thomas, 1986). For many participants in the WHIN/VICSEG study this related to the nature of their migration and resettlement experience, having given up their own country and house and involvements and having less opportunity to discover new contacts because of language difficulties and limited information about existing groups and resources: “… my own house, my own time, do what I like, now I live with my son, it is not like my own house I don’t feel as free” (p. 32).

**Grandmothers Providing New Insights on their Views and Experience**

The studies by Wearing and Wearing (1996), Gattai and Musatti (1999) and WHIN/VICSEG (2000) collectively highlighted a mix of feelings expressed by individual grandmothers concerning their regular care of grandchildren. The Gattai and Musatti Italian study provides more positive views overall on their regular care role, compared to the Australian studies. This may have reflected the different cultural contexts for the studies, although because the WHIN/VICSEG study involved participants from a range of cultural groups resettled in Australia, the impact of cultural factors was less clear. Grandparents in the Italian study and most participants in the WHIN/VICSEG study expressed a sense of creating strong and loving relationships with their grandchildren through their care, reflecting aspects of Noddings' (1984, p.35) definition of “care”. Noddings saw true or deep forms of care as founded on a strong commitment of the “carer” to the “cared for”.

The importance of not having full-time responsibility for grandchildren was consistent across all studies, as was the predominance of the care functions resting with women. All participants acknowledged caring for grandchildren was tiring, exhausting, but also enjoyable. The power of their relationship with grandchildren was clearly felt by most participants in the Gattai and Musatti (1999) and WHIN/VICSEG (2000) studies, although the centrality of the care role and grandchildren to participants’ lives varied between the Wearing and Wearing (1996) study and the other two studies. The degree to which grandchildren and their care role contributed to grandparents’ sense of self varied across these studies. The white middle class participants in the Wearing and Wearing study (1996) did not want to live their life through their grandchildren, whereas grandmothers from non-Australian cultural groups as in the Gattai and Musatti and WHIN/VICSEG studies indicated this role was far more critical to their lives and contributed significantly to their sense of self.

The Wearing and Wearing study (1996) and WHIN/VICSEG study (2000) highlighted the need for broader recognition of the role of grandmothers, with the need to address issues of social isolation and information and resource needs evident for migrant women in the WHIN/VICSEG research.

Whilst there were differences between the three studies, collectively they highlighted the complexity of family dynamics associated with care provision within the family context. The Gattai and Musatti (1999) study identified the dominant role of adult children in dictating whether arrangements continued, while the WHIN/VICSEG study highlighted the historical and cultural context of care provision and the relationship between adult children’s needs and parental support. Wearing and Wearing (1996) found the potential for conflict or tension where grandmothers wanted to set care parameters and have choices around care provision. They indicated this tension was greatest where communication between adult children and parents was poor and relationships were difficult. The extent to which such tensions were common to regular child care experiences or occurring within select families, needs further investigation.
Similarly the strategies used by grandparents to cope with such tensions within the care context also needs examination.

**Summary and Conclusions**

A significant number of recent studies referred to in the literature review were from the United States, using data from the National Survey of Family and Households. This data enabled a range of studies on families to be undertaken, in most cases using quantitative methodologies. Very little research on grandparenting has been undertaken in Britain, although developments through the recently funded Growing Older Program indicated an increasing interest in this area (Clarke & Roberts, 2002). While there was not the same integrated data sets available within Australia as in the United States, a body of research relating to grandparenting and intergenerational relationships has been undertaken using survey data collected by the AIFS as part of the Life Course and Later Life Families study (Millward 1996; 1998). Such research coupled with the three yearly ABS Child Care Survey identified the incidence of care by grandparents and key variables influencing care delivery. Available research provided clear descriptions of the frequency and extent of contact between grandparents and grandchildren and identification of some important influences on grandparenting roles and care provision (Smith & Drew, 2002). However there is the need for additional qualitative studies to investigate grandparents’ perceptions of regular care arrangements using research techniques that give grandparents’ voice and draw meaning from their collective stories.

Available literature indicated that grandparents were playing a significant role in the care of their young grandchildren, particularly very young children aged less than three years. While the participation of women in the workforce created the demand for child care, little was known about the individual reasons underpinning grandparents’ involvement and whether this reflected parent and/or grandparent preferences and choice or was the result of a lack of alternative formal care arrangements. Whether this trend continues and how this carer role impacted on grandparents’ lives was not clear from available literature. What was apparent from current research was that a complex
combination of elements underpins the propensity of individuals to provide care for other family members, with a large body of work highlighting intergenerational flows of support from parents to adult children. Geographic proximity of grandparents to grandchildren was fundamental to enabling regular care arrangements, but issues such as lineage and obligation seemed more conditional and influenced by interacting factors, including the quality of relationships between grandparents and their adult children and the desire to be selective in later life. While the framework developed by Roberts, Richards and Bengston (1991) and Bengston’s (1993) concept of a social contract assisted in understanding factors influencing propensity of grandparents to provide care within families, further work is needed which recognises the interconnection between forms of family care and the broader government funded care system which exists in Australia, including provision of formal child care services.

No studies focus specifically on the care of grandchildren of below school age, or delve deeply into the day to day experiences of both male and female grandparents undertaking such informal care roles. There is a limited body of qualitative work in Italy and Australia using the narratives of grandmothers. The qualitative studies profiled in this review provide some insights into the complexity of experiences, confirming satisfaction arising from the lack of full-time responsibility for grandchildren, with care providing added meaning to their lives, but not at the expense of time for themselves or other interests. There was the potential for tension where the views and needs of grandparents and adult children conflicted around choice, obligation and the lack of boundaries around care arrangements. Smith and Drew (2002, p.164) highlighted the need for innovative research methods to elicit these more “complex, emotional, or unconscious feelings” relating to grandparenting.

This study aimed to make a new contribution to the current body of research on grandparenting and child care, using an exploratory qualitative methodology to investigate the complex and multi-layered experience of grandparents. It investigated more fully the motivations and expectations underpinning grandparents’ provision of care, to understand the influence of life choice, obligation and the intergenerational
nature and dynamics of care negotiations. This work explored in detail the impact that regular care provision was having on grandparents’ lives, to identify areas for further policy development and service planning or initiatives to support grandparents in their informal care role.

Grandparents’ narratives have been used to more effectively understand the complexity and layers of meaning inherent within the care experience. Interactive interviews with grandparents involved in regular informal care arrangements provided a direct way to identify and understand many of the subjective issues relating to care provision and the interaction of this care role with the broader life expectations and perspectives of these middle-aged and older Australians. The research methodology and process are discussed further in Chapter 4.
Chapter 4 Methodology: Working in the Narrative

The literature reviewed in Chapters 2 and 3 indicated no available research specifically focused on both grandmothers and grandfathers caring for very young children in the years prior to school entry and few studies have provided an opportunity for grandparents to discuss their experiences, in order to inform research in this field (Gattai & Musatti, 1999). Smith and Drew’s (2002) comprehensive review of grandparenting literature also indicated most available research was descriptive, with more intensive qualitative studies needed.

This study used narrative inquiry, an exploratory qualitative methodology, to inquire into the experiences and perceptions of grandparents who provide regular child care for their grandchildren, during the years prior to school entry. This Chapter outlines the rationale for using narrative inquiry in this research context, the key characteristics of this methodology and the specific research techniques used in the study. Steps taken to ensure trustworthiness of the research process and results (Denzin, 1997) are outlined in Appendix A. An exploration of my story, the issues and preconceptions I brought to this research as researcher are included in Appendix B.

Choosing the Research Methodology

Two key issues guide the selection of a research methodology: the subject under investigation and the kind of understanding and emphasis being sought by the researcher (Lawler, 1998). This study aimed to gain insight into the experience of grandparents regularly caring for their grandchildren of below school age. It sought to understand the commonalities and diversity of this experience from the perspective of grandparents actively involved in providing this care. It aimed to delve deeply and draw meaning from grandparents’ experiences, as lived and told by participating grandparents and recognised that these experiences were not lived alone, but fitted within a broader relationship with adult children and grandchildren.
The subject and emphasis of this research firmly positioned the study within a phenomenological framework. Drawing on Van Manen’s concept of phenomenological understanding (1990), the research aimed to draw out the essence or the essential meaning of human experience and to explore the “lived experience” of grandparents regularly caring for their grandchildren (Van Manen, 1997, p.36). “Lived experience” was used by Van Manen (1997) and more recently Mostert (2002) to describe experience as consciously lived and owned by a person. This research therefore captured the meaning within grandparents’ experiences at a point in time, as lived and told and consciously acknowledged by participating grandparents.

While the study had a broad phenomenological focus, narrative inquiry was selected as the most suitable research methodology. The use of grandparents’ narrative accounts (texts) to illicit insights into the nature of the care experience and the storied form to present findings, was seen as particularly relevant to the research topic and the grandparent group under investigation. Narrative inquiry was defined in this research context as the process of synthesising and creating meaning, through a joint storying and restorying process involving individual grandparents and the researcher in a collaborative research relationship (Clandinin & Connelly, 2000). It combined the use of the storied form or texts, as a means of capturing individual experience, with a reflexive process of inquiry. This inquiry process involved the analysis and interpretation of grandparents’ texts, with participating grandparents actively contributing to and verifying researcher interpretations.

Although a range of qualitative research methodologies were available to draw meaning from peoples’ experiences, a perceived strength of narrative inquiry was its emphasis on actively engaging participants in a joint process of reflection, construction of narrative accounts (often in the form of stories), and in meaning-making with the researcher (Clandinin & Connelly, 2000). In addition, researchers (in a relationship with participants) were able to draw and construct meaning from the interpretive research texts, as told by participants. Narrative inquiry provided the dynamic and interactive process needed to explore the experiences of grandparents regularly caring for their
grandchildren and to understand these experiences from the perspective of those involved in this care provision (in this case grandparent carers).

While lived experience did not necessarily assume a narrative form, the process of reflection and telling of experiences involved the construction of stories (Robinson & Hawpe, 1986). Through the telling and construction of stories, order and internal meaning structures were able be distilled and complex issues underpinning experience identified (Denzin & Lincoln, 2000; Van Manen, 1990). The narrative inquiry process was able to draw out the multiple and sometimes contrasting personal views of individual grandparents concerning their care of young grandchildren and the factors and values underpinning these views. As a methodology it was able to capture intentionality within lived experience, defined by Van Manen (1997) as the inseparability of an individual from the broader social world. Recognition of the multidimensional nature of intentionality, or the interplay of personal and social worlds through narrative inquiry, enabled the complexity of grandparents' experiences to be more fully represented and the multiple layers of meaning uncovered through analysis (Mostert, 2002). This capacity to portray the particular, the contextual and the complex within experience was identified by Carter (1993) as a readily identifiable strength of narrative based research and in particular narrative inquiry (Conle, 2000a).

Narrative inquiry also created a framework for moving beyond the particular experiences of individual grandparents to discover the more universal or collective meaning of the lived experience (Mostert, 2002; Van Manen, 1997). It enabled what Clandinin and Connelly (2000, p. 189) described as “the study of … people in relation contextually and temporally”.

**The Use of Narrative Based Research**

The use of narratives to investigate human experience has a long tradition, particularly in the fields of literature and historical research (Ricouer, 1984; 1985; 1998; Scholes, 1982). Over the last few decades there has been broader interest in the use of
narratives, spanning a range of disciplines, significantly anthropology (Bateson, 1994; Geertz, 1973), psychology and psychiatry (Bruner 1985, 1990; Coles, 1989) and sociology and education (Carter, 1993; Clandinin & Connelly; 2000; Conle 2000a & b). Narrative based research has been recognised as making valuable contributions to the study of practices, lives and traditions (MacIntyre, 1981) both as stand alone methodologies or used in combination with quantitative approaches. While definitions and narrative forms vary (Mathieson & Barrie, 1998), core components of a narrative have been defined by Brooks (1984) and Polkinghorne (1995) as including: a plot, a beginning and end; progression of critical action; critical incidences; and characters. Researchers such as White (1981) held that the storied form was an imposition on otherwise fragmented realities, however Polkinghorne (1995, p.7) argued that narratives tighten and order experience into a more meaningful form. He saw the narrative as “the linguistic form that preserves the complexity of human action, with its interrelationship of temporal sequence, human motivation, chance happenings and changing interpersonal and environmental contexts”.

The role of narrative in preserving, but also managing and ordering meaning from experience was also reflected in earlier work by Gergen and Gergen (1986), Sarbin (1986) and more recently by Denzin (1997). Denzin identified the narrative as an interpretative structure, which was able to link audience, text, empirical inquiry and lived experience. He saw narrative as enabling the critical essence of meaning to be articulated, interpreted and communicated, in an accessible form. Denzin’s work (1997) highlighted the power of narrative in being both a meaning making structure and a vehicle in which to engage participants, researcher and audience in an exploration of lived experience.
Developments in Narrative Inquiry – Working in a Relationship Between Process and Product

The use of narrative as both a way to create meaning and as a vehicle and product of this meaning making process was fundamental to narrative inquiry. Narrative inquiry drew on the work of Coles (1989) in positioning participant stories as the cornerstone of inquiry, with these stories being used to lead the process of meaning making. Narrative inquiry was also influenced by the work of Bruner (1990), who identified two forms of cognitive thinking – paradigmatic and narrative approaches. Paradigmatic approaches reflected the process of ordering and categorising of ideas, while narrative processes represented the interpreting and verifying of events and ideas through the telling and analysis of stories. Polkinghorne (1995) applied Bruner’s cognitive concepts to the social research context, defining paradigmatic analysis (i.e. analysis of narratives) as drawing from stories the themes or common elements, and then grouping these into categories or typologies, in order to interpret meaning. This logic-based approach brought “order to experience” (Goodfellow, 1998, p.107), through the identification of key themes or taxonomies (i.e. groupings of similar ideas or identifiable relationships between ideas) and linkages across types of stories (in this instance care experiences), amongst characters (grandparent carers) and in different settings, representing the diverse care circumstances and family contexts (Polkinghorne, 1995).

Unlike paradigmatic forms, Polkinghorne (1995) defined narrative analysis as involving a process of synthesising or configuring descriptions of events into a whole story around a specific plot (Goodfellow, 1998). This form of analysis fostered the use of the narrative form more fully in the research context by positioning individual stories within a larger research story. This larger story was defined in this study as the collective narrative, representing the meaning drawn from the collective stories of grandparent participants. In this research context the collective narrative refers to the
study findings that are grouped together into threads and collectively presented in Chapters 6, 7 and 8.

Narrative analysis used in this study aimed to uncover and reflect the particular meanings, values, social rules (social or cultural context) and the specific characters’ actions, histories, relationships and choices (personal world) within experience (Polkinghorne, 1995). This form of analysis was able to capture this complexity of interaction between the social and personal worlds (intentionality), while at the same time maintaining the quality of the narrative or storied form.

While Bruner (1990) and Polkinghorne (1995) identified narrative and paradigmatic thinking and analysis as two different ways of interpreting stories, Goodfellow (1998) proposed that both forms of analysis could be drawn on during narrative inquiry. By using data groupings as a tool for analysis, paradigmatic analysis was able to contribute to the development of the larger collective narrative.

This study drew on both paradigmatic and narrative analytical approaches to identify emerging themes (narrative threads) embedded within storied texts and then used these themes to inform the process of synthesising, ordering and articulating meaning into a collective narrative form. It used narrative inquiry as the process for this research, to enable the distinct voices of grandparents regularly caring for grandchildren to emerge from the texts and for their individual stories to be crafted into a collective story or narrative (Chapters 6, 7 and 8). It used Clandinin and Connelly’s (2000) concept of a three-dimensional inquiry space to cast and delve for meaning within individual grandparent’s stories, to map aspects of individual experiences and to understand the links and interplay between the personal/social, spatial and temporal factors. Clandinin and Connelly (2000) described the inquiry space figuratively as being framed by three axes or parameters, representing the three dimensions of experience: one axes representing the personal and social dimensions; the second representing the temporal space of past, present and future; with place represented on the third axis. The personal and social axis reflected the inward (personal feelings, hopes aspirations) and
outward (external environment) elements. The temporal axis reflected the backward and forward motion of reflection, recognising participants experiences fitted within a broader set of experiences. Place was reflected as the physical feature of experience. Clandinin and Connelly (2000) described the nature of this inquiry space as:

… a metaphorical three dimensional narrative inquiry space, with temporality along one dimension, the personal and social along a second dimension, and place along a third. Using this set of terms, any particular inquiry is defined by this three dimensional space: studies have temporal dimensions and address temporal matters; they focus on the personal and the social in a balance appropriate to the inquiry; and they occur in specific places or sequence of places (Clandinin & Connelly, 2000, p. 50).

Clandinin and Connelly (2000) drew on Dewey’s (1938) earlier concepts of interaction, or the positioning of individual stories within a larger social and cultural context, and continuity, where experience builds on experience in formulating this metaphorical inquiry space. The inquiry space enabled a reflexive form of analysis across individual stories (going back and forth) for the development of the collective narrative focused on grandparents’ collective experience as regular carers of their grandchildren. Themes or narrative threads were identified using paradigmatic analysis and linked to the different dimensions of the personal, social and within time and place reflected in the inquiry space. Together the paradigmatic analysis (using thematic data groupings) and the inquiry space enabled the complexity of participants’ views to be identified and interpreted and a depth of meaning to be created through this process. This approach positioned the interpretation of current experience within a broader past, present and future context (Clandinin & Connelly, 2000).

The relationship between this analytical approach and this investigation of grandparents’ experience is outlined in Table 1.
### Table 1

**Application of methodological approach and components of this thesis/study**

<table>
<thead>
<tr>
<th>Key components of analysis</th>
<th>Explanation of their application in this research context</th>
<th>Example of application</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Grandparents stories</strong></td>
<td>These were the words of grandparents expressed in their individual transcripts and writings and follow up discussions</td>
<td>Interview transcript, journal writings and notes taken from follow up phone discussion and individual interviews.</td>
</tr>
<tr>
<td>“Meaning units” (Tesch, 1990; Ely, Anzul, Friedman, Garner &amp; Steinmetz, 1991)</td>
<td>These were the issues raised by individual grandparents in their stories that captured and were significant parts of the care experience for grandparents, and reflected their individual views of their experience and care context. Meaning units were usually points raised several times by grandparents or issues given added weight or particular importance by grandparents (see Table 3, My Iteration 1)</td>
<td>Individual quotes or paragraphs from a grandparent’s interview transcript or journal which grandparents highlighted and which resonated with meaning for me</td>
</tr>
<tr>
<td><strong>Interpretive texts</strong></td>
<td>Interpretive texts represented the summaries that I prepared from grandparents interview transcripts, which represented a collation of meaning units. These texts aimed to capture the full experience of individual grandparent’s stories, but also to delve into the meaning behind individual grandparent’s words. The texts were further developed jointly with individual grandparents, to gain greater depth of meaning and for validation of concepts (see Table 3, My Iterations 1 and 2)</td>
<td>Interpretive text developed for each individual grandparent which was sent to grandparents and further developed</td>
</tr>
<tr>
<td><strong>Narrative strings</strong> (sub-themes)</td>
<td>Narrative strings represented the commonalities running through and across the interpretive texts of participating grandparents. They were identified from a cross-analysis of all grandparents’ stories and their interpretive texts (see Table 3, My Iteration 3). Strings were made up of collections of meaning units or meaningful ideas emerging from the individual and collective stories of grandparents, which had been enhanced and verified by individual grandparents</td>
<td>The narrative strings outlined in Chapters 6 and 7</td>
</tr>
<tr>
<td><strong>Narrative threads</strong></td>
<td>Narrative threads were the major themes emerging from the analysis of all grandparents’ transcripts and writings. They were collations of narrative strings. These narrative threads were central to the collective narrative, along with consideration of diversity of experience and context (see Chapter 8). See Table 3, My Iterations 3 and 4</td>
<td>The 2 threads leading Chapters 6 and 7 and interpreted further in Chapter 8</td>
</tr>
<tr>
<td><strong>Collective narrative</strong></td>
<td>The collective narrative was the overarching story of grandparents’ collective experiences. It pulled together and was underpinned by the narrative threads (commonalities) and diversity of experience and context (see Table 3, My Iteration 4). It presented the meaning within the collective care experiences of participating grandparents</td>
<td>Collectively the three findings Chapters (6,7 and 8) make up the collective narrative. This narrative was further contextualised within the current policy, research and service delivery setting in Chapter 9.</td>
</tr>
</tbody>
</table>
The Research Focus and Questions

A number of guiding research questions were used as parameters to explore the nature of grandparents’ regular care experience. These questions were designed to address a number of issues identified through the literature review including: a lack of clarity around the reported satisfaction of grandmothers from their regular care role (Millward, 1998); the limited knowledge of the impacts of care arrangements on grandparents’ lives; the nature of intergenerational relationships and exchange within families and a lack of data on the forms of support used or needed by grandparents. The following questions were initially developed to frame this research and to give grandparents’ voice:

1. What expectations did grandparents hold of themselves, their children and grandchildren when they first agreed to undertake this caring role?

2. How does providing regular care impact on grandparents’ lives?

3. What are the support needs of grandparents in their regular role as informal child carers and what supports do they currently use?

4. To what extent have the roles and relationships of grandparents been redefined by providing regular care for their grandchildren?

These questions were designed to draw out the expectations, experiences, and support needs of grandparents as regular carers of their grandchildren. While the questions helped to frame this research, new facets emerged through the piloting of prompt questions and initial discussions with participants. These facets included the need to more fully understand the nature of the care experience and the significance of this care role in relation to grandparents’ broader life meaning and goals. Available literature also indicated family relationships were often complex, with adult children
playing a critical role in defining grandparents’ access to grandchildren (Smith & Drew, 2002). Cotterill (1992) also found grandmothers were starting to question their sense of obligation relating to long term commitments, including regular care of their grandchildren. It was therefore important to comprehensively research grandparents’ care contexts and the family dynamics associated with determining and maintaining arrangements.

Research questions were then reframed following the piloting of questions with 2 grandparents prior to recruitment and following the first interview with a participant of the study. This change reflected Conle’s (2000b) notion of research being an evolving process, with early investigations sharpening or focusing further stages of the inquiry process. Reframed questions guiding this research were:

1. What meaning do grandparents draw from their care of young grandchildren?

The nature of this experience and the meaning grandparents drew from regularly caring for grandchildren were raised during the piloting of these research questions. This reframing enabled these issues to be discussed more fully and to uncover the beliefs and values underpinning grandparents’ care role and experience. This question was developed to reflect these points and to identify past, present, future and place aspects of the narrative inquiry space.

2. How does providing regular care impact on grandparents’ lives?

Unchanged from the original questions. The question was able to accommodate a range of options and incorporate the personal and social and past/present aspects of the narrative inquiry space.
3. What is the scope and nature of family negotiations concerning care arrangements?

This reframing aimed to capture broader issues of relationships within families, beyond expectations, to include levels of communication between adult children and parents. It allowed discussion of decision-making practices concerning the grandchild’s needs. It aimed to identify changes in relationships/ negotiations over time.

4. What are the support needs of grandparents in their regular role as informal child carers and what support is available to them?

Unchanged from the original questions. The question accommodated a range of options and dealt with personal and social, future and place aspects of the narrative inquiry space.

5. How do grandparents view their regular informal care role?

The question aimed to provide greater scope for grandparents’ perspectives to lead the research, to discuss the nature and significance of the role. Piloting of questions and initial interviews highlighted the contrasting views individual grandparents held concerning this experience. This question aimed to better accommodate complexity and to gain grandparents’ insights from their experiences.

The reframing of questions aimed to achieve a deeper understanding of the essence, or essential meaning of this experience, including the beliefs, values and family relations underpinning grandparents’ provision of informal child care for their grandchildren.
The Research Process

Defining the Participant Sample

Purposeful sampling was used to access potential participants, to deliver the “information-rich cases” needed to fully understand the research phenomenon (Patton, 1990, p.169). Neuman (2000, p.196) defined purposeful sampling as “getting all possible cases that fit particular criteria and using a range of methods”. Sequential sampling principles were also used and involved finding new participants until no additional information or new characteristics were identified through interviews (Neuman, 2000, p. 196). While the extent of this sequential sampling and the sample size were constrained by available research resources and time restrictions, this approach aimed to provide a context in which thick description would be delivered (Geertz, 1973), through the probing and delving of the underlying meanings, contexts, situations and circumstances of grandparents’ experiences (Glesne, 1999).

Eligible participants were broadly defined as grandparents of any age, gender, cultural background or socio-economic group who provided regular informal child care for at least 5 hours per week for grandchildren of below school age. This definition aimed to draw on grandparents from a variety of backgrounds to “capture central themes which cut across a great deal of participant variation” (Patton, 1990, p.172). The research aimed to involve grandparents providing care in a range of contexts and for different durations, including grandparents caring for grandchildren for short periods such as a half a day per week through to grandparents caring for grandchildren for extensive periods such as 5 days per week. Eligibility excluded grandparents with primary or custodial care of grandchildren. The literature review indicated that the circumstances under which custodial grandparents were taking on full-time care of grandchildren were often different and more traumatic than for grandparents with part-time care or non-custodial responsibilities, hence their exclusion (Bowers & Myers, 1999).
Grandparents regularly caring for their grandchildren of below school age were in many ways a hidden population group, as they were usually caring for their grandchildren in their own homes and backyards, or in their grandchildren’s homes. There was no direct source of participants who could be easily accessed through this study. A mapping exercise was undertaken using demographic data to identify metropolitan and rural areas for recruiting participants, specifically areas with large populations of children under 5 years of age with both parents working, large numbers of people aged over 55 years and including a mix of socio-economic groups across areas. Planning data provided by the Commonwealth Department of Family and Community Services was also used to identify areas with unmet need for formal child care, which were largely spread across rural NSW. The lack of alternative child care options in rural areas was identified as a potential influence in grandparents providing care for grandchildren; hence rural areas were targeted in the recruitment process.

The following five local government areas in metropolitan Sydney and rural NSW were identified as potential areas for targeted recruitment: Fairfield; Liverpool; Bankstown; Randwick, and Wagga Wagga. These areas were chosen to traverse both western and inner Sydney regions and included a rural regional centre surrounded by smaller satellite townships. The targeting of these areas aimed to maximise recruitment outcomes using available resources, rather than to exclude grandparents from other areas. Grandparents from any geographic area were able to register their interest in participating. See Appendix C for full details concerning the mapping exercise.

**Accessing Potential Participants**

A letter of introduction and flyer (Appendix D) was circulated to non-government organisations and social groups with links to the target population in the identified local government areas and to state wide organisations including the Playgroup Association of NSW. Letters were sent to local child care centres; playgroups; community health centres; libraries; senior citizens centres; migrant resource centres; and clubs such as Probus and local lawn bowls groups. The initial
letter to local services publicised the project with follow up phone calls made to encourage key workers or social group co-ordinators to promote the project and actively seek potential participants. Fairfield City Council mailed out information to a number of children’s and senior’s networks.

Local government Aged and Children’s Services Officers were contacted in each of the targeted areas. As a result, I attended a number of service interagency meetings to gain assistance in accessing grandparents, including the Liverpool Aged Services Advisory Committee and the Fairfield Senior’s Network. As researcher I was invited to attend individual group meetings to discuss the project and where appropriate to make contact with interested grandparents (including Children’s Storytime sessions at a number of libraries). Based on the advice of council officers and community based groups in the Wagga Wagga area, a media release was prepared for inclusion in the Riverina Leader, a free, local newspaper delivered every week to people’s homes. This supplemented information previously forwarded to local organisations and was seen as the best way to access grandparents in this locality. As I was not a local person, a representative from the local newspaper agreed to act as a contact point for grandparents wanting to participate.

The NSW Department of Community Services, as co-sponsor of the project, prepared a public media release that targeted local newspapers and radio programs to publicise the study. This was circulated to all regional media outlets across NSW. Three ABC radio interviews were generated from this media release in the south coast and south-western areas of NSW and Tasmania. The NSW Department of Community Services also circulated information about the study to regional staff and a number of Children’s Services Advisors were phoned in targeted areas to discuss recruitment options and local services. The NSW Older Women’s Network also circulated information about the project in their regular newsletter. The locations where study participants resided and the means for contacting them are outlined in Table 2.
Table 2

<table>
<thead>
<tr>
<th>Participants</th>
<th>Place of residence</th>
<th>Recruitment strategy</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Glebe (suburb)</td>
<td>Flyer – from the child care centre where grandchild attended (via daughter)</td>
</tr>
<tr>
<td>2</td>
<td>Wagga (Bourkelands)</td>
<td>Local newspaper</td>
</tr>
<tr>
<td>3</td>
<td>Maroubra</td>
<td>Flyer – from a child care centre (passed on by a friend)</td>
</tr>
<tr>
<td>4</td>
<td>Wagga</td>
<td>Local newspaper</td>
</tr>
<tr>
<td>5</td>
<td>Botany</td>
<td>Flyer and encouraged by a Community Nurse at the Early Childhood Baby Clinic</td>
</tr>
<tr>
<td>6</td>
<td>Maroubra</td>
<td>Direct contact with researcher at Library Storytime session</td>
</tr>
<tr>
<td>7 (Couple)</td>
<td>Fairfield</td>
<td>Flyer on a hospital notice board</td>
</tr>
<tr>
<td>8</td>
<td>Botany</td>
<td>Flyer on School for Seniors notice board</td>
</tr>
<tr>
<td>9</td>
<td>Coogee</td>
<td>Flyer and encouraged by a Community Nurse at the Early Childhood Baby Clinic</td>
</tr>
<tr>
<td>10</td>
<td>Maroubra</td>
<td>Direct contact with researcher at Library Storytime session</td>
</tr>
<tr>
<td>11 (Couple)</td>
<td>Castle Hill</td>
<td>Neighbourhood Centre Co-ordinator - encouraged daughter-in-law to discuss with them</td>
</tr>
<tr>
<td>12</td>
<td>Maroubra</td>
<td>Direct contact with researcher at Library Storytime session</td>
</tr>
<tr>
<td>13</td>
<td>Liverpool</td>
<td>Through a contact at the Library</td>
</tr>
<tr>
<td>14</td>
<td>Liverpool</td>
<td>Flyer – through her workplace</td>
</tr>
<tr>
<td>15</td>
<td>Fairfield</td>
<td>Via a Dept of Housing worker who had seen a media release in the local paper</td>
</tr>
</tbody>
</table>

Table 2 shows a number of grandparents (3) living in inner Sydney were recruited through one specific library, with a range of different child care centres and community nurses also playing a role in recruitment. Grandparents in the Western Sydney region were contacted through more diverse means, while grandparents in rural areas made contact through the local newspaper. The flyer prepared on the project was useful in alerting people to the research, with direct contact by the researcher being the most successful but time intensive recruitment approach.
The process of recruiting participants turned out to be organic, evolving with new leads over a period of 3 months. The recruitment process combined a targeted approach using existing community services, with a more broad-brush call for interest through the media. Once a grandparent had made contact, a letter was forwarded to them providing additional information on the project, outlining the role of participants and a consent form to sign and return to the researcher if they were interested (using a self-addressed envelope enclosed with the letter), see Appendix E.

