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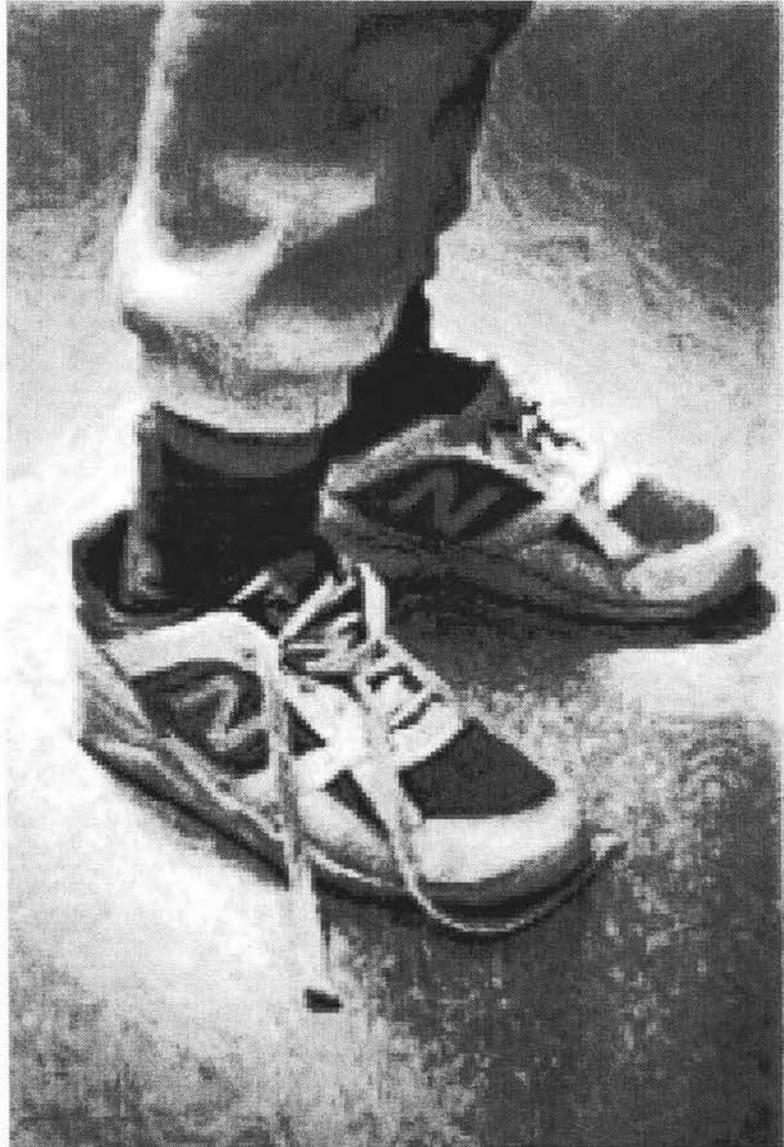
Bound to care: Eleven New Zealand women discuss raising their grandchildren

A Grounded Analysis of interviews

A Thesis presented in partial fulfilment of the requirements for the degree of Master of Arts in psychology at Massey University

Judith A. Campbell

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ABSTRACT

This study is concerned with identifying what happens in families where children removed from parental custody have been placed with their grandmothers. Because of statutory and policy changes, Child Youth and Family Services are placing more children removed from parental care into the extended family than ever before. However, there is a lack of information about the impact of this on families in Aotearoa. The focus of this investigation is the impact that permanent care of grandchildren has on the lives of grandmothers. Eleven Pakeha grandmothers with permanent custody of their grandchildren were interviewed about their experiences of custodial grandparenting. A Grounded Theory approach to the data analysis identified a core theme of family binding which is used to interpret data concerning the process by which the grandchildren entered their grandparent's custody, family relationships, social support and relationships with statutory authorities. The core category revealed that the women's commitment to raising their grandchildren enables them to gain high levels of fulfilment from their relationship with the children despite the many problems that arise when grandmothers become primary caregivers of their grandchildren in circumstances of family breakdown.

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TABLE OF CONTENTS

Abstract	i
Acknowledgements	ii
Table of Contents	iii
Table of Figures	v
Part 1: introduction	1
Chapter 1: the problem	2
Overview of the Problem	2
<i>The emphasis on family placement</i>	2
<i>The research focus</i>	3
<i>The contemporary environment of child development</i>	3
<i>Summarising this issue</i>	4
My perspective	7
Chapter 2: Research into custodial grandparenting	9
Introduction	9
<i>The research focus</i>	9
Britain	10
Characteristics of grandparent-headed families	11
Health and wellbeing in grandfamilies	12
<i>The physical health of grandparent-caregivers</i>	12
<i>Psychological wellbeing of custodial grandparents</i>	13
<i>The Grandchildren's Health and wellbeing</i>	15
<i>Normal aging vs. grand-parenting</i>	19
Social Support	20
<i>Intervention programmes</i>	22
Characterising the role	23
The grandparents, conclusions	23
Chapter 3: The Context of grandparent care in Aotearoa/NZ	25
Aotearoa: what does the research say	25
<i>A study of kin care from social policy</i>	26
<i>Related area's</i>	26
<i>What data is available</i>	27
<i>The importance of family</i>	27
<i>The costs</i>	29
A brief overview of statutory reforms	30
<i>A very brief look at the Children Young Persons and their Families Act, (1989)</i>	30
Part 2: Methodology	33
Chapter 4: Qualitative research	34
What is Grounded Theory?	34
<i>The process</i>	35
Outlining this investigation	37
<i>Selection and Interviews</i>	37

<i>The participants (N = 11)</i>	38
<i>The analytic procedure</i>	39
Part 3: Analysis and conclusions	41
Chapter 5: The analysis	42
Overview of the analysis	42
Tracing the bonds	43
<i>Following a sequence</i>	43
<i>The transition</i>	44
<i>Grandmothers and the children's parents</i>	46
<i>Life-changes</i>	48
Family ties	50
<i>Maintaining biological connections</i>	50
<i>Cross-generational connections</i>	51
<i>Committing to care</i>	54
The web of family wellbeing	56
<i>Children's health</i>	56
<i>Grandmothers</i>	57
<i>Psychological preparation</i>	59
Social involvements	60
<i>Going out</i>	62
The core category	62
<i>Developing a central theme</i>	63
Chapter 6: Theorising & Conclusions	64
Family binding	64
<i>The concept of binding</i>	64
<i>Support from the data</i>	64
<i>Commitment to the child's wellbeing</i>	65
<i>Drawing from personal experience</i>	66
<i>Gratification</i>	67
Conclusions	68
<i>The background of familial care</i>	68
<i>Looking at the analysis</i>	68
<i>Implications for practice</i>	69
References	74
Appendix 1	79
<i>Information Sheet.</i>	79
Appendix 2	81
<i>Consent form</i>	81
Appendix 3	82
<i>Interviewers guide</i>	82

TABLE OF FIGURES

Figure 1: Using a Systems framework to show how environmental factors influence the life of the grand-family. (Adapted from Worrall 1996)	6
Figure 2: The percentage of US children in grandparent care: Reasons cited	11
Figure 3: Seven features of Grounded Theory (Developed from Glaser & Strauss, 1967)	35
Figure 4: Some characteristics of grandmothers and the children in their care	38
Figure 5: the stages of Grounded analysis. (Adapted from Henwood and Pidgeon, 2003)	40

Part 1: introduction

CHAPTER 1: THE PROBLEM

"Families are an integral component of any society. Throughout history, the family has remained constant as a presence in society. Its form has been less stable, evolving in structure throughout time. It is important to monitor such transitions, as much government social policy is centred around the family and the needs of those in different circumstances can vary enormously."

Len Cook, Government statistician (1998).

Overview of the Problem

The emphasis on family placement

Grandparent headed families are a growing subcategory of family life in New Zealand (Aotearoa). In 1996, grandparents headed just 489 families in Aotearoa. By 2001, this figure had increased to more than 4000 (1996 New Zealand census on families and households 1998; 2001 Census of Populations and Dwellings 2002), an increase of 3,511 in just five years. As the traditional backup for families, grandparents have always filled-in when parents were absent or in distress (Cox, 2000a). In Aotearoa, statutory reforms that altered the emphasis of the Children, Young persons and their Families Act (1989) (CYPF Act, 1989) formalised the role extended family were expected to play in raising children who have been removed from their biological parents.

Generational differences in grandfamilies and the strangeness of this arrangement in European society mean that an array of circumstances specific to them may have to be resolved concurrent with the usual adjustment, to normalise the situation. As things stand at this time, with kin-carers given the minimum level of assistance and support after they receive family children into their care, the levels of psychological and emotional risk for children and grandparents is high, compounding what is already a traumatising experience for the family. Children entering care situations are known to be at risk for a variety of behavioural and psychological problems (Angus & Pilott, 2001; Kinney, McGrew & Nelson 2003). They frequently bring issues into the care environment that require clinical intervention (Edwards, 1998; Appleyard & Osofsky, 2003), and grandmothers who receive grandchildren into their care have been identified as more vulnerable than other caregivers and grandmothers for a range of problems (Emick & Hayslip 1999; Fuller-Thompson & Minkler 2000; Hayslip & Shore, 2000; Miltenberger, Hayslip, Harris & Kaminski, 2004). Some problems are linked to the generational gaps that exist in these households, some to a lack of community understanding about the task and other problems are a result of social

attitudes to women as primary caregivers and the invisibility of the caregiving role (Worrall, 1996). Because of this, psychologists and other professionals who encounter grandparent-headed families in the course of their work should be aware of the risks associated with grandparent caregivers in Aotearoa.

A primary assumption in this investigation is the idea that when grandmothers adopt the role of primary caregiver to their grandchildren, they need the skills to be more than simply competent parents (Smith 1997). Researchers in Aotearoa and overseas typically find that compassionate and consistent, 'firm but fair' parenting is required by children in care but this may be undermined by poor social support. Children in care frequently need access to community health and educational support services and if the help and support needed by caregiving families remains out of their reach, family distress is likely to result in life-long psychological and emotional problems for the children in care and other family members (Worrall, 1996a & b; Hayslip & Hicks-Patrick, 2003; Poehlmann 2003). Poehlmann characterised the child's transition into care as a time that features disrupted relationships and attachments that have lasting consequences for the emotional development of children in care. Hayslip & Hicks-Patrick (2003) emphasised that integration into the new family may be hampered by adverse forces and that systems must be put in place to support the new family through the transition period. Although family placement is thought to be less disruptive for children than placement with strangers (Murphy, 1999), the quality of the grandparents' life after placement is a matter for concern. Expected disruptions brought about by the placement may be made worse by disturbances in the grandparent's social and family life (Bowers & Myers 1999; Burnette, 1999; Glass & Huneyatt, 2002) furthering the risks to grandparents health and wellbeing (Elder, 1995).

The research focus

This investigation focused on the subjective experiences of a group of European (Pakeha) grandmothers who were raising their grandchildren in Aotearoa. The goal of the interviews was to uncover problems the women encountered, as they became custodial grandparents, the impact taking custody of the grandchildren had on the women's lives and what they had done to adapt to this unusual situation. Keeping the focus of this investigation as tight as possible was important because of time constraints. Added to this, a decision was made to limit the interviews to Pakeha women because other cultural groups such as Maori have entirely different views on parenting practice.

The contemporary environment of child development

Change is a feature of social life and parenting is fundamentally a social practice. Attitudes to parenting practice are evolutionary in the sense that as new knowledge promotes better parenting skills, parents adapt their behaviour to include them. This means that accepted parenting practice

for one generation may be quite unacceptable for the next. Unless grandparents are familiar with current trends they may have problems adapting to the changes. Changes may be subtle, Hicks-Patrick & Pickard (2003) pointed out that children today are reared with more openness and in a more flexible cultural environment than when grandparents raised their own children. Early childhood education and school systems may have changed significantly and grandparent caregivers will need help with things younger parents take for granted such as playgroup involvement, homework, and sports. Even child's play has changed. Technological developments in the last thirty years mean that contemporary children participate in play activities that are radically different to those of their parents. Grandparents may feel uncomfortable with technology. Computers, electronic games and other devices may be dismissed as unnecessary by people who have thrived without them. However, children need access to the learning they provide in order to keep up with their peers. In spite of their good intentions, grandparents may be less physically and psychologically able to cope with the demands of raising their grandchildren. Younger children need more dexterity than older children do, and added to this, the generation gap may mean that grandparents struggle to relate at their grandchildren's developmental level.

The role of alternative family structures such as grandparent headed families appears to be adaptive. In her discussion of the roles grandparents play in families, Cox (2000a) suggested that the traditional grandparent role has been quite ambiguous and undefined because grandparents customarily adapt to the needs of families. From this perspective, the behaviour of custodial grandparents in Aotearoa clearly acts to buffer families from adverse social pressure while keeping the family culture essentially in tact. DeBruin, (1999) argued that changes in family structure such as increased divorce rates, the number of cases of abused and neglected children as well as the rise in the use of highly addictive illicit drugs such as methamphetamine, are a product of increased economic pressures within society. DeBruin considered that the alienation of people from cultural subgroups, widening gaps between socioeconomic groups and the undermining of social systems put in place to support the poor, was evidence that reducing government spending had taken precedence over the wellbeing of New Zealanders. Murphy (1999) also pointed out that although changes to the legislation overseeing the activities of Child Youth and Family Services promoted the return of children to family members, it is structured in a way that failed to provide adequate support for families, or even account for their individual needs. She said that although the Children Young Persons and their Families Act, (1989) has the potential to be effective, it is undermined by inadequate resources.