Grandparents contacted the researcher directly by phone or services passed on grandparent contact details where permitted by participants. This direct contact provided an opportunity for the participant to find out more about both the project and me, as researcher, the person they would meet and talk with in their home. It also enabled me to find out potential participant details and to assess if they were within the target group. These initial discussions started a process of trust building and rapport between participants and researcher, which developed further through the interviewing and storying process (Glesne, 1999).

A total of 17 grandparents participated in the research, including 13 grandmothers and 4 grandfathers. This included 2 couples that were involved in jointly caring for their grandchildren. Participants ranged in age from 45 years to 74 years and were from a range of socio-economic and cultural backgrounds. Twelve grandparents worked prior to retirement, with 4 participants continuing to work in part-time employment. Seventeen participants chose to be interviewed in their homes and 2 participants chose to be interviewed at the local library, the original place of contact between the researcher and participant. Grandparent characteristics and a summary of their care arrangements are included in Chapter 5.

Use of Qualitative Data Collection Techniques – Primary Data Sources

Narrative inquiry enabled a range of qualitative research techniques to be drawn on to collect data and create texts (Clandinin & Connelly, 2000). This study used semi-
structured one-on-one interviews, participants’ journal entries and my field notes as primary sources of data. The use of semi-structured interviews involving interactive dialogue between two (or more) people has become more widely accepted technique, particularly in providing “negotiated, contextually based results” (Denzin & Lincoln, 2000, p.646). Stories or narratives of experience were collected through such interviews, along with follow up conversations with participants (by phone and face to face) and through grandparents’ journal writings.

**Interviews with grandparents.**

Interviews conducted as part of this study were not seen as a set of questions and answers, but part of a larger, recursive narrative about grandparents’ experiences and views. An interview schedule was developed to guide discussions with grandparents. The schedule included a set of flexible prompt questions which delved more deeply into aspects of the original research questions and reframed questions, as outlined in Appendix F. Interviews were arranged with grandparents and held predominantly in their homes, once consent was provided. Discussions were taped, with full transcripts for each grandparent. Interviews enabled stories to emerge from the constant interplay and conversational turn taking of speaker and listener (Goodfellow, 1998). These conversations provided a detailed understanding of the everyday experiences of grandparents as carers.

**Journaling.**

Grandparents participating in the interview discussions were asked to keep a regular diary/journal to explore their feelings and issues as they arose, outside of the specific interview sessions. This approach aimed to give grandparents more opportunities to express their views, without the imposition of the interview structure. As researcher I provided a notebook to help grandparents get started, although it was very clear to participants that this writing role was voluntary, (in accordance with the University of Western Sydney Human Ethics Committee approval). Eight grandparents
undertook to do this with 4 participants actually producing writings. As researcher I suggested participants write down any feelings and views they had about their role or to record a specific incident or experience as soon as possible after the event. Any points or writings could be in any form suitable to them.

It was clear from the variable commitment of grandparents in undertaking this journaling that some individuals were more comfortable doing this than others. Some grandparents stated that writing down their feelings and views did not come naturally, whereas other grandparents regularly used the notebooks to capture issues as they arose. Two participants felt obliged to do some writing because they had agreed to do this, although this represented a challenge for them. It was evident from this experience that journaling amongst the participant group was a supplementary data collection technique, which alone would not have provided the level and depth of meaning provided through the interviews.

I also kept a journal as researcher to highlight impressions, views, and issues of potential bias at different stages in the research process. The journaling created reflective field notes including non-verbal observations and impressions from interviews with individual participants. These notes assisted in forming and re-forming the collective narrative. Field notes also provided a record of the highs and lows of the research process and my anxieties, from a researcher perspective and as a student. An example of 1 grandparent’s journal entries and my regular journal writing is at Appendix G. The journaling process undertaken by both grandparents and myself as researcher aimed to capture separate views and feelings outside of the interview process.

**Follow up discussions with grandparents.**

Two follow up discussions were held with each individual grandparent following initial interviews. These discussions focused around their interview transcript and the interpretive text I prepared from their transcript. These discussions were conducted either by phone or face to face, depending on grandparents’ availability. By sending
grandparents their transcript and my interpretive text beforehand they were able to participate in the storying process, delving deeply into their experience and verifying or questioning my interpretations of their experience. These discussions also focused on issues arising in their journal entries, where applicable. A schedule illustrating the interview process and timetabling of follow up discussions over the data collection period is included in Appendix H.

Original research parameters for the study anticipated a series of interviews with 6 research participants. Instead a total of 17 participants were actively engaged in the research process. A total of 42 face-to-face interviews and phone discussions were undertaken. This larger sample provided a greater mix of “information rich cases” from which to frame and explore this experience (Patton, 1990, p.169). It also stretched my time as a sole researcher, due to the more intensive nature of interviews with individual participants. The benefits of aligning research techniques to maximise participant involvement and depth of discussion with grandparents, however, outweighed the additional time and costs associated with this more intensive approach.

**Drawing Meaning from the Data**

Data analysis commenced during the data collection phase and continued through to completion of the writing phase. The process of analysis and interpretation, or the drawing of meaning from analysed data, involved a synthesising and mining for meaning within the collected data and elaboration of this experience through ongoing interpretative writing and discussions between researcher and participants (Goodfellow, 1998). This process was informed by analytical pointers outlined in the work of Tesch (1990) and Goodfellow:

1. Developing and reviewing early texts – looking below the surface to start to draw meaning from transcripts.
2. Developing the framework for organising data into meaningful units – using words or concepts arising in the data, but ensuring flexibility and ability to shift and change groupings as part of analysis.

3. Working out possible links between key concepts.

4. Checking with participants that interpretations adequately represent what they understood and change if needed.

5. Considering ways of presenting linked material e.g. writing themed stories and returning these to participants to reflect on.

6. Ensuring there was evidence to substantiate interpretations being made.

7. Planning and replanning the form of final presentation.

8. Reviewing and gaining feedback on this work and revising to ensure the multiple voices of researcher and participants are clearly present and identified.

9. Continued review and analysis throughout the study.

These analytical pointers were used to achieve a higher-level synthesis of meaning from the storied texts of grandparents. A cyclical approach was used to lift meaning making to the next interpretive state, and involved revisiting, re-interpreting and finding deeper meaning in the texts, then re-presenting the data to identify themes (narrative threads) and diversity. This cyclical approach developed the product of this investigation – the collective narrative reflected in Chapters 6, 7 and 8. The process of analysis reflected the multiple iterations of analysis within the analytical framework developed by Anfara, Brown and Mangione (2002). This framework for coding and analysis, aimed to bring order, structure and interpretation to “the mass of collected data” (Marshall & Rossman, 1999, p.150). The relationship between the model developed by Anfara Brown and Mangione and the process of analysis and interpretation that was used in this research is reflected in Table 3.
### Iterations of Analysis and Interpretation

|-------------------------------------------------------|-----------------------------------------|---------------------------------------------------------------|
| **Iteration 1: Initial coding/surface content analysis (bringing data into manageable chunks and tagging for retrieval)** | Storying and restorying with participants Narrative inquiry as process consideration of personal, social, temporal and place Superficial thematic coding of data | My Iteration 1 – working with individual stories:  
- Identifying and coding data into individual meaning units  
- Grouping meaning units together around common issues/noting connections between units  
- Labeling these groupings of units based on grandparent’s words  
- Returning to transcripts to recapture the whole story and to ensure the full meanings of words were reflected  
- Developing interpretive texts based on groupings of meaning units, mapping of personal; social, past, present and place of inquiry space  
- Working together with individual grandparents over the texts (storying process) delving together within the stories  
- Reworking texts (re-storying) based on further discussions with grandparents |
| **Part of iteration 1 and 2 continued coding and drawing meaning from codes within individual texts** | - Discussion of coding /further work on grouping data into themes  
- Restorying process creating depth of meaning within individual stories (narrative inquiry as process)  
- Analysis of inquiry space parameters within individual grandparent’s texts | My Iteration 2: Restorying within individual stories – shifting focus to collective stories  
- Reviewing transcripts and interpretive texts of grandparents  
- Following up with grandparents to ensure depth of meaning within storied texts  
- Reviewing and mapping groupings of meaning units  
- Identifying common data groupings/contrasts across grandparent texts and linkages between groupings  
- Labeling collective groupings of meaning units  
- Revisiting transcripts to keep a sense of the whole  
- Noting potential collective meanings – the individual essence of what is said is being repeated |
<table>
<thead>
<tr>
<th>Anfara, Brown &amp; Mangione framework for analysis</th>
<th>Narrative inquiry – process and product</th>
<th>My process of analysis and interpretation used in this research</th>
</tr>
</thead>
</table>
| **Iteration 2: Pattern variables – drawing meaning from these initial codes** | • Thematic analysis – coding to form more meaningful codes from data  
• Creating meaning from collective stories (as process) | **My Iteration 3: Creating collective meaning**  
• Pulling together groupings of meaning units further into more consolidated sub-themes or narrative strings, focused around a core question: What is this data telling me?  
• Delving more deeply behind the specific words of grandparents – asking the question: What is really being said here, based on what I know as researcher?  
• Mapping strings as a whole to determine linkages and relational issues within the inquiry space  
• Questioning my judgments – going back to original texts and interpretive texts to ensure sub-threads are embedded in individual and collective meanings |
| **Iteration 3: Application to data set – answering the central research questions** | • Central themes developed  
• Plot making of the narrative - narrative inquiry as process and product | **My Iteration 4: Creating the collective narrative**  
• Pulling together these strings into larger threads of meaning or themes running through the collective stories of grandparents  
• Unraveling these threads to ensure they were firmly based on grandparents’ collective experiences and meanings  
• Defining/labeling these narrative threads to drive the collective narrative  
• Data selected around threads for inclusion in the collective narrative  
• Going back to unused discarded data to question judgments |
| **No further iteration represented** | • Creating and labeling the grand (collective) narrative  
• Narrative inquiry as product built on process  
• Meta-theme emerges through analysis  
• Keeping the narrative form | • Writing and naming the collective narrative around the two threads, to answer the question: – What do these threads represent? What are they saying to me as researcher?  
• Reviewing write-up to answer the following:  
• Have I captured the true essence of this experience?  
• Am I being true to my grandparents?  
• Does this story have resonance?  
• Have I documented processes and roles to ensure transparency of my results?  
• Are my results credible and dependable? |

The process of analysis and interpretation explained in Table 3 was dynamic and not necessarily undertaken in sequential order, reflecting again the guiding work of
Tesch (1990) and Goodfellow (1998). The iterations in Table 3 involved an ongoing review of data and the questioning of decisions undertaken at each stage of analysis. Collectively the iterations represented the framework from which to order and consider data in manageable groups, to enable a more intensive interpretation of the complexity within and across grandparents’ stories, as told by participants. Further information aimed at clarifying aspects of this analysis and interpretive process is outlined below.

**Iteration 1: working with individual stories.**

Interpretive texts or summaries were prepared, following the first interview with individual participants. These interpretive texts brought together the key issues raised by each grandparent. The interpretive texts represented the outcome of the initial storying with participants through the interview. These texts were then reviewed and revised through further discussion and storying with participants (Iteration 2).

Data for each participant was grouped into individual meaning units identified from their interview transcript (Tesch, 1990; Ely, Anzul, Friedman, Garner & Steinmetz, 1991). These meaning units were usually based on an individual paragraph or paragraphs of text, which were then grouped under a heading or category. Quotes from participants were used as headings for data groupings identified in the first stage analysis of each individual participant’s story. This analytical framing was undertaken during a 4 to 6 week period, with journal notes also providing additional insights. A record of this data grouping process was also kept as part of an audit trail for this research and to enable further sorting and reworking in the next stages of interpretation (Krueger, 2000).

**Iteration 2: restorying within individual stories.**

The transcript and interpretive text prepared from the initial interview with grandparents was sent to each participant and discussed in a follow-up phone interview. These phone interviews engaged participants in further discussion of the main issues
outlined in the interpretive text. This was undertaken to ensure all priorities were captured and to search for deeper meaning behind participants’ words. Based on these discussions and new insights provided through grandparent journals (where available) and researcher field notes (restorying), initial interpretive texts were revised, with a follow-up face to face interview held with participants where agreed, using the revised interpretive text and grandparent writings to guide discussions. Through this process participants added their own words, changed the emphasis of their story, expanded specific aspects or meanings and added new developments. As researcher I was reviewing data groupings or meaning units and key narrative strings to enable further delving and clarification of themes.

This restorying process provided added depth to the interpretive text and ensured participant verification of the initial aspects of the interpretation. A copy of the final interpretive text prepared from this storying and restorying process was provided to all participants for verification as part of the research process. This verification of the text by participants was seen as critical to ensuring verisimilitude of the research findings.

As researcher, I prepared a mind map of each participant’s interpretive text/story, to reflect the key themes emerging from individual stories and to help illustrate the backwards/forwards and inwards/outwards aspects of the narrative inquiry space. This mind map also helped to illustrate the interconnections between different themes and to develop a more holistic view of the collective experience. An example of a mind map is in Appendix I.

Careful consideration was given to the use of computer assisted data analysis using programs such as NVivo (Richards, 2002). It was evident that these software programs represented useful tools in the process of grouping data into meaning units and then into groups of meaning units. However, in this research context, the more hands on approach of physically sorting text and drawing or mapping the collection of stories into a whole enabled a greater researcher connection with grandparents’ stories and data.
Iteration 3: creating collective meaning.

Iteration 3 was undertaken without participant involvement, although the previous writing and ongoing storying with participants helped to shape and sharpen the analysis (Ely, Vinz, Anzul & Downing, 1997). As researcher, I reviewed the interpretive summaries/texts and mind maps developed with individual participants, to identify commonalities across individual stories. This process sought to identify the relative importance of ideas or meaning units across stories and to identify the common threads (themes) running through and across grandparents’ stories. While this focused on the interpretive texts developed with grandparents, it also involved going back to initial transcripts to understand the impact of different contexts and to see new issues or themes (threads) emerging or evolving across the stories complete with complexity, tensions and connections within and between the stories. This reflexive process, reviewing and revisiting journal writings, interpretive texts, field notes and maps was a critical step in creating and shaping the narrative threads, that is the threads of meaning running through the collective experiences of grandparents. These threads formed the basis of the collective narrative.

Iteration 4: creating the collective narrative.

Ely et al. (1997) drew comparisons between the construction of a collective narrative and the movie-making process, highlighting that like a good movie, good qualitative research engages the audience, followed a strong storyline and leaves the audience with something to think about afterwards. Both movies and narrative therefore represented structures for further meaning making, as the audience was engaged in further interpreting the experience being captured, as it resonated with their own experiences and understandings. Similarly both movie making and the creation of narrative were about the portrayal of dynamic and telling moments, with the editing process leaving discarded “film on the floor” (p. 52). Wolcott (1994) defined this editing in the narrative context as winnowing, involving the letting go of data, which did not relate fully to the research phenomenon or add to the narrative thread. While some
content may be lost through this process, “winnowing” enabled specific areas or concentrations of data to be identified and organised, to enable a broader audience to understand and digest the essence or essential meaning of the experience of these grandparents (Wollcott, 1990, p.18).

The collective narrative or overarching story represented the holistic meaning drawn from within and across grandparents’ experiences, as told through participants’ stories and writings. It drew together the threads produced through the analysis and interpretive iterations of this research, to form a whole story of experience. The collective narrative, complete with threads of meaning (narrative threads and strings) and characters (participants) and contexts (diverse settings) provided the dynamic framework from which to hang elements of participants’ experience together, while also capturing depth of meaning (Polkinghorne, 1995).

Through the literature review and recruitment process it was evident grandparents caring for grandchildren represented a relatively voiceless population within the broader community. The collective narrative was seen as a powerful vehicle to capture the voices of this group and to engage a broader audience in hearing and understanding their experiences. The collective narrative linked the stories of grandparents as experienced (both individually and collectively), their retelling of stories and interpretation of this experience by researcher, with a broader audience (Geertz, 1973).

In summary, the process of analysis and interpretation outlined in this Chapter led to the identification of meaning units within individual stories (see Table 2). Commonalities of meaning units were identified as running though and across grandparents’ narratives and represented narrative strings. These narrative strings were pulled together to into two key threads in this thesis representing the collective stories of grandparents and reflecting two contrasting sides of the experience. These common threads were identified as central to the collective narrative that is outlined in Chapters 6 and 7. In Chapter 8 the common threads are interpreted further, linked to the diversity
of care experiences and care contexts in this study (reflecting the personal and social, temporal and locational aspects of the narrative inquiry space).

The next Chapter presents biographies of individual grandparents who participated in this study, including an overview of each grandparents’ previous and current involvements and their context of care. These biographies have been included to enable the audience to become more familiar with the lives of individual grandparents and to more fully understand the findings represented across Chapters 6, 7 and 8.
Chapter 5 Introducing Grandparents and their Storied Lives

As outlined in Chapter 4, findings from this study are presented around two narrative threads. These are:

1.Creating closeness and connection with grandchildren.
2.Trading personal time and autonomy.

These threads were drawn from the stories of 17 grandparents and analysed and interpreted by me as researcher. These stories were based on the interview transcripts and writings of participating grandparents and the interpretive texts developed with them as part of the joint storying process.

This Chapter introduces grandparent participants to the reader, using short biographies of their past involvements and current care arrangements. Participating grandparents were drawn from a mix of geographic locations and ranged in age from 45 to 74 years. Six grandparents were born in five non-English speaking countries: Malaysia; India; Italy; Malta and the Philippines. Circumstances motivating grandparents’ regular involvement with grandchildren also varied, along with the hours they spent each week caring for grandchildren and the duration of care arrangements. The only commonality amongst the grandparent group was that the majority (15) were from the metropolitan area of Sydney and 2 grandparents lived in Wagga Wagga in south-west NSW.

As with all research focused on human experience, the words expressed by grandparents in interviews and journals were influenced by their personal histories, values and interactions with others. The following biographies therefore portray each grandparent at a point in time in their life and captured by me, in the midst of their lives (Clandinin & Connelly, 2000).
Meeting the Grandparents

Libby (Case Study 1, CS1)

Libby was a grandmother in her late fifties with two granddaughters – Bronte aged 4 years and Isabel aged 2 years. She was Australian born, widowed and living in inner Sydney. She had been spending regular time with her granddaughters individually and occasionally together over the last 4 years. When Bronte was 8 months old, Libby’s daughter, Kylie, returned to work 3 days per week and asked Libby if she could care for Bronte 1 day per week. Libby agreed and Bronte went to long day care 2 days per week. Three years later her other granddaughter Isabel (then 12 months old) was meant to start long day care 2 days a week, but both Isabel and Kylie were unhappy, and Libby offered to care for Isabel 2 days per week. Not wanting to do 3 days per week of “grandmothering”, Libby felt she could not continue Bronte’s regular 1 day a week, so Libby changed this to an ad-hoc basis, to keep the relationship “alive and safe” (pc1). Libby chose to care for Isabel 1 day each week (8-16 hours), but also cared for the girls if they were sick on the days their mother worked. Both children were now attending long day care on a part-time basis (Isabel 2 days and Bronte 3 days). Libby had been the primary homemaker when her daughter was growing up, but was now doing a lot of unpaid voluntary work in the community. She had a number of literary projects on the go. She treasured peace and solitude.

Mary (Case Study 2, CS2)

Mary was a retired teacher and grandmother living in the new suburb of Bourkelands in Wagga Wagga. She was originally from Scotland and had four granddaughters – Elizabeth 9 years, Shae 7 years, Erin 5 years and Grace 8 months old. She had cared for all granddaughters, spanning over the last 9 years. Mary cared for Grace for approximately 35 hours (4 days) each week and her 3 school-aged granddaughters after school, while her daughter Mary and her new partner Jason worked. Mary’s daughter or Jason dropped the girls at her house and picked them up at about 6:00pm. Mary had lived with her daughter at different times, after her own marriage break up and when her daughter’s first marriage ended. She was recently
allocated a Department of Housing villa, in a new suburb with limited public transport. Mary had bad arthritis in her knees and hips, but her home was well suited to her needs and she had a strong spirit. She was a keen bowler and plays indoor bowls on some weeknights.

**Anne Marie (case study 3, CS3)**

Anne Marie was an active, Australian born grandmother in her late forties who lived alone in Maroubra, in Sydney’s south east. She cared for her two grandsons Jack, aged almost 4 years and Nicholas aged 2 years from 6:00am to 9:00am each weekday morning. She had cared for her grandsons at their house over the last 2 years while her daughter-in-law went to Centennial Park for equestrian event training. Anne Marie also cared for the boys on Wednesday afternoons, when her daughter-in-law gave riding lessons (total care of 18 hours). After caring for her grandsons Anne Marie drove to work (as a bookkeeper) about 5 kilometres away from Maroubra. Anne Marie’s eldest grandson went to pre-school 3 days per week and sometimes she dropped him there on her way to work. Anne Marie was divorced and enjoyed having a daily swim or walk at the beach and going to the gym. Anne Marie first became involved in caring for her grandsons as her daughter-in-law was having difficulty finding child care due to the early hours needed. Anne Marie was working two jobs at the time, however she wanted to give up one job and offered to care for the boys. It suited her and she knew grandmother care was the preference of her daughter-in-law and son.

**Gwen (case study 4, CS4)**

Gwen was an Australian born grandmother in her early fifties living in Wagga Wagga in south-west NSW. She was married and cared for her granddaughter Megan (aged 2 years), for approximately 50 hours or 5 full days each week. Courtney, Gwen’s daughter dropped Megan at 8:00am and returned at about 6:00pm each weekday. Gwen had cared for Megan since she was 3 months old. She also cared for another daughter’s child, Imogene (aged 6 months) for approximately 4 hours every Thursday. Imogene’s other grandmother cared for her on the weekends when her mother was at work, as her daughter was mindful of Gwen’s need to have some free time. Gwen has had a primary
role as a homemaker, raising five children who have since all moved out of home. Two
children were still at home when she first started caring for Megan regularly. Gwen and
her husband Noel lived in West Wyalong until 7 years ago, moving to Wagga Wagga
because two children were attending University. Gwen’s mother was frail and still lived
in West Wyalong, but came and stayed regularly. Gwen felt a responsibility for her
mother even though she lived a distance away. She felt her mother would have to come
and live with her very soon. Before Megan was born Gwen went to TAFE and
completed the Diploma of Children’s Services, with the aim to get a job in the child
care field. While she applied for a few jobs she indicated she was happy not to get these
and to change her plans and care for Megan instead. Her husband was also very
supportive. Courtney was expecting another baby, however care arrangements had not
as yet been discussed with Gwen.

**Jenny (case study 5, CS5)**

Jenny was a grandmother in her early sixties living in Botany in south-east
Sydney. She was born in the UK and had been caring for her grandchildren Emily aged
5 months and Isaac aged 4 years over the last 4 years. She offered to care for Isaac
three years ago as she had to give up work unexpectedly. Isaac has Down Syndrome
and Jenny has played a major role in his life since he was born. Isaac attended a special
school in Annandale (2 mornings a week) and childcare (three mornings a week), with
Jenny caring for him each afternoon. She also cared for Emily since her birth for 5 full
days per week from 6:30am to about 4:00pm or 5:00pm each weekday (48 hours each
week) while her daughter and son-in-law worked. Jenny was divorced and has lived
with her daughter and family since they bought a house together 3 years ago. She had
her own separate area downstairs, but shared meals with her daughter and family and
was based upstairs when caring for her grandchildren. Jenny enjoyed her free
Saturdays, making the most of her own time, going to new places and enjoying the
local club.
Anna (case study 6, CS6)

Anna was a grandmother in her early fifties living with her husband in Maroubra, in Sydney’s east. She was born in Malta and had four children and five grandchildren. She cared for one grandson, Mitchell, aged 14 months for 3 days each week. Anna’s son and daughter-in-law were teachers and they dropped Mitchell to her house at about 8:00am and picked him up at about 4:00pm each day (24 hours each week). She wanted to care for Mitchell, but waited for her son and daughter-in-law to ask her, to make sure they felt comfortable with such an arrangement. Anna had been caring for grandchildren for the last 6 years, including her two granddaughters, cousins Alicia and Caitlin prior to starting school. She cared for Caitlin regularly each week from the time she was 6 months old until she was 4 years old. She was also caring for Alicia at different stages during the time. Another of Anna’s sons may also ask her to care for their 12 month old baby if her daughter-in-law returns to work.

Lyn and Paul (case study 7, CS7)

Paul and Lyn were both retired and lived in Fairfield. They had two sons Mark and Stephen. Mark and his partner had two children Liam (aged 2 years) and Lily (aged 1 year). Stephen and his partner Jenny had one child Damon (8 months). Every Wednesday Lyn and Paul care for the three grandchildren altogether in their home, from 7:30am till about 5:00pm (approximately 8 hours). They had been doing this for about 5 months. Lyn and Paul offered to care for their grandchildren 1 day per week when they retired. They sat down and discussed the ground rules with their children and partners prior to retiring and were very clear about having time for grandchildren, but on their terms. They wanted to care for the grandchildren to both help their son’s families financially and to have regular time with their grandchildren. Paul was of Chinese background and his mother had played an important role in caring for Lyn and Paul’s sons when they were young.

Laurel (case study 8, CS8)

Laurel was an Australian born grandmother in her sixties living in Botany in Sydney’s southeast. She was widowed and had two children Aaron and Michelle. She
Deidre (case study 9, CS9)

Deidre was an Australian born grandmother living in Coogee in Sydney’s east. She cared for her two granddaughters India aged 3 years and Holly, 8 months. She cared for the children for about 60 hours per week, from 6:45am to 6:00pm (55 hours) each weekday, in her daughter Merrin’s home at Bondi. She had been caring for her grandchildren for over 2 years, commencing when her daughter Merrin went back to work. Deidre gave up a full-time job reluctantly to care for her first grandchild due to her daughter’s expectation that she would do this. Deidre’s mother had cared for her children while she worked, so there was an expectation that Deidre would also take on this care role for her daughter. Merrin also talked about doing this for her children. Deidre was widowed and was to be going with her daughter, son-in-law and grandchildren to India to live for a 2-year period as her son-in-law has a new job there. She has rented her unit out for 12 months, but felt she may come back early.

Rani (case study 10, CS10)

Rani was a grandmother living with her husband in Maroubra. Her daughter and family lived nearby in Coogee. Rani was a retired nurse of Indian background who grew up in Kenya. She still worked half a day every month in a doctor’s surgery, but gave up full-time work to care for her grandchildren Shivali (aged 3 years) and Tara (aged 1 year). She wanted to do this and was also feeling ready to retire. She has cared for
Shivali over the last 3 years and Tara since she was 6 months old. For 6 months Rani cared for the two girls for 4 days each week, however her daughter had since put the children in child care for 2 days per week, as she thought it was too much for her mother. Rani was not happy about this new arrangement because she wanted the youngest to be at home until she was at least 2 years old. As part of the new arrangements, Rani was caring for her grandchildren on Wednesdays, Thursdays and for half a day on Friday (15 hours) each week.

**Stan and Julie (case study 11, CS11)**

Stan and Julie were an Australian born retired couple in their late sixties living in Castle Hill in north-west Sydney. Stan moved to Castle Hill in 1956 when it was an outer rural area. He and Julie lived in the original house but subdivided their property about 14 years ago, giving land to their four children to use. While their children had lived overseas and interstate at different stages, they were all currently living in the Baulkham Hills Local Government Area, with two families living next door to Stan and Julie. They were a close family and Stan and Julie always had Sunday lunch at their house for whoever was free to come. Stan and Julie had five grandchildren: Emma (aged 9 years); Amanda (aged 7 years); Sarah (25 months); Tom (19 months) and Mark (10 months). They cared for Tom and Sarah together each Thursday morning while their daughters went to aerobics and had Mark on Fridays while their daughter-in-law attended classes (total 7 hours each week). If Stan and Julie were unable to provide child care, another family member would do so. They enjoyed family get-togethers and going for short trips up the NSW coast.