Summarising this issue

Psychology attends to human experience at the level of the individual. However, the complexity of this problem and its associated issues mean that this investigation should consider the wider context of the grandfamilies lives otherwise it may miss the similarities in the women's experience, even when their backgrounds are diverse. It also means that explanations for behaviour and

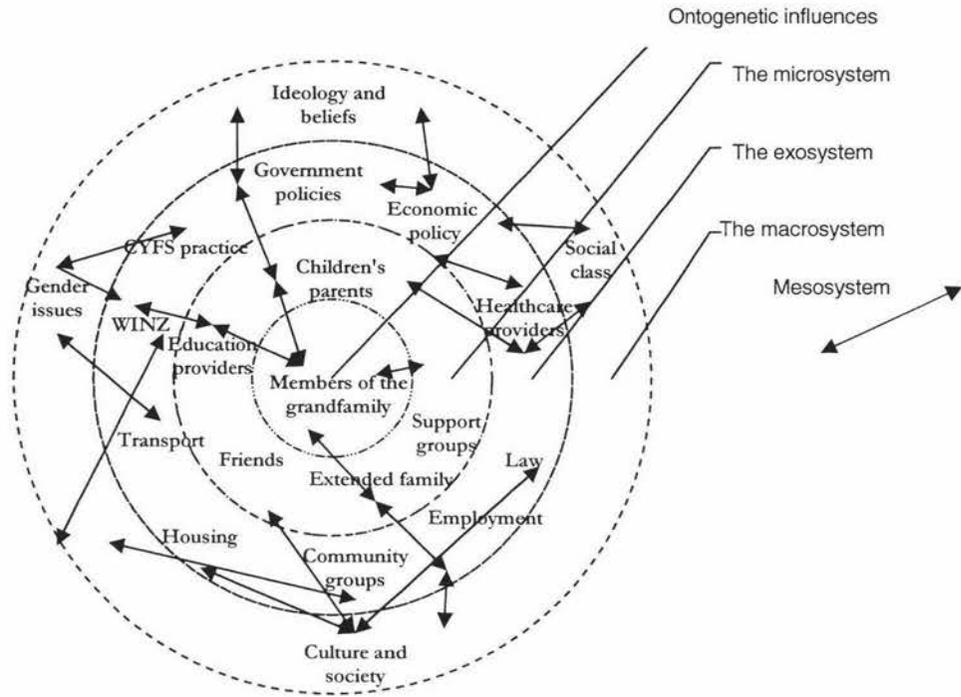
interventions could be rendered useless because they would be based on an overly simplistic understanding of the situation. The problems for grandparents who raise their grandchildren are very complex (Edwards, 1998; Bowers & Myers, 1999; Cox, 2000a; Hayslip, & Hicks-Patrick, 2003). In fact, the quality of life for the grandfamily is frequently determined by factors from other levels of society (Worrall, 1996b). These may place the family under such pressure that it eventually fails in spite of the best intentions of the grandparents. Worrall pointed out that research has shown that the majority of foster care placements fail within seven years of placement. In her study of kin care givers she said this figure reduced to six years in spite of the added incentives for family placements to succeed (Worrall, 1996a).

Underlying this investigation is a systems perspective. This approach to psychological research exemplifies the multidimensional context of family life. It can show how activities at apparently unrelated levels of society conspire to produce the environment of human activity. Figure 1 illustrates the relationships between social systems and how systems exchanges, influence the context of grand-families.

Policy and statutory changes contribute to this issue in two ways. First, a change in political ideology within New Zealand changed social policy from one that sought state supported social equality to one that promoted economic reforms that have increased inequality within society. These changes put pressure on individuals and families because of their breadth and because of the speed with which changes were enacted. Second, new child protection policies placed responsibility for child care and protection back onto family members, so the reformulated Child Youth and Family's Act (1989) sponsored the return of children to family members above placement with stranger foster families through the process of Family Groups Conferences (FGC). Spending on public services was restricted by the Public Finances Act (PF Act) (1989), which subjected Child Youth and Family Services to reduced spending on child services and making family placement the most viable option.

What this means for grandparents is that because of monetary constraints (it is worth noting that restructuring of the Children Young Persons and their Families Act, (1989) and the Public Finances Act occurred in the same year) Child Youth and Family Services will promote the return of children in care to the most viable extended family member if one can be found. This is not innately bad policy, evidence suggests that children are better off in family care. Problems occur because of the policy to reduce systemic support to family members after they accept custody. No consideration has been given in legislation or policy to the specific issues grandfamilies face and limited resourcing equates to limited access to other support including public health systems, and counselling. Even though it is clear that children who have been removed from their families are at risk for substantial health, behavioural and psychological problems.

Figure 1. Using a Systems framework to show how environmental factors influence the life of the grand-family. (Adapted from Worrall 1996)



My perspective

My interest in this topic primarily stems from the dual roles of custodial grandmother and student. As the sole head of a skipped-generation family, I found that parenting had changed from when my children were young and that in reality, our situation is quite different to what I imagined it would be when I decided to care for the children.

The decision to choose this topic came down to a variety of factors. First, I wanted to find out what was going on for other grandmothers. Second, although there seemed to be a lot of research on this subject from other countries, I could find only one study that acknowledged the unique status of grandparent caregivers in Aotearoa. What data I could find only focused on grandparent caregivers as a subcategory of kin-carers, or even of foster-carers. In my opinion, this lack of specificity misses the point that differences between the generations may produce conditions unique to grandparent headed families. Third, my own struggle led me to conclude that custodial grandparenting must be hard for other women as well. I am lucky enough to be in a position where I can educate people about this topic, because education can help and I felt it was important to generate knowledge that is meaningful to others and to me.

CHAPTER 2: RESEARCH INTO CUSTODIAL GRANDPARENTING

"When grandparents begin raising their very young grandchildren, the well-being of family members depends on a complex set of circumstances, including reasons for the child's placement, the child's age, the history of relationships and quality of current relationships in the family, patterns of communication, the balance of risks and resources, and supports available in the social context".

Pohelmann, (2003)

Introduction

Grandfamilies are subject to the same social forces as other families, with the added complications that come about because a linking generation is missing and the family members have come together in response to crisis and uncertainty. Although grandfamilies have always existed, during the last two decades of the twentieth century the number of grandfamilies began to accelerate dramatically. Researchers have established the demographic characteristics of grandparent-headed families and the factors that have contributed to a rise in the number of these families, especially in the United States where a comprehensive body of literature exists for all types of caregivers. Writers have identified an array of difficulties faced by these people; health and wellbeing issues and problems the children bring with them. They have looked at how custodial grandparenting affects and is affected by aging, and they have outlined the implications of support for custodial grandparents (Minkler & Roe, 1993; Albus & Dozier, 1999; Szinovacz, De Viney & Atkinson, 1999; Cox, 2000; Fuller-Thompson & Minkler 2000). As a result, intervention programmes have been established (Edwards 1998; Cox, 2000b; Glass, & Huneyatt 2002; Appleyard & Osofsky 2003; Kern, 2003).

The research focus

Writers have generally studied the increase in custodial grandparenting in three ways. First, by providing a comprehensive statistical background to this issue, researchers have identified many demographic characteristics of grandfamilies, their ages, and the constitution of grandparent-headed families. They have looked at grandfamilies incomes, their structure, where they live, what happened to the children's parents and why their numbers have been increasing over the last twenty years.

Second, a significant amount of the literature seeks to identify factors that could undermine the wellbeing of the grandparents and the children in their care and contribute to the breakdown of the

grandfamily in the long-term. This literature has looked at the quality of life and outcomes for the grandparent's and their grandchildren. Researchers have identified many problems they face, the types of adjustments they have to make and the grandparents fears for the future. Studies of grandparent caregivers have looked at grandparent's social interactions, why problems occur, and the best way to resolve the problems they face. .

The third type of work is interventionist. Its goal is to work out the best approaches to help grandfamilies to overcome their difficulties. This research also assesses interventions already in place, reporting the success of services that are already available to grandfamilies and suggesting new services that are more appropriate.

The following chapter outlines the results of work currently available overseas. Although the increase in this phenomenon appears to be international (Worrall, 1996a), it appears that few countries record specific accessible information about foster care placements that can be used to plot any trend. As a result, attempts to uncover information about the circumstances of kin carers in Britain, Canada and Australia were often frustrated by the systemic invisibility of this group of people. Although some data was available from Britain, the majority of work available was from the US so this review primarily outlines the phenomenon as it occurs there.

Britain

The British system of child protection is administered by The Children Act (1989) which is currently undergoing a review of services. Stuart & Baines, (2004) reported that implementation of new policy and procedure has been problematic; children in private foster care and those with behavioural and physical disabilities remain vulnerable to abuse and neglect. Broad, Hayes & Rushforth (2001) said that increasing concern about the availability of good quality care and resource shortfalls have led to an increasing number of children being placed with kin. They point out that this option is supported by The Children Act, but they also said there is not enough monitoring of kin placements and no evidence is available about the success or needs of these placements.

It is thought that up to 17% of British children are in some form of grandparent care and an estimated 10% of British grandparents provide care for grandchildren and elderly relatives. Foster care in Britain is administered by local councils, which have been reluctant to provide kin carers with more than very basic assistance (Manthorpe, 2004). These writers suggest that local councils have encouraged the dissemination of children back to extended families as a cost-cutting exercise, but they rarely reimburse the costs of child-raising to family, often leaving the families in serious strife and compounding the disadvantage to children in kin care (Stuart & Baines, 2004; Manthorpe, 2004).

Characteristics of grandparent-headed families

At the 2000 census, in excess of 8.4% of all children in the U.S. resided with non-parental family members. Over 75% of these children lived in Grandparent headed households (Burnette, 2003). This figure represented a 173% increase on the same family configuration since 1970 and a 78% increase since 1990. This figure subsequently increased by a further 78% between 1990 and 2000 and it continues to grow.

The reason for a child's entry into care often affects their health, behaviour, and their ability to form adequate affectional bonds with people throughout their lives. Silverstein & Vehvilainen, (2000) said grandparents frequently cited multiple reasons for the children's removal. Of children entering grandparent care in the US, more than fifty percent had been chronically neglected by their parents prior to their removal. Forty-nine percent of children had substance-addicted parents, 39% were from homes where the parents were too poor to raise them and teenage pregnancy accounted for 32% of children in grandparent care. Twenty four percent of children in grandfamilies had been abandoned by their parents and 23% had sick or disabled parents (Hayslip & Hicks-Patrick, 2003; Kern, 2003; Dolbin, MacNab & Targ, 2003; Silverstein & Vehvilainen, 2000).

Figure 2: The percentage of US children in grandparent care: Reasons cited

	Parental Neglect	Parental substance abuse	Parents in financial distress	Parents too young	Children abandoned by parents	Children with sick or disabled parents
	50%	49%	39%	32%	24%	23%

(Data drawn from Hayslip & Hicks-Patrick, 2003; Kern, 2003; Dolbin, MacNab & Targ, 2003; Silverstein & Vehvilainen, 2000).

Similar reasons for removal were cited in a review of services in Wadsworth, London (Broad *et al*, 2001). Added to this, a group of children was identified who had entered kin care because their behaviour was so disruptive that no one else wanted them. Other children were placed with family members when illness or death ended an earlier foster placement.

Factors originating in the wider social context greatly influence the quality of grandparents and children's lives subsequent to taking custody. On one hand, improvements in public health and longer life expectancies are changing the roles older people have traditionally played in society. Grandparents live longer and in better health than ever before, so they feel able to respond when the family is in need of help. On the other hand, statutory restructuring has removed many of the restrictions to family care of children who were removed from their birth parents, while the focus on economic parsimony has reduced the level of government support people are able to access. While rising divorce rates and higher numbers of single parent families, escalating violent crime,

along with increased levels of physical and substance abuse, increase the likelihood that grandparents will be called on to raise their grandchildren.

Traditionally, women provide the emotional support and primary childcare for children, while men support the family in a variety of other ways such as providing for them financially, as backup for the woman and as a role model for the children. Hayslip & Hicks-Patrick, (2003) discussed the buffering effect living with custodial grandparents can have on children who are unable to live with their parents. They suggest that grandfathers play a central role in the family because they serve as role models for boys who have little or no contact with their fathers, yet they are often missing from grandfamilies. Writers have consistently found that when compared to families in the general population, the highest proportion of grandfamilies in the US were headed by a single woman with no spouse present (Taylor & Roberts 1995; Sands & Goldberg-Glenn, 2000; Roberto & Qualls, 2003). Silverstein & Vehvilainen, (2000) found that of the grandparent caregivers in their study, more than 62% were women alone. Seventy four percent of these were maternal grandmothers who had more than one child in their care. Some variation in the configuration of grandparent-headed families was reported to occur relative to where the family lives. For example, in some urban areas of the United States, where there is a high percentage of black and Hispanic families, single grandmother-headed grandfamilies were the typical family configuration (Edwards, 1998). Edwards speculated that this finding reflects the higher than usual number of single or divorced women who inhabit urban areas while in rural settings the grandmothers tended to be in relationships. Roberto & Qualls, (2003) identified single grandmother-headed households as being more vulnerable to the problems associated with poverty. They found that although more than half of them worked to support the family, 18.9% of working grandmothers and their grandchildren still lived below the poverty line.

Health and wellbeing in grandfamilies

"The breakdown of the nuclear family that brings about the formation of grandfamilies likely results in children developing insecure vertical and horizontal attachment. Attachment problems in childhood are related to poor psychological adjustment across the life span as well as difficulty with daily living activities such as school functioning. The formation of grandfamilies also frequently results in the shattering of children's social support networks (Burton, 1992; Johnson & Barer, 1990; Magruder, 1994; Strom & Strom, 1993). Among grandparents in grandfamilies, the loss of their social network is associated with increased illness, depression, anxiety, alcoholism, and increased smoking (Burton, 1992)."

Edwards (1998)

The physical health of grandparent-caregivers

A combination of genetic influences and environmental factors such as lifestyle choices influence physical health, especially as people get older (Bailey 1998; Marx and Solomon, 2000). There is a range of methods that can be used to classify and evaluate health. Acute illnesses decrease over time, while chronic illnesses tend to increase with age. Prevalence rates measure the occurrence

of a specific condition in a specific group. For example, age, race and social class are sometimes associated with variations in health amongst grandparent caregivers. Self reporting is commonly used to establish variations of health between groups. It has been found to be highly concordant with objective methods, so is regularly used in studies to compare grandparent caregivers with non-caregiving grandparents. These studies frequently find that custodial grandparents experience significantly worse physical health than their non-custodial counterparts (Marx and Solomon, 2000).

Functional ability

Defined by Bailey (1998) as the ability to perform activities associated with every day living, functional ability was found to decrease significantly in people between 55 yrs and 85 yrs of age (Marx and Solomon, 2000). Marx & Solomon identified functional ability as vital in maintaining social interactions and opportunities for employment.

A larger number of people who raise their grandchildren report health problems that affect their functional ability than their non-custodial peers. More than 38% of custodial grandparents were identified as having chronic health problems that interfered with daily functioning by Silverstein & Vehvilainen, (2000). Arthritis was most frequently cited as causing functional impairment, followed by hearing problems and immobility. In a study of urban grandmothers in the US, more than one third reported that their physical health had worsened since receiving the children (Marx & Crew Solomon, 2000). Grandmothers often missed medical appointments because they were caring for the children and they said that the stress of raising young children again meant that they smoked and drank more now. Minkler and Roe (1993) also concluded that custodial grandmothers are likely to under-report their health problems to protect grandchildren. They said that health problems in grandparent caregivers are probably more common than reports indicate and they often go unreported because they women are afraid that the children will be placed with strangers if they are unable to care for them.

Psychological wellbeing of custodial grandparents

A person's perception of their physical ability links with their psychological wellbeing. A person who is less physically competent than they were is likely to feel less effective overall and they may experience feelings of frustration or anger at their situation. The arrival of grandchildren into grandparent care signals a need for physical and psychological adjustments. However, the psychological adjustment of custodial grandparents is likely to be affected by how well the grandparent accepts whatever led to the children entering their care. For example, does the grandparent still grieve over the death or illness of the children's parent? Other factors that affect psychological adjustment to caregiving may include how the children came to care, how the grandparent feels about recycling the parenting role and how valuable parenting is perceived to be in relation to the 'normal' roles of ageing (Landry-Meyer, 1999). Even when acceptance occurs

and the grandmother feels secure in her role as caregiver, custodial grandparenting has the potential to drain the grandparents' sense of wellbeing, especially when the grandchildren in their care are young or need constant supervision.

Wellbeing studies

The concept of wellbeing infers a judgement about the person's internal sense of wellness. Judgements may relate to the person's sense of identity and self efficacy as perceived and reported by them at a particular time and from a specific context (Cox, 2000a). A consistent finding throughout the literature on grandfamilies is that people who accept full time care of their grandchildren are likely to report poorer subjective wellbeing than other people the same age who do not raise their grandchildren (Fuller-Thompson & Minkler, 2000; Kelly & Whitley, 2003). These studies consistently show that the special needs of grandchildren along with ongoing concerns about their adult children, economic problems and other environmental stressors compound physical and mental health problems that exist in grandfamilies (Cox 2000b). This was found to be worse among grandmothers in sole-parent headed households, suggesting that health problems may be the result of factors other than the presence of children in the house (Marx and Solomon, 2000). For example, sole parented grandfamilies are more likely to live in poverty even when they work (Roberto & Qualls, 2003).

Stress in grandparent caregivers

Grandparent-caregivers are more prone to emotional problems than their peers (Roberto & Qualls, 2003; Minkler & Roe, 1999; Hayslip & Hicks-Patrick, 2003; Strom & Strom, 2000; Bowers & Myers, 1999; Glass & Huneyatt, 2002). These writers report that caregiving grandmothers are almost twice as likely to be diagnosed with symptoms of major depression when compared with non-caregiving grandmothers (Kelly & Whitley, 2003; Minkler & Roe 1999). Contributing factors include the reconfigured family structure, discord between the grandparent and the children's parents or perhaps other family members, the parenting role itself, financial or employment issues, inadequate social support and the cognitive elements of coping ability. In addition, grandparent carers frequently reported feeling judged, criticised, and abandoned by their family, friends and society Roberto & Qualls (2003). In spite of this, more than eighty-seven percent of grandparents said they felt considerable satisfaction from raising their grandchildren and sixty-three percent chose to take permanent legal custody of the children (Silverstein & Vehvilainen, 2000). High levels of caregiver satisfaction were also reported by British investigators. Broad *et al* reported that almost without exception family carers in their study had wholeheartedly favoured kinship care over foster care. They reported that kin carers raised children out of love for the children and in the case of custodial grandparents, out of love for the children's parents and added to this, they believed that family was the best place for them and the alternative (local authority care) was not considered good enough. The kin carers interviewed for these investigations also felt kin care was the best way for children to maintain links with their parents and maintain the young person's racial, religious and cultural heritage (Broad *et al*, 2001)

The Grandchildren's Health and wellbeing

"Children ages birth to 3 years experience the highest victimization rates of child maltreatment compared to any other age group in the United States (George, Wulczyn, & Harden, 1994; U.S. Department of Health and Human Services, Administration on Children, Youth and Families, 2000b). In 1999, an estimated 13.9 infants and toddlers per thousand nationally suffered substantiated maltreatment (U.S. Department of Health and Human Services, Administration on Children, Youth and Families, 2001). Similarly, younger children comprise the largest age group living in out-of-home care. Of the 560,000 children in foster, kinship or other substitute care in 1998, 30% were in the 0-5 age group (U.S. Department of Health and Human Services, Administration for Children and Families".(Edwards, 1998)

Children entering grandparent care regularly arrive with problems of one sort or another and if these are left untreated, they may evolve into issues that are more serious. Problems faced by foster children may be compounded by grief and loss as they adjust to their new family (Albus & Dozier, 1999; Bacon & Richardson, 2001). Grief is likely to result from the loss of parents and their previous life. Friendships and other significant relationships are important to children who may feel that they have been torn apart by the events leading to their removal from their parents. Even when children are eventually placed with family members, the loss of family connections during the time they were placed into foster care with strangers may wrench them from things that gave them a sense of identity and belonging. Although being raised by a grandparent carries gains like stability and family connections, when the grandparent takes on the parenting role to help them, the child may grieve the loss of a grandparent as well. This section outlines some problems that may be experienced by children in grandparent care.

All too frequently, risk to the child through inadequate care or abuse was a factor in their removal from their parents. In Silverstein & Vehvilainen's (2003) investigation of grandparents in Massachusetts schools, they reported that thirty-five percent of grandparent caregivers told them that at least one of the children they cared for had chronic health problems. Conditions brought about by physical and sexual abuse, stress and poor diet were most often reported and sometimes these problems were compounded by neglect and failure to care.

Psychological problems are also frequently noted in children who live with their grandparents (Strom, & Strom, 2000; Hayslip, & Shore, 2000). As mentioned previously the circumstances leading to a child's placement in grandparent care may compound the losses they have already experienced. Sometimes this is because they undermine the child's ability to develop stable relationships with people. Added to this, the children's ability to overcome early attachment issues may be undermined by factors that relate to the grandmother's circumstances and her ability to cope with the events that lead to the children's need for care (Musil, Schrader & Mutikani, 2000; Kern, 2003; Manthorpe, 2004).

Attachment

Bowlby (1968, 1982) proposed that children have a variety of behavioural systems designed to facilitate their survival. He identified feeding and the development of social skills as two of these. Another of the survival-promoting behavioural systems documented by Bowlby was attachment. A significant amount of literature tracks various attachment behaviours as they occur across the lifespan (Ainsworth, 1989; Appleyard, & Osofsky, 2003) and a developing area of attachment research investigates the neurobiology of attachment behaviour and the affects of child abuse and neglect on the brain (Perry & Pollard, 1998; Glaser, 2000). Bowlby's original descriptions of attachment behaviour treated it principally as a biological function that maintained safety. He argued that attachment behaviours begin in infancy and continue to develop throughout the preschool years or until the development of symbolic thought enables the construction of internalised models of behaviour. His idea was that children build their expectations of people's behaviour from experiences that occur in the family environment when they are young. Contemporary work has expanded Bowlby's ideas. Workers in the field identify two levels of attachment behaviour that appear relevant to the wellbeing of children who have been removed from their parents. Vertical attachments are those between the child and people they can look up to while horizontal attachments are friendships with people on the same level (Hartup 1989, in Edwards, 1998). Both types of attachment relationship are implicated in the long-term wellbeing of children who enter grandparent care because rejection or emotional neglect by attachment figures may lead to problematic behaviour patterns (Ainsworth & Ainsworth, 1958; Ainsworth, M, 1962, 1989; Moesk & Adler, 2001). Children in grandparent care may have emotional and behavioural problems or they may be unable to develop new attachment figures because the primary relationships in their lives were disrupted. If they are cannot overcome these early issues, children in care may continue to have problems throughout their lifespan (Albus & Dozier 1999; Perry. 2001).

Life at school

The home environment tends to have an impact on children's ability to learn. Traumatized children whose behaviour is shy or introverted may find the classroom can be tough or insensitive to their needs, while children who act out or suffer from externalising disorders such as Attention Deficit Hyperactivity Disorder may find that the school environment presents an array of challenges to good behaviour. Regardless of the way their internal anguish is expressed, stress typically reduces a child's ability to learn and because of this, when grandchildren are placed with their grandparents it is important for the grandparents and school systems to maintain close contact .

Research shows that children in grandparent care are at higher risk for school problems than children who remain with their biological parents. In a study of Florida Schools (Edwards, 1998), reported that teachers said that over thirty percent of students living in kinship care were unmotivated, noncompliant and demonstrated behaviour that was unacceptable in class. More than half of the grandchildren in this study were reported to have below average work and study

habits and inferior attention and concentration skills. When Silverstein & Vehvilainen (2000) looked at interactions between grandparents and schools, they discovered that more than fifty percent of children in grandparent care had significant problems in school. Fifty-five percent received some form of counselling (33% of these children were in counselling programmes run within the school while 8% had counselling both in and out of school hours). Consistent with this finding, Edwards (1998) reported that teachers claimed that grandchildren in grandparent care were more likely to be referred to the school administration, and although they represented less than 10% of the school population, they accounted for about 70% of the referrals to teachers, counsellors, principals and school psychologists. Added to this, according to Silverstein & Vehvilainen, over 42% of grandparent-caregivers reported that the grandchildren in their care had 'special needs' such as a learning disability, attention deficit disorder, attention deficit hyperactivity disorder, depression or developmental delay, while the U.S national average for children in special education programmes is 12% (US Department of education, cited in Silverstein & Vehvilainen, (2000). Silverstein & Vehvilainen (2003) expressed their concern that parenting a child with problems such as developmental delay, means that grandparents must be able to interact with educational and other professional staff and be knowledgeable about special education programmes and counselling services available to them, or the child may miss out. However, Edwards (1998) reported that discrepancies between grandparent and teacher reports of children's achievement at school could be caused by inconsistent communication on both sides.

Developmental delay

The developmental Disabilities Assistance and Bill of rights Act of 1994 (Public Law 103-230), a federal statute, defines a developmental disability as

A severe chronic disability of an individual 5 years of age or older that: a) is attributable to a mental or physical impairments; b) is manifested before the individual attains age 22; c) is likely to continue indefinitely; d) results in substantial functional limitations in three or more of the following area's of major life activity: Self care, receptive and expressive language, learning, mobility, self direction, capacity for independent living and economic self-sufficiency; and e) reflects the individuals need for a combination and sequence of special, interdisciplinary, or generic services, supports or other assistance that are lifelong or extended duration and are individually planned and coordinated, except that such term when applied to infants and young children means individuals from birth to age five, inclusive, who have substantial delay or specific congenital or acquired conditions with a high probability of resulting in developmental difficulties if services are not provided. [section 103 (8)]. (From Kinney et al, 2003)

Because a large number of the children entering grandparent care were born to substance abusing parents, or parents who abused or neglected them during the early years of their lives, they are at heightened risk for a number of problems including developmental delay. Although there is only limited specific data on this, there are strong indications that a high number of children in grandparent care have Developmental Delays (Edwards 1998; Silverstein & Vehvilainen 2003). An investigation in the US indicated that developmental delay may be particularly high amongst children entering foster care, regardless of the placement type (Lesley, Gordon, Ganger & Gist, 2002). These writers reported that up to 62% of children entering foster care in the US have Developmental Delay compared to less than 6% of children in the general

population, noting that because this figure is so high, provisions should be made to automatically assess children for Developmental Delay on entry to care.

The unique challenges raising a child with Developmental Delay presents for custodial grandparents were examined by Kinney *et al* (2003). They identified the grandchild's level of disability, the physical health and functional ability of the grandchild along with the age and gender, as predictors of stress in grandparents caring for children with Developmental Delay. They also claimed that this group of custodial grandparents are more vulnerable for depression and social isolation than other custodial grandparents. They added that negotiating the formal service network can present a number of challenges unique to custodial grandparents who care full time for children with Developmental Delay. In particular, the grandparent's guardianship status had been found to cause problems when it came to service access, if guardianship of the child was not formalised, they were at risk of receiving very limited help... if any. They also said that some grandmothers may not apply for support services in case the care providers thought they were incompetent to care for their grandchild.

Some beneficial effects of grandparent care for children

Although the majority of attention has focused on the demands and stressors placed on custodial grandparents and grandchildren some positive outcomes have been documented. Hayslip & Hicks-Patrick (2003) pointed out that grandparents sometimes provide a buffer against the effects of insensitive parenting. They also suggested that grandfathers provide positive role models for boys who have little or no contact with their fathers. Added to this, children who reside in grandparent-headed households are more likely to succeed at school, are more independent and fewer of them will live socially deviant lifestyles in adulthood. Moesk and Adler (2001) researched the effects of foster care on the self esteem of adolescent girls in Israel. They concluded that family foster care had a far less detrimental effect on teenaged girls self esteem than placement with strangers. Family placements were found to reduce the trauma of removal from home because the girls went to people they already knew and trusted. Family placement also kept them in touch with family culture and history and reinforced their sense of identity and self esteem. These writers also found that strengthening the families' ability to support the children facilitated the preservation of other family links such as sibling attachments.

Normal aging vs. grand-parenting

The role expectations of being a grandparent and enacting a grandparent role follow normative behaviour patterns according to an individual's life cycle timing. The normative expectation is for adults from about age 50 to 70 to experience the empty nest stage. The unexpected role gain of being a primary parent to grandchildren changes the timing of one's life-course events, such as experiencing retirement and the freedom from the costs associated with child rearing. Becoming a second – time - around parent requires recycling of family development stages (Hill 1986) that prolongs the time one spends in the parenting stages and the time until one enters the empty nest stage. These life cycle event changes have the potential to induce role conflict and negatively impact on grandparent caregiver's social support.

Landry-Meyer, (1999)

As midlife progresses, role change increasingly features in many women's lives. Children are launched into adulthood (Landry-Meyer, 1999) and women are able to develop new roles that reflect their child-free status. Physiological changes also signal new beginnings as menopause ends a woman's childbearing years and marriage relationships become more egalitarian (Huyck, 1999). As custodial grandmothers watch other women the same age press on with their 'normal' life course, it may seem to them that they are being left behind; recycling the role of parent may seem more like regression than progress (Landry-Meyer, 1999; Cox 2000a; Hayslip & Hicks-Patrick 2003).

Parenting roles

The role exchange from grandparent to primary caregiver is quite different for grandparents than for younger parents. While the change to parenting in youth is likely to some carry role gains or exchanges with it such as when young working women substitute the role of employee for that of parent and eagerly anticipate childbirth during pregnancy, this may not be true in later life (Cox 2000a). Instead, grandparents may find that moving back into the parenting role may seem more like relinquishing their old age. By the time a woman realises there's a need to reinvent herself as parent to her grandchildren, she may be settled into her role as a middle aged woman. If she is inadequately prepared for the breadth of changes this role will bring to her life, she will be vulnerable to a range of problems including depression and social isolation.

Role theorists see age-appropriate social roles as links with society (Landry-Meyer, 1999). When grandparents assume responsibility for raising their grandchildren, social roles and developmental tasks may become disconnected from the roles they expected to be filling at their age. Landry-Meyer theorised that this could undermine the grandparent's sense of social and ecological 'fit'. This idea of 'social fit' was endorsed by Cox (2000a) who also pointed out that role is important to persons self esteem. Further, she pointed out that massive unexpected role changes may challenge a person's adaptive ability, especially when they feel that the new role is a developmental step backwards. Landry-Meyer described the role of custodial grandparent as time-disordered, lacking in structure in relation to role expectations and said that there seems to be a lack of social consensus about role norms amongst custodial grandmothers. Musil, *et al*

(2000) concurs with this, adding that higher levels of psychological distress may result when custodial grandparents are unexpectedly forced to relinquish their usual social activities because of unexpected role transitions.