**Stefan (case study 12, CS12)**

Stefan was a retired grandfather in his early sixties, living with his wife Rosa in Maroubra in Sydney’s east. He had three daughters and four grandchildren: Jacob (aged 15 months), Rachel (aged 18 months), Olivia (aged 18 months) and Andrew (aged 3 years). Stefan and Rosa were both of Italian background and talked to their children by phone everyday and saw them at least two to three times each week. Sometimes Rosa and Stefan spent time together with his children and grandchildren at home and
sometimes Stefan would care for them alone while Rosa and his daughters went out (approximately 8 hours per week). Each Wednesday Stefan had a regular commitment to take Andrew to Storytime activities at the local library about 5 minutes walk away. He also liked to do special trips with Andrew each week – on a bus to the museum, aquarium or on a ferry etc. Stefan recently had a health scare, ending up in hospital and having two stents inserted in his heart. He felt lucky to be alive and was keeping active, but trying not to overdo things. He loved fishing and if he had a day trip planned with his friend, nothing would stop him from going.

*Hugh (case study 13, CS13)*

Hugh was a grandfather in his early fifties living with his wife and daughter and her family in Liverpool in Sydney’s south-west. While his wife, daughter and son-in-law worked, Hugh cared for Mina aged 3 years for approximately 35 hours each week and Ashok (aged 8 years) and Arlen (aged 6 years) after school. Hugh was of Indian background and grew up in Fiji. He worked in New Zealand for 4 years while his own children were growing up in Fiji. He migrated to Australia with his family and spent many years working and commuting. Hugh had taken early retirement, wanting to do other things with his life, including spending time with his grandchildren. He had been caring for them regularly over the last 6 years. He was also very involved with his local church.

*Camilla (case study 14, CS14)*

Camilla was a grandmother in her late forties of Filipino background who lived with her husband in Beralta. She had two daughters and three grandchildren Brandon aged 7 years, Brendan aged 6 months and Alex aged 8 months. One of Camilla’s daughters (Alex’s mother) and son-in-law lived across the road and Camilla was often called on to care for Alex, approximately three or four times per week (approximately 33 hours per week). Camilla also worked full-time at Parramatta, so she usually cared for Alex on weekends, her flexi-days or sometimes overnight during the week. Camilla made the initial offer to care for her youngest grandson, to give her daughter a break, but would have liked time with her grandson to be planned rather than having calls from
her daughter late at night requesting her to come and get her grandson. She also helped her daughter and son-in-law financially, having agreed to pay council rates, telephone and food bills etc. while they were paying off their own house.

**Christine (case study 15, CS15)**

Christine was an Australian born grandmother in her early fifties living with her husband in Bonnyrigg in Sydney’s south-west. She had one son, Raymond and a granddaughter Paige, who was 12 months old. Christine worked as a nurse for many years, but retired because of an arm injury, which was still painful and required surgery. Christine had been caring for Paige each Friday from 9:00am to 4:00pm (7 hours) since she was 6 months old, when her daughter-in-law Sarah went back to work (2 days per week). Sarah asked Christine if she would care for Paige and Christine was happy to do this. Sarah’s mother cared for Paige on Sarah’s other workday each week. Christine went over to her son and daughter-in-law’s house to care for Paige. She felt this was best given her cot and toys were there and she wanted to keep her in her home environment. Christine indicated this might change when Paige was older and able to stay over at Christine’s house.

These grandparents through their individual stories have contributed directly to the development of the two narrative threads and the collective narrative emerging from this research. As reflected in the literature review, grandparents were clearly caring for grandchildren in a range of care contexts and for different reasons. These care circumstances often influenced the way in which grandparents’ perceived their care experience and role, as evident in grandparents’ words in the following findings Chapters.

Note: the term *adult children* has been used in the findings Chapters to refer to both grandparents’ adult children and their daughter-in-law or son-in-law. Grandparents did not necessarily express differences between their own children and their son-in-law or daughter-in-law’s views, although where grandparents specifically nominated their son or daughter-in-law in their stories, their comments have been identified in the text.
Chapter 6 Creating Closeness and Connection With Grandchildren: Thread 1

This Chapter outlines findings related to the first of two narrative threads running through the stories of participating grandparents. This Chapter focuses on Thread 1: *creating closeness and connection with grandchildren*. Grandparents felt they provided an intense or deep nurturing of their grandchildren based on an exclusive connection between grandparent and grandchild and embedded in a strong and dynamic relationship. They drew significant meaning from the relationship they were building with their grandchildren. This meaning was defined and grouped into three narrative strings. These three strings underpinned the narrative thread of *creating closeness and connection with grandchildren* and were:

1. Building strong bonds with grandchildren.
2. Intensive, responsive nurturing.
3. Contributing within family.

The narrative strings are discussed further within this Chapter and reflect the significant satisfaction grandparents’ gained from feeling productive, and contributing something extra and special for their grandchildren and families. The work of Noddings (1984) on moral and ethical care was used as part of the interpretive discussion in this Chapter, as there were significant parallels between Noddings’ concept of caring deeply and grandparents’ perception of their responsive and intense form of nurturing provided for young grandchildren.

**Building Strong Bonds With Grandchildren**

All 17 grandparents reflected on the intensity of connection they felt with their grandchildren and the value they placed on building a relationship with them and forging an intimacy between themselves and their grandchildren. This intense and
intimate connection represented a powerful personal expression of unconditional love by grandparents for their grandchildren. This intensity of emotional expression and the exclusivity of their one-on-one loving relationship with grandchildren were reflected in the words of Libby and Christine:

…you lose your heart, it’s like falling in love that’s what it is, you get such a buzz when you just look at them (Libby, CS1, P58).
Like I love her to death, I’d die for her. If she was ill and I could save her well I’d die for her, so be it. (Christine, CS15, L337).

The exclusive tie between grandparent and grandchild demonstrated in Libby and Christine’s words highlighted the strong relational commitment and devotion grandparents felt towards their grandchildren. Grandparents deep regard and commitment to protecting and promoting the well being of their grandchildren created a deep form of nurturing which was defined by Noddings (1984, p.24) as “engrossment”. Grandparents willingness to give of themselves fully to their grandchildren in their relationship and the affection and commitment they had to their grandchildren’s personal growth, was central to Noddings’s concept of engrossment, as illustrated in Anne Marie’s words:

I really can’t explain it, but you couldn’t guess you would feel so strongly. It really is deep felt for me, I just love them so much, I want to help them as much as I can (Anne Marie, CS3, Journal 3).

Over half of the grandparents participating in the study reflected on the two-way intensity of their relationship with their grandchildren. They saw their grandchildren trusting them and responding positively to their nurturing. Camilla, Gwen and Deidre reflected on their grandchildren’s responses to their care. They felt a strong bond was growing between them and their young grandchildren:

He is all yours, so loving and trusting (Camilla, CS14, P2).
It’s given—I guess, it’s hard to say in words – an unbreakable bond with my granddaughter (Gwen, CS4, L164).
India says ‘my nanny’ and said I was her Valentine on Valentines Day, she says
‘I love you nanny’ (Deidre, CS9, P1).

The positive responses of grandchildren to grandparent’s care acted to reinforce or renew grandparents’ commitment to their grandchildren. Noddings (1984, p.30) defined this responsiveness (displayed by grandchildren to grandparents care) as “receptivity”, where the person being cared for reacted with “warm acceptance” to the care of another. Grandparents felt grandchildren were accepting and acknowledging them as a part of their everyday lives. Grandparents felt very connected to their grandchildren in a familial sense, but also as individuals. This sense of connection reflected aspects of Noddings (1984, p.6) “relatedness” or a “fundamental connectedness” between one another, which underpinned receptivity to each other’s love. The emotional investment being made by grandparents was driven by this sense of relatedness, which also acted to reinforce their ongoing commitment to the well-being of their grandchildren.

All grandparents talked about their relationship with their grandchildren as being different to parent-child connections - very strong and loving, but more equal or friend like than parents. Grandparents perceived themselves more as significant and active “loving adults” in the lives of grandchildren (Libby, CS1), providing additional closeness and a real knowing and understanding of their individual grandchildren. They saw themselves more as loving intergenerational special friends, or soul mates for grandchildren within the family, a person who was inherently compatible and available to them. Grandparents had positioned care arrangements as opportunities to build something meaningful with their grandchildren, to be part of each other’s most significant relationships. Anne Marie, Libby, Jenny and Gwen demonstrated this more equal relationship with their grandchildren and the concept of care as an opportunity, in their words below:

I think you are able physically, mentally to be involved with your grandchildren you should grab it (Anne Marie, CS3, P12).
It’s the interaction, the permanent, regular interaction, making friends, getting to know this little person as another one of my relationships, that’s what I enjoy, that
is what is important (Libby, CS1, P12).
I enjoy his company [Isaac] (Jenny, CS5, P105).
I spend so much time with them, I’m really fond of them and they love me you
know (Jenny, CS5, P67).
Well I just believe that we are here for a short time and that an opportunity to
express love and experience love, if it lends itself you should take it (Gwen, CS4,
L844).

The more equal or loving friend like relationship with grandchildren that
grandparents were expressing aligned with findings from the earlier study by Wearing
and Wearing (1996). Wearing and Wearing found grandmothers perceived
contemporary grandparents as more approachable, more like friends to grandchildren.
While grandparents in this study perceived their relationship in a similar way, they
appeared to attach greater depth of feeling to this intergenerational friend relationship
than was evident in the Wearing and Wearing findings. My field notes written after
completing first round interviews with grandparents reflected on this:

*I can really sense this deep, deep, intuitive, almost instinctive form of love
grandparents have [for their grandchildren]. It is so heartfelt, I came away from
interviews feeling drenched in this feeling (Judy, Journal 15).*

Grandparents regularly caring for grandchildren were making themselves
physically and emotionally available to their grandchildren and therefore investing
significantly in this relationship. They indicated that the intensity of connection or bond
was therefore being strengthened through regular care arrangements. In particular,
grandparents identified regularity of contact, exclusive interaction, active engagement
around everyday activities (willingness to give of themselves) and continuity or
permanency of care as creating strong and potentially enduring bonds. These aspects of
care arrangements are discussed further in the following sub-sections.

**Togetherness**

Grandparents saw regular time alone with their grandchildren as special,
meaningful time, which helped to build an underlying relationship with their
grandchildren. Being together one-on-one was seen as quality time, where grandparents
could actively interact and fully engage with their grandchildren without others interfering or grandchildren being influenced or distracted by their parents. Several grandparents saw this care time alone as precious relationship building time with grandchildren, where they could be themselves and really get to know their grandchildren:

I don’t baby sit or mind her, I spend time with her (Libby, CS1, P1). Whether her mother was working or not, I’d like to keep that as our day. Nobody else around, just her and me (CS15, L339). It gives the grandparents more input into the child and they do get that quality time (Christine, CS15, L79). I’ve had so much to do with Megan, I know her so well (Gwen, CS4, L892).

One-on-one contact with grandchildren without the grandchild’s parents being present reinforced the exclusivity of the relationship. My writings after interviewing 8 of the 17 grandparent participants reflected on this further, identifying a deeper knowing of each other which came from active engagement and regular time together:

It seems like it is really about being part of someone else’s everyday experiences. The ability to be there on the spot, not once in a blue moon but someone who you know you will see everyday, you know their likes and dislikes and knowing their daily rituals. Being alone together without parents was important (Judy, Journal 10).

Regular engagement between grandparents and grandchildren was supported by grandparents living in close proximity to their adult children and grandchildren, as evidenced in earlier research (Cherlin & Furstenberg, 1986; Uhlenberg & Hammill, 1998). All grandparents lived within 1 hour of travel by car from their grandchildren, with three quarters living within 15 minutes of their adult children and grandchildren.

Over half of participating grandparents identified regular contact with grandchildren and being part of each other’s everyday lives and activities as creating a comfortable compatibility and ease in the way they related to their grandchildren. Libby
talked about this physical proximity and regular contact creating a natural or real sense of engagement with her grandchildren, which she felt would not be possible otherwise:

The arrangement enables this, if it was now and again or sometimes, I mean my sister has a little grandchild, but her smallest grandchild lives up on the North Coast so she has a relationship by telephone, it’s – you know she misses [her granddaughter], you know, they become part of your life or you become part of theirs, regularity does make a difference (Libby, CS1, P13).

Like Libby, Anne Marie raised the importance of becoming part of each other’s lives. She talked about not being a “sometime grandmother”, highlighting the importance of regular, meaningful contact with grandchildren (Anne Marie, Journal 1). Anne Marie defined a “sometime grandmother” as someone who saw their grandchildren two or three times a year and who didn’t participate regularly in their grandchildren’s daily lives. Given the opportunity, Anne Marie chose to be a more hands-on grandmother seeing the cumulative, positive influence of this daily care on her relationship with her grandchildren:

My son and daughter-in-law sometimes go away for a weekend – I am sure they wouldn’t be able to do this if I was a sometime grandmother (Anne Marie, CS3, Journal 1).
They are very comfortable with me… I think because I am with them so much that we have got this (Anne Marie, CS3, P70).

Anne Marie’s words indicated she took great pride in creating security for her grandchildren beyond the parent-child relationship, “we have got this” and the acting out of this in front of her son and daughter-in-law (P70). For Anne Marie this represented an almost public endorsement of the positive impact of her care and her capacity to relate and respond to her grandsons’ needs.

The regular and active involvement of grandparents in their grandchildren’s lives meant they were part of their grandchildren’s growth and change over time, as evidenced by Jenny, Anne Marie and Libby. They played an enabling role in the grandchildren’s development and they valued this:
I can watch them grow and become their own little people (Jenny, CS5, P178). I just get such pleasure being with them, seeing them grow and change, I’ve been with both of them since they were born, but I’ve been looking after them in the morning since the little one was born and seeing how he has progressed and grown has been lovely (Anne Marie, CS3, P12).

... they know me and they cuddle me and I can watch them grow because I see them regularly. If they lived somewhere else I wouldn’t so I’m involved in the lives of little babies, which is so lovely (Libby, CS1, P63).

Anna too saw regular involvement with grandchildren as a positive experience, because it was about new life and growth. She contrasted caring for young grandchildren to caring for the sick, seeing the former as being about growth and development and the latter as focused around deterioration:

It’s rewarding [caring for grandchildren] because they [grandchildren] are like flowers. They are always blooming. It’s not like when you are minding—when you are a carer of a sick person, you know that this is downfall. You know when you nurse them and they are getting worse but with healthy kids you know, it’s very rewarding; you can hear them saying the first word (Anna, CS6, L864).

Hugh also reflected on being part of his grandchildren’s growth and achieving milestones in their everyday lives. He saw this involvement as particularly important for him personally, as he missed out on having everyday involvement with his own children: “I was away from my children for four and a half years” (L200):

… my eldest grandson was riding a bicycle with the two wheels to balance and I took out the wheels and I trained him and I said: well you are old enough, you should be riding the bicycle without the help of the wheels and he didn’t have the confidence. I was running along touching him and as soon as he started riding the bicycle, to see the joy there, blushing faces and bright eyes showing look, I can ride the bicycle now —and the same thing was followed by the middle one and then my granddaughter said one day ‘take off these wheels’, she was only 3 years old. I said ‘you won’t be able to ride’ and she said ‘oh of course I can do it’. (Hugh, CS13, L118).

Hugh reflected on the excitement of his grandchildren in doing something for themselves and the satisfaction he gained from fostering their independence and
achievement and witnessing his grandchildren’s growing self-esteem. These grandparents were facilitating their grandchildren’s potential at an early age.

**Sharing Everyday Experiences**

Over two thirds of grandparents in the study reflected on their time with grandchildren as being about the mutuality of experiencing everyday things together. While grandparents talked about teaching their grandchildren through activities such as using tools, the insect world or special rhymes, they saw this sharing and engaging as different from formal teaching. These activities were more about experiencing and learning, exposing their grandchildren to newness and developing their life skills. Through these child-oriented involvements grandparents felt they were creating the opportunity for their grandchildren to explore their world, often seeing and experiencing something for the first time, as evidenced in Deidre and Gwen’s words. Stefan talked also about doing their favourite things:

…we go everywhere – I brought them over to see the big seas at Coogee the other day and these big mushrooms that grow in the grounds here (Deidre, CS9, P8). I love to be out in the garden or going for walks with her and like talking about plants and insects and catching a butterfly and things like that. Love to take her to parks and today we went to the Botanic Gardens (Gwen, CS4, L150). The most I enjoy with Andrew now that he’s 3 and 3 months, I take him on a bus trip; we go into town and rush across to the ferries (Stefan, CS12, L60). I’m thrilled to bits about having grandkids and it enables me to talk to them, communicate, help them, build their lives Stefan, CS12, L361).

Deidre and Gwen highlighted the we of this exploring, sharing experiences and learning around everyday adventures. Stefan also talked about the excitement and joy gained from this experiencing with his grandchildren. Rani and Hugh joint experiences, were focused around daily activities and play:
I try and cook before they come, so we have a lot of time to play together. We draw on the floor with chalk, colouring or jumping around, with water, when I make chapattis she has to do it too… she helps me with the gardening, collecting snails!’ (Rani, CS10, P5).

You’re running a lot with them, playing football with them, riding bicycles with them, going swimming with them. That helps you to keep you fit and gives you that extra energy to look after yourself and your health so you can keep up with the children (Hugh, CS13, L184).

Noddings (1984) saw the sharing of experiences between carer and cared for as critical to intensive, responsive forms of care. Rani and Hugh’s words highlighted their very hands-on approach to care, actively engaging with their grandchildren. They were enabling their grandchildren to take the lead when in their care and were placing priority on playing and chatting together, interacting and exposing grandchildren to the specialness of everyday activities. Rani tried to maximise her availability for play time, making sure she did household chores outside of time with her grandchildren. She didn’t want to be distracted from her grandchildren, indicating she was giving over her self fully to her grandchildren when caring for them.

Grandparents also responded strongly to the affection and physical warmth of their young grandchildren. Libby and Anne Marie’s words below highlighted the intensely absorbing quality of little children’s one-on-one affection, which they found almost irresistible. They highlighted their own form of receptivity to their grandchildren’s closeness (Noddings, 1984, p.35):

There is a lovely thing about the physical contact with soft, warm beautiful little bodies (Libby, CS1, Journal 1).

Being with the children for three hours each morning means I get the first sleepy cuddles. The 4 year old wakes up around 6am and this is our special time together before the baby wakes up around 7am – the older boy gets quite put out if the baby wakes up early and cuts ‘our’ time short (Anne Marie, CS Journal 2).

Anne Marie reflected on the importance of the exclusive interaction and time shared with her eldest grandson, Jack. She saw the significance of this experience for him, his receptivity to having her there and having her total attention. She responded
positively to this. My journal entry reflected on this physicality of grandparents’ involvement, experiencing and learning and grandchildren’s receptivity. Grandparents wanted this:

*I know what Libby means, it is like the smell of a new born baby, there is nothing quite like that. But it is go, go, go for people, wanting to do it and making a real effort, like Stefan getting to the Toy Library. It is his role in the family, he wants to show Andrew things he knows about that he would like. Stefan is enjoying them too.* (Judy, Journal20).

While this physical closeness and emotional engagement was in part about strengthening connection with grandchildren through play, it also reflected grandparents wanting to be responsive to grandchildren’s needs, giving their grandchildren their time and full attention, to promote their health and well-being.

**Consistency In Relationship**

Continuity of regular grandparent interaction with grandchildren was raised by over half of participating grandparents as important in building trust and security for their grandchildren. Grandparents placed significant importance on grandchildren knowing they were loved and that grandparents were physically and emotionally available for them. Regular care arrangements positioned grandparents as consistent and visible loving people in their grandchildren’s lives, and not therefore someone who would go away tomorrow and not come back, but someone they could rely on being there over time. Involvement with grandchildren over sustained periods was seen by grandparents as creating more significant and durable bonds with grandchildren: “The eldest one calls me morning Nana” (Anne Marie, CS3, P36).

Anne Marie talked about being a predictable part of her grandchildren’s daily lives; they felt secure knowing she would be there at the beginning of the day. Mary and Anna felt continuity of care/involvement was creating strong bonds and connection:
I think continuity of care, it’s somebody they know that if they were going to
day care or after school care they wouldn’t have. They get a lot of love because
they are my grandchildren (Mary, CS2, L680).
But of course she loves me. She’s been with me for so long and she knows how
much I love her [reflecting on her earlier care of her older granddaughter,
Caitlin] (Anna, CS6, L506).

The cumulative impact of regular involvement, being there for grandchildren
unconditionally and grandchildren knowing this, reinforced this concept of grandparents
creating security for grandchildren through continuity of relationship. This in part
related to Bengston’s (2001) concept of grandparents providing a latent safety net for
family members, however grandparents saw this safety net role in more active terms.
Libby, Mary and Jenny reflected on this role in three different ways:

…that thing of another loving family member to be with and to relate and to
someone different, with a different view of the world, a different way of telling
stories, something additional or extra. Children do behave differently with their
grandparents or other people than they do with their parents (Libby, CS1, P50).
I think you have to be there for them, to know that I’ll always be there for them.
It doesn’t matter what they do, you’ll always love them (Mary, CS2, L718).
When mum and dad are cross, nana will still love you (Jenny CS5, L183).

Libby felt she provided added diversity in her grandchildren’s lives and
relationships, while Jenny and Mary were expressing the importance of being there and
providing unconditional love through sustained contact. Mary in particular felt her
continuity of involvement and capacity to be a confidante for her grandchildren was
critical, given her daughter had recently divorced and had a new partner (the
grandchildren’s stepfather). Mary saw herself as a consistent loving person in her
grandchildren’s lives during a period of considerable change, reflecting Gonski’s (1997)
assertion that grandparents can play a support role for grandchildren following divorce
of parents. Mary knew her grandchildren were comfortable talking to her about issues
that troubled them or that they were hesitant to raise directly with their parents. They
trusted her enough to keep their secrets.
One thing I do know is that they tell you things that they wouldn’t tell the parents and they ask you things that they won’t ask their parents (Mary, CS2, L580).
Whatever the kids tell you is between you and them (Mary, L629).

Based on Mary’s experience, continuity of care enabled trust to be developed between grandparent and individual grandchildren. Mary’s grandchildren saw her as someone who was responsive and reliable in their lives, who they had confidence in and they could depend on over time.

*Valuing Early Attachments*

The investment of physical and emotional energy in building relationships with grandchildren indicated grandparents felt the nurturing of children by family members outside the parent-child relationship was healthy and beneficial for all involved, but in particular their grandchildren. The regular physical and emotional exchanges between grandparents and grandchildren were given priority by grandparents, to develop a close relationship with grandchildren, but also to give their grandchildren the best start possible. Grandparents were creating security, trust and confidence for grandchildren in their early years and positioning themselves as loving adults within their family. They were helping to build their grandchildren’s personal strength and self-esteem (Shonkoff & Phillips, 2000, p. 229).

Grandparent involvement with grandchildren in their early years was also perceived as creating lasting or enduring bonds. Almost half of participating grandparents highlighted the need to spend time with grandchildren when they were young, with a perception that grandparents become almost irrelevant to their grandchildren when they grow older, as they became involved in sporting activities, relationships with friends and schoolwork. These grandparents saw this period prior to grandchildren attending school as a window of opportunity to engage with them, at a time when they were most needed by grandchildren and able to influence them. This
indicated a desire for continued relevance and contribution, as summed up by Christine and Anne Marie:

I think when she’s [my granddaughter is] older we’ll be close (Christine, CS15, L88).
It is while they are young you form that attachment, when they are older they probably would feel they didn’t want anything to do with the oldies, but if you are with them from the very start, your very much part of their life. Next to the parents you’re next in line and a very important part of their life. And I think that will continue if you are involved right from the start (Anne Marie, CS3, P61).

Anne Marie’s words highlighted the value she put on having a carved out place as a grandmother within the family, giving her an almost inherent right of connection with her grandchildren over time. She saw the potential ongoing interaction with grandchildren as something of value and to be nurtured through involvement in their early years.

**Intensive, Responsive Nurturing**

Overall grandparents in this study felt they were significant loving adults in the lives of their grandchildren providing secure, trusting relationships and contributing to their grandchildren’s development through such relationships. As researcher I increasingly felt the use of terms such as *child care* or *child care role* was inadequate in describing this grandparent-grandchild involvement. Libby’s words: “I don’t baby sit or mind her, I spend time with her” (CS1, P1) resonated more widely and fully through the transcripts and writings of participating grandparents. Grandparents talked in different ways about relationships with their grandchildren and their care role, but all felt it was something powerful and unique to the relatedness of family (Noddings, 1984, p.35). As family members grandparents had greater commitment to grandchildren in their care, investing something more due to their ongoing familial connection. Gwen summarised this view:

It’s different when you are a carer of other children, you keep something back, you draw a line. You do this to protect yourself, because you never know if you
you draw a line. You do this to protect yourself, because you never know if you will see them again, it might be short term. You protect yourself, in case circumstances change and you don’t see them anymore. With your family you know you will see them again and again, it’s long term commitment over time (Gwen, CS4, pc1).

Gwen felt her relatedness to Megan, her granddaughter, created a high level of commitment to her nurturing. One third of grandparents talked about having a greater commitment and knowing of each individual child than was possible for a formal child carer to experience. They were able to focus fully on their grandchildren’s needs and to provide the one-on-one attention, interaction and responsiveness they felt very young children needed and deserved. Jenny, Anna and Mary reflected on the differences between their care and formal child care provision:

I think [grandparents give] more a sense of security and continuity than in child care, um. Child care is very good I must admit, but there’s different people all the time and they don’t know the child like you know the child (Jenny, CS5, P136). … [in child care] you don’t care as much as family, you don’t invest as much, you are not there specifically for that child (Jenny, CS5, hi2). They are with me and they can’t—I mean they’re not going to get love, as much love from a childcare as they do from a grandmother (Anna, CS6, L872). I think a continuity of care, it’s somebody they know that if they were going to day care or after school care they wouldn’t have. They get a lot of love because they are my grandchildren (Mary, CS2, L680).

These grandparents were inferring it was beneficial for children who were very young to be cared for by a family member. Underpinning such comments was the view that the deep or intense form of familial nurturing they were providing their grandchildren was second only to a mother’s care: “like their mother” (Anna, CS6, L553); “the next best thing to a mother’s care is a granny” (Jenny, CS5, h2). Grandparents felt such one-on-one nurturing was particularly important for very young children under 2 years of age. One third of grandparents had actively chosen to care for their grandchildren rather than seeing them being placed in formal child care as babies, or to reduce the days children attended care, as reflected by Gwen, Libby and Anna:
…then when my daughter fell pregnant and she sort of said to me—I discussed it with her and I said oh I didn’t really want to—after seeing what childcare centres were like, from the inside out, I didn’t really want her putting her new baby inside a centre. I have the belief that children belong at home at least until they’re 2 years old, if possible (Gwen, CS4, L256).

It’s a one-on-one intimate time before they go off to school. Long day care is long, maybe too long and communal, it’s different to the one-on-one interaction (Libby, CS1, pc1).

I feel like he’s in good hands because he is with family and it’s not like she gave him to a child care and her main interest was, she’s getting $100 a week. With me it’s not that, it’s he is with his family and when he wants to go to sleep he can go to sleep and you know, I’ve got all the time for him, we play together (Anna, CS6, L160).

Gwen, Libby and Anna indicated they saw formal child care services as more institutional, characterised by high ratios of babies to carers, a focus on communal activities in communal settings and lack of flexibility in routines. Being physically and emotionally available for their grandchildren, letting their grandchildren take the lead, to eat their lunch when they wanted to, to go out to places together and to do everyday things were seen by grandparents as critical to grandchildren’s lives. This flexibility represented an important factor in developing self-esteem and independence in children (Shonkoff & Phillips, 2002). Grandparents perceived this flexibility as particularly lacking in formal child care settings.

Several grandparents differentiated their form of care from formal child care services, by highlighting that they were providing care out of love for grandchildren, whereas they saw formal care providers as doing this as a job, as reflected in my journal entry:

*It seems to be about wanting to give their grandchildren the best start they can. They feel equipped to do this, having confidence in doing this. There was no question [for most grandparents] that this was the best option for their grandchildren (Judy, Journal 21).*

Formal child care, particularly pre-school programs were seen by grandparents as more able to meet the social and educational needs of children, as they approached school entry. While Ochiltree (2002) indicated parents (adult children) were likely to
hold this view, this study also inferred that grandparents held similar views to their adult
children on this issue, as reflected in Jenny and Gwen’s words:

I know that kindergartens and pre-school can offer more in the way of academic
advantages, they could teach her so much more than I could but not yet. I think
a combination when older of the two [forms of care] is great… these people
they’re trained and they can offer they can get so much more out of the children
than I could, and also I think it is good to mix with others, the multicultural
aspect of Australia and I think that’s great (Jenny, CS5, hi2).
I would like her to put Megan into, at least into preschool. She’ll be 3. I really
truly believe in preschools for 3-4 year olds but yes, I’d be happy for her to go
one day a week to day care. I really think she needs now to share [with other
children] and things like that. She is good with other kids but she needs more
exposure (Gwen, CS4, L726).

This view was not necessarily reflected by grandfathers such as Stefan, who felt
more connected with his grandson when he was older. He felt he could relate more to
his grandson (aged 3 years), as he could take him places, talk with him and teach him
life skills:

I don’t know I guess I can relate more to Andrew now he is older, we can do
things together, I can teach him things (Stefan, CS12, pc1).