Social Support

Social support is a key issue for families, especially those who have younger children. In Western societies, services that provide education and other forms of instrumental and emotional support for families are available. Kindergartens, daycare and play centres, Plunket, Barnado's, and a variety of social service group's offer parenting courses and counselling, budgeting and legal help, playgroups and after school programmes. These services ensure that parents have opportunities for employment, learning and socialisation and although anyone with children can use them, the majority of service users are families with young (school-aged) children. Skipped-generation families may be vulnerable to fluctuating levels of social support. Many of the support systems outlined earlier may not have been available when grandparents were raising their young and it may be so long since they had need of them that they feel uncomfortable going along. Grandparents may feel that they no longer have much in common with the younger adults they are more likely to meet through these services. However, good social support may be crucial to the health of grandparents because it provides them with a range of tangible and intangible child raising aids.

Two primary sources of social support are social service agencies, and friends and families (Musil, Schrader & Mutikani, 2000). Silverstein & Vehvilainen, (2000) examined some of the issues faced by 453 grandparents with school-aged grandchildren in the US. They found that while only 11% of the grandparents in their investigation attended support groups, the majority of these people said they had found their group very helpful. Support groups can be a valuable asset to grandparents, especially when they include activities that meet the specific needs of older people with children such as counselling, childcare, practical help and legal advice.

The buffering hypothesis

The buffering hypothesis (Hayslip & Hicks-Patrick, 2003) proposes that appropriate social support systems and adequate levels of social support can reduce or eliminate the effects of stressful life events on people. The provision of support systems appropriated to the needs of grandfamilies may help them adapt to their new roles. Providing grandfamilies with appropriate, adequate and quality support services in key areas may be all that's necessary to lift much of their burden and buffer them from many of the detrimental effects of later-life child care.

Categories of support

Social support is surprisingly complex, and sometimes it can be hard to access. Support may only be available through specific channels to which the person seeking help or support must have access. The level of support offered may depend on the level of emotional commitment shared by the parties involved, or on the reciprocity in the relationship. Levels of support available to a grandparent/caregiver may depend on how able a person's friends and family are to offer it, or whether or not policy makers recognise social groups as plausible.

In her work with elderly people in Britain, Bailey (1998) identified different categories of support, received/perceived support and Informal/formal support. Received/ (enacted or instrumental) support is support offered and received (or thought to have been given) to assist with some area of a person's life. Perceived support is believed to be available if it is needed. Ironically, Bailey found a positive correlation between high levels of perceived support and subjective wellbeing. Suggesting that the person's interpretation of how much support they can get in relation to their need is more important to a person's wellbeing than whether or not it is actually received.

Bailey also defined informal support as support that comes from the network of people within a person's immediate environment (microsystem) and formal support as support from the wider social (exosystem) context. By her definition, the distinction between informal & formal support reflects the level of intimacy in the relationship between the person receiving support and the person giving it. Primarily offered by family, friends and neighbours, informal support may be emotional or instrumental depending on the persons need. It tends to fit the individuals specific needs very closely, while formal support is frequently received from social structures such as Child Youth and Family Services or WINZ. To receive formal support such as the unemployment benefit a person applies for it and must fit specific criteria laid out by acts of law, there is no personal investment in the offer of support from the person giving it.

Friends and family

The failure of informal supports due to the changes in their circumstances may leave custodial grandparents socially isolated. A number of authors from the US have noted that custodial grandparents have fewer friends than same age-peers who don't raise grandchildren (Minkler & Roe, 1999; Bowers & Myers, 1999; Glass *et al*, 2002; Hayslip & Hicks, 2003; Roberto & Qualls, 2003). In addition to this, because of the complexity of family relationships, custodial grandparents are less likely to have reliable family support due to the loss of contact with their own children, siblings and other family and friends. Those great grandparents who are still alive may be too old to offer hands-on help. One result of this is that custodial grandparents often report feeling alone in their role. Many have concerns about what will happen to the children if they are unable to care for them. In one survey of grandmothers who raise their grandchildren, more than 40% reported that they worried a lot about what would happen to the children if they died (Silverstein &

Vehvilainen, 2000). In the same investigation, more than 25% of these women said that they felt a great deal of burden as the primary caregiver of their grandchildren.

Intervention programmes

"The collective experience of many groups around the country strongly suggests that support groups face common challenges rooted in the psychological complexity of reconfigured intergenerational families."

(Roe, 2000)

Support groups provide valuable support for grandparents who feel socially isolated and disempowered by their circumstances. They work by providing grandparents with a network of people who understand first-hand, the problems they are likely to encounter. Interventions tend to follow the emergence of support groups. In the US, the earliest support groups started in the late 1980's (Roe, 2000), these are now well established and a wide range of interventions are now available that target the specific needs of custodial grandparents.

Educational groups

After noticing some similarities in the problems custodial grandparents shared with family caregivers who looked after sick and elderly family members, Roberto & Qualls (2003) found ways to create interventions for grandparent caregivers from what is already known to work for family who care for elderly relatives. They suggested that community education programmes may help to challenge people to understand what it is like to be a custodial grandparent. They would need to focus on social norms that currently leave custodial grandparents isolated. In an attempt to address problems associated with generation gaps in parenting skills, Roberto & Qualls suggested the development of interventions that inform grandparents about the developmental needs of their grandchildren to bridge some of the gaps in their child raising skills from years without children and educate them about current approaches to childcare. They suggested that offering custodial grandparent's information about family systems may also help by empowering them to negotiate some of the complexities of their family's situation, especially since the children are likely to have problems and behavioural difficulties.

Therapy

Roberto and Qualls also suggested that individual and family therapy should be made available to grandparents and their families. They suggested that therapy should focus on stress-reduction, building social supports, self care; grief processing, interpersonal conflict resolution and treatment for PTSD for those grandparents who have experienced traumatic losses.

Respite and day care

Receiving grandchildren into their care is often a disturbing time for grandparents. Roberto & Qualls suggested that intervention programmes should include respite programmes for grandparents and daycare to give the family a break. They also advocated that respite care programmes should aim to provide in and out of home care along with subsidised child day care, after school care, and holiday camps for children that support positive behaviour, learning and positive social experiences.

Characterising the role

Role demands

The role of parent is stressful at any lifestage. As people progress into middle age, many look forward to a time when they will no longer have to parent and can focus on new interests or live a less demanding lifestyle (Cox 2000a). For those grandparents who return to parenting after several years of not parenting, wrestling with the demands of caring for a new generation with different norms and values may compound what is already a distressing time (Musil, Schrader & Mutikani, 2000).

A number of significant differences have been identified in the American literature between parenting in young adulthood and later life. These range from the efficacy of the situation; did the grandparent feel they were in a position to make a choice that they preferred without compromising their own circumstances too much (Hayslip & Hicks-Patrick, 2003), to the grandparents perception of the benefits in making such a significant change to their lifestyle (Cox, 2000a). In addition, the physical, emotional, and psychological health of the grandparents and grandchildren they cared for was identified as predicting outcomes for grandparent-headed families (Bowers & Myers 1999; Emick & Hayslip, 1999; Cox, 2000a). Other factors that were found to contribute stress to grandfamilies related to the events that led to the children's need for care. The loss of a child through sudden death or illness, incarceration or addiction of the grandparent's children and the physical mental or emotional abuse of the grandchildren in care were found to create complex family issues that increased the grandfamilies trauma (Sands & Goldberg-Glenn, 2000; Cox, 2000a; Musil *et al* 2000; Appleyard & Osofsky, 2003; Kinney *et al.* 2003). These and other writers identify stress-related emotional disturbances such as frustration, fear and anxiety as contributing to declines in the psychological and physical health of grandparent caregivers and ultimately, to the breakdown of the grandfamily.

The grandparents, conclusions

What research is available about women who raise their grandchildren comes mainly from the US and although there are problems transferring conclusions to the situation in Aotearoa, this work has provided a comprehensive background to the current study. More than twenty years of American research has shown that because of the extensive demands placed on custodial grandparents, deficits in systemic and social support to them compounds their risk for a variety of health and social problems.

It has also shown that the number of single women raising their grandchildren is increasing. In some cities, grandmother-headed households are the most common family configuration. These families often live in poverty, may have unresolved family problems and the children they care for have been found to have serious psychological and health problems when compared to children who remain with their biological parents. Added to this, the number of physical and psychological problems experienced by caregiving grandmothers has been found to increase concurrent with the perception of functional loss as they lose social connections and recycle the time-disordered role of primary care-giver. School exchanges also contribute to the stress of custodial grandparenting, especially when special services are needed for the grandchildren. In spite of the problems though, caregivers frequently report high levels of satisfaction, saying that the family is where the children should remain in spite of the problems. The grandmothers say that raising their grandchildren is very worthwhile for them and given the right support, the grandchildren in their care reap the benefits of living in a loving and stable environment that maintains their sense of identity. Social support is especially important because it reduces the isolation felt by grandmothers and it may provide instrumental as well as emotional support for the family.

CHAPTER 3: THE CONTEXT OF GRANDPARENT CARE IN AOTEAROA/NZ

"A Ministerial Review of the statutory care and protection service described how the service has been under extreme pressure. Difficulties found included inadequate resources, frequent restructuring during the 1990s, and the service's belief that the requirements of the Public Finance Act to work within a capped budget over-rode the Children, Young Persons and Their Families Act.

(Brown, 2000, In Blaiklock, Kiro, Belgrave, Low, Davenport & Hassall, 2002)

During the later half of the 1980's and the early 1990's massive law reforms altered the economic and social climate in Aotearoa. Changes to the laws affecting child welfare were due in part, to pressure from social groups that wanted a system that was considerate of the cultural philosophies of Māori. However, the final decision to change the Children Young Persons and their Families Act [CYPF] Act (1989) was made for economic reasons. Economists put pressure on government by arguing that the cost of keeping a child in foster care could be as high as \$300,000.00 per annum (ministerial debate papers 1989, cited in Worrall, 1996). These and other statutory changes also reflected a change in government policy to one advocating economic reform over the welfare state. Since that time, in spite of a commitment to follow up the changes with effectiveness studies, few attempts have been made to gauge the success of these changes as far as the families and children are concerned. This chapter outlines how policy and statutory reform have altered the context of family life, and more specifically, childcare in Aotearoa. It very briefly discusses some issues relating to the statutory environment of kin and grandparent care amongst Pakeha in Aotearoa.

Aotearoa: what does the research say

Although literature from the US about kincare, grandparent care and custodial grandmothers is relatively comprehensive, none of these topics has been comprehensively investigated in Aotearoa. This is surprising considering section 13 of the Children Young Persons and their Families Act, (1989) hastens the return of children to the extended family. Of concern is the fact that although hard data can be difficult to access, anecdotal evidence suggests the number of extended family members receiving custody of children removed from their parents is growing. Added to this, little is understood about the psychological ramifications of grandparent-headed families because the majority of studies available in Aotearoa investigate kin-care as a subcategory of foster care, rendering kin carers and particularly custodial grandmothers, invisible. This situation was also noted by Jill Worrall, (1996) in her investigation of kin care in New Zealand.

A study of kin care from social policy

Using a qualitative framework Worrall, a social worker who was raised by kin herself, investigated the experiences of kin caregivers after they had taken children into care. Using feminist and ecological perspectives, she showed how social policy maintained practices that discriminated against women in their role as caregivers. She identified transitions and problems the kin caring families went through as they adjusted to the changes to their lifestyle and she looked at family relationships and issues pertaining to why and how they became kin caregivers, the costs to them and their lifestyle, family and personal life, and family support systems. Her discussion also focused on activities in the wider social context that affected the lives of kin carers. She identified a number of risks to caregivers from these policies, pointing out that the invisibility of women's role as caregivers was particularly concerning for kin carers because it left them open to a range of personal, social and systemic problems. Other problems Worrall identified as increasing caregiver vulnerability were poor social and systemic understanding of how hard the task is, failure to financially recognise the important contribution kin carers make to children and society and the contradictions kin caregivers experienced between their sense of duty to family in need and the importance of own needs. She identified three transitions kin carers negotiate when they accept responsibility for kin-children. These transitions encompassed the changes in their lives, interpersonal processes and environmental pressure.

Related area's

In a related area of investigation, Murphy (1999) looked into the psychological wellbeing of foster carers in Aotearoa. She pointed out that children who enter any type of out-of-home care are at risk for more problems than children who stay with their parents and these problems will have implications for the caregivers. Children in care are vulnerable to a range of psychological, attachment and physical problems. In their discussion about the conditions of foster care in New Zealand, Kenny & Foster (1997) noted that the range and severity of behavioural and psychological problems presented by children entering care in Aotearoa has increased sharply in recent years. They put this down to cost-cutting policies that have left children in the adverse home environment for too long and a policy of placing them in 'mainstream' foster families rather than putting them in residential facilities. Even children with severe behavioural problems who would have gone to residential facilities in earlier times are typically placed with families. They outlined a range of difficult behaviours that would previously have been expected in 14-17 year olds and are now being noted amongst 7-12 year olds and they expressed their belief that foster care has become a highly skilled occupation over recent years. Caregivers are now expected to receive children who have suffered long-term serious abuses, yet they rarely receive adequate training or remuneration for their work. Worrall's findings corroborated this and she pointed out that there is no difference between the behavioural and psychological needs of children entering

care whatever the care type, the majority of children in care are known to be extremely demanding, and kin carers are often inadequately supported in their role.

What data is available

It is impossible to know how many children are cared for by kin in Aotearoa there is no systematic data collection about Family Group Conferences, or other arrangements. Although very little reliable information is available, it is possible to make anecdotal inferences from a variety of sources. For example, knowing what social policies are in place indicates the likely direction of change and a knowledge of what networks have been set up to suit the needs of a particular social group. Tracking changes in support networks within the general population also provides evidence of social phenomena. Support groups for kin carers and custodial grandparents have sprung up in response to the increasing number of people who raise kin children. Many groups are small and were formed as social worker and community worker's respond to the growth they see in their particular area, so records are rarely kept and no unified movement links them. Once again, it is hard to know how many grandparent support groups there are. However, the Grandparents Raising Grandchildren trust (GRG), an Auckland-based support group, claims to have 38 groups operating throughout Aotearoa¹. The only other information I have been able to find was from the New Zealand census, which reported that the number of children who lived in grandparent headed households increased by 3,511 over the five years between 1996 and 2001 (1996 New Zealand census on families and households 1998; 2001 Census of Populations and Dwellings 2002). Worrall also found numbers hard to find. She pointed out that although Family Group Conference is the formal procedure for resolving issues such as the care of children and it would be helpful to have this information, it is a difficult problem to resolve. Many children are removed by the family before Child Youth and Family Services confiscate them, or before the issue of child safety is brought to Child Youth and Family Services attention. Bearing in mind Child Youth and Family Services growing emphasis on permanence and family placement during recent years, as well as the consistent increases in reports of home violence, child abuse and neglect, drug abuse and single parent families, this figure seems set to follow overseas trends² that have been rising consistently over the last two decades.