Stefan was reflecting a greater focus amongst grandfathers on doing specific
activities with grandchildren, compared to grandmothers. Both grandfathers and
grandmothers however were also more likely to take grandchildren over 3 years to
special places such as the museum or on ferry rides, which they felt were interesting for
older, pre-school aged children:

Grandparents overall felt they placed greater emphasis on meeting the individual
needs of very young children. They were able to interact with them fully without
distraction, over time and providing unconditional love and commitment to their
grandchildren’s development through their relatedness.
Literature on intergenerational exchange in families outlined in Chapter 3 highlighted that support provision was predominantly provided by parents to adult children, not vice versa (Millward, 1996; 1998). While this study on grandparents as regular carers did not look specifically at the broader support exchange within families, findings indicated that grandparents saw assisting their adult children through the care of grandchildren as a major factor motivating their involvement. The importance given to this by individual grandparents however varied significantly. Almost all of the 17 grandparents expressed a wish to support adult children in any way they could—financially, emotionally and physically through their unpaid care of grandchildren, although only 3 grandparents identified this as the core reason for involvement:

For me it’s rewarding because I know that it’s my family, that is my flesh and blood (Anna, CS6, L871).
First of all I know that they are saving about $100 a week because three days—right, and I adore children, I don’t want any money, I do it out of the love for my kids, and second, I know he’s with his own family. He’s my flesh and blood. He’s my son’s little boy so I give him lots of cuddles. So next to his mother, he’s got us and he’s got me (Anna, CS6, L146).
To me the family is the thing. Where would I be without my family? I’ve got my wife, I’ve got my kids and I’ve got my grandkids. In fact when I was in hospital I was going nuts. All three daughters wanted to come up there every—three times a day! Go home! Go home, leave me alone. They wanted to bring me food and I said I can’t eat all of this! (Stefan, CS12, L126).
I think it [care of grandchildren] keeps the family tied together, so when she comes to collect the children I ensure we all have a meal together This is important to me (Rani, CS10, P53).

Anna’s words highlighted that the strong bond between her and her grandchildren was firmly based in her love and connection with her adult children. Stefan saw his care role as part of a broader flow of support and exchange within his family, part of the constant contact and connection with his daughters, while Rani saw her grandchildren as critical to family cohesion and her own self identity. These grandparents saw their involvement with their grandchildren as strengthening their family bonds as a whole, with this role contributing to the overall welfare of their adult
children and their family. They saw this as part of their intergenerational role within their families.

There was a strong sense amongst grandparents of wanting to help their adult children and partners to get ahead financially or to pursue something worthwhile. By enabling their adult children and their partners to work and by saving them the cost of child care fees, they felt they were contributing to their well-being. Seeing their adult children/partners achieve or at least manage financially was important to these grandparents:

I don’t resent the fact I’m minding the children and because financially, they can’t manage without Katrina working (Jenny, CS5, P116).
To help the children while the children are working hard to make ends meet because these days without both parents working, you won’t be able to buy your dream house or buy your dream car, own your own property and things like that (Hugh, CS13, L159).
Well we knew both of them [daughters-in-law] were going back to work so we said we’d take them one day a week to help them. But also it would help ourselves to make sure we saw our grandchildren on a regular basis (Lyn and Paul, CS7, Lyn’s words, L766).

Grandparents overall were quite supportive of their adult children and partners working and perceived their adult children’s employment as a priority. This finding is consistent with an earlier study by Coleman, Ganong and Cable (1997) in the United States, which found that parents gave overriding importance to their adult children’s job security and were putting the needs of the immediate family [adult children’s family] first.

One grandparent (Deidre), however, questioned her daughter and son-in-law’s priorities and motivations, seeing her grandchildren as almost irrelevant to them and the grandchildren missing out on their parents’ availability when they most needed this. She saw her daughter giving priority to her work over her children. While Deidre didn’t have an overall problem with her daughter working (she also worked when she was younger),
she questioned her extreme approach in balancing work and family. She was challenging the fundamental values of her daughter:

    Sometimes I really wonder why they had the kids. They are both high flyers, working long hours. It’s mystery to me, little kids need close people (Deidre, CS9, P22).

In the scenarios where adult children/partners had to work, grandparents felt they were helping to fill the nurturing gap, by being the “close people” in the lives of grandchildren referred to by Deidre (CS9, P22). Jenny and Anne Marie gained great satisfaction from this role, creating relevance or perhaps an indispensability within their families, as reflected in Anne Marie’s view of her daughter-in-law’s horse riding success:

    She has done very well and just been to the Easter Show and got 6th place. Yes we are very thrilled. It’s all paying off. She couldn’t do it without me (Anne Marie, CS3, P61).

Anne Marie’s view did not appear to be based on any sense of future reciprocity of support. She was simply pleased about her own contribution to her daughter-in-law’s achievement. Jenny also discussed the importance of her role, but made some connection to potential reciprocity of support from her daughter in the future:

    I met a lady at the bus stop the other day um and actually I was just walking and sometimes I stop at the bus stop because they’ve got the seats and the canopy and I was just having a rest and she said ‘Do you mind your grandchildren?’ and I said yes. And she said ‘I don’t mind any of mine’ and I said ‘Oh’ and she said ‘This is my time’ and I said ‘Oh yeah I can understand that, but I said don’t forget you are getting older and you might need them before they need you’. You know I think it works both ways and I realise Katrina is my only child and she’ll probably have the care of her father and I, God willing if we live to we’re old (Jenny, CS5, P57).

Jenny saw her role as part of a broader exchange of support over time, which Noddings (1984, p.84) called “moral obligation”. In some situations support was provided on the expectation that this would be returned in the future. Jenny was the only
participant who raised potential reciprocity of support, yet even she couched her views with some conditions:

I’ve told her if I ever get dotty to put me in the nursing home, make sure I go (P59).

A Different Kind of Contribution

Almost all grandparents made statements about grandparenting being different to parenting and seeing this as a positive difference. They reflected on being more responsive as grandparents, having the time and flexibility to seize the moment with their grandchildren. This was reflected in Mary’s words:

…you stop what you are doing because they say they have found something in the garden, knowing it will be gone if you don’t do it now and it is important in their little world - when you are a parent you just don’t have time (Mary, CS2, hi2).

Mary’s words indicated she was placing priority on her grandchildren’s world, reflecting her “motivational displacement” or the need to shift her focus away from her own needs to her grandchildren’s needs when caring for them (Noddings, 1984, p.24). Most grandparents felt they had more time later in life, which meant they were more able to focus solidly and fully on their grandchildren’s needs, to enter into their world, to play their games and stop and listen to what was important to them. Gwen suffered post-natal depression with two of her five children. She explained how she was constantly focused on housework when her children were young and needed to always have an immaculate house. Her words below highlighted the contrast between her priorities as a parent of young children and now as a grandmother:

I guess [I've], become… a bit more flexible than I was with my own children. My children never painted at home. I used to say you go to pre-school to paint… I’m probably more willing to give Megan really messy activities and let her be creative…” (Gwen, CS4, L283).
Like Gwen, Anna had reflected on her busy life as a parent and had re-evaluated her priorities and commitments. She talked about not having the opportunity to fully focus on her own children’s needs when younger:

I think sometimes we are better [now] than when we were parents, because when we were parents we had to go to work and we haven’t got the time and you are always washing and you don’t make them special things (Anna, CS6, L467).

Inherent in the words of Mary, Gwen and Anna and amongst other participating grandmothers, was a slight sense of regret about their time as parents and not having focused more on their own children’s world. The need to establish their own family, manage financially and run a household were seen as priorities at the time. This was particularly evident amongst women who had migrated to Australia and had to go out to work, as reflected by Rani: “I couldn’t do this [get help with housework] when I had my children, we had to support our parents” (Rani, CS10, P78).

Grandfathers also openly articulated a sense of loss in not playing an active role in their children’s daily lives. This is reflected in Stan words:

I see more of Tom [grandchild] than I did of my own kids when I was working. I’d get up and go at 2 o’clock in the morning and get home at 7 o’clock or 8 o’clock at night. All kids would be in bed and I’d only see them on the weekend and half the time I’d be working then. I find I see more of the grandkids than I did my own children (Stan, CS11, L367).

Stan reflected on his limited involvement with his own children and greater involvement with grandchildren, seeing this as a fact of life, the way it had to be then. He was now making up for this however, supporting his children and grandchildren through the subdivision of his land, enabling them to live nearby at reduced cost and by caring for his grandchildren.
Hugh also made a very conscious decision to make up for lost opportunities with his own children, having made a deliberate decision to retire early to spend time with his grandchildren:

Actually I had to leave my children in Fiji for their future and I went to New Zealand so I was away from my children for four and a half years and after that it took another 18 months for my children and I to be united together in New Zealand. So I missed out on that part but it was my parents or the grandparents of my children who looked after them while I was away working for their future….. we only try to get that back what we missed out with our own children (Hugh, CS13, L199).

Hugh had also re-evaluated what was important in his life, placing a priority on sharing time with his family and emotionally investing in his grandchildren:

I found my classmates were dying by the age of 45—between 45 to 55 and I made a decision that if I will continue to do what my classmates or my cousins were doing, I might end up the same way and I made the decision that I shall be retiring earlier and enjoy my grandchildren and my children because if we do pass away from here without imparting all this knowledge and sharing the love and all these wonderful things with the grandchildren, we’ll be missing out – and I think most of the people do miss out (Hugh, CS13, L105).

My journal entry after interviewing Hugh showed the power of his words, resonating within my own story:

Gosh it’s stopped me in my tracks a bit, making me realise about focusing on your children when they are little and what is important to them as each day goes. Maybe it comes from being older and wiser, less caught up in the day to day. It is about priorities and what is valued (Judy, Journal 9).

Summary

Grandparents invested significant physical and emotional energy into caring for their grandchildren on a regular basis. Their care was embedded in a strong familial relationship, which in turn was being strengthened through regular involvement and engagement with grandchildren. This care was characterised by an intense connection
and continued commitment to grandchildren, as reflected in Noddings’ (1984) definition of deep forms of care. Grandparents felt their relatedness and regular, exclusive one-on-one care helped to build strong, trusting and secure connections with their grandchildren, founded on a real knowing of their individual grandchildren. Grandparents felt they fostered their grandchildren’s growth and learning and created additional confidence and security for them. Grandparents gained great satisfaction from their grandchildren knowing they were loved unconditionally and their grandchildren’s receptivity to their care.

Grandparents saw themselves as trusted soul mates or friends for grandchildren. They were joint explorers involved in learning and creating experiences together. Some grandparents were motivated to provide care to prevent their grandchildren from having to go to child care or to reduce the days they attended care. Other grandparents were motivated by wanting to develop intense, enduring bonds with their grandchildren at an early age, or to support their adult children to achieve their goals and to get ahead financially. Most grandparents talked about a combination of factors influencing their care involvement and experience. A number of grandparents felt they had re-evaluated their lives when older and made care of grandchildren a priority at this stage of their lives. Grandfathers in particular felt they had missed out on having time with their own children when younger and were making up for lost opportunities through their grandchildren. All grandparents wanted to play a hands-on role with their grandchildren, however there were associated implications and tensions relating to their active care roles. These tensions are discussed further in Chapter 7.
Chapter 7 Trading Personal Time and Autonomy: Thread 2

As outlined in Chapter 6, grandparents felt their regular care of grandchildren resulted in the development of strong and intense relationships with their grandchildren. This Chapter explores the other side of the care experience: *trading personal time and autonomy*. This narrative thread reflects the personal trade offs grandparents were making, as they put the needs of their immediate families first and so struggled to maintain their own personal autonomy and sense of self. This Chapter considers these tensions and the impact of different generational expectations and obligations between adult children and grandparents, on grandparents’ perceptions of their care experience. The narrative thread reflected in this Chapter is made up of three narrative strings, identified as:

1. Assumed care and making compromises.
2. Being the silent partners in care arrangements.
3. Feeling the burden of responsibility.

Analysis of these narrative strings provides new insights concerning the repositioning of grandparents within the family through grandchildren’s care arrangements and the role of adult children in controlling not only child care approaches, but also the parameters of child care and broader aspects of their parent’s lives. Studies by Coleman, Ganong and Cable (1999), Rossi (1993), Bengston (1993) and Gattai and Musatti (1999) have been used as contextual works to inform the interpretation of collected data from grandparents’ stories.

Assumed Care and Making Compromises

Grandparents were investing physically and emotionally in their grandchildren, giving of themselves fully when caring for them and putting the needs of their grandchildren and family before their own. This significant commitment, however,
directly impacted on grandparents’ autonomy, achievement of personal goals, and physical and emotional energy.

**Acknowledging Foregone Opportunities**

Approximately one quarter of the 17 grandparents participating in the study were caring for grandchildren for at least 35 hours per week, representing the same commitment as taking on full-time employment in later life life. These grandparents were caring for grandchildren on weekdays, for extensive hours ranging from 6:00am to 8:00pm. Care of grandchildren during the working week and in some cases on weekends, was the primary activity in their lives, leaving little time available each day for other pursuits. Most of these grandparents saw their extensive involvement as necessary, to enable their adult children/partners to meet work commitments and to maintain their adult children’s job security. While the study confirmed Coleman, Ganong and Cable’s (1999) assertion that grandparents were giving priority to adult children’s work interests, this Australian study also found that grandparents were very conscious of the sacrifices they were making in their own lives, as a result of caring for grandchildren. They used words such as: “I don’t, I can’t, I’d love to” to describe their daily awareness of the opportunities they were foregoing, as summarised by Gwen, Mary and Deidre:

I don’t do hobbies like I used to, mainly because Megan’s here and she gets into everything (Gwen, CS3, L505).
I mean there are times when Mary’s working full-time when it does interfere because there’s things that I could do with my friends that I can’t do because I’m minding the grandchildren’ (Mary, CS2, L285) and the fact that sometimes I would like to go and do something like say bus trips to go and see Garth who’s in Queensland. I can’t do that (Mary, CS2, L314).
I would love to sleep in…if only the hours were say 8:00am to 6:00pm (Deidre, CS9, P13).

These grandparents experienced a loss of freedom and lack of flexibility in their daily lives – not being able to do what they liked when they liked. They felt they had reduced control over their own time. Gwen and Deidre in particular highlighted the
frustration they felt about the restrictive care arrangements. Both craved some down
time, or time to be alone.

… last year I tried to encourage Courtney to put Megan into a childcare centre
one day a week for her sake and for my sake so I can have Friday off (Gwen,
CS3, L703).
I find it extremely tiring getting up so early to get here, or 4 days instead of five,
just to give me some time to myself (Deidre, CS9, P13).

Both Gwen and Deidre very clearly wanted some day-time flexibility and renewed
control over part of their lives.

Almost all grandparents made the comment that they had wanted and expected
to have more contact with old friends at this stage of their lives, but instead were
experiencing less contact. Deidre saw this as largely due to having less free time by
themselves since commencing care of grandchildren, but also because they were unable
to give their friends their full attention when grandchildren were present:

My friend Marie I’ve known for 50 years, but my availability in the day time is
limited, so I don’t see her that often, or if I do I’m always having to watch out for
things, always having to be on the ball, listening to hear if they wake up (Deidre,
CS 9, P20).

One third of grandparents reflected on being distracted when meeting with
friends if grandchildren were present, as identified by Deidre, having to watch
grandchildren constantly, to make sure they were safe and their needs were being met.
Grandparents wanted and felt the need to focus fully on grandchildren when they were
caring for them, shifting their frame of reference from their own life to their
grandchildren’s world. Their motivational displacement (Noddings, 1984) meant they
had a sole, one-on-one focus on grandchildren when caring for them, to the exclusion of
others including friends. This was reflected in Laurel’s words:

I like to do things and I think oh I’ve got Lauren and I can’t do it. If you have a
person around and she’s awake, you don’t have conversations because you’re –
she doesn’t like people. If she were here she would be vying for my attention. Wanting me to go and read to her (Laurel, CS8, L294).

One third of grandparents also felt their friends did not want them to visit when accompanied by their grandchildren, as they disliked the mess and chaos associated with little children. This acted as a deterrent for social contact with some friends, as reflected in Deidre’s words:

They don’t really want you to come, with all the drinks that can spill, the nappies and the precious things being touched. It is more stressful than it is worth (Deidre, CS9, P23).

These grandparents also perceived their peers were often critical of them, feeling their friends saw them as tied down by their regular care role and that their adult children were taking advantage of them. Grandparents saw less of these old friends, as they were not supports - they did not understand their care circumstances and could not empathise with them:

I don’t have anyone in the same situation as me’ (Anne Marie, CS3, P44). Some friends can’t believe what I’m doing they think I’m mad. But I don’t care (Mary, CS2, hi1). I seemed to have lost track of a lot of my friends, which I don’t like (Jenny, CS5, P52).

While this lack of empathy and loss of contact with close friends could indicate grandparents were experiencing some form of social isolation, this did not appear to be a widespread problem, although some grandparents had to make big life adjustments in the initial stages of caring for grandchildren “It [the lack of contact with adults] was difficult initially” (Deidre, CS9, P1). Some grandparents found broader community or voluntary involvements acted as background forms of support. These supports were separate to their family, enabling grandparents to be themselves, outside the care context. Some grandparents also took the opportunity to speak with early childhood nurses as part of their grandchildren’s regular visits to raise family issues confidentially with them, or to discuss issues concerning their grandchildren’s care:
I like Marie she knows my family and me, she knows I struggle a bit (Laurel, CS8, pc1).
The community nurse at **********, she’s great, she has put me in contact with many services for Isaac. I have a good talk with her too (Jenny, CS5, hi1).
The early childhood nurse at ***** – My daughter put me onto her – she’s great she is a grandmother and knows what it is like. She’s marvelous they know some things more than doctors I talk to her, she understands, she knows what it is like. We often have a good laugh together, but she really does understand. (Deidre, CS9, P24).

These nurses acted as confidantes and sounding boards and were easily accessed as part of grandparents’ care routines for their grandchildren. They were able to empathise with grandparents’ situations and understood their individual needs.

**Intergenerational Expectations and Obligations**

While grandparents in most cases were choosing to care for grandchildren, there was a sense amongst almost half of the participants that adult children and their partners were not fully recognising or valuing their parents’ time as highly as their own. They felt adult children perceived them as having more time and fewer commitments in later life, or after retirement, and therefore believed they were more available to help, as summarised by Libby:

… she must see me there, with this flexible time, but I’m hardly twiddling my thumbs (Libby, CS1, P35).

Most grandparents, particularly grandmothers, had a more conditional or qualified sense of obligation than they felt adult children perceived of them. Some grandparents were willing to assist, but within limits. Some grandparents were not prepared to take on grandparenting care responsibilities that they felt were unreasonable or arduous, as reflected in Annette’s words:

It must be hard doing full days [of care], for people doing 5 days a week, I wouldn’t want to do this (Annette, P, CS3, pc1).
Anne Marie’s view is consistent with most grandparents’ perspectives in this study and reflected findings from a study on gender and intergenerational obligation by Rossi (1993). As outlined in Chapter 3, Rossi found a negative relationship between age and levels of normative obligation amongst women. Rossi found that the older the female respondent, the lower the obligation they felt towards family members. She indicated older women may have felt they had fulfilled their duties, having raised their own children. They therefore experienced less of a sense of obligation than younger women. As in Rossi’s research some grandmothers in this study felt they deserved their own time, having already raised their own children. However even these grandmothers had not disengaged totally from their sense of obligation. This issue of selective or conditional obligation is discussed further in Chapter 8.

Approximately half of all grandparents felt annoyed and taken for granted where their adult children and partners requested or unintentionally assumed they would care for grandchildren beyond agreed care hours. These grandparents felt their selective commitment was in some cases being extended by their adult children and their partners, as reflected by Libby:

When the kids had been sick for two days I got cranky when David who can work flexi hours went and got a haircut instead of coming home earlier to take over. I don’t want to be building bridges at 5 o’clock. It is too much for them and too much for me (Libby, CS1, pc1).

Libby felt her goodwill in caring for her sick granddaughters had been taken for granted by her son-in-law.

Grandparents felt they were making a substantial contribution in nurturing their grandchildren while adult children were working or undertaking other activities. Even so, one third of grandparent participants felt adult children wanted more, stretching the care boundaries wherever possible and in some circumstances overstepping these boundaries and the selective commitment grandmothers had made. Grandparents co-residing with their adult children and grandchildren felt a greater blurring between care
(family) and personal (self) roles and boundaries. Mary expressed a feeling of being too available and disliking it when her daughter assumed she could help out with the children at short notice. She felt she had no say or capacity to negotiate in such circumstances, her daughter had already decided what would happen. Mary saw this as "a done deal" (L231):

Oh yes she really appreciates it. But a little while, when I was with her, I suppose it sounds hard but she took advantage of me in the nicest possible way because I was living there and it was handy and it became a case of – we’re going such and such a place, will you baby-sit? Which, it was already a done deal sort of thing. We are going, will you baby-sit (Mary, CS2, L231).
… because when I was living [with my daughter], I was virtually there on 24 hours call (Mary, CS2, L81).

Jenny also made the comment “They would think twice if they had to walk down the street”, indicating her living arrangements also made it a bit too convenient for her daughter (CS5, hi1).

Mary and Jenny had differentiated in their own minds their regular care time with grandchildren as separate to adult children’s added requests for babysitting. They felt adult children saw their care of grandchildren more as part of a broader pool of assistance, whilst these grandparents saw their one-on-one exclusive time with grandchildren as relationship building time. Grandparents saw additional requests by adult children for care of grandchildren as child minding or babysitting and not necessarily part of their care commitment – they did not want to be unpaid babysitters. For adult children however, proximity of grandparents often equated with availability to care, as referred to by Jenny:

That is one of things that is a little bit, not a bone of contention but sometimes I think Oh, - one or either will call down and say: ‘Mum are you busy’ and I’m lying on the couch and am I busy? ‘No I’m not busy’. So sometimes you are a little bit too handy (Jenny, CS5, P2).

While Jenny continued to play an on call support role, she felt her own time to relax was undervalued by her daughter and therefore something that was easily changed.
This in part was fueled by Jenny not articulating clear care boundaries and her questioning of personal time taking priority over her grandchildren (her personal struggle). As she was part of the comings and goings of a close family, her daughter and son-in-law saw her care provision as part of her broader ongoing support role within the family care continuum, without boundaries:

Especially when he [my grandson] was born I found it very stressful. Oh. Because we were trying to stay with him in hospital 24 hours a day, so I would do the night shift, I’d stay with him overnight (Jenny, CS5, P42).

Mary and Jenny’s words and Libby’s earlier comments indicated a misreading or imbalance between adult children’s perception’s of their parent’s capacity and availability to care for grandchildren and the expectations of grandparents who wanted to have their own time. This mismatch around expectations and obligations reflected in part different generational priorities and perceptions of roles, as reflected in Bengston’s (1993) analysis of family solidarity. Bengston indicated such mismatches could reflect the lack of social norms (obligations and expectations) now available to guide support roles and provision across generations. Family conflict was more likely where expectations and obligations differed amongst family members, while consistent values across generations facilitated created solidarity. As reflected in Bengston’s work, some grandparents in this study were experiencing conflict between their expectations and obligations and those of their adult children. This was seen to be focused around different perceptions of roles and responsibilities in later life, with adult children assuming their parent’s availability to support them and their family. Some grandparents however had a more conditional view, wanting more freedom to pursue their own personal goals, while still wanting to be actively involved with grandchildren (see Chapter 8).

A few grandparents speculated that because they were not in paid employment – with voluntary personal interests outside of care commitments – adult children saw their personal time as easily changed and not to be taken seriously. While this was not seen as
malicious or intentional, these grandparents felt their own needs and personal interests were not being valued by their adult children, as reflected in Libby’s journal:

I’d be very glad to have my needs (for solitude, and time to pursue my own projects) – placed higher on the agenda and verbally acknowledged. My work [writing a novel] is important to me tho’ it is unpaid. The only penalty I pay for not attending to it [writing] is that time is lost. And time and energy to do things is not unlimited – as you grow older you become aware of this (Libby, CS1, 7 June Journal).

The imbalance of expectations between adult children and their parents, created tensions or uneasiness for some grandparents. This was particularly evident where grandparents had not communicated openly with their adult children about their own personal needs and goals as part of determining care boundaries.

Trading Physical and Emotional Energy

While grandparents felt put upon when their availability to care for grandchildren was assumed and their own interests were unacknowledged or undervalued, grandparents generally accepted the tiredness and emotional drain associated with their care of grandchildren. They saw this as an integral part of caring and interacting with very young grandchildren, even though the physical and emotional demands on them were significant. Grandparents who were caring for grandchildren for full days felt absolutely exhausted by the end of the day:

I’ll just write a bit before I go to bed and you’re too tired (Mary, CS2, L794). …[they] kick you, lifting them in and out of car seats, that sort of thing. It can be physically wearing (Gwen, CS4, L644). When I have her 24 hours a day I think oh I couldn’t do this at my age! (Gwen CS4, L310). After a day with Isabel (2 [years]) who is not well – bus/train/bus there and back home again, the day started at 8am and finished at 7pm – I am BONE TIRED! (Libby, CS1, 25 March Journal). This little one needs attention. I am 30 years older and that much tireder (Libby, CS1, pc1).
My journal entry attempted to explain this sense of deep fatigue or tiredness felt by grandparents, particularly those who were caring for grandchildren for full days:

*It is clear from what people are saying that it is a real slog. By late in the day they are willing their adult children to get home to give them a breather and to clear their head from the chaos and noise. There wasn’t a questioning of ability to do this by any means, just an acknowledgment that it was really tiring and they were 30 years older [than when they were parents]. It is also that feeling when you don’t get a break for yourself, that real sense of expending physical, mental and emotional energy.* (Judy, July Journal 16).

Grandparents with existing health problems, such as Mary and Christine felt the impact of caring for young grandchildren most significantly. However, they were not going to give up spending time with grandchildren because of their pains or disabilities:

With Grace now I can’t get down on the floor with her [because of arthritis] but I’ve got to really struggle but it’s getting better because she’s crawling now and she comes to me now but initially it was getting down to have to change her on the bed and things like that. So that’s the downside, my own physical abilities are not as I would like it to be. (Mary, CS2, L308).

By the time I come home my arm is absolutely killing me [due to a previous injury] but I don’t care, it’s only one day a week… it’s very difficult but I just try and put it aside because as I said to my son, he said it’s hard on you Mum with your arm. I said look, my arm is not going to stop me picking up my grandchild and playing with her. I said no way in the world, I said I don’t care if I’m sitting there in tears, I said it’s not going to stop me from doing it. I’m not going to miss out on my grandchild with my arm you know (Christine, CS15, L264).

While some grandparents experienced the physical impacts of caring for grandchildren more than others, overall grandparents saw their physical tiredness as resulting mainly from caring for very young, active children, when they themselves were older, although one third of grandparents did not specifically nominate a reason. By actively engaging with grandchildren, in exploring and playing with them, grandparents were expending significant physical and emotional energy. The exhaustion, constant interruptions and inability to get anything done during their care time were however seen as consequences of their role and accepted as legitimate trade-
offs for building strong relationships with their grandchildren, as reflected in Libby and Stefan’s words:

It’s much harder now than what it was … of course the older you get the less physical energy you’ve got and also the less patience you have, ……It’s physically exhausting and of course you haven’t got time to do anything of your own, you’re constantly interrupted. But that’s just normal really (Libby, CS1, P18).

It’s just part of it. You accept this, you want to be with them, but oh boy you’re tired (Stefan, CS12, pc1).

While accepting this tiredness as part of the routine associated with care of young grandchildren, grandparents were also very clearly expressing the need for separate, restorative time, away from care responsibilities and family chaos. This time was seen by grandparents as critical free time to renew their energy and to enable them to feel centered again, focused on their own activities and lives, as reflected in Libby’s words:

…when it was 2 days a week I needed the next day to recover because when you are older you don’t bounce back as quickly, you need more down time to recover, to get your energy back. So when I used to go to Isabelle’s house Monday and she used to come to my house Tuesday, I used to lie about also on Wednesdays, I wasn’t up and out and ready to do what I was doing. I needed Wednesday to recover, so really the week was shortened (Libby, CS1, P34).

While grandparents such as Libby saw restorative time as important in regaining energy for her personal pursuits, other grandparents saw restorative and personal time as the same thing (for example, Maureen gaining energy from playing indoor bowls at night with other adults). Either way, this separate time represented a limited commodity for most grandparents and contrasted so starkly with care time. Care time was about routines and nurturing someone else, whereas restorative time and personal time represented the freedom to do what they liked, when they liked. Achieving a mix of restorative/personal time and care time meant grandparents valued both aspects of their life more, as reflected in Jenny and Libby’s metaphors:
It [her free Saturday each week] is like a precious jewel and I resent giving it up (Jenny, CS5, P107).

By Saturday I’m desperate for it, Friday I’m thinking I’ve got the weekend off yippee! I’m up and dressed and off. It does make me appreciate the Saturday (Jenny, CS5, jh10).

Yes it is wonderful to come home to an empty house, a glass of wine and the television and nothing else (laughter) – it’s just heaven and you appreciate it when you don’t have it all the time, it is like the rain and the sun if it rained all the time. On the way home I think about it it’s wonderful, but that’s not to say I wouldn’t or don’t want to see them (Libby, CS1, P42b).

Jenny and Libby reflected on the importance of getting balance in their lives (between care responsibilities and restorative/personal time), and how critical this physical, emotional and mental renewal was to sustaining their care role. They needed non-family time and space to be factored into care arrangements.

**Monotony of Routine - Living a Child’s Life**

A quarter of the participating grandparents highlighted the importance of doing different activities and getting out of the house when caring for grandchildren. Anna acknowledged daily care routines could be tedious, and saw the need to break up her care time with activities or outings to keep her and her grandson occupied:

I’ll get bored all day and you’ve got to give them activities otherwise they get very bored (Anna, CS6, L200).