The importance of family

Family relationships are particularly important to custodial grandmothers because the intimacy and emotional ties between family members may place them in a unique position to offer support

¹ [www.Grandparents raising grandchildren.com](http://www.Grandparents-raising-grandchildren.com)

² Ref previous literature review.

and reassurance and to recognise when custodial grandmothers need help they might otherwise try to cope without. Section 13 of the Children Young Persons and their Families Act, (1989) acknowledges the distinctive role family are able to play in caring for one another, but no matter how well the idea of family collectivity implicit in the Act fits some cultural groups, there are problems when it is applied as standard policy. Worrall pointed out that in many Pakeha families the idea of collectivity is a myth. She reported that although the participants in her study had received promises of help during the crisis and at Family Group Conference, in reality support from the extended family was rarely received. Added to this, she found that family relations may be strained by the arrival of children into care, so even people within the caregiving family may refuse to help. Few biological children helped with the new arrivals. In fact, some had been outright angry that their parents had taken custody of someone else's children, several were jealous at the attention given to the new arrivals while adult children sometimes resented the fact that taking custody of the children interfered with their parents ability to be grandparents to their other grandchildren. Factors that stimulated the decision to care for kin children were always complex and often came down to the kin carer's ability to adequately resolve conflicts around their later-life autonomy.

The children

Worrell, (1996) identified a range of physical, emotional and psychological problems amongst the children in her study that were characteristic of children who have been removed from their homes. Fear and anxiety were commonly reported, especially she said, amongst children who had lived out of family care for longer periods. A range of attachment issues were identified amongst the children that related to the ill-treatment and subsequent loss of their parents. Some of the people in her study reported that the children in their care exhibited highly sexualised behaviours and virtually all of them reported that the children had difficulty socialising. She felt that the trauma experienced by the children in her sample had deep roots that were unaffected by being placed back with family, yet the kin care family rarely received sufficient support to help the children or themselves cope with the changes.

In her discussion about the signs of healthy interaction between systems (mesosystem indicators), Worrall outlined the importance of maintaining biological connections such as parental and sibling relationships for children's self esteem and identity formation, and of developing healthy links between home and schools. She outlined problems that frequently existed when kin were left to maintain the child's relationship with parents and the ambivalence many kin caregivers felt about encouraging a relationship with parents who could cause the children harm or lead them astray. She also pointed out the children's behaviours were often not compatible with good school learning. Many were aggressive and disruptive in class, or they were unable to concentrate because they spent long periods daydreaming. The types of behaviours kin children displayed confounded their attempts at forming good relationships in the school environment, even with teachers. They were often shunned and isolated.

In an interesting turn about, Worrall found, contrary to earlier beliefs that rather than being more stable than placement with strangers, kincare was often unstable over time. The families in her study regularly moved children about within the extended family because of their disruptive behaviour. She also found that although people preferred to care for siblings together, siblings tended to be shared between family members. Her point was that this practice occurred irrespective of Child Youth and Family Services orders and it showed how inadequate checks on family caregivers were. Under these circumstances, it was hardly surprising that a number of placements amongst families in Worrall's study had broken down, with long-term psychological and emotional consequences for the child and the family because of the emotional links.

The costs

Worrall found that the highest individual costs of taking kin children into care were the lifestyles changes, physical and emotional pressures and conflicted relationships experienced by the kin carers. The largest burden was usually carried by women in terms of changes to their lifestyles and disruptions to their later life. Worrall argued that by mid life many women were looking forward to their independence from caregiving roles. While the kin caregivers Worrall interviewed remained committed to the wellbeing of the children in their care, she commented that most of them became ambivalent when she asked them about the role change and she said they regretted the loss of their independence.

Changes in physical health were reported by several carers, this was attributed by Worrall to caregiver strain and burden of care. In her discussion, she outlined the similarities between elder-care kin and disabled-care kin and the stressors reported by the people in her investigation. She identified role burnout in the foster-kin she interviewed, saying that people who had been caregiving for the longest reported feeling emotionally burned out, tired and depressed mood. She reported that being employed was associated with improvements in the subjective health of her group, indicating how important the loss of autonomy was too many kin caregivers.

A brief overview of statutory reforms

The ten years between 1985 and 1995 saw the restructuring of key government legislation with an eye to reducing the economic burden that had led to massive overspending and budgetary deficits. Sweeping reforms consistently, and in a very short space of time, moved government policy in Aotearoa from a welfare state to an economic state, pushing public welfare out of the government domain (DeBruin, 1999). These reforms effectively altered the context of family life in Aotearoa/NZ, and changes made to the Children Young Persons and their Families Act, (1989) shifted responsibility for children's safety and protection onto the extended family. The result of this is a situation where virtual strangers to the children may be approached to raise children who were removed from their parents regardless of their circumstances (Worrall, 1996; Murphy, 1999).

A very brief look at the Children Young Persons and their Families Act, (1989)

The CYPF Act has rightly moved from a stance of state power to family power in terms of making decisions about children. The Act also clearly states that the state has a duty to support families in caring for their children and prevent them from harm (Sec 4b, c)

Worrall (1996)

The principal means of executing child protection in Aotearoa is through the Children Young Persons and their Families Act, (1989). This act is a reformulation of the Child Youth and Families Act (1974), which provided protection for children through the judiciary. The new approach to child protection sought to reduce levels of foster care by focusing on the extended family as the best environment for children who have been removed from their parents. Towards this end, the reformulation of the Children Young Persons and their Families Act, (1989) adopted a 'family decision making and placement' model that used the Family Group Conference as its primary mechanism for deciding child placement and for resolution of related issues (section 13 Child Youth and Families Act, 1989).

The reconfigured Act has two key principles; preservation of the family and the safety of children. Four central themes support the Act; these are family responsibility, children's rights, cultural safety and partnership between state and community (Children Young Persons and their Families Act, 1989). Clause 6 establishes the second of the key principles when it states that the wellbeing of children should come first

"Where any conflict of ... interests arises, the welfare and interest of the child or young person shall be the deciding factor."

(p 17, CYF Act 1989)

However, writers argue that the safety of children is not the primary consideration when placing many of the children entering care in Aotearoa (Worrall, 1996; Smith, 1997a; Murphy, 1999) because of Child Youth and Family Services³ allegiance with the public finances Act (PF Act) (1989). In establishing preservation of the family, section 13 of the act competes with clause 6, potentially compromising the outcomes for a growing number of children who have been removed from their parents care and protection.

The Act & Family diversity

Although a key principle of the Act is family preservation, the Children Young Persons and their Families Act, (1989) fails to endorse family preservation in a variety of ways. Firstly, the Act fails to acknowledge cross-generational problems within caregiving family's. There is no requirement that inadequate intergenerational parenting patterns within families be addressed in the process of seeking placement in the wider family. This oversight leaves children vulnerable to continued abuse from within the family and it denies the family access to resources that may help them overcome cross-generational parenting problems and there is no way of knowing what unreported lower level abuse continues to occur in caregiving families.

Second, the Act does not accord children in foster care, or their caregivers the same rights as children who remain with their families. Policies that deny caregiver's access to subsidised childcare even though foster care is unpaid employment, are a prime example of what can happen when child and family wellbeing is seconded to budgetary restraints. Although writers have provided strong evidence that children in foster care benefit from all forms of social interaction, they are still not provided with access to the same opportunities for socialisation as other children.

Third, writers consistently indicate that anyone who cares for children who were removed from their families face significant challenges and that social interaction and employment may provide a buffer from the effects of children's challenging behaviours (Smith 1997a; Murphy 1999). Yet foster carers and especially those who care for family children may be unable to access these forms of respite.

A fourth, related breakdown in the act concerns the caregiving families' ability to financially accommodate the children. Although caregiving families may be judged suitable in every way, financial restraints may increase the burden, especially during the early stages. Help may be needed during the transitional period, to reduce the negative impact of the transition on the child and the receiving family. The act does not require that Child Youth and Family Services consider⁴ the caregiving family's financial ability to provide for children before placement. Other writers (Worrell, 1996; Smith, 1997a; Murphy, 1999) have also speculated that the inadequacies in the act are due to Child Youth and Family Services allegiance to The Public Finances Act (1989), and they have noted that the Children Young Persons and their Families Act, (1989) and the Public Finances Act were produced in the same year.

³The primary state agency overseeing child welfare in Aotearoa

The Public Finances Act (1989) was created to ensure that publicly funded organisations in Aotearoa operated cost-effectively. Child Youth and Family Services, allegiance to the Public Finances Act has weakened its key principles because by restricting Child Youth and family Services spending, it limits the services ability to preserve families and provide safe environments for children. Although the Child Youth and Family Service continues to promote central themes of the act such as family responsibility, children's rights, cultural safety and partnership between state and community.

The resourcism inherent in the policies of Child Youth and Family Services means that some children who come into their care and protection will continue to suffer inequity with other children. These shortcomings may have significant consequences for children and the families who care for them. A substantial body of evidence tells us that children entering foster care are at significantly higher risk than other groups of children for medical and psychosocial problems (Albus & Dozier, 1999). Added to this, children who live in care environments without adequate access to support are particularly demanding for caregivers (Albus & Dozier, 1999; Worrell, 1996). As Murphy said, state and society should be able to support all children in need of care and protection irrespective of the carer's biological relationship with the child.

Part 2: Methodology

CHAPTER 4: QUALITATIVE RESEARCH

'Whether qualitative or quantitative analysis predominates is sometimes a matter of ideology (which can be frozen into tradition) but more often it is a matter of rational choice. At any rate, qualitative analyses are more than merely useful: They are often indispensable.' (Anshelm Strauss, 1987).

This chapter outlines the methodological aspects of this investigation. It summarises Grounded Theory, which provided the primary tools in the analysis of data.

What is Grounded Theory?

Grounded Theory is an approach that was developed by Glaser and Strauss as a response to persistent methodological problems they found in quantitative approaches (Pidgeon, 1996). It emphasises the importance of context on people's meaning-making and behaviour and aims to develop contextually-based explanations for behaviour. It makes six basic assumptions about people and behaviour (adapted from Schram, 2003).

- It sees people as purposeful agents who actively interpret and respond to problems rather than simply reacting to experiences and stimuli
- People are believed to act in meaningful ways, and meaning is redefined through ongoing interaction.
- Reality is socially constructed and in a state of constant flux.
- A central condition of understanding the natural evolution of social reality is an understanding of how cause, conditions and consequences interact.
- A theory is not the formulation of some discovered aspect of reality that already exists; it is a provisional and fallible interpretation of events that occurred at a particular time. Theories need constant upgrading and qualification.
- Theory generation and social research are parts of the same process.

Glaser and Strauss identified seven main features of grounded analysis.

Figure 3. Seven features of Grounded Theory (Developed from Glaser & Strauss, 1967)

1	Grounded Theory assumes that there is an issue to be researched.
2	Its primary aim is the development of a theoretical explanation for the issue
3	Research questions begin with a wide focus and then narrow as the analysis progresses.
4	Grounded Theory is a cumulative process; analysis begins early in the research process and occurs concurrent with further data collection, analysis and theorising.
5	It's focus tends to be on practical issues rather than abstract ideas
6	In order for a theory to be grounded, it needs to have theoretical fit, be able to be clearly understood by service users or providers and can be applied across contexts. Added to this, the theory needs to be able to create change in the issue being researched.
7	Investigators need to be capable of 'theoretical sensitivity'. In other words, they must be able to recognise and give meaning to important data

Grounded Theory is inductive (Strauss & Corbin, 1990); it produces theory from the data rather than having the data confirm a pre-existing theory. However, the overall theory development springs from conceptualisation of the data rather than directly from the data itself. The resulting hypotheses are then verified by being 'grounded' back in the data by a process referred to as constant comparison. Theory development occurs as the researcher expands on an early explanation of the phenomenon. After identifying key elements of the data, the analyst then proceeds to categorise the relationships between these and the context of the phenomenon. Data collection, analysis and theory development often continue concurrently, particularly when the analysis is in its early stages.

The process

Coding refers to almost every part of data analysis. The first coding procedures used deconstruct the data and divide it into categories. Once this is done, the categories are then condensed by recategorising and synthesising them into core categories that represent 'themes' in the data. Each core category should encapsulate a complete, interconnected idea. At this point, an overall explanation is developed for the phenomenon that explains how the core categories connect this

is the theory. Grounded Theory differs from many qualitative methods in its use of highly structured analytic procedures, which lead to the development of dense and integrated theory and in its inductive focus. This means that rather than attempting to disprove a pre-existing theory, Grounded Theory aims to invest theory onto data (Strauss 1986). Analysis occurs in three recurrent stages.

Open Coding

Open coding takes place in the early stages of analysis. During open coding the researcher identifies, names and categorises concepts buried in the data. Early categorising is usually very simple and is frequently based on concrete conceptualisations in the data. Memos are also used extensively. These are notes the investigator writes for their own use as they continue through the analysis. Memos are designed to encourage theoretical thinking about the data.

Axial coding

Axial coding is the process of identifying general patterns of causal relationships from the data.

Selective coding

Selective coding is a procedure that results in the development of core categories and then relating all other categories to it. Ideally, the investigator will develop a storyline around the phenomenon that explains it and links all other categories to it. There is an innate belief in Grounded Theory that the core concept always exists

Why use it for this enquiry?

The Grounded Theory approach outlined by Strauss and Corbin (1998) was chosen primarily because it appeared to fit the type of investigation envisaged. Using it meant that interview data could be analysed in a way that treated the participant's subjective reports seriously and allowed individual experiences and situations to be taken into account. It was felt that Grounded Theory offered an opportunity to develop an analysis that was dense with the sort of details that could move the analysis beyond mere description, and into an interpretation of the women's experiences.

Outlining this investigation

This section begins by outlining the selection and interview procedures and figure 4 lists some relevant characteristics of the research participants. Finally, this section goes on to describe the procedures used in the data analysis.

Selection and Interviews

Recruitment & Selection

Participants were recruited from three sources, two grandparent support groups, Cyfs foster carers newsletter and a private company that provides educational support for at risk pre-school children⁴.

The selection criteria for the study were kept simple and specific. The women selected for this investigation were eleven New Zealand European (Pakeha) biological grandmothers to the children in their care. They had all had custody of at least one of the children for a minimum of one year, and they expected to continue indefinitely, as the primary caregiver of these children. None of the grandmothers who volunteered was employed at the time of the interviews. Nine women asked for interviews in their homes, while two of the women, who were from out of town, were interviewed at my home.

Participants were handed an information sheet⁵ that outlined the research and their rights as participants. It summarized the specific characteristics participants needed to join this study, what they should expect from the interview and the interviewer, how the information they gave would be treated and what would happen to the data after the investigation. Then they were encouraged to ask questions and clarify any points that were unclear to them. After each participant agreed to be interviewed, she was asked to read and sign a consent form⁶. The interviewer then proceeded with the interview.

Interviews

The interviews were audio taped and they varied in length from forty-five minutes to almost ninety minutes. After collecting the demographic data, the interview typically began with the interviewer asking, "Will you please tell me how you came to be looking after your grandchildren?"⁷ The women answered questions with the minimum amount of guidance; however, an interviewer's

⁴ Linmark Education Services

⁵ See appendix 1

⁶ See appendix 2

⁷ See the interviewers guide.

guide⁸ was used to keep the interviewer focused. As each interview concluded, the interviewer checked again that the women were happy with the way the interview had gone and left on a positive note.