Libby, Deidre and Christine also talked here about the monotony associated with their care arrangements. They acknowledged the impact of the care routine on them personally:

Every minute after 4pm is like an hour (Libby, CS1, pc1).

The biggest issue is the boredom, at a work place you talk to other adults. I didn’t want to give up work, I was Personal Assistant to an Executive Director. I liked my job (Deidre, CS9, P2).

It’s starting to get very monotonous going over to their place mind you, because I’ve got nothing to do over there. If and when she sleeps there’s nothing to do,
just sit and you get very tired but when she’s awake I just keep active with her (Christine, CS15, L116).

Anna, Deidre and Christine had all worked prior to caring for grandchildren. They were reflecting on the adjustment they had to make, from the work environment to being home-based and caring for babies and young children. Deidre in particular had held a very responsible job and was used to achieving targets, getting the job done and interacting with people her own age. Deidre’s words reflected her reluctance to leave work, feeling she did not have a choice in this. She missed the intellectual stimulation of work and regular engagement with other adults, having worked been employed when her children were young. She struggled with losing a major part of her life - her working life - feeling she had been relegated to home-duties by her daughter:

I couldn’t believe what had happened [no longer working and instead caring for grandchildren], there is no way I’d have chosen this [regular care of grandchildren] (Deidre, CS9, P28).
The first 6 months were the hardest, I just couldn’t believe how different it was [to work] (Deidre, CS9, P1a).

Deidre, not only felt she was made to retire from work, she felt she did not have the benefits usually associated with retirement. She did not have personal freedom, instead her life was focused around her young grandchildren’s routines.

Jenny had also previously worked, but had wanted to care for her grandchildren to fill a gap in her life when she had to give up work suddenly. Despite this willingness, she also felt the burden of routine associated with her care role, finding the lack of flexibility and diversity in her day sometimes wearying. She used the metaphor of “Groundhog Day”, the movie about people reliving the same day constantly, to describe her perception of the day to day routine. She knew what each day was going to be like, what she had to do the same as yesterday. While she enjoyed Isaac and Emily’s company she lived and relived the same encounters over and over again.
Sometimes I get tired. Isaac is very difficult. Um, I don’t know if you ever saw the movie “Groundhog Day”….the same day over and over again… You know you’re going to fight with him to get his face washed, you know you are going to fight with him to get his nappy changed and you know he is going to turn over and turn over won’t let you put his nappy on. You know if you put the things here and dress him there, he’s going to knock them all off. That sometimes gets me down, you know. Come mealtime you know it is going to be a fight, when it is time for bed you know it is going to be a fight. You know you are going to live this day over and over again you know, but that’s it and that’s hard and sometimes I get tired. (Jenny, CS5, P98).

Jenny was searching for celebrations of growth, not only for Isaac’s well-being, but to affirm her influence and sense of achievement through her care: “With Emily I see the milestones, I didn’t realise I would miss this so much” (Jenny, CS5, pc1).

Overall most grandparents accepted aspects of the care role that were considered to be integral to caring for young children, including the routines, physical and emotional tiredness and to some extent the lack of time spent with close friends. What they did not accept however were the additional requests for babysitting from adult children, seeing this as an undervaluing of their own commitments and time by their family. While grandparents recognised this was not intentional on behalf of their adult children, these issues stayed in grandparents minds when discussing their care experiences. For some grandparents issues of sacrifice, compromise and loss of personal autonomy were central to their care experience. These issues are discussed further in Chapter 8.

**Being The Silent Partner**

While grandparents were clearly playing a significant hands-on role with their grandchildren and assisting their adult children through provision of care, these grandparents did not perceive themselves as active participants in decision-making concerning their grandchildren’s well-being. In most cases this was a deliberate decision by grandparents, they were choosing not to interfere in their adult child’s parenting decisions. This phenomenon was also found in a similar study by Wearing and Wearing
(1996). Most grandmothers interviewed by Wearing and Wearing and grandparents in this study held the view that they were not their grandchildren’s parents and, therefore, were not responsible for parenting decisions:

If they ask your advice give it to them, but otherwise, stand off a bit and allow them to make their own choices (Jenny, CS5, P161).
Well don’t forget they’re the younger generation. Paul’s only 32 and Rachel’s 30 so of course they’re a different generation and their expectation is different than ours, so we just stand back and let them work it out for themselves, argue with themselves or whatever the case may be. We’re not going to throw our 20 cents worth in, how to bring their kids up (Lyn and Paul, CS7 Paul’s, L911).

Due to their parenting rights, adult children were therefore positioned in the lead role in determining care approaches. Most grandparents followed their adult children’s directions when caring for grandchildren and wanted to fulfill their responsibilities as the part-time custodians of children’s safety and values. As much of the regular interaction within these families was centered on grandchildren’s needs and care, the dominance of adult children often extended into other aspects of family life, with grandparents being defined within the family by their secondary care role and adult children playing a primary role in the broader family context:

I think the main thing is to know your position. You are not the children’s parents you have to be well aware of the parents and what they want you to do and not try and take over the household (Anne Marie, CS3, P42).
Being able to take a step back, not to lead, to whoa up (Anne Marie, CS3, Journal 4).
I think on occasions, when I am with the whole family I have to hold my self back and say you’re not in charge here, there is a mother and father here, take a step back. Um, but I think that is the same with any grandparent really (Anne Marie, CS3, pc1).

Grandmothers in particular often acted to reinforce this non-parental role, by defining their position in terms of their responsibility to their grandchildren’s welfare. They did not want to be perceived as interfering mothers or mothers-in-law in their adult child’s life, as reflected by Jenny:
No I don’t interfere what so ever. I always vowed and declared I would never be an interfering mother or mother in law. So whatever decisions they make, I go along with that’s fine (Jenny, CS5, P88).

**Having Strong Views But Not Expressing Them**

While 14 of the 17 grandparents in this study were taking the lead from adult children on care approaches and not actively involved in making parenting decisions, this did not mean they didn’t feel strongly about their adult children’s parenting style. Grandparents felt they had a real knowing of their grandchildren because of their regular time together and their strong drive to protect them and promote their well-being and growth. They felt they knew what was best for grandchildren and sometimes more than their adult children (their grandchildren parents), as illustrated by Jenny’s words:

So it is a good thing that the decisions aren’t in your hands and you don’t have to agonise about them. But on the other hand when you want to (laughing) you want some input. (Jenny, CS5, P88). Like with Isaac he was finished childcare and his father wanted to take him to McDonalds. I said to his father I think he might be too tired, but he wanted to take him to McDonalds. I would have liked to have said you are not taking him to McDonalds, it’s a mistake. You know but I said I don’t think it’s a good idea, I think he might be tired. But anyway he went and it was a big scene and Isaac was upset and Marvin was upset, but I don't say I told you so….But I would like them to, sometimes [acknowledge] my approach would be a little bit better for Isaac (Jenny, CS5, L163).

Jenny demonstrated the inherent conflict existing in most care arrangements, which linked to the split between parenting rights and care responsibilities within a family context. While grandparents were acting as major carers of their grandchildren, adult children and their partners continued to have the ultimate power to decide what was best for grandchildren, during and outside care arrangements. Like Jenny, Lyn and Paul did not necessarily agree with their adult children’s care approaches, but accepted their secondary role in relation to grandchildren:

… these days they’re [grandchildren are] three quarters of the way down the bed towards the bottom of the bed with the sheet that way and there’s no pillow and they’re laying on their back. That’s the way they do it, that’s the way I do it. I
never agree with it but you do what you’re told (Lyn and Paul, Lyn, CS7, L1289).

While these grandparents were willing participants in arrangements which split parenting rights from care responsibilities, some grandparents disliked the way adult children or their partners used their parenting rights over them. Jenny’s experience indicated her daughter was trying to control broader aspects of her life, outside the specific care arrangements. This implied some form of role reversal occurring in the mother-daughter relationship, with her daughter’s lead role extending beyond her children’s welfare to parenting her mother:

I ring my father in Scotland, he has Alzheimer’s and doesn’t really know when I phone who I am. Katrina will ring him and tell me she has him on the phone – as if saying I should ring him. It is the way she does it, I know it is done with the best intention, but I don’t need her to do this (Jenny, CS5, hi2).  
… but um, she tends to forget that I am her mother, so if I’m in late she’ll worry, she’ll say what time did you come in. None of your business girl! (Jenny, CS5, P111).

While situations such as Jenny’s appeared to be more extreme, due to her living with daughter full-time, it was clear the more passive approach taken by grandparents in determining care approaches created a dynamic in some families which reinforced the dominant role of adult children beyond the determining of care approaches, to assuming control over grandparents broader personal time. As with adult children’s additional requests for babysitting outside of care arrangements, attempts to control grandparents’ lives outside care arrangements also created family tensions and inner struggles for some grandparents. Even so, most grandparents did not speak up, as reflected in Anna’s situation:

So I’m not too happy about that [her daughter-in-law not wanting her to go to the beach with her grandson] because I know that I will take good care of him… I know I’m capable of looking after him plus my daughter would be with me, but I listen to her because I don’t want… her to have that stress, so for me it doesn’t matter (Anna, CS7, L802).
While Anna’s daughter-in-law effectively restricted her movements and opportunities, she did not make an issue of this, putting the needs of her family before her own. Anna did not want to create added stress for her daughter-in-law. This reluctance to speak up resonated through interviews with almost all grandparents, as reflected in my journal entry:

*It is really interesting listening to people who have quite strong views about care arrangements or the welfare of their grandchildren but not speaking up about things. I’m not sure whether I think they are wise, oppressed or sensitive, or maybe all of these things (Judy, Journal 4).*

Reluctance to speak up predominantly reflected an unwillingness to create family conflict or as outlined in Anna’s case added stress for her daughter-in-law. Grandparents did not want to destabilise care arrangements or risk losing regular time with grandchildren. Care time was precious relationship building time, to be protected at all costs. This finding was reflected in the earlier work of Gattai and Musatti (1999), which found Italian grandmothers were often reluctant to speak out or raise problems in fear of their daughter or daughter-in-law changing arrangements and access to grandchildren.

In a small number of cases the reluctance of grandparents to raise issues with children/partners reflected a broader disempowerment of grandparents in the care context. Some grandparents saw speaking openly with their adult children or daughter-in-law as a major barrier. Deidre initially felt unable to tell her daughter that she didn’t want to care for her granddaughter for 5 full days each week, as her daughter expected her to do this. Three years on she still felt unable to change arrangements, even though she was very unhappy and was having difficulty going on. Deidre’s acceptance of her daughter’s dominance over her life indicated an unequal relationship existed between them prior to the commencement of care arrangements. From Deidre’s perspective, care arrangements had not improved the mother-daughter relationship, but rather entrenched existing power issues. As identified in the Italian study by Gattai and Musatti, (1999) Deidre’s poor relationship with her daughter was being exacerbated through care
arrangements and her associated lack of communication about her needs and expectations:

Since starting I’ve got blood pressure and take tablets. I love living here (Coogee) and having my own space. They are building a house at Centennial Park and they were talking about putting a granny flat at the back, but I don’t want to be that close. But I don’t feel up to telling them that. My daughter is a very dominant person. I can’t keep doing this 5 days a week (Deidre, CS9, P27).

Deidre struggled to come to terms with a compromised life, full of unmet personal expectations and conflict arising from different generational views on later life obligations (Bengston, 1993). She observed the domination of her daughter and son-in-law continuing, as they mapped out her future, without her input.

**Parenting Tasks and Grandparenting**

While the 5 grandparents providing extensive hours care (35 hours or more each week) did not perceive their care as parenting, they were taking on some parenting tasks – toilet training, feeding and setting boundaries for grandchildren, due to the significant amount of day time care they were providing. Issues of discipline seemed to be the most likely point of difference in parenting approaches between grandparents and their adult children. Grandparents in most cases let their grandchildren take the lead on disciplining, as with other aspects of parenting, seeing this as important for consistency across contexts. Gwen, however, was the only grandparent who actively discussed the need for consistency in approach with her daughter, reflecting her confidence in her current knowledge of behavior management and her team like approach with her daughter in caring for Megan:

I actually do a lot of the disciplining…. I have her [Megan] all day. I have her with all the big challenges, toilet training and all these sorts of things, my daughter admits that I probably do more disciplining than her … (Gwen, CS, L326).
Only 3 grandparents – Gwen, Laurel and Libby - were actively taking the lead on discipline issues when grandchildren were in their care. Laurel felt it was important to do this because like Gwen, she was with her granddaughter most of the time:

Fortunately or unfortunately whatever way you look at it –I have Lauren more times than they do and they fit in with me because I’m the one that has to discipline. (Laurel, CS8, L688).

Libby, however, wanted her granddaughters to abide by her house rules when they were in her care:

In my opinion people give little children too many decisions to make… ‘excuse me here’s your clothes, put them on’ (laughing). My generation of mothers believe that’s what you do, but if you say what would you like to wear there is a whole rigmarole that goes on the whole morning about dressing people. We didn’t have that so I don’t have to do that either. So now they say they won’t wear it so I just leave them in the same dress all day. I don’t care. But I think that the parents that I meet now ask little children to make too many decisions and that is a real problem (Libby, CS1, P53).

Libby felt she was more authoritarian in approach and felt her generation set clearer boundaries for children, seeing her daughter’s generation as being less consistent with children, by offering them too much independent decision making. While Libby questioned her place in raising this with her daughter, she found her daughter reacted defensively whenever discipline and household management was discussed:

One of the difficulties, not with the kids, but with the parents – mother especially – is that if you spend a lot of time with the family (mine has just moved in with me for 5/6 months!) it’s very difficult not to express opinions – unasked for! – about how things are done and to offer advice. Any opinions – other than praise-can be (and might well be!) seen as criticism. (Libby, CS1, 3 May Journal). After having the opportunity to speak with other women my age, some of whom are grandmothers, I realised how comforting it was to find their experiences with their children/grandchildren were similar to mine in regard to different ways of rearing and disciplining children and different ways of running a household. (Libby, CS1, 2 June Journal).
Libby saw this as not only a clash in personal approaches, but also a clash in different generational values, with this being amplified as a result of care arrangements.

Feeling the Burden of Responsibility

Grandparents overall felt some anxiety relating to their need to safeguard grandchildren from danger, however different grandparents situations also created added pressures for some grandparents. This part of the Chapter looks at grandparents’ surveillance approach to care, their need to feel and be seen to be dependable by their families and the influence of specific care circumstances on grandparents’ lives.

Always Watching Out

All grandparents talked about feeling very responsible for their grandchildren when they were in their care, particularly the need to protect them from harming themselves. Grandparents were motivated to guard grandchildren, trying to avoid preventable incidents which could lead to injury or harm. They kept a close watch on them as a result:

I go and check every 15 minutes because I am frightened of cot death. That frightens me. That’s why I told you responsibility, that comes as well (Anna, CS6, L1035).

I would not leave them alone. I might be this far away or a bit further away but I am not doing anything that would distract me from—because I have seen in the past how kids can get hurt. Just a snap of the finger; jam a finger in the door; grab a knife (Stefan, CS12, L172).

Almost all grandparents felt that as older adults they had a greater awareness of the consequences of actions, having seen as parents their children harmed when younger due to preventable incidents. Knowing and focusing on potential dangers created anxiety for grandparents as reflected by Stan:
With your own kids you just don’t worry. You still worry but as you get older
you sort of worry more about things; you can see the pitfalls, you learn by
experience (Stan and Julie, CS11, Stan’s, L243).

Anne Marie saw this anxiety as more closely associated with having to care for
someone else’s children - her adult children’s “most treasured possession” (Anne Marie,
CS3, P72). A recent British study by Wheelock and Jones (2002, p. 451) also found
grandparents felt more protective because they were caring for “someone else’s child”
and being unable to do other things while caring for their grandchildren. While she felt
she was caring fully for her grandchildren, she still blamed herself and felt deficient as a
carer when they hurt themselves in any way:

When they are not your own children it is still not the same, I nearly freak out if
they bump their head, because you are looking after someone’s most treasured
possession and for them to put the trust in me is very special (Anne Marie, CS3,
P72).

The pressure Anne Marie felt related more to her own expectations as a carer
than pressure coming from her adult children. She wanted to feel and be perceived by
her family as productive, competent and trustworthy, as a carer of her grandchildren.
This personal pressure was not unique to Anne Marie. Approximately one third of
grandparents talked about the personal responsibility and feeling of inadequacy and
dread if something happened to their grandchildren while in their care, again focusing
on consequences, as reflected by Mary:

I don’t know what I would do if something happened to them in my care, I’d
never forgive myself (Mary, CS2, hi1).

Grandparents perceived their protection of grandchildren as an outward show of their
ability and trustworthiness to care, demonstrating that care arrangements were working
and benefiting grandchildren. Grandparents needed to prove their competency and
capacity to care for their adult children and their partners. This need indicated a level of
vulnerability existed for some grandparents as they feared their care may be
discontinued at any time by their adult children - a point raised by Gattai and Musatti
Despite this fear, grandparents were very clear about the need to tell their adult children or daughter or son-in-law if anything happened to the child during the day. They felt compelled to do so, to report everything to protect the well-being of their grandchildren and to ensure their duty of care was fulfilled, even if they felt ashamed as a result:

.... if one of them hurts themselves, I’d definitely tell their mother when she got home (Anne Marie, CS3, P74).
I always tell her if something happens, it is better for the child, in case something gets worse later (Anna, pc1).

Almost half of the grandparents felt they were far more aware of potential dangers than as parents, and felt they were more attentive than their own children - having less distractions when caring for grandchildren, than their parents:

I know when I’m over at their place and they are all outside looking at something, I’m the one keeping an eye on her [her baby granddaughter] (Mary, CS2, hi1).
I watch them more carefully than either parents, I’m there for the [grand]children; parents have to do other things (Anne Marie, CS3, P72).

Grandparents felt they were more attuned and focused on protecting their grandchildren. This appeared to be motivated by their heightened awareness of potential dangers and consequences when older, but also fueled by their own personal need to appear as able carers of young children:

I also think as you get older you become more protective (Stan and Julie, CS11, Stan’s, L242).
It is an absolute responsibility. I know if something happened I wouldn’t be blamed, but I’d feel terrible (Anne Marie, CS3, P72).

Being Dependable

Grandmothers providing extensive hours of care talked about the pressure of having to be reliable - always being available because others depended on them. Being
Mrs. Reliable was a fraught concept for some grandparents, having to live up to the expectation of dependability that they had created:

Sometimes I think well everyone else gets sick leave but I don’t. If I’m not feeling well I don’t say to Courtney look I can’t have her. There hasn’t come a time when I’ve had to say I can’t have her and even if I’m sick and need to go to the doctor, I take her to the doctors with me (Gwen, CS4, L386). I can’t get sick, people say to my daughter how reliable I am and how lucky she is (Deidre, CS9, P18).

Gwen and Deidre’s words indicated the burden associated with being dependable carers. Adult children expected their parent’s ongoing reliability (reliable care being a highly valued commodity) and Gwen and Deidre had to live up to their own expectations. Libby and Paul also felt the need to keep caring for grandchildren at all costs, acting responsibly because their adult children’s and partners’ job security depended on this (Coleman, Ganong & Cable, 1999):

I know she needs it, she works. And I wouldn’t like to say I can’t do this I can’t help you out anymore (Libby, CS1, P26). 
…if Lyn —if both of us couldn’t handle the three little ones I would have a go at minding them myself. If it got a bit hard for me then I would have to you know, say no. But it would have to be something real serious for me not to do that because I think they’re getting at the stage now where maybe I can look after them, three of them at the one time. It’s going to be difficult but at least we’ll have to wait and see (Lyn and Paul, CS7, Paul, L750).

These grandparents had made the commitment to care for grandchildren and wanted to meet their obligation. They felt they would be letting their adult children down otherwise and would feel a sense of failure if they had to give up their regular care role. They wanted to be recognised by adult children as helpful and relevant members of the family.
**Being Everything to Everyone**

Different grandparent situations appeared to create added weight of responsibility for some grandparents. Participants who were the only grandparents living near their adult children or where other grandparents had died felt an added weight of responsibility and obligation to assist their families. These grandparents were taking on multiple and complex support roles as a result. Libby expressed an acute awareness of being the last grandparent alive in her family unit:

> Unfortunately I’m the only grandparent…If there were four of us it would be a lot different, but I’m it. Fortunately you couldn’t get a better one [than me as a grandparent] if you had to have one, but it is just one, so other grandparents with a grandmother and a grandfather and two little kids that is a lot less demanding because there are two people… to cook the dinner, while someone else plays with them. And if there was another set of grandparents, but both of David’s parents are dead and Kylie’s father died, I’m it (Libby, CS1, P44).

Jenny was the only grandparent in her family who lived in close proximity to her daughter. She felt the need to compensate for this lack of family support, as Katrina was an only child and she needed help with Isaac. Jenny was therefore trying to fill a broader family gap and felt the added burden of doing this:

> There is only me here, Marvin’s English so they aren’t here and Katrina’s father lives in Queensland … when he [Isaac] was born with Down Syndrome and all the problems um, it is like you are father, mother, brother and sister all the time. I find that a bit hard. Because there is no one else I try to make an extra effort and be supportive (Jenny, CS5, P36).

Libby and Jenny felt they were in a position where they had to put the needs of their adult children before their own, thereby spreading their support thinly as a result. Gwen also experienced a feeling of burden associated with having to care for other family members as well as her granddaughter. Two of her own children were still living at home and she was caring for her elderly mother, traveling 100 kilometres each fortnight to see her mother and having her come to stay regularly. While Gwen enjoyed seeing intergenerational family bonds being created through this interaction (between
her own children with her granddaughter and mother), she also found it very stressful when her mother was staying and she was caring for Megan:

When I started looking after Megan I had two of my own children still living at home and that was a real bonus for our family because they became so close to her and were bonded with her. That was a real bonus. (Gwen, CS4, L31). Having Megan is a tie enough, with routine and having the afternoon sleep, but when Mum’s here I worry about her falling so I just do the basics, run out and get the groceries you know and most of the time in the house when Mum’s here. I’ve been having a bit of holiday since she left. When Mum was here I didn’t move around much at all (Gwen, CS4, L206).

Gwen felt the additional responsibility was almost too much, experiencing a personal conflict in trying to deal with competing demands on her emotionally and physically and tying her down further. She felt responsible for everyone, saying:

While Mum was here there was the need to go to Melbourne for a funeral and so there wasn’t only the concern of finding somebody to look after Megan during the daytime but for somebody to look after Mum during the night time…. It was a worry to me that she couldn’t be left on her own (Gwen, CS4, L215).

Gwen reflected on her difficulty in reconciling her personal expectations with the reality of her multiple care roles, in addition to managing the competing demands between care responsibilities across generations. While Gwen knew taking on care of Megan would add to her care responsibilities, she wanted and chose to do this. As a result Gwen’s choice created an added responsibility in her life and repercussions for her personally:

I don’t have as much time to do things that I enjoy doing. And I don’t go home to visit my mum as much as I liked but I hoped that I would be able to, because I’ve always got Megan. Mum doesn’t leave the home (Gwen, CS4, hi2)

It was clear from grandparents’ stories that they were placing additional pressures on themselves because of their need to be perceived as competent and dependable carers, and/or their decision to put family interests before their own. Their own personal expectations and the need to be valued by adult children created additional
anxiety for them, although different care contexts also led to different choices and repercussions for these grandparents.

Summary

All grandparents had personal and physical limits relating to their capacity to care and continue to care for grandchildren. Grandparents generally wanted some control over their time and personal life. Grandparents providing extended hours care had limited capacity to take on other activities for themselves. This was evident for others too, being so exhausted they lost personal time. Whilst some grandparents sought flexibility in their week, they craved the right to not to be so reliable all the time, even though their dependability was often driven by their desire to maintain personal standards.

Grandparents did not want to be patronised, or for their availability to care being assumed, even though they saw this as largely unintentional on the part of their adult children. Although grandparents largely accepted their increased tiredness and monotony of routine as inherent parts of caring for young children, they did not like their commitments to extend beyond agreed care times. One third of grandparents, felt adult children were placing greater priority on their own time over their parents’ time. Such situations reflected a clash between grandparents’ expectations and values and their adult children’s expectations, creating family conflict rather than solidarity through intergenerational care arrangements. While grandparents gained satisfaction from regularly caring for grandchildren, there was a fine balance between feeling valued through their contribution of care and feeling that their goodwill was taken for granted by their own adult children.

Care provision by grandparents meant parenting and care responsibilities for grandchildren remained within the family, although these were split between adult children (the grandchildren’s parents) and grandparents (grandchildren’s carers). Parenting and decision making around grandchildren’s well-being remained with
grandchildren’s parents, but grandparents had specific care roles and responsibilities, while parents were absent. While grandparents did not want to take on parenting responsibilities, this split in roles and responsibilities created an underlying or inherent tension for some grandparents. Care arrangements acted to define grandparents as secondary carers within the family context and by doing so, reinforced the dominant role of adult children in controlling both parenting and care approaches. In some cases this role extended to determining care boundaries and influencing or controlling broader aspects of grandparents’ lives (parenting their parents). As a result, some grandparents struggled with a loss of autonomy, and felt they lived compromised lives. This feeling of compromise came from the burden of mismatched expectations between themselves and their adult children. This burden was further compounded where there was poor communication between adult children and grandparents. Grandparents also put pressure on themselves, wanting to protect their grandchildren at all costs and in so doing reinforced their own and their family’s perceptions of them as competent and trustworthy carers. Some grandparents felt a weight of responsibility in being reliable, placing priority on their adult children’s job security, but also wanting to be perceived as needed, dependable and possibly indispensable members of their family. Different care contexts created challenges for grandparents, where they were the only ones available to care for grandchildren and where they had multiple family care responsibilities.

While grandparents found some aspects of care arrangements difficult or unacceptable, including additional requests to provide babysitting for grandchildren outside agreed care arrangements and having reduced personal time, it was important to note that no grandparent saw their care time with grandchildren as a burden. Grandparents were not simply going through the motions of caring for grandchildren, and were not providing an emotionless form of care that Noddings (1984) defined as burdensome. Instead grandparents held strongly committed feelings towards their grandchildren and were actively displaying their engrossment, motivational displacement and ongoing commitment for grandchildren. Most grandparents had chosen to care for grandchildren, wanting to build relationships with them at an early stage of their grandchildren’s lives. However one third of grandparents were
experiencing difficulties in achieving a balance of involvements, wanting greater flexibility in the arrangements, but living silently with the burden of adult children’s expectations. Whilst grandparents were almost universal in their decision not to interfere in parenting decisions, their silence had stretched further into the broader care context, with some grandparents perceiving they had little control in defining and renegotiating care boundaries and arrangements over time. This issue of control and balance in grandparents’ lives, and their sense of obligation and personal autonomy is discussed further in Chapter 8.
Chapter 8 Grandparents’ Care Role: A Continuum of Meaning and Satisfaction

Chapters 6 and 7 highlighted the contrasting sides of the regular care experience for grandparents, reflecting their aspirations to create strong and enduring relationships with their grandchildren, and to enjoy the benefits of close connection and active engagement with them. At the same time however grandparents recognised the significant impacts associated with their intense involvement and commitment to care. Almost all grandparents experienced to a greater or lesser extent, some loss of flexibility and personal autonomy in their lives. Grandparents’ views on their experiences presented a complex and often conflicting picture, reflecting a mix of positive and negative parts of their individual care experiences. Individually and collectively grandparents’ viewed the care experience as a dichotomy - two contrasting sides of their care experience.

This Chapter looks at the care experience more holistically, across the range of individual grandparents experiences and the two sides of the care dichotomy. It synthesizes further the common threads within the care dichotomy and considers more fully the diversity of beliefs, values and expectations that grandparents were bringing to the regular care experience.

Chapter 8 is structured around three continuums, reflecting the range of views grandparents held in relation to their care role. The continuum was developed as a visual representation of possible associations between emerging themes (threads) and the characteristics/ circumstances of individual families and relationships within families, including the dynamics between grandparents and their adult children and partners. The first part of this Chapter explores the nature of the continuum (defined as the care-identity continuum) and identifies how individual grandparents positioned their care role in relation to broader life goals and identity. The second part describes the characteristics of groupings or clusters of grandparents along the care-identity continuum. The third part of the Chapter considers the match or mismatch between
grandparents’ regular care arrangements and their expectations concerning their care role and broader life involvements. Collectively, the three continuums represented in this Chapter help to explain the nature of the care experience, along with factors influencing grandparents’ satisfaction with their regular care role.

The Care-Identity Continuum

It was evident in this study that all grandparents gained meaning from caring regularly for their grandchildren, however, the extent to which grandparents saw their regular care role as central to their lives and life goals varied significantly. While some grandparents had decided to make care of grandchildren their major role in life, other grandparents were chose not to do this.