Ethical considerations

Participants were informed of the principles of informed consent, anonymity and confidentiality as well as their right to withdraw from the research or stop the interview at any time. Ensuring no harm came to the women interviewed was a leading concern of this investigation. Once they had agreed to take part in the research and before the interviews were conducted, the women were informed that they were not expected to share anything they found disturbing or upsetting and they had the right to stop the interview at any time.

The participants (N = 11)

Figure 4. Some characteristics of grandmothers and the children in their care

The number of maternal grandmothers providing primary care for grandchildren	8
The number of paternal grandmothers providing care for their grandchildren	3
The range of grandmothers ages	44 yrs-65 yrs
The range of the ages of the grandchildren in care	18 months-14 yrs
Length of time in grandparent care	8 months- 8 yrs
The how many children in each grandmother's care (range)	1-3
The total number of grandchildren in the grandmother's care	19
The number of grandmothers still caring for their own children at receipt of their grandchildren	3
The number of women who provided support for elderly relatives while caring for their grandchildren	3
The number of families where the grandchildren's parent still moved in and out of the family home	3
Families where the grandchildren's parent resided wit the family	2
The number of women who reported receiving extensive support from her husband or partner	11
The number of grandmothers in a spousal relationship	10
The number of families that had never received financial assistance at the time of the interviews	3

⁸ See appendix 3

The analytic procedure

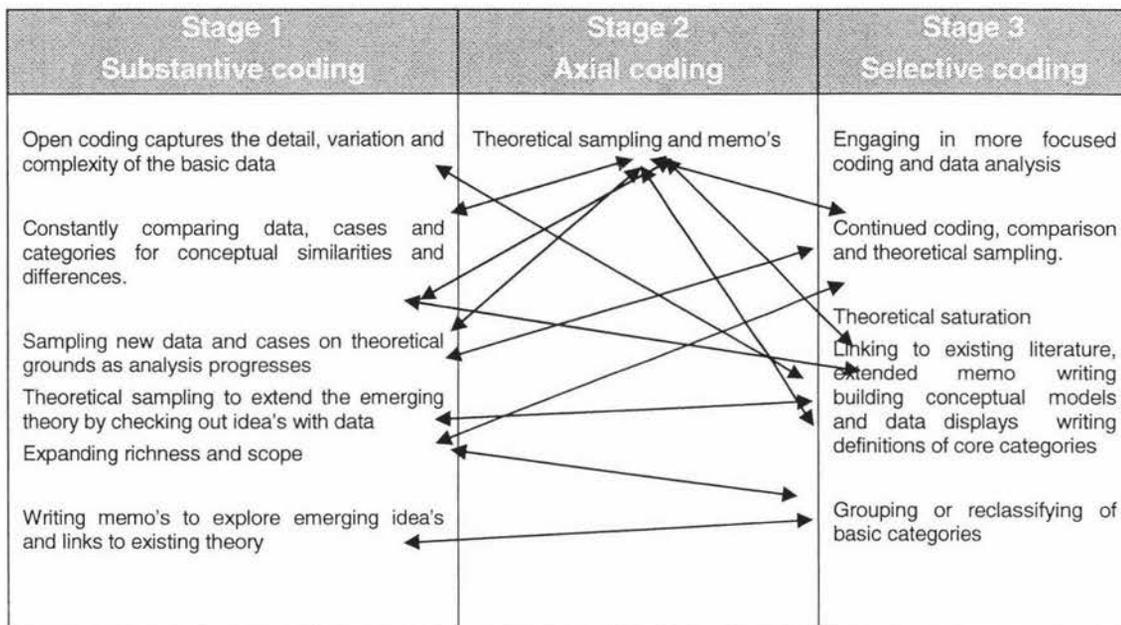
Grounded analysis is far from a straight forward process. It gathers richness and depth from procedures that have an intensifying snowball effect on the analysis. Simple generalised coding procedures and memos lead to constant comparison of analytic deductions and theorising that intensifies into focused coding procedures, and theorising.

As the first interviews were collected, the first analytic tasks began. These involved organising the data so that it was accessible for analysis. To achieve this, the interviews were simply transcribed into sections broken up by the person speaking then line numbered. After this, data sets were highlighted that reflected early themes. The first categories were created from these early themes. Keeping specific areas of interest in mind at this time kept the analysis from drifting off track and it was still possible to explore any emerging themes. Categories were compared again; memos were made that noted any similarities between the data sets, and possible linkages that may develop from further analysis. At this time the memos were very simple, they were little more than notes to trigger memories and ideas as the analysis developed. Overall, memos were found to be handy for organising the categories, expanding ideas and following through on early notes that might otherwise have been lost as the process intensified. When the first part of the analysis ended, all of the interviews had been transcribed and categories that had developed from early analysis were merged or discarded as theorising became more established. Initially, a substantial number of memos were produced that focused on conceptualising and category development. Because of the number of linkages that appeared, this process became very complex and messy, so themes identified from early analysing were transferred to a wall chart and visually checked for patterns of similarity and difference. This increased the speed of further category development and reduced the number of false leads because it gave a large visual representation of the data. An added bonus of using the wall charts was that because they contained all the data used in the ongoing analysis, they became a reference for comparisons and confirmation during the rest of the analysis.

The next phase 'grounded' the analysis and intensified the coding procedures. By comparing the analysed data with current conceptualisations (the constant comparison method), concordance between the categories and emergent themes was checked and verified. Increased familiarity with the stories promoted deduction (Theoretical sampling), comparing old memos with new ideas continued the development of new, more coherent memos. This process continued until the analysis stalled, no more insights were available. At this point, (theoretical saturation) the idea's that had developed appeared to link with literature on custodial grandparenting. It also became apparent that one central theme connected all of the data. This was the core category. Figure 7 illustrates the phases of grounded theory analysis showing the order of their first occurrence, the

interactive and repetitive processes involved at each stage as new insights are compared to old, and new concepts are generated.

Figure 5: the stages of Grounded analysis. (Adapted from Henwood and Pidgeon, 2003)



Part 3: Analysis and conclusions

CHAPTER 5: THE ANALYSIS

- R In one way, it's just the same as having your babies to rise again right. But this time it's tinged with resentment, not resentment towards them, resenting the mother and the situation you're put in and more tiring because you're [at least] twenty years older, much more tiring especially when you've got them from birth and you've got sleepless nights and all the crap, luckily you don't have cracked nipples.
(Tsc 5, P 3, L 103-109)

Overview of the analysis

Tracing the bonds identifies how the women made the adjustment from a normalised trajectory into old age to raising their grandchildren. This section begins by identifying similar patterns in the women's stories about the events that led to the children's removal from their parents and it maps the different journey's the women took as they responded to their families need. It then moves into a discussion about the women's struggle to accept the need for intervention, their relationships with the children's parents and the adjustments they made as they accommodated the changes in their life-course.

Family ties looks at the family's biological connections. This section discusses how family connections are promoted through the Child Youth and Family Services Act (1989). It discusses what the women said about their responsibilities to a multitude of generations, outlining what Erikson (1980) said about psychosocial development in midlife and old age, putting forward the idea that maintaining family connections is a midlife task for many people. It then goes on to outline how other family members such as husbands, own children and non-custodial grandchildren were affected by the grandparent's decision to raise their grandchildren. This section introduces the idea of commitment, pointing out some issues involved in this process and the way it affects the women's thinking about theirs and the grandchildren's future.

The web of wellbeing is an analysis of issues pertaining to the grandfamilies health and wellbeing. This part of the analysis focused on what the women said about theirs and the children's physical and psychological health along with threats to the family's wellbeing such as stress and depression, physical constraints, and introduces the notion of preparation in relation to raising the grandchildren and the women's entry into old age.

Social involvement, dealt with issues around social support. After discussing the importance of friendships, this section looks at some of the difficulties the women had fitting in socially. Going out looks at the implications of finding places to go, and some problems associated with finding childcare for the children.

Tracing the bonds

- R You might be exhausted, you might be angry, you might be everything else, but you don't have the worry and the heartache and grief it's just a horrible thing, It's a grandmother's love, it was just...you know, and the heartache, I nearly had a nervous breakdown over it. It started up with her breaking up with him before she had the baby and then she just turned on him, and oh, she just ripped his heart out. And then two years later the trespass order and you know we had only just, we had only just got access and then it was just bang. And when we took them on I did assume that he'd go back to his mother, let alone his half sister. But um when we were put through the things, you know, psyche and um they come up not as I thought, she was very emotionally labile um [unclear]... She was incapable of making a decision to protect the children, just totally incapable and she was incapable... and once that was recognized then we were put through a fine tooth comb, you know and you know all that whole stuff was quite, it wasn't easy.

(Tsc 9, P2, L 61-75)

Following a sequence

The circumstances that preceded the grandchildren's arrival in grandparent care were never the same twice, however, data analysis revealed some striking within group similarities. For many of the women in this study, receiving their grandchildren into care came at the end of a process that engaged them in a series of events that aimed to help the family out of their problems. Several women in this study reported that they were aware that the family was in trouble for some time before the children's removal and each was able to chronicle events as they led to the children's arrival into care, although each story was unique, under the surface lay common patterns of behaviour.

Often the first sign of problems was the children's behaviour. The women described their mounting concern when grandchildren began to have behavioural problems and problems at school. Unexplained illnesses and injuries were frequently described and sometimes the grandchildren refused to go home when they visited. Other persistent signs of family trouble included the parent's financial problems, no food in the house, inappropriate family lifestyles and the presence of drugs, alcohol or violence in the home. The first intervention described, usually involved the extended family providing money or food to fix the families problems. After this, things would stabilise for a while. However, the family's situation eventually deteriorated again and the extended family would once again attempt to fix things sometimes by putting in more money, looking for support services or by bringing the family home. Each time the sequence of events recurred, the family's situation seemed to spiral downwards until the disillusioned grandparents realised that there was nothing more they could do to help the family or Child Youth and Family Services forced them to make a decision about the children's placement. It seemed that whenever this happened events spiralled out of the grandmother's control. The ultimate arrival of the children in care signalled a breakdown in the family system that the family had been unable to resolve.

R well, we felt they weren't being properly looked after and the mother just seemed to be ringing up all the time looking for money looking for food and we just couldn't understand why there was all this performance especially when she was on... is it DPB? and um just couldn't work on it and then we found that she was bringing the children down because they couldn't have any heaters on the power had been cut off. So then we paid the power bills and such likes to try and have power and hot water for the kids for baths and such likes and then it meant that then we had to go much, much deeper into it. And then found out it was the person living with her who was causing half the problems. And when the kids would come here they never wanted to go home they'd be crying they'd be quite hysterical. so we knew there was something not quite right and then it all came out in the wash that the money was going on drugs. And that's why the children were not getting fed properly we would give them food we would take it home but it was the one who was living in the house that was eating it all. And um when the mum went to the fridge to get food for the kids it was all gone. So... it just went from bad to worse. And then of course during all that time she was coming home with bruises all about herself and also found that she was getting knocked around. But every time we tried to do something about it what would happen the police would come take him away he'd be warned not to go within so many meters of the place and as soon as she went out he'd be back in and he'd be sitting with his feet up watching TV or something when she come back home again. And when she threatened to contact us she'd get another hiding and this was how life was going on and those children were seeing it. But they couldn't really tell you clearly or properly what was happening, they were so scared. And also (unclear) we found that well, one would go into hospital at say one o'clock in the morning and I'd get a call say half past one, two o'clock could I get up, go and get the other one from the hospital 'cause they didn't want him there in case he'd wake up all the other kids. So I'd get out of bed, get dressed, up to the hospital, pick up whichever one was alright, bring him home, make up his bed and settle him for the rest of the morning. Then you'd get a phone call at maybe half past eight, nine o'clock, oh they're allowed home at two today can you come and pick us up. And you could guarantee two days later the other one would be in hospital with an asthma attack. And that's when it really came through to us that these children were living in fear. It wasn't a true asthma; it was the environment they were living in that was bringing it on.

(Tsc 4, P 1, L 5-43)

Added to this, removing the children from their parents meant that the grandmother was forced to acknowledge that her child could not provide adequate care for the children. Several of the women in this study expressed anguish over the events that had taken over their children's lives.

The transition

The women's reluctance to remove the children from their parents was apparent throughout the transcripts. Many of them struggled to accept that the children's biological parents were unable to parent them and the grandmothers tendency to make a short-term commitment to child care, or offer supported parenting to the family was considered confirmation of this. When they accepted the children into their care, the women passed through one of two transitions. Either the final decision to take custody of their grandchildren was made after all other alternatives had been exhausted and they could see that the situation was not going to improve, or the women took their grandchildren into care when the biological family was in crisis.

The first of these journeys took the women through the process described earlier and they came to a point where they could see that the grandchildren's removal from their parents was the only option left. The disadvantage was that this process often took a long time (sometimes years) when the children remained caught in a deteriorating home situation while the adults around them

sorted through the issues. The advantage of this route for the custodial grandmothers was that they had time to adjust, knowing they had exhausted all available options before they were forced to remove the children. Even so, it was hard for some women to commit to long-term care.

I and in the meantime my little grandson was God knows where and with God knows who for some time until eventually there was a police swoop about three days later and the social workers rang up and he was delivered to me and that was that. Initially I made a commitment of about six months because I thought the mum would come to her senses [unclear]. Um I don't know what to .. in a way she was just never able to get it together.

(Tsc 9, P, 2, L 37-43)

The second route to accepting custody was more abrupt, even when they knew there were problems. Sometimes they underestimated the extent of the family's problems, things may even have escalated very quickly or perhaps the family was still trying to help the family through their troubles when Child Youth and Family Services became involved. If events unfolded this way, the grandparents often had limited time to understand that their own children (the grandchildren's parents) had the sort of problems that could disenfranchise them as parents. Once Child Youth and Family Services became involved, the family often felt things happened too quickly for them to integrate what was happening. Added to this, after Child Youth and Family Services obligation was over, the women reported that they disappeared as quickly as they came, leaving the family feeling unsupported, frustrated and ambivalent about how to move on.

R as soon as we said he was coming down here with us we never heard again although they said they were going to get in touch with Child Youth and Family Services down here and get them to come around and have a talk with us but it never happened.

(Tsc 7, P 2, L 38041)

Accepting the need for intervention

Accepting the need to intervene on behalf of the children forced the women to resolve a number of personal issues. The first step was to resolve themselves to the necessity of the children's removal from their parents. This could only occur in two ways

- a) they went through a process that led to see that the parents could not continue to look after the children
- b) Their fear that the children would be removed from the family altogether if they did not step in forced the decision.

The second step was that they needed to resolve in their own minds, was the circumstances under which the removal occurred. For example, when Child Youth and Family Services were involved their procedures and the timeframe they used sometimes cut short any process of grief and acceptance the family was cycling through. This was reflected in the unhappiness several women reported about how quickly events escalated with little or no family consultation when Child Youth and Family Services moved to uplift children. The grandmothers sometimes felt judged and inadequate and sometimes they felt as if they were part of the problem.

The third issue the women needed to come to terms with was the timing of events. For example, some grandmothers reported that the children had been removed too soon; they believed that given enough time and the right kind of support, the parents might have been able to overcome

their problems and stay together. Because of this, the women were sometimes slow to make a commitment to permanent childcare. Added to this, there were timing issues that related to the grandmothers own sense of preparation for receiving the children. If a grandmother was unable to resolve herself quickly to the idea that the parents posed a threat to their children, other problems may stem from this.

A forth factor, self efficacy was also found to play a part in the women's acceptance of the grandchildren into her care. Feeling in control of one's life may relate to personal qualities such as history, personality and experience, but it also relates to the control the women felt they were able to exert over their family situation. Data in several of the texts demonstrated that some women felt key events and decisions had been removed from their control. Some women reported that they felt they had no choice, there were not enough options available to them and they talked about feeling pressured to take children before they were ready to, yet they felt powerfully bound by their relationship with the children to take care of them.

Finally, it was much easier for the women to accept the children's removal when it was obviously the best option for them. Again, this came down to the women's bond with the child and the grandmothers understanding that the child could become a victim of the families circumstances if she did not interfere. When the neglect was obvious, or when the children were exposed to bad or abusive environments, the texts confirmed it was much easier for the women to accept the children's removal from their parents.

Grandmothers and the children's parents

The problem of the children's parents was a key issue and constantly present in the women's discussion. In spite of everything that occurred, the person who could no longer care for the grandchildren was usually the grandmother's own child and the quality of their relationship had consequences for the children and other family members.

Prior to taking the children into her care, each woman had to find a way of resolving her position in relation to her responsibilities and bond with her own child. There was a lot of variation in the data about the relationship between grandmothers and their child (the grandchildren's parent) but the overall impression was that this was an ongoing process. Some women managed to resolve issues in the present, but it seemed that being a mother meant that they frequently needed to upgrade their position to accommodate changes in their child's lives.

- I how is your relationship with your daughter?
R at present it's quite stable although we do have moments in our relationship that can last for months where we're very aggressive and very antagonistic towards one another. Umm we fight terribly, um but at the moment things are very peaceful. Umm I see a lot of glimpses of her before her medical condition was actually conceived. And um we're actually to the stage where we can caress and kiss each other and um hold each other again but in my mind I know that it's only a temporary thing because it's an old history thing you know, you have months like that then all a sudden it changes and it goes the other way, it's an ongoing cycle yeah.

(Tsc 2, P 1, L 32-45)

Some of the women were very angry with the grandchildren's parent. This typically related to how the children had come into care, the level of contact maintained by the grandchildren's parents and whether or not the women expected that their sacrifice in taking the child into care should have triggered changes in the parent that simply did not happen.

- R and they had these fights and the guy left and she bought the baby round to our house and said everything's all mad at our house and look after the baby for me for a little while and when I've sorted my shit out I'll come and live with you and look after live with the baby. She didn't come back
- I for how long?
- R Two months. And after about three months we tracked her down and asked her what the hell she was doing why wasn't she living with us, and helping us look after the baby. She said she didn't want the baby anymore

(Tsc 5, P 1, L 10-18)

It was rare for grandmothers to feel completely resolved to their circumstances however, for a few any issues that remained were put to rest to maintain the family bonds.

- I over all are you happy you chose to do this, putting the resentment aside?
- R Not at all, No, one didn't have a choice, I don't feel we had a choice, sure we could have initially had the eldest one adopted out, no we couldn't not at ten weeks she was already part of the family. We could have had the second adopted out but as my dear husband pointed out, we couldn't do that either, you don't have a choice; um I'm still waiting to feel happy about it.

(P 6, L 209-214)

Feeling bitter and frustrated about their circumstances, the woman in the excerpt above said that she and her husband had been stirred by guilt to receive a second grandchild soon after the arrival of the first, so she was angry. Compounding her frustration was the sense that her life had become a roller coaster; she had no control over her daughter's behaviour, yet she felt bound to protect the children and she felt that because they were family they should be responsible for her daughter's children.

Grandchildren and their parents

Most of the women in this study felt it was in the best interests of the grandchildren to know their parents. They felt it was good for both the children and the parents although the reliability of parental involvement varied considerably; they promoted parental involvement in their children's lives. Some were very close, they babysat and supported the grandfamily in any way they could. Others still behaved like dependent children themselves and their visits could be painful for the grandmothers who sometimes seemed to feel that they were doing all of the hard work while the children's parents wanted the rewards.

- R we go up there and see her. She has a bond with the eldest, but she treats her like a Barbie doll, she's something you play with and then put aside, when it screams you just don't want it. Um you want to take it downtown and show it off and cluck and see my baby it's so beautiful. But as for the hands on...nah, she just wants to show off. As for the younger, she doesn't want anything to do with him really. He doesn't know her he won't go near her, she could be a stranger he won't go near her.

(Tsc 5, P 2, L 60-66)

Life-changes

One of the strongest influences on the quality of the grandmother's lives after receiving grandchildren into their care was their ability to predict how well they would cope physically and psychologically after the children arrived, and this was hard for them for several reasons. Over all their youth when they raised their own children seemed to work against them. It caused the women to make assumptions about their coping ability that were based on factors that were no longer true for many. The grandmothers frequently complained that they were not fit enough because they had forgotten how naturally fit they had been as young women. Their bodies were winding down biologically, and several women reported being surprised by how much this had affected them. Mobility issues, such as arthritis and back problems were reported along with other physical ailments that reduced their ability to cope, especially with young children and parenting practices had changed a surprising amount. Many of the women, especially older women whose own children had left home years before, appeared to be confused by changes in parenting practice. Comments the women made about fundamental issues like the way children speak to adults and their attitudes to parenting, schools and discipline were seen as evidence of this. Another factor the women seemed to underestimate was the depth of the children's problems. They must have known that the grandchildren had behavioural problems before they came to stay with them, it was sometimes cited as one of the first signs that things were amiss with the family. However, they seemed to hope that resolving these issues would be a simple matter of providing a stable, loving environment for the children. When the problems were ongoing, they became exhausted, stressed and depressed.

A challenge

The women collectively agreed that there was no way they could have known how much raising their grandchildren would alter their lives. Most said that they thought it would be similar to raising their own children, there was unanimous agreement that this was not the case. The children often had issues that put everyone under stress and the grandmothers had problems of their own as they struggled to keep up with this the new ace of life and comprehend why the parents could not care for the children. All of the women found that fatigue was a massive challenge to their coping ability, especially while the children were young.

R oh, when they were little oh I was really had it... I just had to keep going and I had no, no help from anybody, no rest or anything I just had to keep going

(Tsc 3, p 2, L 64-65)

Housework was an ongoing problem for many because they were too exhausted to keep up with the demands of parenting young children while running a home. Some just did what they could while the children were young and hoped it would be easier as they grew up. Some found that housework made too many claims on their time and opted instead, to spend time with the children. Because of their constant stress and tiredness, extra demands like bill payments could be an

issue as well. One woman laughed as she told how she had a stack of accounts growing in the corner for months.

I was frazzled, I was a work wife I was a landlady I had a post-parental life that went on hold, and the mail stacked up so much it was stacked up in the corners and my tax return didn't happen for over a year because I couldn't find the time to sit down and do my tax return. My car kept running out of warrant of fitness and petrol and things because I wouldn't have time to think about those things it was crisis mode.

(Tsc 9, p 3, L 102-108)

While this is in retrospect an amusing anecdote, this story underscores the weight of the burden she and other women in her position frequently accept when they take grandchildren into their care. Some grandchildren in care bought difficult or unusual behaviour patterns from their early lives. This weighed heavily on the women who cared for them. A child's acting-out added stress to family life in a variety of ways and sometimes the children would cycle through a range of problems depending on their emotional state. These problems were embarrassing and frustrating, or just frightening for the grandmother. Some children soiled, or refused to use the toilet. Sometimes children refused to go to bed at structured times, were not used to sleeping in a bed, or suffered from night-terrors. Others continually ran away, and were fearful or overly friendly around strangers. Most struggled to make friends because they were introverted, aggressive, angry, or they had never learned to socialise, whatever the child's problems the grandparents had to find a way to accommodate them into their lifestyle and find some way to help the children adapt. School-aged children frequently presented problems for the school as well as the grandmother. The data showed that a lot of grandchildren in grandparent care were in remedial learning programmes, had teacher-aides or received clinical support from Special Education Services (SES) or Child and Family Services (CAFS).

Systems change

Re-visiting the parenting role brought grandmothers back in contact with child-oriented systems. Several women interviewed said they felt guilt because they found it hard to 'fit' in with the other parents and because at their age, they were less able to cope with being around large groups of children. Preschools often expected parental participation in activities that several women said they found quite hard now. Several women struggled to keep up with the children. Bending and lifting were added problems and some had found it hard to relate on a psychological level, especially when there were several children demanding attention. Consequently, they reported that it could be extremely difficult to participate in playcentre activities. School contact was a challenge as well. Grandmothers with school aged grandchildren said they struggled with homework. School camps and trips were especially hard because they needed to be comfortable and clean, and they tired more easily than younger parents and teachers, yet they felt obliged to participate because so many younger parents worked. Added to this, some reported that their age meant they often felt out of place at meetings with teachers. Given the higher than usual levels of problems among children in grandparent care this could be a problem that impacts on the

grandchildren's welfare because the quality of the relationship between home and school has the potential to shape a child's future, especially when the child is in need of special help. This is because education providers do more than educate children, they are able to access to a range of resources that benefit children with learning and behavioural problems, and because of the range of problems reported amongst children in grandparent care at home and in school, grandparents need to be able to access these services.

Family ties

- R I just can't understand how our lovely son has turned into a monster I can't allow him to take him to what I knew was a shocking situation down there I mean there's a strap on the wall she removed it when I complained. A strap of leather that was used to threaten the children if they misbehaved, wooden spoons the works I was not going to let him go back to that and they've lied, said it didn't happen and they've told so many lies. She's taken photos that I gave her and said they're something else and I'm saying but that's not true they're something else, heck some have even got my husband in them. I have the duplicates and she's saying they're something else and she's put these into the courts so we got a lawyer and we needed to get an interim custody order. We're in the middle of it and it will go on for a long time yet. And the problem is that we've off-sided our other family because we didn't understand the extent of her mental illness and we stuck up for her too often, of course our problem was that we've had him. It's all been very complicated and very difficult and we're we don't see an end to it for a while(Tsc 8, P3, L 97-112)

The grandchildren's relationship with their natural parents was probably the most important relationship they had formed during their short lives. According to Attachment theory (Ainsworth, 1962), the parental bond forms the basis for a child's relationships throughout their entire lifespan; learning that they matter to another person teaches children how to care for themselves and other people. Because the majority of children do not want to be taken away from their parents and the life they know. Their removal from parental care is expected have significant emotional and behavioural implications for them. Writers on this subject say that without generous and compassionate caregivers, children entering out of home care may never recover completely from such a traumatic event. (Ainsworth, 1962; Albus & Dozier, 1999; Smith, Gallop, Taylor & Atwool, 1999; Bacon & Richardson, 2001; Appleyard & Osofsky, 2003).

Maintaining biological connections

Ongoing contact with members of the birth family is thought to be in the best interests of children who live away from home and this idea is inherent in section 13 of the CYF Act (1989) which promotes the return of children to their family-of-origin whenever possible. A variety of child/parent relationships were reported by the women in this study. Most of the grandchildren had some contact with at least one parent. Some women reported significant relationships with both parents and other members of the extended family (on the other side) as well. Some children saw their parent(s) regularly and the grandmothers portrayed the birth parent/ grandchild relationship as good, although they nearly always described the bond as something other than parental. Some parents seldom visited their children, one woman said that the grandchildren in her care did not know that her daughter was their mother and that they called her (the grandmother) mum.

Unfortunately, because of the types of problems that led to the children's removal and the complexity and relative social invisibility of conditions such as alcohol and drug problems, they can be difficult to understand, and it may take a long time for the individual to reach a point where they seek treatment, let alone fully overcome their problems. It often is far easier for people to identify with physical incapacity, than it is to appreciate the dynamics of psychological or emotional disability. Therefore, although most of the women said they thought it would be good for the children to spend time with their parents, most struggled with the idea that they might be returned to them full time.

R And kept having to go to A&D and all those different places to get help because we already had the boys and we just could not take on any more we tried and tried our best, in lots of ways to help her and she was just doing her own thing. But we did go to A&D as well and what they tried to explain to us was that it's not you just every now and again deciding that you want drugs, it's the drugs that take over your body.

I they make the need happen and continue to demand that they be taken.

(Tsc 4, P 4, L 133-136)

Sending the children home

Returning the grandchildren in care to their parents was something about which many of the grandmothers felt uncertain. Some women supported the idea in theory, seeing this as an ideal. Others were very clear about their position and would not even entertain the idea. They did everything they could to ensure that this would never happen. Some women said they wanted the children to be able to return, they wished things were different, but this was something quite different to actually returning the children to live with their parents. It was clear that none of this group of women really expected the children to go home. If the children were ever to be returned, realistically it would have been as soon after the original removal as possible because the making of new affectional bonds signals a need for permanence. As time passed, it was evident from the transcriptions that the women developed a strong parental bond with their grandchildren that resembled the parental attachment. To break this bond would place the children at more risk.

R mmm no, not at all, there's no real relationship there at all, I mean for a time I used to show the elder child a picture of her mother on the wall and say there's mummy, there's mummy (daughter's name) but now I don't do that because she's nothing, she's just (name). She's not, she doesn't qualify as a mother, she has no rights as a mother in my eyes because she's done nothing to be a mother. You know?

(Tsc 5, P 3, L 71-76)

Cross-generational connections

Cross-generational themes permeated this data. A range of convoluted family relationships was reported by the women throughout the study. They profiled family arrangements that were atypical and sometimes strained. Homes containing three generations were relatively common as the children's parents came home to stay and sometimes the women in this investigation summarised their responsibilities to four generations. Stories about the impact fostering their grandchildren had on other family members merged with accounts of how their children felt about them bringing

grandchildren home and the outcome of this on their relationships with their other children and other grandchildren. Some women also talked about sick or elderly relatives that needed their support and care.

When people enter middle adulthood their lives become more spread-out, the middle generation may be responsible for an assortment of other generations while they try to continue managing their own lives (Huyck, 1999; Glass, *et al*, 2002; Hayslip & Hicks-Patrick, 2003). According to Erikson's theory of psychosocial development, the key task of middle age is to be concerned about the welfare of family. During midlife, a person's behaviour is meaningful and family-oriented. If middle aged people fail to accomplish these things, their ongoing development may falter. Further more, Erikson also identified old age as a period when people attempt to find significance and order in their past and present lives. To avoid despair many older people are motivated towards resolving family conflicts (Berger, 1988). Looking at it this way, the fact that many middle aged women are motivated to provide care and protection for extended family members can be seen as a developmental task, well as an act of benevolence towards family in need. The women who participated in this study said they had found raising their grandchildren to be a very fulfilling task in spite of the complexities it added to their already complicated lives.