The care-identity continuum in Figure 1 has been used as a structure to explore this issue of care contribution to broader life goals further. Grandparents’ care role and broader life goals are the two axes for the care-identity continuum. Care roles and life goal threads are intertwined at one end (marked A), illustrating a situation where grandparents viewed their regular care role as the sole or central contributor to their life goals and meaning. At the other end (marked B) where the two continuum threads were fully untwined and separated, grandparents did not see care as contributing at all to their life goals and meaning. No grandparents were represented at the fully untwined end of the continuum (marked B), indicating that all grandparents gained some meaning in their life from their care role. Figure 1 illustrates however that individual grandparent’s views were spread along most parts of the continuum. Grandparents’ views were reflected as knots along the care string of the continuum.
Figure 1: The Care-Identity Continuum
Figure 1 indicates that for approximately one third of grandparents, care of grandchildren was the central or major contributor to their life goals and meaning, but that the majority of grandparents positioned care as one of a number of other important involvements in their lives. Grandparents such as Rani, Anna, Hugh and Gwen, Jenny and Mary wanted their lives to revolve fully around their grandchildren, where possible, yet grandparents such as Deidre, Laurel and Camilla expressed the importance of having multiple roles and involvements. Grandparents closer to the middle of the continuum such as Anne Marie, Libby and Lyn and Paul, Stan and Julie, Stefan and Christine held more conditional views. They valued their involvement with grandchildren, although drew meaning from having a broad range of roles and involvements.

It was evident from the care-identity continuum that grandparents were seeking meaning in different ways. Some sought a singular goal – that of caring for grandchildren, but most wanted multiple roles in life. Grandparents seeking multiple roles held similar views to grandmothers interviewed in the earlier study by Wearing and Wearing (1996). Wearing and Wearing found grandmothers defined themselves in part by their grandparenting role, but not fully. They wanted other interests in their lives, wanting their self-identity to be shaped by a mix of roles and involvements. The majority of grandmothers and grandfathers in this study as in the Wearing and Wearing study craved some diversity in their lives, seeking to be defined by multiple roles and involvements. To a greater or lesser extent, they wanted to experience Laslett’s (1991) concept of The Third Age, the life stage characterised by less responsibility for dependants and more time to pursue personal goals. Based on Laslett’s definition, The Third Age represented the time of personal freedom, for individuals to do what they have always wanted to do. This life stage followed The Second Age the earlier years of responsibility for dependants and preceded the final stages of life and dependence (defined as The Fourth Age). The closer grandparents were to the untwined end of the continuum, the greater their focus was on experiencing their Third Age.

It was also apparent, using the continuum in Figure 1 that some grandparents (6) sought to position their lives fully or mostly around their grandchildren. These
grandparents were placing importance on their grandparenting role, and within this their care role. These grandparents were reflecting role centrality, representing one of five dimensions of meaning on grandparenting identified by Kivnik (1983; 1985). As in Kivnik’s analysis, grandparents in this study drew meaning, or a sense of significance, from concentrating their lives around their grandchildren and their grandparenting role. Grandparents were using the regular care arrangements as the vehicle to gain this meaning, with their care role making them feel productive and worthwhile. This care role positioned them as needed family members, and active participants in the everyday lives of their adult children and grandchildren. All other grandparents spanning most of the continuum chose to be part of their grandchildren and adult children’s lives, but did not want to invest their identity fully in this involvement.

**Caring Differently – Grandparent Groupings Along the Continuum**

While Figure 1 indicated grandparents held a diversity of views in relation to care roles and broader life goals and identity, there was also evidence of clusterings of grandparents along the continuum. In Figure 2 four distinct clusters or groupings of grandparents have been identified. These clusters have been defined and based on how grandparents positioned themselves as carers and the extent to which care was central to broader life goals and meaning. The clusters reflected both the diversity of characters (grandparents) and settings (care contexts), but also the common views and beliefs held by groupings of grandparents along this continuum. The four grandparent carer clusters have been defined as: avid carers; flexible family carers; selective carers and hesitant carers.
Figure 2: The Care-Identity Continuum and Carer Clusters

Avid Carers
- Care Role: central to life meaning/goals
- Family focused lives (strong contributions)
- Family care is lived
- Care as a vehicle for passing down cultural and family traditions

Flexible Family Carers
- Care Role: important but not sole contributor to life meaning/goals
- Family focused lives (strong contributions)
- Care as one vehicle of family support
- Expectation to have some personal priorities in life

Selective Carers
- Care Role: partial but not sole contributor to life meaning/goals
- Independent lives and identity
- Selective contributions to family on their own terms
- Expectation of multiple priorities; involvements and some care

Resistant Carers
- Care Role: limited contributor to life meaning/goals
- Independent lives and identity
- Limited contributions to family
- Expectation of multiple involvements; little care role

ROLE CENTRALITY

ROLE DIVERSITY

A
B

Rani
Anna
Hugh
Gwen
Jenny
Mary
Stan
Stefan
Christine
Anne
Libby
Lyn
Maire
& Paul
& Paul
Laurel
Camilla
Deidre
CARE ROLE
Avid carers and hesitant carers were located at either end of the continuum in Figure 2. While each carer group is described more fully in this Chapter, it was evident avid carers, or those grandparents who positioned grandparenting as central or a major part of their lives (reflecting role centrality) were clustered closest to the end of the continuum where care and life meaning was mostly fully intertwined (marked A). Hesitant carers, or grandparents who positioned care as making a limited contribution to their life meaning and who saw care as less central to their life goals were clustered closest to the other end of the continuum marked B, reflecting role diversity. Flexible family carers and selective carers, held less extreme views relating to their care role contribution than avid carers and hesitant carers and were therefore positioned closest to the centre of the continuum. This reflected their more conditional approach to care.

Portraying grandparents within these carer groups depicts the different ways grandparents viewed their care experience relative to other parts of their life. Grandparents’ perspectives on their care role and major factors influencing these perspectives have been discussed below for each individual carer cluster.

**The Avid Carers Cluster**

Avid carers were grandparents like Anna, Rani, Hugh, Gwen, Jenny and Mary who wanted regular care of grandchildren as their major life activity. These grandparents were united in the view that they perceived themselves as productive through their care role, believing strongly in the importance of family. They each held the belief that family care was best for young children, particularly for very young children, as summarised in Jenny’s words:

I think [grandparents give] more a sense of security and continuity than in child care, um. Child care is very good I must admit, but there’s different people all the time and they don’t know the child like you know the child, you know (Jenny CS5, P136).
Avid carers chose to care for their grandchildren, they did not want their grandchildren to attend long day care for lengthy periods. These grandparents felt formal care was less able to provide the one-on-one nurturing they saw as necessary to young children’s development in their early years up to two years of age (see Chapter 6).

All avid carers with the exception of Gwen, had worked when their children were young and as a result had made a deliberate decision to care for grandchildren at this stage of their own lives. Anna, Hugh and Rani had reassessed their priorities after reflecting on their time as working parents. Anna had come to Australia from Malta with little English and a young family. She worked to make a life for her family, but now wanted to spend time with her grandchildren, since retiring. Rani came to Australia from Kenya and had to support not only her young family in Australia, but also had to send money back to her Indian family. She felt she now warranted time revolving around her Australian based family. Hugh had spent years away from his family when young. It was his turn to care for children in his family, while his wife continued to work. These grandparents felt they had been busy when their children were young and trying to make a life for themselves in a new country. These grandparents now wanted to make up for lost time, to consolidate connection with their families and to give their grandchildren the best start possible during their early years of life.

Mary, Gwen and Jenny had also developed greater clarity when older about what was important in life. They wanted to care for grandchildren when their grandchildren were very young, as they felt this was the time that grandchildren needed them most and it was when they had most influence over their grandchildren’s development. Anna, Mary, Gwen and Jenny felt they would have plenty of time to experience their Third Age later in life, while Rani and Hugh were more philosophical and altruistic, they did not feel the need to experience greater independence from their families, as reflected in Rani’s words.
I live for the children, I don’t know what I would do without them in my life (Rani, CS10, P40).

Avid carers born overseas also identified the passing down of traditions to their grandchildren as a significant aspect of their care role. Five of the six avid carers were born overseas and saw cultural or family traditions as part of their value system, which provided links between the past, present and future within their families. Although studies by Lever (1995) and WHIN/VISEG (1999) found this cultural exchange was important for some non-English speaking grandmothers, this study indicated grandmothers and grandfathers who were of both English and non-English speaking backgrounds (Indian, English, Scottish and Maltese) also saw this as important:

My language [is] very important. Our Indian stories I tell them because my culture will be lost here (Rani, CS10, P51).
I give them the background that I have. I come from a different country that’s got a depth of tradition that I can pass on and do (Mary, CS2, L688).

These grandparents were expressing the importance of valued eldership as defined by Kivnik (1983; 1985), or the passing on of tradition through generations. They were also reliving special parts of their past, placing significance on continuation of family and personal life.

On the care-identity continuum in Figure 2, Gwen, Jenny and Mary were positioned between the avid carers, positioned at the fully entwined end of the care-identity continuum (Rani, Anna and Hugh), and flexible family carers (Stan and Julie, Stefan and Christine), as they displayed some characteristics of both groups. While Jenny, Gwen and Mary were considered avid carers, they did not want their care role to be the sole activity in their lives. They wanted care of grandchildren to be their major role, but also wanted some control over their own personal involvements, as reflected in Mary’s words:
I need a specific time, my time where I dictate what I do … I don’t want that commitment. I have to have some control in what I do with my day, I don’t want it [her care provision] to become expected (Mary, CS2, hi1).

Gwen had other family care commitments that she felt she had to fulfill, while Mary and Jenny wanted to have control over some part of their lives that were separate to their care role. These grandparents wanted to have some balance and like those grandparents identified as flexible family carers, they too needed some boundaries around care provision. This boundary setting differentiated these grandparents slightly from other avid carers, such as Anna, Hugh and Rani, who were happy to provide additional care whenever or wherever it was needed.

**The Flexible Family Carers Cluster**

Like avid carers, flexible family carers such as Stefan, Christine and Stan and Julie had a very strong focus on family and family values. However, they positioned care within a broader family support role. They spent time with their children and grandchildren altogether, but also provided some additional child care when needed. They did this to support their families and saw family contribution as important in their lives:

To me the family is the thing (Stefan, CS12, L126). We subdivided our land for them, so they had a place for themselves (Stan and Julie, CS11, pc1).

These grandparents had a strong family focus. Stan and Stefan had been the sole income earners in their families and had worked long hours when younger. As grandfathers, they now wanted to have time with their grandchildren. Stan and Julie and Stefan all cherished having their families nearby, feeling this facilitated a more relaxed relationship with their adult children and grandchildren. They liked their children and grandchildren just dropping in. Christine had also worked prior to caring for grandchildren, but wanted to enjoy her time as a grandmother, doting on her granddaughter and fulfilling a lifelong dream:
I think she’s the little girl I never had so I spoil her and dress her up all cute and everything else (Christine, CS15, L160).

Flexible family carers enjoyed exclusive one-on-one time with grandchildren, but unlike avid carers, they did not see their child care role as the sole factor contributing to their life meaning, as reflected in Stefan and Julie’s words:

If I’ve made arrangements to go fishing which is generally a day or two and they call and say can you, I’d like to but no, I need to go fishing (Stefan, CS12, L368).

We have our little breaks every now and again which Julie and I go up to a place called South West Rocks— that takes priority (Stan and Julie, CS11, Julie, pc1).

Flexible family carers positioned child care as one of a number of forms of support they provided their families, yet it needed to fit in with other personal activities. Stefan needed to go fishing each week, Stan and Julie needed flexibility to do short trips or have days out, while Christine wanted to be at home doing her own thing. These grandparents were happy being with their adult children and grandchildren, but were equally happy to send them all home when they had had enough in order to regain their own sense of space, as reflected in Stefan and Stan’s words:

The one great thing about grandparenting, when you have the kids for 4 or 5 hours or 6 hours and you’re really tired and you can say ‘Oi, take this and go home’! (Stefan, CS12, L590).

Another thing too, if you’ve had enough of the kids you can send them home (Stan and Julie, CS11, Stan, L386).

All these grandparents were focused on interacting with their families very regularly, but wanted care provision to be manageable and not to impinge on their own personal time and hobbies. They were balancing family contribution and obligation, with some freedoms associated with Laslett’s Third Age (1991).
The Selective Carers Cluster

Like flexible carers, selective carers were located in the middle section of the continuum. While flexible family carers had a significant focus on their families, selective carers wanted to have independent lives from their families. They gained meaning in their life through their care role but were more selective than avid carers and flexible family carers in the level of care they undertook. Selective carers wanted to see their grandchildren regularly, but like flexible family carers did not want this to be the only focus of their lives. They wanted to experience greater independence and autonomy now their children were older, reflecting more intensely their desire for aspects of Laslett’s (1991) Third Age than flexible family carers.

Selective carers including Anne Marie, Lyn and Paul and Libby chose to have lives that reflected this independence and self determination. Anne Marie felt that, having raised her own children, she deserved some time for herself. Care arrangements had to fit in with her plans, which included her work commitments. She, like other selective carers, wanted structured care arrangements, so as to manage her multiple commitments and interests.

Libby craved time for her own priorities during this stage of her life when she saw herself as still fit and well. She wanted some of this precious “last decade” for herself (Libby, CS1, P30):

I want to have my own life, I want to have my own privacy, I want to have my own solitude all the other things in my life I want to have time to do all that. I wouldn’t be at all happy to have the children 5 days a week. I would do that if I had to, but I wouldn’t be. I would regret very much having to give up that much of my life in order to be, because my daughter needed me (Libby, CS1, P29). Time is very important in your sixties (Libby, CS1, pc1).

While Anne Marie was still working and Libby had been a professional homemaker, Lyn and Paul had always seen care of grandchildren as part of their
retirement plan. They did not however want this care to dominate their retirement, it needed to fit in with a range of other pursuits:

That was one of the considerations that it worked for us as well (Lyn and Paul, CS7, Lyn, L829).
Well you’ve got to set your limits to start with (Lyn and Paul, CS7, Lyn, L998).

These grandparents wanted care on their terms and were more pro-active than flexible family carers in identifying their needs. They were expressing a more conditional obligation towards their families, reflecting aspects of Cotterill’s (1992) and Rossi’s (1993) findings that women became more selective about their sense of obligation and commitments later in life. Like avid carers and flexible family carers these grandparents were seeking to assist their adult children financially, by caring for grandchildren and saving their adult children the cost of child care. However, they wanted more of a balance between this sense of obligation and their own lives. This balance included activities that were separate from their families. Selective carers had not fully disengaged from their obligation to family. They were choosing to regularly care for their grandchildren as part of this stage of their life, but on a carefully selected basis. Unlike women in the Cotterill (1992) study, these women were still willing to take on long term commitments, but not at the expense of their independence and own priorities.

The Hesitant Carers Cluster

Grandparents such as Laurel, Camilla and Deidre wanted limited care roles and were located almost at the opposite end of the continuum to avid carers. They wanted some involvement, but like selective carers wanted to draw meaning from multiple roles. Laurel wanted to pursue her part-time job further, but also enjoyed going to Toastmasters, the School for Seniors and wanted greater involvement with the SES. Deidre wanted to continue her job and had not felt ready to retire. Camilla had work commitments, but wanted time for herself and her husband to go out and enjoy themselves, to go dancing and be in the garden. These grandparents wanted less of a
regular care commitment than selective carers, they engaged in care provision on their
own terms and wanted independent lives. These grandparents sought to fully experience
their Third Age alongside a minor role in caring for grandchildren. These grandparents
had significant personal expectations. They felt they deserved their own time, at this
stage of their life as reflected by Camilla: “[I want to be] Doing the things I want to do,
as a person” (Camilla, CS14, P9).

Grandparents across the four groups were expressing their preferred balance
between independence and sense of contribution or obligation to family. The relative
importance of these factors varied significantly between the grandparent groups. Avid
carers were driven by their desire to contribute to family and obligation, wanting lives
focused fully around their grandchildren. Flexible family carers sought meaning from
contribution to family, including some role in caring for grandchildren where needed,
but balanced this with time for their individual hobbies or by themselves. This was
different to selective and hesitant carers who wanted to live lives independent of their
families, to enjoy more fully their Third Age, while also having some involvement with
grandchildren. Selective and hesitant carers had retained an obligation to family, but
sought meaning through significant independence and autonomy.

While associations have been drawn between grandparents’ views and Laslett’s
(1991) definition of The Third Age, the study findings also relate to the work of Erikson
(1980), and his psycho-social approach to life course theory. Erikson explored identity
and being across different life stages, including the attainment of life meaning through
contribution. He defined this meaning through contribution as “generativity”, which he
saw as enabling personal growth through the process of giving and being productive.
While Erikson saw generativity as being a characteristic of middle adulthood (up to 42
years), it was evident grandparents across the four carer clusters continued to
demonstrate some level of generativity, positioning contribution to family (family
obligation) as part of their identity and being in middle to later life. This meaning
derived from forms of contribution to society was reflected most significantly amongst
avid and flexible family carers, who felt productive and worthwhile through their care
roles. While this notion of generativity was also reflected by selective and hesitant carers, these grandparents were seeking meaning, growth and productivity through contribution not only to family, but also through broader community engagement and activities. It was also evident that grandparents in a number of contexts were also reflecting aspects of Erikson’s concept of late adulthood (43 years onwards), which focused more on reconciling and drawing meaning from past experiences, with this renewed focus attributed to added age and understanding. This reconciling of past and present was most strongly expressed in the stories of participating grandfathers and avid carers. These grandparents were actively seeking to make amends for lost opportunities with their own children through their active care role in later life. Similarly selective and hesitant carers were seeking to fulfill long held dreams and priorities, which they felt they had previously been unable to attain in their lives due to family commitments.

**Grandparent Clusters and the Lived Reality of the Regular Care Experience**

In the previous section grandparents’ values and beliefs were considered in relation to family contribution and involvements in later life, with grandparent carer clusters identified along the continuum. These cluster were identified independent of the specific care commitments they were making for their grandchildren. This separation assisted in identifying grandparents’ broader life expectations and key motivations underpinning individuals care decisions. It was evident from discussion with individual grandparents however that specific care circumstances impacted significantly on their actual care experiences. Chapter 7 highlighted that differences in expectations between grandparents and adult children created tensions for grandparents. Grandparents also in some circumstances felt their hours of care did not match their care expectations or personal priorities.

This part of the Chapter considers the influence of hours of care and family circumstances on grandparents’ satisfaction with their role. The care-identity continuum including the four grandparent carer clusters has been used to plot grandparents’ care hours (plotted as X). While presenting a simplistic image of a range of often complex
care circumstances, Figure 3 provides a structure for explaining the extent of relationship between care and life expectations of grandparents and the care commitment being fulfilled, as measured by hours of care.

It was clear in this study that there was significant diversity in the way care commitments arose, with some grandparents setting down clear parameters (predominantly selective carers), while others felt they had little say in care negotiations. Figure 3 in part reflects this diversity in negotiations and grandparents’ sense of control over their care context.
Figure 3: The Care-Identity Continuum, Care Clusters and Hours of Care
The continuum in Figure 3 indicates that for a small number of grandparents there was an apparent mismatch between the levels of care they wanted to provide and the actual hours being provided (Deidre, Camilla, Laurel and Rani). Grandparents experiencing these mismatches were represented at both ends of the continuum. They wanted care commitments which were greater or lesser than they were presently experiencing. These grandparents felt they were living compromised lives, as explained in their stories.

As a hesitant carer Deidre wanted limited hours of care in her life each week, along with involvement in a broad range of other interests. As already discussed in Chapter 7, Deidre was caring for grandchildren for over 35 hours each week and felt pressured into giving up her job by her daughter in order care for her grandchildren. She lived feeling trapped in her extensive care role as she was seeking a life filled with multiple involvements, independence and autonomy: “I liked my job. Look I love them and enjoy them, but I don’t enjoy the life. It is not my life I’m leading” (Deidre, CS9, P2). Deidre felt disempowered and not capable of changing her situation.

Camilla and Laurel were in similar but less extreme situations than Deidre. As hesitant carers providing significant hours of care each week they felt they were living compromised lives too, being unhappy with the level and type of care they provided relative to their life expectations. Laurel and Camilla both juggled work commitments with child caring, however, they had expected to have more personal time and freedom in their lives given their children were now older. Laurel and Camilla, craved this personal time, but felt they were living lives which were in stark contrast to what they had expected at this stage of their life. Camilla’s daughter was asking her to come to care for her grandson late at night and for long periods on weekends with little warning. Laurel was providing care over broken periods during the day, because of the nature of her daughter-in-law’s work. Both grandparents felt their family responsibilities and commitments were extending into later life, taking over their own personal priorities and time. They felt their adult children’s needs were being met, at the expense of their own. They were providing more care than they expected, while Camilla wanted more
structured and predictable care arrangements than she currently had. These grandparents felt they were living a mismatch between their personal expectations and their perceived reality, experiencing a sense of lost opportunity and thereby living compromised lives, as reflected in Camilla’s words: “Never in my life did I expect to be doing this” (Camilla, CS14, P2).

At the other end of the continuum, Rani was an avid carer who wanted to live her life through her grandchildren. She drew meaning in her life fully from caring for her grandchildren 4 days a week, however her daughter (as the children’s parent) had decided to put her granddaughter into formal care for 2 days a week, without consulting her. Rani felt the central focus of her life had been taken away, she was unable to express her role centrality fully through the new restricted care arrangements. She had lost part of her identity and as a result part of her personal empowerment.

These contrasting case studies indicated that some grandparents saw their care experiences as starkly different to their life expectations and life priorities. This mismatch, between care involvement and grandparents’ life choices or priorities meant these grandparents were not satisfied with their overall care experience, they were unable to fully express their life or care choices. These 4 grandparents however were deciding at this point in their life to live with unsuitable arrangements. They chose not to discuss the way they felt with their adult children, reinforcing their silent partner status even though they felt dissatisfied. Camilla did not want to risk her grandson’s well-being, as she feared something might happen to him if she was not around when needed. Laurel filled her free nights with multiple involvements, to compensate for her care commitment during the day. She tried to find a more acceptable balance in her life without creating conflict in her family. As outlined in Chapter 7, Deidre felt disempowered and unable to negotiate with her daughter. She was hoping their trip to India would break the current care cycle and bring about a change in dynamics. She was also planning to come back earlier than her daughter’s family, to give herself some personal time and flexibility, although she had not discussed this with her daughter.
Rani did not want to raise her problem with her daughter, in case this led to family conflict and jeopardized her regular contact with grandchildren.

Deidre, Laurel, Camilla and Rani’s silence around their care dissatisfaction reflected aspects of choice theory previously known in literature as control theory (Christenson & Gray, 2002; Glasser, 1990; Wubbolding, 2000). Wubbolding proposed that people choose certain behaviours due to the following human needs: survival or self preservation; a drive to belong; for power achievement and to assert independence and freedom. While Wubbolding indicated choice can often bring about new or renewed action, Deidre, Laurel and Camilla chose to remain in care arrangements because of a need to preserve family cohesion and for survival. Rani was also protecting her sense of belonging, and like Deidre, Laurel and Camilla, was fearful of repercussions of any change. These choices revolved around inaction and maintaining the status quo within their families.

While it was evident some grandparents in the avid carer and hesitant carer groups experienced a mismatch between their expectations and actual involvement, selective carers such as Anne Marie and Lyn and Paul were able to express care choice. These grandparents were particularly assertive about their own needs and made clear statements about the type and level of care would provide. Lyn and Paul and Anne Marie felt satisfied with their regular care role, as the hours and nature of care reflected their care choices. These grandparents had set up clear care boundaries prior to care commencing, as reflected in Lyn’s words:

I think communication of what you want, what you’re going to do and when you’re going to do it and when you need time out, so that they have [time] to make their own arrangements (Lyn, CS7, L998).

Grandparents in this selective carer group placed their priorities highest, and clearly stated up front the parameters of care they were prepared to provide. By actively discussing the finer details of arrangements with adult children they were helping to ensure the arrangements were mutually beneficial to all family members and
manageable for them physically, as carers. They asserted their sense of freedom and self preservation and by doing so, maintained their own sense of self and voice as key stakeholders or partners in the care arrangement. Libby however sometimes sensed her daughter and son-in-law undervalued her own personal time relative to their own. She felt a greater personal contradiction between her sense of obligation and autonomy, as she was the only live grandparent available to care for her grandchildren (see Chapter 7). Libby sometimes offered to do more than she wanted, with this inconsistency sometimes blurring the boundaries for her and her daughter. Her personal struggle was reflected in her words below, referring to times when she was unable to provide care:

… sometimes she [Kylie her daughter] must think ‘oh you could change that’, or I might think ‘I could change that’, so there is that feeling of responsibility that we ought to, and that battles a bit with the fact of independence. I think no I shouldn’t have to do that, that’s silly (Libby, CS1, P48).

Like selective carers, grandparents in the flexible family carer group were also very clear about stating when they could or couldn’t provide care. They were able to do this, due to their strong family bonds and open relationships with their adult children. They also however, like selective carers valued their own time and were willing to put their needs first where required.

Selective carers and flexible family carers were assertive in ensuring care arrangements matched their own needs and expectations. Some grandparents in the avid carers group, were also willing to assert their rights, around care boundaries. As avid carers, Mary and Jenny were comfortable with their decision to provide extensive hours (35+ hours) of care for their grandchildren each week, but they did not like the extra requests for babysitting from their adult children, as reflected in Chapter 7. They had not been pro-active in clearly defining care boundaries prior to care commencing and had to put in place a set of limits on their adult children’s assumptions about their availability to care:
…. now [since taking up indoor bowls at night] it’s a case of – have you got anything on? If I have then it’s a case of ‘no I can’t’ and no hard feelings either side (Mary, CS2, L231).

… I can now say things [no] without feeling bad about it and being such a personal, emotional issue (Mary, CS2, hi1).

Mary took on non-negotiable personal commitments outside of care time to create fairer care negotiations with her daughter. She needed to do this to ensure she was not taken for granted and had a legitimate reason for saying no to extra requests for care. Jenny also felt the need to take action when her daughter unintentionally started controlling broader aspects of her life. She did this to assert her choice of greater independence and autonomy:

…she tends to forget that I am her mother, so if I’m in late she’ll worry, she’ll say what time did you come in (laughing). None of your business girl! (Jenny, CS5, P111).

I went out with my girlfriends one night to a 24 hour club and at 7 in the morning we were still there and my daughter rang, and said ‘this sort of sounds stupid, but is my mother there?’ Sometimes I have to put my foot down (Jenny, CS5, P112).

Like grandparents in the selective and flexible family carer groups, Mary and Jenny were asserting their independence outside care arrangements, and taking control over part of their lives, even though care was the major focus of their lives.

While individual personalities, history and broader family values and issues will facilitate or inhibit communication between parents and adult children, the ability to communicate openly and to articulate personal goals and care boundaries, were major factors offsetting potential tensions within the care experience. The continuum in Figure 3 inferred that individual grandparent’s satisfaction with their care role was influenced by the extent to which grandparents felt their care arrangements matched their own personal priorities. These priorities were based on individual grandparent’s perception of choices available and views in relation to their care role and broader life meaning and identity.
Summary

It was clear from the three care-identity continuums in this Chapter that grandparents in this study were not an homogeneous group, but held very different views in relation to their care of grandchildren and how this was positioned within broader life goals. The four clusters of carers identified along the continuums reflected these differences, but also highlighted some commonalities around the way in which grandparents viewed their care role. The reasons, or experiences underpinning these common views, however, varied. Grandparents who were avid carers wanted to have grandchildren as a central part of their life and drew significant meaning from this.

Deidre and Rani’s stories highlighted that adult children can and will make care decisions that they consider are best for their children, without necessarily considering their parents’ needs. The major personal investment Rani and other avid carers were making in this role, created an added personal vulnerability for them, when care arrangements were altered. Rani’s experience highlighted that for her, part of her life and identity had been taken away when her care role was reduced. This was due to her total reliance on her care role for broader life meaning and identity. Deidre suffered from her daughter dictating care arrangements, with Deidre being too disempowered to change this situation at this point in her life.

While flexible family carers in this study were happy with their ad-hoc or flexible care arrangements, selective carers appeared to benefit from a pro-active approach involving setting care boundaries and parameters. The stories of reluctant carers such as Deidre and Camilla and also Rani highlighted that adult children sometimes viewed their parents’ roles in later life very differently to grandparents. Grandparents needed to be assertive in staking out their claims within care arrangements, not only at the commencement of care, but throughout the care arrangement.
Grandparents placed importance on being able to select the level and type of care they wanted to provide for grandchildren. Where grandparents felt their care arrangement aligned with their life goals and meaning, then care was positioned as contributing to their sense of self and satisfaction. However where grandparents felt they were unable to choose the extent and nature of their care commitment, care was seen more in terms of replacing or stifling their personal priorities (for Camilla, Laurel and Deidre), as reflected in my journal writings:

*It seems to be different for different people, which I guess, is not rocket science. It really is about grandparents choosing a set of circumstances and where choice is left out of the equation, it leaves the grandparent with a sense of having to do something, being forced into it, although they love the link with their grandchildren. This is the shining light, but a consequence only. This is embedded in these individual stories* (Judy, Journal 20).

The ability of grandparents to exercise choice in at least part of their lives and to achieve a balance between obligation and independence, was fundamental to most stories, although not for altruistic avid carers positioned at the most extreme end of the care-identity continuum (Rani, Anna and Hugh). It was also clear from this study that grandparents held very different views in relation to the definition of balance in their lives and what constituted reasonable levels and forms of care. While Szinovacz and Ekerdt (1995) in early work identified the potential for over-involvement with family after retirement, this study indicated that such terms were highly subjective and applicable only in circumstances identified as such by individual grandparents. Grandparents clearly were defining reasonable or acceptable care options in very different ways.

This Chapter identified the diversity of views and expectations grandparent carers held in relation to their care role and broader life goals, while Chapters 6 and 7 considered the common threads running through the care experience. Chapter 9 draws some overarching conclusions and considers the implications of this study in relation to policy and service development initiatives in NSW, along with areas for further research relating to grandparenting, families and child care provision.
Chapter 9  Study Conclusions

An extensive review of literature spanning sociological and gerontological genres indicated very little is known about the experiences of grandparents with regular or part-time child care responsibilities. In addition, few studies have actively asked grandparents about their views on caring for young grandchildren, or about the impacts of this care provision on their lives.

This study represents one of few qualitative studies undertaken in Australia and internationally which has specifically focused on grandparents as part-time or regular carers of their very young grandchildren (Smith & Drew, 2002). It used narrative inquiry as the process to delve for meaning within the rich textual data created from grandparents’ stories. Through interpretation of the data it was possible to gain insights into the nature or true essence of this experience, from the perspective of grandparents.

This Chapter identifies four key issues that have arisen as part of the study. These are:

1. The capacity of grandparent care.
2. The care experience as a dichotomy.
3. Carer diversity and carer clusters.
4. Making personal choices and achieving balanced lives.

The Chapter considers these issues in relation to possible program and service delivery implications for child care providers and policy makers and the need for future research in the early childhood and broader sociological fields.
Key Issues Arising From This Research

The Capacity of Grandparent Care

Grandparents described their care capacity as an intense form of nurturing, based on responsiveness, receptivity and renewal of commitment to their grandchildren. They were providing a deep felt, interactive and flexible form of care, based on unconditional love and relatedness and focused on Noddings’s (1984) concept of engrossment, or their desire to protect and promote the well-being of their grandchildren. This study found that grandmothers felt they offered more than formal child care, seeing child care centres as more institutional in approach and therefore less able to focus on the individual needs of young children, particularly very young children under 2 years of age. Grandparents felt their care represented the “next best thing” to a mother’s care, supporting findings from the study by Wheelock and Jones (2002, p.454). They felt their care contributed to their grandchildren’s security, confidence and self esteem, which was fundamental to children’s growth and development (Brazelton & Greenspan, 2000; Guralnick, 1997, 1998; Noddings, 1984; Ramey & Ramey, 1999; Shonkoff & Philips, 2000).

The study found that grandparents positioned their care roles within a broader grandparent-grandchild bond and used regular care time as an opportunity for valuable relationship building. It found grandparents positioned themselves as guardians, enablers and loving friends or soul mates for their grandchildren not “babysitters or child minders” (Libby, CS1, pc1).

These findings raise some important issues in relation to the nature of grandparents’ care, but also challenge the quality of child care available through the formal care sector. A third of grandparents actively questioned the capacity of formal child care to deliver the same level of nurturing for very young children that they felt they could provide, and that they and their adult children saw as a priority. While formal care providers were unlikely to be able to replicate the same level or type of familial
relatedness between grandparents and grandchildren (Noddings, 1984), these grandparents were highlighting some important principles underpinning caring relationships and the qualities of care that were valued by families. These were: the importance of intensive responsive nurturing; consistency and continuity of care and flexibility in care routines, targeting individual needs. Grandparents challenged the extent to which formal child care providers were able to deliver the same quality of care for very young children, that they felt they were providing.

This study also adds weight to the increasing focus on the critical early years of children’s lives as a foundation for learning and development. It indicates grandparents were not only playing a significant role in caring for a substantial number of Australian children during this time, (ABS, 1999), but that grandparents felt they were active in fostering confidence and self-esteem in their grandchildren during their formative years (Stanley, 2002). As indicated by Smith and Drew (2002), further recognition and investigation of grandparents’ roles in facilitating attachment in grandchildren is needed to explore the nature of this attachment in an extended family context. Similarly, more active engagement of grandparents is warranted in debates focused on quality of care, children’s development and the future of child care, within the early childhood and family support sectors. Such engagement would more fully recognise the contribution grandparents were making as informal carers within the broader child care system while adding to current understanding of the family context in which many Australian children are being cared for during their first critical years of life.

The Care Experience as a Dichotomy

Earlier studies on grandmothers caring for grandchildren identified a limited number of positive and negative aspects of the care experience for grandparents (Gattai & Musatti, 1999; WHIN/VICSEG, 2000; Wearing & Wearing, 1996). However this study uncovered more fully the complexity existing within the care experiences of grandparents in a range of care contexts. It indicates that each grandparent held
concurrent but divergent views about their care experiences. Grandparents perceived their care experience as dichotomous.

The study discovered an interleaving or juxtapositioning of positive and negative aspects of care within the individual and collective experiences of grandparents. It highlighted the dynamic nature of the care experience from the perspective of grandparent carers. Grandparents juggled the considerable satisfaction gained from spending time with grandchildren, with the stresses, strains and compromises inherent in the care experience. It was evident in this study that some grandparents were able to balance positive and negative aspects of their care roles successfully, however, others struggled. A small number of grandparents continued to provide care for their grandchildren, enjoying time with them, but were overwhelmed by inner conflicts concerning their care roles, family relations, personal identity and unmet expectations.

This research showed that while grandparents were playing an important family support role in caring for their grandchildren and enabling their adult children to work or attend activities, they as grandparents also needed support and respite at different stages, to manage and sustain their care roles. The study highlighted some value in extending parent support initiatives to encompass grandparent carers, particularly as some grandparents were providing extensive hours of care and others struggled with family tensions and a lack of balance in their lives. It highlighted the importance of ensuring mainstream family and children’s services are equipped to recognise and respond to grandparent needs, as it was evident grandparents were not likely to seek out their own supports, beyond services or groups which were part of their care routines.

It was also evident that grandparents felt a weight of responsibility and anxiety around keeping grandchildren safe at all costs. Additional resources such as child proofing of houses, community information sessions (on topics such as resuscitation) which would assist grandparents in their daily care routines. Some grandparents felt the need to appear as competent, reliable and possibly indispensable carers of grandchildren in front of their adult children and partners. Grandparents needed to be relieved of some
of the personal pressures they were putting on themselves as part of their duty of care and as custodians of their grandchildren during care times. While grandparents felt productive from nurturing grandchildren, some grandparents needed to feel more secure in their role, to have greater confidence in themselves as carers and to reduce the reliance on adult children’s views for their acceptance as carers. It was evident increased confidence was closely linked to improving grandparents relationships with adult children. Some grandparents, however, needed added resources and one-on-one support from accessible services and external group activities, to boost their own self perception as carers and to enable them to better manage their lengthy and sometimes monotonous care routines.

**Care Diversity and Carer Clusters**

This study indicates grandparent carers were not a homogeneous group, and each positioned differently their individual care roles relative to their broader life goals and family circumstances. Grandparents came to the care experience with unique histories and understandings and were seeking different levels of active engagement with their grandchildren. This study identifies four different carer clusters that reflected grandparents’ views in relation to contribution within family and their sense of personal autonomy and independence. Avid carers and flexible family carers chose to live lives revolving around their grandchildren, giving weight to Kivnik’s (1983; 1985) concept of role centrality, while selective and hesitant carers were seeking to live independent lives and were wanting their sense of self to be defined more broadly, as identified in the Wearing and Wearing Study.

Findings from the literature review indicated that women continue to be positioned as the main family carers and that women in the middle to later life generation are experiencing a convergence of care roles (Ingersoll et al., 2001; Brody, 1985; Miller 1981; Rossi, & Rossi, 1990). It was clear from this study that a significant number of participating grandmothers (selective and hesitant carers in particular) sought independent lives beyond their families and beyond traditional family care roles. While
some avid carers were likely to be happy to take on care commitments relative to other parts of their life (due to their family values and belief in family care), other grandparents such as selective and hesitant carers were likely to view added care roles in the family care context as additional pressures in their lives, competing with personal priorities and their need for independence.

These findings give strength to Roberts, Richards and Bengston’s (1991) proposition that the propensity to care within families cannot be assumed, but were based on a complex set of factors which varied between individual grandparents and families. This study did find however that grandparents' values and beliefs in relation to home based care and their sense of family contribution, obligation and independence (relating to their perception of life stage) were influential in the way grandparents perceived their care experience and how they defined reasonable care commitments.

A consistent link running through the four carer clusters was grandparents seeking to support their adult children financially, by providing care at no cost to adult children. It was clear that most grandparents in this study were also contributing indirectly to broader economic growth in Australia through their care, by enabling their adult children’s/partners’ participation in the workforce. The lack of paid maternity leave provisions in Australia for most working women and perceived lack of formal child care places for children added less than 2 years, also means grandparents were often offsetting a nurturing gap for young children during their first year of life, while their parents worked. Grandparents were seeking greater acknowledgement and recognition from their adult children of the contribution they were making and in some cases greater consideration of their need for personal time and their priorities. Greater recognition of grandparents’ voluntary contribution to the child care sector and Australian workforce, is needed amongst the broader community and government policy makers, industry groups and individual work places. This is important so as to better acknowledge the productive capacity of men and women in mid to later life in fostering their grandchildren as current and future citizens.
New arrangements under the Commonwealth Child Care Benefit in Australia enable grandparent carers to receive some contribution for their care role (where grandparents are registered as carers and adult children are income eligible for financial assistance with child care). This study indicates however that grandparents saw their care as relationship building time with grandchildren and were therefore in most cases unlikely to seek compensation for their time with grandchildren. Rather, grandparents were seeking greater acknowledgement of the impact of their care role on their lives by their adult children. They did, however, need sufficient financial resources to ensure home-based care environments were safe, care arrangements were suitable for grandchildren and the well-being of grandparents was assured (including having the financial capacity to participate in activities during their personal or restorative time).

This study reinforced the importance of grandparents being able to grandparent their grandchildren. Grandparents along the care-identity continuum gave significant weight to the specialness of grandparenting and their desire to have hands-on involvement in the care of their grandchildren. At the same time however, all grandparents enjoyed not having the full-time, long term care responsibility for grandchildren. Grandparents saw involvement with grandchildren without the a depth of responsibility as “the best of both worlds” (Libby, CS1, P63).

Grandparents saw the handing back of grandchildren to their adult children as a much welcomed part of grandparenting and the care day, as identified previously by Thomas (1986). They saw this handover as symbolising the difference in roles between themselves as grandparents and their adult children’s role as parents.

The lack of full-time, long term responsibility gave grandparents significant satisfaction, reinforcing earlier work in the United States by Bowers and Myers (1999). Grandmothers in the Bowers and Myers study and grandparents in this Australian study chose not to parent their grandchildren, even though some grandparents were providing extensive hours of care and were carrying out parenting functions. These grandparents saw themselves as not relinquishing their roles as grandparents, but strengthening their
grandparent–grandchild bonds. Through their care they were stretching and diversifying nurturing roles within their families. This stretching and diversifying of roles was redefining boundaries and confirmed Hirshorn’s (1998, p.200) assertion that contemporary grandparents were redrawing “boundaries of family”. This Australian study however went further and found that while nurturing boundaries were being stretched, grandparents did not see or desire this to represent a broadening of parenting responsibilities. Rather, they wanted to maintain their loving soul mate or friend status within their family, by being relevant but not primary carers of grandchildren. In some cases however, nurturing roles were being extended well beyond their own expectations.

**Making Personal Choices and Achieving Balanced Lives**

The study clearly identifies that grandparents saw care of grandchildren as a personally powerful experience, although they needed to be able to express their choices in balancing care responsibilities with their broader life goals. The fundamental ability of grandparents to choose the type and level of care commitment they took on, in line with their life expectations and priorities, appeared to underpin their satisfaction with care roles. Where grandparents were able to choose the type and level of care they provided, they viewed care of grandchildren as a complementary role which was enriching their lives. However, where grandparents felt they had little control over their care involvement, care of grandchildren was positioned as competing with other life plans and therefore diminishing their lives and satisfaction. The ability to choose and balance care and life plans was central to whether grandparents saw their care roles as a partnership with their adult children, or an imposition by them.

The study found that regular care roles positioned grandparents as secondary carers of grandchildren within their families. It found that care arrangements effectively split parenting rights and care responsibilities between adult children and grandparents. The positioned adult children as having the main say over care approaches provided by grandparents for grandchildren. The study confirmed previous findings that adult children played a dominant roles as gatekeepers in the grandchild-grandparent
relationship (Rosenthal & Gladstone, 2000). It goes further, however, identifying how some regular care arrangements embedded adult children’s dominance not only in directing care responses to meet grandchildren’s needs, but also impacting on grandparents’ life choices and autonomy.

It was evident that keeping care arrangements within the family meant relationships and decision making between adult children (as parents of grandchildren) and grandparents (as carers of grandchildren) was more emotionally charged than in a formal child care context. Grandparents often acted as silent partners in care arrangements. In some circumstances the silences were in response to not wanting to interfere in their children’s parenting decisions. However, the silence often extended to decisions relating to care arrangements. As a result some grandparents perceived they had no say in care decisions, leaving them feeling dissatisfied with their required commitments to grandchildren’s care.

The study supports the findings of Wearing and Wearing (1996) that highlighted the importance of open communication between grandparents and their adult children in establishing effective care arrangements. It delved further, however, identifying the importance of grandparents being care negotiators - assertive and vocal participants in the development of care partnerships. Grandparents wanted their own personal needs to be valued, along with adult children’s job security, personal goals and grandchildren’s well-being. Care partnerships with adult children therefore needed to be built on mutual respect and greater understanding of grandparents’ roles, and the skills and strengths they brought to their care context.

The study confirms Bengston’s (2001) assertion that commonality of values and views between family members facilitated family solidarity, while differences created or promoted conflict. There was also evidence to suggest that poor relationships were exacerbated through care arrangements and good relationships were improved (Gattai & Musatti, 1999). However, almost all grandparents in this study, felt undervalued or taken for granted by their adult children at different times. This seemed to relate to a
mismatch between grandparents expectations of their roles in later life and their adult children’s expectations of them. Adult children appeared to be able to clearly articulate their own needs and their children’s needs, but were less aware or attuned to their parents’ personal priorities. Similarly, most grandparents were not accustomed to asking their adult children for some consideration.

It was clear some grandparents struggled in establishing and maintaining care arrangements that struck the right personal balance between their sense of obligation or contribution to family and their need for independence. Some grandparents chose not to change care arrangements that were difficult for them, due to their sense of disempowerment, fear of family conflict and possible loss of regular access to their grandchildren, or as in one case, to protect the well-being of the grandchild. From the findings of this study it appears grandparents needed additional support and resources to empower them as more proactive partners in determining their own role in grandchild care experiences, but in their own time and on their own individual terms.

**Limitations of This Study**

This study achieved significant depth of understanding relating to grandparents’ regular care experience, as lived and told by participants. As a small study it intensively explored meaning within individual grandparent stories and to synthesise meaning within and across stories by burrowing within the regular care experience. The study has provided clear messages about grandparent perspectives of care, meaningful results relating to grandparents’ care roles and identity and some important preliminary findings relating to care impacts and needs. A more extensive investigation of grandparents’ experience is needed, however, to ascertain the relevance and applicability of these findings for the broader population of grandparents providing regular care of grandchildren. Further research could also assist in determining the extent to which the grandparent clusters and the care continuum were applicable for the broader population of grandparent carers, or were unique to grandparents participating in this study, at a specific point of time in their lives.
While Aboriginal and Torres Strait Islander grandparents were not excluded from this study, the recruitment process did not attract Aboriginal and Torres Strait Islander grandparents to participate. More specific work is needed on the role of these grandparents in the provision of care for grandchildren, involving where possible an Aboriginal researcher. Work with specific ethnic communities would also be worthwhile, to better understand the importance of tradition and cultural norms on grandparents’ obligation to care.

As with all research, findings from this study are presented as secondary accounts of others’ experiences (Neuman, 2000). Considerable care was taken as part of this study to maximise the trustworthiness of research results and to provide the thick description needed to fully understand the meaning within grandparents’ words and stories (Geertz, 1973; Glesne, 1999). Ultimately, however, these findings represent my interpretations of grandparents’ experiences, as told by grandparents, but retold by me as a collective care experience within a collective narrative form.

Narrative inquiry as applied in this research context provided the depth of data needed to understand the nature of individual grandparents’ care experiences. It enabled active participation by grandparents in the development of research data and construction and verification of stories about their personal experiences. While this process achieved a depth of data around individual experiences, further research is needed which engages grandparents in group discussions to develop more active strategies to address issues raised in this research. There is also further scope to use a more collective joint storying process involving a group of grandparents in the development and analysis of collective narrative accounts. This process could be used to explore further specific forms of support grandparents may need in their care role and to discuss potential links between grandparent carers and formal child care providers.
Areas for Further Research

This research involved grandparents who were retired, employed (part-time and full-time) and who were also caring for grandchildren. More specific work is required on the specific needs of this working grandparent carer group. Given the increasing proportion of older women now participating in the workforce and evidence suggesting a significant proportion of grandmothers were already combining work and care roles (Baydar and Brooks-Gunn, 1999; Millward, 1996; 1998), new research on the nature of this dual work and care experience is needed. In particular, further research is required to understand the circumstances leading to grandmothers taking on dual work and care responsibilities and the impact of these dual roles on their lives.

This study indicates that grandparents who were sole grandparents available to care for their families felt a greater weight of obligation to assist adult children than other grandparents. Further consideration needs to be given to the needs of this sub-group, as they appeared to be taking on multiple and complex roles in their families. The study also identified how a grandparent with multiple care commitments (care of dependent children, her elderly mother and granddaughters) faced additional pressures. While it was clear from this individual case study that multiple and competing care roles created significant pressure for this grandmother, further investigation is needed to more completely explore the extent to which the current generation of grandmothers are taking on these multiple care roles and the impact of this role sandwiching or convergence for these individuals.

Recent child development research has focused on the importance of parent-child bonds in fostering physical and emotional development in children during their first three years (Shonkoff & Phillips, 2000; Barnard, 2002). However, little consideration has been given to the roles of grandparents in children’s development. As this study considered the care experience from the perspective of grandparents, it was unable to fully consider the extent to which grandparents’ nurturing was supplementing parent-child bonds or replacing these. While the diversity of grandparents’ views, roles
and care contexts varied, a number of avid carers in particular were providing extended hours of care. They felt their motherly roles was critical in meeting the needs of their young grandchildren, with this care filling a nurturing gap in their grandchildren’s emotional development. The extent to which grandparents were creating attachment security for grandchildren, or in supplementing parent-child bonds, was not explored in this study. Further investigation involving adult children and grandchildren, as well as grandparents is needed to explore this issue.

Similarly, further research is needed on grandparents providing regular care for grandchildren, to compensate for their adult children inability to care for their children (for example due to a mental illness or disability). This research would need to take a holistic approach focused on the needs of the family and would be particularly useful in understanding the potential connections between grandparents’ part-time care role and the full-time custodial care roles, which could eventuate in some cases.

The study focused on the views of grandparents at a point in time in their lives. The potential for life expectations and the centrality of care roles to shift over time is an important consideration (Kivnik, 1983; 1985; Rosenthal & Gladstone, 2000). What is unclear from this study and previous work, however, is the extent to which grandparents’ lives changed when young grandchildren started school and did not need the same level of full day care from grandparents. Further work is needed which looks at the transition grandparents make when grandchildren commenced school and the extent to which grandparents’ care roles ended completely, were modified to take on new functions such as before or after school care, or continued as new grandchildren were born and need to be cared for. The way in which grandparents managed such transitions and if they were involved in decisions about care arrangements needs further investigation.
A Final Word as Researcher

As researcher I developed a close connection with participating grandparents as part of the joint storying process, sitting in their homes and being part of their reliving of experiences and the telling of their stories. Collectively and individually the stories of Libby, Mary, Gwen, Jenny, Anne Marie, Anna, Lyn and Paul, Laurel, Deidre, Rani, Stan and Julie, Stefan, Hugh, Camilla and Christine, provided a pathway for understanding the complexity existing within their individual and collective care experiences. Their words provided important insights for grandparents just starting out on their own care experience and wisdom from lessons learnt. As researcher I felt privileged to be part of this work and am sincerely thankful to participating grandparents for being so forthcoming about their care realities. Thanks again for sharing your stories with me.
Appendix A

Establishing Trustworthiness and Achieving Core Research Principles

Conle’s work (2000a) highlighted the very personal nature of storying and, implicit in this, a process of personalised interpretation. Neuman (2000, p.74) defined these interpretations as “a secondary account” of another person’s participant’s meaning system and experience. While there is the potential for researcher bias in all investigations, it is critical that researchers work to ensure their interpretations are truly embedded within the stories of participants, as reported to them and that the “thick description” needed to fully understand the research phenomena is produced (Geertz, 1973; Neuman, 2000; Patton, 1990). Neuman (2000) described thick description as the numerous layers of “meanings, values, interpretive schemes, and rules of living used by people in their daily lives” (Neuman, 2000, p.73).

Creating thick description and ensuring the meaning within interpretations was embedded in participants’ stories – defined in this context as achieving verisimilitude - was critical to ensuring trustworthiness of the research and to deliver credible and dependable research results (Denzin, 1997). Verisimilitude represented one of four core principles guiding this research, to achieve research trustworthiness. These principles were:

1. Discovering the true essence or essential meaning of lived experience (Van Manen, 1990), that is, achieving the central focus of this research;
2. Achieving verisimilitude – ensuring meaning drawn from interpretive texts and development of the narrative plot was solidly based in participants’ stories.
3. Transparency of the research process – creating a process trail of evidence to enable the audience and other researchers to have confidence in this research.
4. Creating resonance of story and giving grandparents’ voice (Conle, 2000a). This was critical to ensuring the collective narrative
communicated meaning and understanding to a broader audience (Van Maanen, 1988).

While these research principles of discovery of essential meaning, verisimilitude, transparency of process and resonance/communication of understanding were fundamental to ensuring trustworthiness of findings, they were also creating meaning making through the research. Table A1 summarised the processes used to achieve these four principles in this research context. The processes drew on aspects of the narrative inquiry methodology and a range of verification procedures used in qualitative research methodologies including prolonged engagement, participant validation and triangulation (Creswell, 1998; Lincoln & Guba, 1985; Glesne, 1999). The processes used in this study aimed to develop resonance of story, as outlined by Conle (2000a), to create connections between participants, researcher and audience.
Table A1

*Achieving Research Principles – Key Processes*

<table>
<thead>
<tr>
<th>Aspects of research</th>
<th>Discovering the essence</th>
<th>Verisimilitude</th>
<th>Transparency of process</th>
<th>Creating resonance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Positioning of research within a broader body of research</td>
<td>Overarching research questions were guided by previous research and built on current understanding</td>
<td>Participants’ contributions lead to new knowledge</td>
<td>Research directions were grounded in peer reviewed understanding</td>
<td>Research built on existing resonance in the research field</td>
</tr>
<tr>
<td>Active involvement of grandparents in the development of interpretive texts</td>
<td>Storying and restorying enabled grandparents to develop their views further</td>
<td>Grandparents as joint drivers of interpretative texts</td>
<td>Greater input of participants – less opportunity for researcher bias</td>
<td>Grandparents’ voice fostered through storying process</td>
</tr>
<tr>
<td>Prolonged engagement in the field – multiple contacts prior to interviews - built trust and understanding with grandparents</td>
<td>Three staged involvement with grandparents enabled deeper ‘mining for meaning’</td>
<td>Greater understanding of grandparents’ experiences by researcher</td>
<td>Need to ensure researcher role is documented</td>
<td></td>
</tr>
<tr>
<td>Triangulation – multiple data sources – transcripts, interpretive texts, journals and field notes</td>
<td>More opportunity to understand complexity/diversity of views</td>
<td>Greater potential to achieve fuller understanding</td>
<td>Contributes to transparency if audit trail is in place</td>
<td></td>
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<tr>
<td>Journaling by researcher and grandparents</td>
<td>Added depth of understanding through reflection</td>
<td>Potential biases were acknowledged and monitored through the research process</td>
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<tr>
<td>Participant verification of interpretations through joint crafting and review of interpretive texts</td>
<td>Ensured alignment of interpretation with grandparent’s perspectives</td>
<td>Central component of research, ensured transparency and dependability of research results</td>
<td></td>
<td></td>
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<tr>
<td>Development of an audit trail</td>
<td>Greater confidence that meaning is embedded in grandparent stories</td>
<td>Evidence provided to ensure faithfulness to experience</td>
<td>Central to enabling scrutiny and supporting dependability and credibility of results</td>
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</tbody>
</table>
As outlined in Table A1, an audit trail of evidence was developed to clearly demonstrate that the findings and stories from this study were embedded in the collected data. This trail included the schedules of interview questions, transcripts from of interviews, data from the mapping exercise for recruitment, a description and material from the sorting, reduction and elaboration process (analysis). This audit trail made provision for the audience to clearly identify and have confidence in the research findings and formed part of the thick description needed to make transferability judgments (Creswell, 1994; Krueger, 2000).

The joint storying process within narrative inquiry extended the role of researcher beyond more traditional qualitative concepts of ‘researcher as research instrument’ (Glesne, 1999). This active role enables researchers to more fully experience the inquiry process and story making, positioning the voice of researcher – the ‘I’ of my research - within the narrative. It also however requires a higher level of transparency concerning specific roles and exploration of the values and understandings researchers bring to their research as individuals, which may influence research outcomes. An exploration of my role as researcher and the views and understandings I brought to this research is also reflected in Appendix B, Table B1.

In addition to the specific activities outlined in Table A1, a number of principles identified by Wolcott (1994, p.348) were used to guide my research. These included: letting participants take the lead in the interview discussions, where possible talking little and listening a lot and ensuring accurate recording of discussions. Writing
interpretive texts in the form of stories derived from grandparents’ transcripts commenced at an early stage in the research process to overcome any loss of meaning or selective recording.

Collectively these processes and principles helped to solidly embed this research in the stories of participants, and to provide the attention to detail needed to produce quality and rigor in this research (Higgs & Adams, 1997). While it was recognised there is no sole interpretive truth, this research sought to capture faithfully and truthfully the reality of grandparents’ experiences, to enable others to engage in understanding and interpreting the layers of meaning existing within grandparents’ collective stories (Denzin & Lincoln, 2000).
Appendix B

My Story - What I Bring to this Research as Researcher

Live, white, female, mother, daughter, partner, granddaughter, friend, student, worker, after school care committee member, Australian, traveller supporter in my extended family...... but not a grandmother.

As researcher, I am conscious that I brought to this work my own set of coloured and multiple lenses, relating to my preconceptions, history and assumed knowledge. My choice of research topic, approach and methodology firmly positions me as a core player in this research process. I am not a grandmother however, and may therefore perceive the world quite differently leading me to hear experiences differently and interpret grandparents’ experiences in my own way. My values and understandings are also influenced by my broader interaction with the social world. As I play a significant role as researcher in this study, it is important to alert the audience to a number of my personal lenses (Glesne, 1999). By keeping issues relating to verisimilitude and transparency of research at the forefront of my thinking and reflecting on my ‘personal lenses’ (using personal journaling), I felt better equipped to deal with influences on my researcher role, including issues which could bias the research outcomes. Outlined below in Table B1 are some examples of the issues I identified as potentially influential on research outcomes and the approach I took to maximise the trustworthiness of my work:
### Table B1

**An Example of My Exploration of Potential Biases**

<table>
<thead>
<tr>
<th>Issue</th>
<th>How will this impact on my research outcomes?</th>
<th>Approach/outcome</th>
</tr>
</thead>
</table>
| I am a mother not a grandmother, maybe the same age as participants’ daughters or daughters-in-law | • Will I be able to gain rapport and trust?  
• Will grandparents perceive me as being like their daughters /daughters-in-law and therefore modify what they say to me?  
• Will I hear/interpret issues in relation to my own children (who are grandchildren)?  
• Will I interpret their stories differently because I am not a grandmother? | • I acknowledged to participants up front that I wasn’t a grandparent and used this difference as an opportunity to explore their views. A lead question during interviews was therefore: ‘tell me everything I couldn’t possibly know because I am not a grandparent caring for grandchildren’  
• I reflected on this and made it very clear to participants that my role was to hear from them as individuals and I was only interested in their perspectives, not other family members’ perspectives. I used interview techniques such as active and careful listening, being open and receptive which aimed to gain rapport and connection (Neuman, 2000).  
• Being a mother seemed to also help, participants actively create connections e.g. “you’re a mother, you know what I mean/you know what it is like” (Libby)  
• Clearly no two interpretations will be exactly the same, but the joint storying process created greater trustworthiness in interpretations, with grandparents having input into interpretive texts. They reflected on my distilling of ‘essence’ or meaning and the data groupings from their stories. Participants created their own text, for discussion and further storying. Based on discussion with my supervisors in the early analysis stage, I repeatedly went back to the text to analyse data with ‘new lenses’ |
My mother didn’t regularly care for my children when they were of below school age

- Am I jealous of these arrangements and cranky that I didn’t have this family support?
- Do I think these grandparents are being taken for granted by their families?
- Writing extensively I managed to offload some emotional baggage around having to juggle my own work and child care, but also acknowledged this was not the focus of the study. I wanted to be wearing grandparents’ shoes as much as possible
- I had a heightened awareness of this in interviewing and always made sure grandparents led these discussions

As researcher I need to embed my interpretations in the storied text

- Am I filtering and interpreting grandparents’ stories based on my own perspectives, feeling and histories (as a daughter and daughter-in-law?)
- A part of the researcher will be reflected in the larger narrative - this is inevitable in an interpretive, human world. However I have grounded my initial interpretations in the words of participants and worked with them in the early interpretive stage. I used the words of participants as headings for initial data groupings (meaning units) and reviewed the content of terms to qualify my interpretations. I drew further meaning from my data groupings, which were validated by participants. This interpretation and further workings informed the overall collective narrative.

These examples provide insights into the state of continuity of consciousness needed as researcher to ensure this research remains embedded in the social and personal reality of participants. As an interpreter of another’s reality (based on storied texts/data) I was conscious I was drawing on my own experiences, knowledge and theoretical dispositions to make sense of the participants’ worlds (Glesne, 1999). The joint storying process with grandparents however maximised the direct involvement of these participants in developing the storied texts about their experience.
Appendix C

Identifying Target Areas for Accessing Grandparents

Three broad geographic regions were identified as areas for accessing grandparents to be involved in this study. These were inner Sydney, western Sydney and western NSW. The selection of these areas aimed to provide a mix of metropolitan (urban) and non-metropolitan (rural) contexts for care and to involve grandparents from different geographic areas.

Within the metropolitan area, grandparents from the inner Sydney and western Sydney regions were targeted, recognising the mix of socio-economic characteristics and geographic issues e.g. access to services, existing between and within these areas.

Population Characteristics and Unmet Demand

The project group (including representatives from UWS, Office of Child Care DoCS, and the researcher) identified a set of population characteristics for consideration as part of the LGA scoping exercise. These were:

1. Population aged 0 to 4 years – to identify areas with significant numbers of under school age children. This was based on ABS population estimates, June 2000.
2. Population aged 55 years to 74 years – while it was recognised grandparents could be younger or older than this age group, this population was identified in the initial project stages a representing the most likely concentration of this grandparent group (ABS: Population Estimates June 2000).
3. People born in non-English speaking countries (NESC) over 65 years\(^1\) - due to data constraints this was not available for people aged 55 years and over. The group aged 65 years and over was used as an indicator of the concentration of older people from a NESC and therefore potential older grandparents from NESC (ABS: 1996 Census of Population and Housing).

\(^1\) While this excludes younger grandparents, data was not available for younger age groups. Given this was seen to be a broad scoping exercise, this data was considered to provide a broad indication of concentrations of older people of non-English speaking backgrounds.
4. Couples with children where both parents were working and one parent families where the parent was working. These groups represented the populations most likely to need work-related child care. (ABS Population of Census and Housing).

5. Available children’s services planning data – provided by the Commonwealth Department of Family and Community Services. This was based on recommendations by the NSW Child Care Planning Committee (June 2001), identifying areas likely to require additional child care for under school age children. It was used as a broad indicator of areas with gaps in child care and therefore where grandparents may need to assist due to a lack of formal care options.

**Matrices of Population and Need – Metropolitan and Rural/Regional**

The following matrices provided an overview of LGAs with the highest concentrations (in numeric terms) of the selected characteristics and planning data. Tables C1 outlines data for the priority 20 Local Government Areas (LGAs) from all metropolitan LGAs\(^2\), with rural and regional LGAs included in Table C2. Total numbers rather than population ratios (proportions of the total population) have been used, as the aim of this scoping was to choose areas with a large pool of potential grandparents and children under school age. While the matrix in part reflected the relative size of LGA populations (with larger areas dominating), use of proportional figures could prove misleading e.g. Baraba LGA had a large percentage of people aged 65 years and over, yet this only represented a total of 129 persons.

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\(^2\) Includes all LGAs, to provide a more comprehensive analysis of areas, given the original regions identified were broadly defined. This is also the case with rural and regional LGAs, with areas beyond western NSW also included.
Table C1

**Data Matrix – Highest Ranking 20 LGAs in Metropolitan Sydney (Total Numbers) By Selected Indicators**

<table>
<thead>
<tr>
<th>Population 0-4yrs (total)</th>
<th>Population 55-74 years</th>
<th>Population 65-74 years</th>
<th>Aged 65yrs and over from a NES Country</th>
<th>Couple employed with children</th>
<th>Lone parent with children – with parent employed</th>
<th>Additional child care needs³</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blacktown 22,863</td>
<td>Wollongong 30,514</td>
<td>Wollongong 14,943</td>
<td>Fairfield 9,158</td>
<td>Sutherland 17,711</td>
<td>Blacktown 4,029</td>
<td>Bankstown</td>
</tr>
<tr>
<td>Penrith 14,225</td>
<td>Sutherland 29,803</td>
<td>Sutherland 14,257</td>
<td>Canterbury 6,305</td>
<td>Blacktown 16,655</td>
<td>Sutherland 3,521</td>
<td>Canterbury</td>
</tr>
<tr>
<td>Liverpool 13,930</td>
<td>Gosford 25,719</td>
<td>Gosford 13,981</td>
<td>Bankstown 6,150</td>
<td>Penrith 13,356</td>
<td>Penrith 2,962</td>
<td>Liverpool</td>
</tr>
<tr>
<td>Fairfield 13,749</td>
<td>Bankstown 28,304</td>
<td>Bankstown 13,798</td>
<td>Blacktown 5,779</td>
<td>Baulkham Hills 12,856</td>
<td>Campbelltown 2,710</td>
<td>Woll'gong</td>
</tr>
<tr>
<td>Sutherland 13,636</td>
<td>Blacktown 26,273</td>
<td>Blacktown 11,964</td>
<td>Wollongong 5,317</td>
<td>Hornsby 12,501</td>
<td>Wollongong 2,650</td>
<td>Wyong</td>
</tr>
<tr>
<td>Campbelltown 12,407</td>
<td>Fairfield 24,220</td>
<td>Fairfiled 11,106</td>
<td>Randwick 4,343</td>
<td>Wollongong 10,913</td>
<td>Gosford 2,571</td>
<td></td>
</tr>
<tr>
<td>Bankstown 12,381</td>
<td>Wyong 22,706</td>
<td>Canterbury 9,899</td>
<td>Parramatta 3,748</td>
<td>Campbelltown 10,791</td>
<td>Parramatta 2,296</td>
<td></td>
</tr>
<tr>
<td>Wollongong 12,123</td>
<td>Canterbury 21,470</td>
<td>Warringah 9,870</td>
<td>Liverpool 3,494</td>
<td>Warringah 10,246</td>
<td>Randwick 2,215</td>
<td></td>
</tr>
<tr>
<td>Canterbury 10,891</td>
<td>Warringah 21,127</td>
<td>Parramatta 9,602</td>
<td>Rockdale 3,439</td>
<td>Fairfield 10,233</td>
<td>Hornsby 2,220</td>
<td></td>
</tr>
<tr>
<td>Gosford 10,526</td>
<td>Parramatta 21,097</td>
<td>Hornsby 9,105</td>
<td>Marrickville 3,242</td>
<td>Bankstown 9,755</td>
<td>Bankstown 2,181</td>
<td></td>
</tr>
<tr>
<td>Parramatta 10,407</td>
<td>Hornsby 9,542</td>
<td>Ku-ring-gai 8,326</td>
<td>Waverley 3,215</td>
<td>Gosford 9,754</td>
<td>Warringah 2,142</td>
<td></td>
</tr>
<tr>
<td>Wyong 9,327</td>
<td>Ku-ring-gai 18,069</td>
<td>Randwick 8,299</td>
<td>Ryde 2,905</td>
<td>Ku-ring-gai 8,772</td>
<td>Fairfield 2,085</td>
<td></td>
</tr>
<tr>
<td>Hornsby 9,104</td>
<td>Randwick 18,274</td>
<td>Ryde 7,331</td>
<td>Holroyd 2,714</td>
<td>Parramatta 8,061</td>
<td>Wyong 1,881</td>
<td></td>
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<tr>
<td>Warringah 8,640</td>
<td>Penrith 15,832</td>
<td>Rockdale 7,203</td>
<td>South Sydney 2,643</td>
<td>Liverpool 7,973</td>
<td>Liverpool 1,853</td>
<td></td>
</tr>
<tr>
<td>Baulkham Hills 7,946</td>
<td>Baulkham Hills 15,812</td>
<td>Penrith 6,921</td>
<td>Warringah 2,390</td>
<td>Canterbury 6,899</td>
<td>Baulkham Hills 1,745</td>
<td></td>
</tr>
<tr>
<td>Randwick 6,596</td>
<td>Ryde 15,209</td>
<td>Liverpool 6,615</td>
<td>Hornsby 2,389</td>
<td>Wyong 6,576</td>
<td>Canterbury 1,742</td>
<td></td>
</tr>
<tr>
<td>Holroyd 6,340</td>
<td>Rockdale 15,103</td>
<td>Baulkham Hills 6,548</td>
<td>Ashfield 2,332</td>
<td>Randwick 6,511</td>
<td>Ryde 1,534</td>
<td></td>
</tr>
<tr>
<td>Ryde 5,930</td>
<td>Liverpool 14,683</td>
<td>Holroyd 5,640</td>
<td>Woollahra 2,237</td>
<td>Blue Mtns 5,540</td>
<td>Holroyd 1,402</td>
<td></td>
</tr>
<tr>
<td>Hawkesbury 5,119</td>
<td>Holroyd 12,638</td>
<td>Hurstville 5,542</td>
<td>Sutherland 2,236</td>
<td>Holroyd 5,068</td>
<td>Blue Mtns 1,394</td>
<td></td>
</tr>
<tr>
<td>Ku-ring-gai 5,084</td>
<td>Campbell’t’n 12,374</td>
<td>Campbell’t’n 5,242</td>
<td>Auburn 2,006</td>
<td>Hawkesbury 4,759</td>
<td>Ku-ring-gai 1,353</td>
<td></td>
</tr>
</tbody>
</table>

The Local Government Areas with the greatest number of people across five to six of the data groups were: Blacktown, Bankstown, Fairfield, Wollongong, Canterbury, Sutherland, Gosford, Penrith, Hornsby, Ku-ring-gai, Liverpool, Randwick, Parramatta, Wyong, Warringah, Campbelltown. A range of existing research initiatives were being undertaken in Blacktown, Sutherland and Wollongong, ruling out these areas for further targeting as part of this investigation. The inner area of Randwick,

³ These LGAs are not ranked in priority order. Data relates to the need for family day care only, for children below school age. Metropolitan areas were not identified as needing further centre-based services, although the planning material does recognise there may be pockets of unmet demand within LGAs.
central area of Bankstown and outer areas of Fairfield Liverpool were chosen as key areas for targeting across metropolitan Sydney. Bankstown and Liverpool were also identified as having unmet child care needs.

**Table C2**

*Data Matrix – Highest Ranking 10 LGAs In Rural And Regional NSW (Total Numbers) By Selected Indicators*

<table>
<thead>
<tr>
<th>Population 0-4yrs (total)</th>
<th>Population 55-74 years</th>
<th>Population 65-74 years</th>
<th>Couple employed with children</th>
<th>Lone parent employed with children</th>
<th>Areas requiring additional child care</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lake Macquarie 11,886</td>
<td>Lake Macquarie 29,485</td>
<td>Lake Macquarie 15,255</td>
<td>Lake Macquarie 11,763</td>
<td>Lake Macquarie 2,660</td>
<td>Ballina, Balranald, Bathurst, Berrigan,</td>
</tr>
<tr>
<td>Newcastle 8,196</td>
<td>Newcastle 23,611</td>
<td>Newcastle 11,302</td>
<td>Newcastle 7,250</td>
<td>Newcastle 2,276</td>
<td>Bland, Blayney, Byron, Cabonne,</td>
</tr>
<tr>
<td>Shoalhaven 5,158</td>
<td>Shoalhaven 16,945</td>
<td>Shoalhaven 9,386</td>
<td>Shoalhaven 4,025</td>
<td>Shoalhaven 1,058</td>
<td>Coffs Harbour, Coonamble, Deniliquin, Dubbo,</td>
</tr>
<tr>
<td>Shellharbour 4,560</td>
<td>Tweed 16,365</td>
<td>Tweed 7,981</td>
<td>Wagga Wagga 3,796</td>
<td>Wagga Wagga 1,006</td>
<td>Gilgandra, Glen Innes, Grafton, Greater Lithgow, Greater Taree, Hastings, Inverell, Kyogle, Lismore, Maclean, Maitland, Mudgee, Murray, Nambucca,</td>
</tr>
<tr>
<td>Tweed 4,493</td>
<td>Hastings 14,207</td>
<td>Hastings 7,262</td>
<td>Maitland 3,562</td>
<td>Coffs Harbour 924</td>
<td>Port Stephens, Queanbeyan, Richmond Valley, Temora, Tenterfield, Tweed,</td>
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<tr>
<td>Maitland 4,140</td>
<td>Great Lakes 8,261</td>
<td>Great Lakes 4,471</td>
<td>Shellharbour 3,387</td>
<td>Wagga Wagga 907</td>
<td>Port Stephens, Queanbeyan, Richmond Valley, Temora, Tenterfield, Tweed,</td>
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<td>Wagga Wagga 4,033</td>
<td>Greater Taree 8,600</td>
<td>Greater Taree 4,360</td>
<td>Tweed 3,153</td>
<td>Lismore 882</td>
<td>Port Stephens, Queanbeyan, Richmond Valley, Temora, Tenterfield, Tweed,</td>
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<td>Port Stephens 3,952</td>
<td>Eurobodalla 7,881</td>
<td>Eurobodalla 4,169</td>
<td>Coffs Harbour 3,137</td>
<td>Hastings 813</td>
<td>Port Stephens, Queanbeyan, Richmond Valley, Temora, Tenterfield, Tweed,</td>
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<tr>
<td>Coffs Harbour 3,726</td>
<td>Shellharbour 7,341</td>
<td>Shellharbour 3,755</td>
<td>Port Stephens 3,086</td>
<td>Maitland 811</td>
<td>Port Stephens, Queanbeyan, Richmond Valley, Temora, Tenterfield, Tweed,</td>
</tr>
<tr>
<td>Hastings 3,663</td>
<td>Ballina 7,308</td>
<td>Ballina 3,627</td>
<td>Maitland 3,017</td>
<td>Shellharbour 751</td>
<td>Port Stephens, Queanbeyan, Richmond Valley, Temora, Tenterfield, Tweed,</td>
</tr>
<tr>
<td>Cessnock 3,279</td>
<td>Wagga Wagga 7,031</td>
<td>Wagga carribee 3,449</td>
<td>Albury 2,708</td>
<td>Port Stephens 684</td>
<td>Port Stephens, Queanbeyan, Richmond Valley, Temora, Tenterfield, Tweed,</td>
</tr>
<tr>
<td>Dubbo 3,053</td>
<td>Maitland 6,673</td>
<td>Wagga 3,399</td>
<td>Lismore 2,652</td>
<td>Orange 616</td>
<td>Port Stephens, Queanbeyan, Richmond Valley, Temora, Tenterfield, Tweed,</td>
</tr>
<tr>
<td>Albury 2942</td>
<td>Wagga carribee 6,410</td>
<td>Maitland 3,236</td>
<td>Dubbo 2,508</td>
<td>Winge carribee 613</td>
<td>Port Stephens, Queanbeyan, Richmond Valley, Temora, Tenterfield, Tweed,</td>
</tr>
<tr>
<td>Winge carribee 2,823</td>
<td>Bega Valley 6,325</td>
<td>Bega Valley 2,824</td>
<td>Winge carribee 2,495</td>
<td>Tamworth 612</td>
<td>Winge carribee 2,823, Dubbo 594, Wagg Wagga, Wakool, Wellington,</td>
</tr>
<tr>
<td>Lismore 2,708</td>
<td>Lismore 5,969</td>
<td>Lismore 2,825</td>
<td>Cessnock 2422</td>
<td>Tamworth 612</td>
<td>Winge carribee 2,823, Dubbo 594, Wagg Wagga, Wakool, Wellington,</td>
</tr>
<tr>
<td>Orange 2,712</td>
<td>Albury 5,830</td>
<td>Albury 2,798</td>
<td>Orange 2,420</td>
<td>Greater Taree 521</td>
<td>Greater Taree 2,695, Tamworth 5,550, Goulburn 394, Tamworth 2,581, Tamworth 2,272, Bathurst 514</td>
</tr>
<tr>
<td>Greater Taree 2,695</td>
<td>Tamworth 5,550</td>
<td>Tamworth 2,581</td>
<td>Tamworth 2,272</td>
<td>Bathurst 514</td>
<td>Greater Taree 2,695, Tamworth 5,550, Goulburn 394, Tamworth 2,581, Tamworth 2,272, Bathurst 514</td>
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<tr>
<td>Queanbeyan 2,415</td>
<td>Dubbo 5,368</td>
<td>Orange 2,398</td>
<td>Greater Taree 2,259</td>
<td>Goulburn 394</td>
<td>Dubbo 5,368, Orange 2,398, Greater Taree 2,259, Goulburn 394, Tamworth 2,581, Tamworth 2,272, Bathurst 514</td>
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<tr>
<td>Tamworth 2,374</td>
<td>Kempsey 5,353</td>
<td>Kempsey 2,384</td>
<td>Queanbeyan 1,962</td>
<td>Kempsey 394</td>
<td>Dubbo 5,368, Orange 2,398, Greater Taree 2,259, Goulburn 394, Tamworth 2,581, Tamworth 2,272, Bathurst 514</td>
</tr>
<tr>
<td>Ballina 2072</td>
<td>Orange 5,033</td>
<td>Dubbo 2,321</td>
<td>Bathurst 1,941</td>
<td>Eurobodalla 373</td>
<td>Orange 5,033, Dubbo 2,321, Bathurst 1,941, Eurobodalla 373, Tamworth 2,581, Tamworth 2,272, Bathurst 514</td>
</tr>
</tbody>
</table>
An area in western NSW was sought for selection to ensure rural issues were considered more fully in the research. A regional centre with satellite townships was considered the most appropriate area to target, given a range of family and work patterns which could be occurring. Wagga Wagga was the most highly ranked Western NSW LGA in Table C2. This area also had unmet demand for child care and was not the subject of previous research initiatives through DoCS. This area was chosen for targeting grandparent participants.

While Dubbo represented a priority area for targeting, a number of research initiatives targeting families were being undertaken in this area at the time of this study.
Appendix D

UNIVERSITY OF WESTERN SYDNEY
School of Education and Early Childhood Studies
Locked Bag 1797
PINKERTON'S HILL NSW 1897 AUSTRALIA
Penrith Campus
Telephone: +61 2 4736 3000 Fax: +61 2 4736 3900

Dear service/group co-ordinator

I am writing to seek your assistance in making contact with grandparents who are regular carers of grandchildren of below school age in your area. My name is Judy Lavery and I am the recipient of a Commonwealth Grant to study the experiences and needs of this grandparent group across NSW. This study is sponsored by the University of Western Sydney in partnership with the NSW Department of Community Services and is a follow up to the recent Multicare Arrangements Patchwork study.

At present little is known about grandparents who regularly care for young grandchildren in Australia. There is little real understanding amongst policy makers of the experiences, support needs or the impact these regular care arrangements have on grandparent’s lives. This study will investigate these issues from a grandparent’s perspective, enabling grandparents in your area to have their say and to inform further research in this area. It will also provide an opportunity to contribute to broader policy development and service planning for children, families and older people.

Through the study I specifically want to speak with grandparents who care for a young grandchild or children (aged 0 to five years) for at least five hours of care per week. I am proposing to hold one to one interviews with a selection of grandparents commencing early March 2002. Focus groups will also be held with grandparents to enable them to share their experiences, views and ideas. Note: The study is not focusing on grandparents who have full time custody/parenting responsibility for their grandchildren.

Attached is a brief flyer about the project for your information and where appropriate, to put up in your centre and to give directly to groups or individual grandparents that you know. I will follow this letter with a phone call in the next two weeks to discuss the project further and arrangements for contacting grandparents in your area.

If you want to contact me in the mean time I would be happy to provide more details about the project on: ph: 0247 57 3282 or by email: laverywilson@bigpond.com

I look forward to discussing this further with you.

NOTE: This study has been approved by the University of Western Sydney Human Research Ethics Committee. If you have any complaints or reservations about the ethical conduct of this research, you may contact the Ethics Committee through the Human Ethics Officer (ext. 4270 3190). Any issue you raise will be treated in confidence and investigated fully, and you will be informed of the outcome.
Appendix D

Are you a grandparent who regularly minds your young grandchildren?

Please read on .....  

The University of Western Sydney is wanting to contact you as part of a project to better understand what it is like to be a grandparent who minds young grandchildren (aged five years or under) on a regular basis. We particularly want to talk with grandparents in this area who mind grandchildren for at least five hours each week (but excluding custodial grandparents).

About the project

My name is Judy Laverty and as project coordinator I will be talking with selected grandparents across NSW about their experiences, what it means to be a regular child carer and what would help grandparents in caring for young children.

There is an opportunity for this work to inform government programs and policies. It will also provide grandparents with a way of sharing stories and experiences with the researcher on a one-to-one basis or as part of a group with other grandparents.

If you want to get involved

If you are interested in finding out more and participating in interviews commencing from March 2002 or small group discussions, please let your centre/group coordinator know or contact me directly on phone 47 573282 so I can send you more information.

Thank you for taking the time to read my note.
Dear

Many grandparents are currently involved in providing regular childcare for their grandchildren. I am writing to invite you to be involved in a study investigating the experiences and views of grandparents who regularly care for young grandchildren. If interested you can nominate to be involved in either one to one interviews with the researcher, or a group discussion with a small number of other grandparents. You can also choose to be involved in both interviews and a group discussion.

My name is Judy Laverty and I am the principal researcher undertaking this study through the University of Western Sydney. The purpose of this research is to find out from grandparents what it is like to be a regular carer of young grandchildren and to document some of the issues, expectations and impacts of providing this care from a grandparent's perspective. The results from this project will be made available to services and policy makers to assist in developing new initiatives for older people, children and families.

As part of the study I am wanting to speak with grandparents (both men and women) who care for a young grandchild or grandchildren under school age for at least five hours per week. Note: The study is not however focusing on grandparents who have full time custody/parenting responsibility for their grandchildren.

You can nominate to be involved in one or both of these activities:

- **One to one interviews** - I will talk individually with you about your experiences and views on caring for young grandchildren on a regular basis. Approximately three interviews of about two hours each will be held over a three-month period, at a time and place suitable to you. Your involvement after the first interview is optional and subject to your agreement.

  As part of the project you will also be asked to keep a regular diary providing an opportunity to reflect on your views and feelings outside of the interviews. This would mean writing in this diary at least once a week for twelve weeks. I could assist you where needed in getting started.

- **A small group discussion (focus groups)** - involving about six to ten grandparents in each group who are also regular carers
of their young grandchildren. These sessions will provide an opportunity for you to share and discuss experiences and views as part of a group, guided by some broad questions. These group sessions will be held in your area.

All discussions will be taped, with participants only talking on issues they are comfortable to discuss. Personal information provided as part of this study will remain confidential. No attempt will be made to identify individuals in the study report. Non-participation will not affect any current involvement you have with existing groups or services. Should you agree to participate but change your mind you are free to withdraw without explanation at any time.

A consent form is attached including further details. If you are interested in being involved in the interviews, a focus group or both, please complete and sign the consent form, seal it in the addressed pre-paid envelope and return it to me by mail if convenient. If you have any questions about this research, I can be contacted by phone on: 02 47 57 3262.

Your experiences and views are valuable, so please consider nominating to be involved in this study.

Thank you for taking the time to read this letter.

NOTE: This study has been approved by the University of Western Sydney Human Research Ethics Committee. If you have any complaints or reservations about the ethical conduct of this research, you may contact the Ethics Committee through the Human Ethics Office (tel: 4579 1165). Any issues you raise will be treated in confidence and investigated fully, and you will be informed of the outcome.
GRANDPARENTS AS REGULAR CARERS
CONSENT FORM – NOMINATION TO PARTICIPATE

I want to nominate to be part of (please tick the box)

- One to one interviews with the researcher/keeping a diary  
- A small group discussion with other grandparents  
- Both the interviews and focus group discussion  

My name is (please print) __________________________

Signature (please sign) __________________________

I am (please tick):  □ Male  □ Female

On average, I currently mind my grandchildren for approximately _____ hours per week.

I am able to be contacted during the hours of: _____ and _________

On (phone number): __________________________
Suburb where you live: __________________________

The preferred days of the week for interviews or focus group are (please tick):

- Monday  
- Tuesday  
- Wednesday  
- Thursday  
- Friday  
- Saturday  

Thank you for nominating to participate. I will contact you shortly.

Judy Laverty
Contact phone number: 0247 57 3282 or 0421 052 067

NOTE: This study has been approved by the University of Western Sydney Human Research Ethics Committee. If you have any complaints or reservations about the ethical conduct of this research, you may contact the Ethics Committee through the Human Ethics Officer (tel: 4625 1136). Any issues you raise will be treated in confidence and investigated fully, and you will be informed of the outcome.
Appendix F

Interview Schedule – Prompt Questions

1. Introductory questions around the participant’s life, how long they have been caring for their grandchild/children; how regularly they care for their grandchild/children; how many children they care for together/separately and hours etc.

2. How did the care arrangement come about/ how did you work it out?

3. Tell me about a typical day when you care for your grandchild/children

4. What do you do when you care for your grandchild/children?
5. Let's explore your experience further with ..........(grandchild/grandchildren's name(s)) .......... What is it really like caring for .......... or a regular basis? 

Probe further positive and negative aspects

6. Where do you go if you need help?

7. How is your life different now compared to before you were caring for ..........(grandchild's name)?

8. Do you have any expectations of your children/grandchildren as part of this arrangement (ground rules)?

9. Have you found any differences in expectations with other family members as part of this arrangement?
10. Tell me about the most important things you currently provide grandchildren through this care. I would like to give my grandchildren through this care.

11. Any advice for other grandparents starting out?

12. I don’t know if you know Peter Fitzsimons—he’s a sporty guy who writes biographies. He did one recently on Nancy Wake. I heard him on the radio the other day and he was saying he asked people he is writing a book about to “Tell me everything I couldn’t possibly know.” Now I am not a grandmother, or providing regular care for grandchildren. Tell me what I couldn’t know.

13. Anything else you would like to tell me?
Appendix G

Libby’s Journal Entry (Example)

The most needed support for the “subject” (the grand-parent) is acknowledgement of (not gratitude) of their contribution.

I some chosen awareness of their physical shortcomings (you must be so tired, etc.) a read not personal time or space.

Sunday 2/4/3

There is a lovely thing about the physical contact with soft, warm, beautiful little body.

Monday 2/5/3

Left a day with Isabel (2) who is not well. I lost them there. I back home again the day started at 8 am and finished at 7 pm — I am very tired! but glad I was able to grandmother her when she was sick.

That’s a good word — I don’t believe in these two little girls, I grandmother them.
Appendix G

My Journal Writings As Researcher (Example

21) June 02

It seems to be about wanting to give their g/c the best start. They feel equipped to do this building confidence in doing so. There was no question - mostly that this was the best option for new g/c.

22) Conference day - attended Liverpool Institute - good response, some Neighbourhood centre coordinators interested.

Few calls - New g/parent planning will need to do phone interview.

- g/p who had previously cared for g/c - now do after school care - INTEREST ISSUE at intake.
## Appendix H

### Interview Timetable

<table>
<thead>
<tr>
<th>Participants</th>
<th>Interview &amp; Follow-up</th>
<th>Hours of Care</th>
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<tbody>
<tr>
<td>Rani</td>
<td>2nd interview 10 May</td>
<td>15 hours</td>
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<tr>
<td></td>
<td>Phone 17 April</td>
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<td></td>
<td>Made contact 16 April</td>
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<td></td>
<td>Final copysent 30 April</td>
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<tr>
<td>Anne</td>
<td>Interview 6 April 2002</td>
<td>24 hours</td>
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<td></td>
<td>Follow-up 16 May</td>
<td></td>
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<td></td>
<td>Phone 14 May</td>
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<td></td>
<td>2nd interview library</td>
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<td></td>
<td>11 May</td>
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<tr>
<td>Hugh</td>
<td>Interview 15 April</td>
<td>35 hours</td>
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<td></td>
<td>Copy 20 May</td>
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<tr>
<td></td>
<td>Made interview 6 May</td>
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<td></td>
<td>3rd interview library</td>
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<td></td>
<td>10 May</td>
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<tr>
<td>Gwen</td>
<td>Interview 20 April</td>
<td>50 hours</td>
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<td></td>
<td>Follow-up 9 June</td>
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<td></td>
<td>Phone 13 June</td>
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<tr>
<td></td>
<td>Visit final copy 11 July</td>
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<tr>
<td>Jenny</td>
<td>Interview 12 April</td>
<td>48 hours</td>
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<tr>
<td></td>
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<td></td>
<td>Phone 15 May</td>
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<tr>
<td>Mary</td>
<td>Interview 20 April</td>
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<td></td>
<td>Visit final copy 27 May</td>
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<tr>
<td>Name</td>
<td>Date(s) of Interview</td>
<td>Time of Interview</td>
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<tr>
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<tr>
<td>Stan and Julie</td>
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<tr>
<td></td>
<td>6 May</td>
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<tr>
<td>Stefan</td>
<td>18 June</td>
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<tr>
<td>Christine</td>
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<td>Anne-Marie</td>
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<td>Libby</td>
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<tr>
<td>Lyn and Paul</td>
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<td>Camilla</td>
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<td>28 Apr</td>
<td>Followed up by a nurse</td>
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<td>Dido</td>
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<td></td>
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<td>Follow-up interview</td>
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<tr>
<td></td>
<td>3 Mar</td>
<td>Final due to legal advice.</td>
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Note: Fictitious names have been superimposed to ensure participant confidentiality.
References


Women’s Health in the North (WHIN) and the Victorian Cooperative on Children’s Services for Ethnic Groups (VICSEG) (2000). “It’s a long day on your own”: *Exploring and addressing the health impacts of grandmothering in culturally and linguistically diverse communities*. A collaborative project of Women’s Health in the North (WHIN) and the Victorian Cooperative on Children’s Services for Ethnic Groups (VICSEG). Melbourne.