R we wanted to scale down to use to save, we couldn't we had to keep a big car and jobs were a problem because I would see a job I thought I could do but I couldn't because I had these children you see, and I went through a hard time because I had all of these plans to prepare for my old age and I get distracted easily and I kept getting traffic tickets because I had to be at school at three to pick up these kids and I was always in a hurry. And then there was, you know, we are responsible for four generations and my mum had a stroke so I was trying to get over to see her and make sure she was ok but I couldn't do that until my work and the kids were finished and she would get upset because I wouldn't get there until later in the day and that was awful. Really night was the only time I could do my housework or business and I would like to have gone out for lunch with her occasionally but then I would have liked to have lunch with my husband sometimes too.

(Tsc 9, P 7, L 246-256)

Husbands

Although this analysis focused on the woman as the primary caregiver to the grandchildren in care, this was done to constrain this investigation, not to undervalue the role of husbands and partners. The spousal relationship was reported as one of the most important in these women's lives. By far the majority of women who took part in this study were in a spousal partnership when they received the grandchildren, and although some of the grandchildren in care had no biological connection to the men, all were described as supportive and concerned for the children's wellbeing.

I ok and your husband. How is he with all of this?

R he's been very supportive right from the beginning he's been my pillar of strength all the way through. Often doesn't say much but if he feels the situation calls for it and I'm not handling it then he will step in and make the rules. Umm I know a lot of people think he takes a very background position in in the situation with my grandkids but in actual fact he's one of the driving forces. He's the one who's been able to um bond with them very very closely. he's been able to put routine and regularity into their lives

when I was unable to do it umm and he's the one who's been their um role model for their improvement over the last few years... I really believe that.

(Tsc 2, P 2, L 60-70)

In contrast to overseas studies which found that in some regions more than 50% of grandparent households were headed by a single woman (Miltenberger *et al*, 2004), all but one of the women in this investigation was married or in a long-term partnership. Raising grandchildren often placed the spousal relationship under stress. However, most women reported that things eventually relaxed as the children grew older and they needed less one-on-one care. Superlatives were sometimes used to describe husbands who worked hard to support the family and then came home to teenagers, preschoolers and tired grandmothers who went to bed when the children did. These women said they were thankful to have husbands who settled for broken nights and nappy changes at a time in their lives when many wanted to save for retirement and go away on fishing trips.

The grandmothers other children

Some custodial grandmothers still had school-aged children in the home when they received their grandchildren into care. These women talked about the impact raising grandchildren had on their children. There were often difficulties associated with doing homework around noisy preschoolers, and the lack of personal space meant that families sometimes had to extend their home or move to a new home to accommodate the grandchildren. Temper tantrums, erratic bedtimes and encoporesis were a few of the problems that raised issues for the family children. There were advantages to having teenaged aunts and uncles living in the home when grandchildren came into care though, these grandmothers reported that their children sometimes babysat when they needed them, and one woman pointed out that at least the older children knew what they were in for when they had their own children.

I So what's the experience of having your grandchild been like for you?

R well when he started going to school it made things a lot easier but it was very difficult with three teenagers and a three year old in a three bedroom house. And he was constantly getting into their homework and was noisy all the time I mean they coped with it but it was very difficult, very stressful. My husband was working long hours and he was coming home to this noisy three year old... but we got through it.

(Tsc 1, P 13, P 441-451)

Non-custodial grandchildren

Several of the women in this study reported that they had other grandchildren. Most of them said that it had been much harder to spend time with the other grandchildren since receiving the custodial grandchildren. Non-custodial grandchildren appeared to present the grandmothers with a dilemma because although they were desperate to be good grandparents to them, and they loved seeing them, busyness, tiredness and stress often meant that they struggled to spend themselves far enough. One woman said she had been so tired and busy after her grandchildren's arrival into her care, that she simply had not realised how long it was since she

had spent time with the other grandchildren. She said that her daughter complained about this, so she tried to be aware of the time between visits and when she could, she would try to include all of the grandchildren in family activities and invite them to stay, but it was very hard. Other grandmothers reported similar concerns saying they were too tired to focus on the needs of other grandchildren because the children in their care were so demanding and sometimes they were seen by the other grandchildren's parents as a bad influence on their children.

Connecting to support

Extended family support was found to be unreliable for many custodial grandmothers. This was mainly because of their time of life. Because of their age, many of the grandparent's brothers and sisters no longer had much time for small children and they were frequently separated by long distances. Surviving parents were elderly and although some parents⁹ had offered what support they could, the level of help great-grandparents were able to give was limited by their functional ability, health and their own care needs along with the children's age, the child's behaviour, and how close family members lived. The family support most often reported was babysitting by the parents who were still involved with their child and the parents' siblings (aunts and uncles to the grandchild in care). This was seen as a real advantage by these women, because it meant they could get out from time to time, however, as time went on some of this support often disappeared because the babysitters eventually became busy with their own commitments.

Committing to care

When describing the characteristics of safe out of home care Smith (1999), noted that the most important element of effective environments is the human component. She pointed out that the provision of consistent and sensitive environments are essential for children who have not had good parenting, this takes commitment and understanding on the part of the caregiver.

In this investigation, the grandmother's initial commitment to care of their grandchildren was found to be an antecedent to theirs and the children's adjustment to the new situation. The way the child came to be in care, and the level of commitment the women felt they were offering at that time, appeared to be related to the family's adjustment to the placement and it had consequences for the children's adaptation. When grandmothers thought the arrangement was temporary, they reported taking the children into care with less thought to the long-term consequences of raising children. These families were potentially less well prepared for the long term changes to their lifestyle. There was less consultation with other family members about the children's placement when the arrangement was seen as temporary, so other family members were also less able to

⁹ The children's great grandparents

prepare for the ongoing consequences of full time grandchild care than the families of women who treated the placement as permanent from the beginning.

The ambiguity of the grandmother's role could cause her to have adjustment problems as well, the woman below had taken her first grandchild on the understanding that her daughter would move in with the family after she had tied up the loose ends of her old life. Not only did the temporary arrangement become permanent with no sign of parental support, but also, within a short time her daughter (mother to the child in care) produced another child she could not raise. Although this woman said she felt much better prepared for the second child, and this was confirmed by her dialogue about the period before the child's birth and her subsequent relationship with the child, she remained unresolved over the circumstances of the elder child's arrival into her care and she harboured a deep hostility toward her daughter over this.

- I Before you had the kids did you have any idea about what it was going to be like raising them?
R In a way no, it was really rather bloody stupid we had these rose tinted glasses on again, we thought oh such a beautiful little baby oh yea we can do this. And then of course once you've got them the rose tinted glasses fade to the reality and you think oh now we have to go through that stage and that stage and oh my god what if they turn out like that...all over again. You don't choose to have two more children in your forties when you've already raised six, it's just foisted on you and you can't get away from it.

(Tsc 5, P 5, L 169-175)

Thinking ahead

Making a long term commitment to child care made the women sharply aware of issues pertaining to their age and life-stage. For most, it meant that plans had to be made for the children's long-term care should something happen to them. The fear for the children's future wellbeing if anything happened to them was a potent theme throughout the interviews. Most of the women concluded that because of their age they may not be able to protect the grandchildren for as long as they needed it. This theme came through at several levels. Some women openly expressed their concerns; other women were covert about this. References to age, tiredness and poor health implied their awareness of declines while references to their commitment to the grandchildren inferred the value they placed on the time they had left with them. An added problem was that none of the women interviewed for this study were confident that the grandchild's parents would be able to raise children successfully.

- R I wouldn't like to give the responsibility back because it would ruin them, they'd end up in CYFS care that's where the eldest one was heading when we took her. Yet if you ask her about it she's done nothing wrong.

(Tsc 5, P 6, L 205-208)

Even when this was not openly discussed, it was implicit in the texts. Some of the grandmothers were very protective towards the children they cared for, they felt that there was risk to the child if they could not continue to care for them.

The web of family wellbeing

Wellbeing is a complex issue. It is a psychological concept that relates to the psychological health of the individuals in the family. In grandfamilies, each person's psychological health is connected via a web of social, environmental and individual characteristics to the physical and emotional health of the family. This study was interested in factors that threatened the psychological wellbeing of custodial grandmothers because women are usually the primary caregivers and the wellbeing of the entire family may be jeopardised if they are not well.

Children's health

When children enter grandparent care, there is a reasonable chance that their health was compromised during early development. Substances introduced to the prenatal environment may cause a range of physical or psychological problems that alter the child's physical health and their ability to learn and interact socially, while post-natal exposure to a range of environmental influences, like poor diet, abuse and neglect may also change the way a child looks, acts or thinks. Usually these types of developmental influences constrain the child's development, resulting in the need for more consistent, committed childcare. Several grandmothers reported that children in their care had issues that were a product of their early development. Some, who had drug or alcohol dependent parents suffered from physical, psychological and behavioural problems. Because of this, most of the children whose caregivers were interviewed for this investigation had been involved with psychological, counselling or medical services at some time. The problems the grandmothers reported included developmental delay, failure to thrive, Attention Deficit Hyperactivity Disorder, Oppositional Defiant Disorder, an array of non-specific behavioural syndromes, explosive outbursts of temper and a plethora of anxiety-related issues such as bedwetting, soiling and recurrent nightmares that they needed help to resolve.

R yes it took quite a while. Yes ... was in a heck of a state it didn't affect ... because she was so young, but ... he was a scared little thing, he wouldn't go outside he's just cling around your legs all the time and then we found out he was deaf later on too. So it took us a long time to get him to come right he used to wake up in the night screaming his head off it took aged to get him right we used to go in there and pick him up, cuddle him, wait 'til he calmed down and get him back to sleep he was just in a heck of a state he was you know, just really scared.

(Tsc 3, P1, L 27-34)

Although one woman reported that her grandchildren's performance at school had improved since they came to live with her, most of the women reported that the grandchildren in their care had ongoing problems at school. Learning disabilities had brought many of the school-aged children to the attention of Special Education Services and behavioural support teams. Some grandmothers reported that the children in their care also had physical problems stemming from their early development. One of these children had a number of surgeries over several years to correct a congenital condition that she said was caused by the mother's drug-taking. One of the toddler's in grandparent care suffered from a developmental disorder that reduced her chances of survival

and needed twenty-four hour monitoring as a baby. Although this was behind them at the time of the interviews, the child still required a special diet and daily physical therapy.

Contextual issues

It's difficult when you don't know who to go to, to start with to get help. That is one of the worst things. But I've written um letters to Leanne Dalziel and I know that she was working hard to put stuff through parliament and I've seen Steve Mahary and I've seen the guy Powers and I've seen Marshall so that's four MP's that I've been to, to try and get help for children with learning disabilities and I classify brain, head injury whatever you want to call it.

(Tsc 6, P8, L 268-273)

In addition to the problems that arrived with the children, there were contextual threats to family wellbeing. Most simply came down to the grandfamily having access to adequate resources that would help the children overcome issues that affected their wellbeing, raising a special needs child could be expensive and the children sometimes missed out if the grandparents could not afford special help, or get people to help them.

Financial problems were reported by most of the women in this study. Women with older children reported that food and clothing could be very expensive. Women who received Child Youth and Family Services board payments or UCB said that it was barely enough for basics, especially if they were already struggling to make ends meet. They said that as the children grew up and became involved in activities outside the home the cost of caring for them became even higher. People on low incomes found this especially hard because they wanted to give the children the best chance they could to get on in life, and yet they received the same level of child support as those on higher incomes. Even relatively well-healed grandmothers described the difficulties they faced as they provided for grandchildren. It could be very expensive, especially when the children's parents challenged them for custody.

R that money was going into a retirement fund we are now having to use that money to pay our lawyers. We have a benchmark figure of ten thousand dollars, we don't know what we can do after that because if my husband retires...he's really stuck and he has to go to work now, he would like to have retired but now he's stuck probably until he's sixty five because we need to have the money for legal fee's.

(Tsc 8, P 5, L 154-159)

Grandmothers

Stress and Depression

All of the women in this investigation described their lives as very stressful. Several said that after the arrival of their grandchildren in care, they had lived frazzled daily lives for years, especially when the children were preschoolers. While some of the women in this study admitted diagnoses of depression, depressive symptoms like tiredness, low energy, moodiness, not wanting to get up in the morning and feelings of hopelessness were common in other women's descriptions of their lives.

I suffer from mild depression. I'm on antidepressants, I get down, and I have chronic bowel problems I've got irritable bowel syndrome and Crohn's disease because of the surgeries, they cut the Vegas nerve in surgery. The health stinks but my husband is fantastic.

(Tsc 11, P3, L 89-92)

Compounding the women's feelings of depression were high levels of unresolved frustration. The women felt that Child Youth and Family Services frequently refused to give them their entitlements because they were related to the children. Some said they changed arrangements without consulting them; they would pledge help and then change their minds after the arrangements had been made and their practices were sometimes believed to be coercive.

To illustrate this point, one woman said she reached breaking point after a series of interactions with a Child Youth and Family Services social worker. She said the social worker implied that the children would be removed from her care when she complained that Child Youth and Family Services had once again, changed arrangements without consulting the family. At the time she was interviewed, this woman was so distraught by any contact between them that her husband took care of anything to do with the service. She claimed that the family had consistently been let down over a period of two years, during which time they had four social worker changes and had found the social workers sometimes did not know details of the children's case well enough to keep them safe. This woman and others expressed their belief that Child Youth and Family Services discriminated against family caregivers. They were frustrated that rather than recognise the range of problems they faced raising children who had been removed from their parents and the important role they played in raising those children, Child Youth and Family Services were thought to use extended family members to save themselves money, this feeling was shared by several women. The grandmothers consistently talked about a range of stressors that resulted from the pragmatics of custodial grandparenting. Problems with Child Youth and Family Services seemed to be an unnecessary source of anguish for them.

R and um this would go on all the time so in the end I rang up CYFS and I said look if you're going to keep changing your mind... I got an answer phone... if you're going to change your mind about the way we've set up the access would you please let us know because we don't know really what's truth and what isn't and they rang back and the case worker at the time says I don't think you are very suitable, as caring for this child... we're going to have to take her away...and ah this really did upset me because I mean I, I might have be.. sounded cross when I rang up and I probably did sound cross when I said would you please let us know so we know where we are...so they decided that we weren't suitable to care for the children ... umm and so.. after that (husband) decided ah well, he'd just do all the dealings with them because it really did quite upset me. So now he does usually all the talking to them and um..

(Tsc 1, P 14, L 495-508)

Physical constraints

As well as depression, the custodial grandmothers reported how physically taxing raising grandchildren could be. They said it was harder to keep up with children as their bodies slowed down, especially those who had raised younger grandchildren. Most of the women cited problems

with lifting and chasing preschoolers. They also associated their extreme tiredness with constant monitoring of children and trying to maintain a tidy house.. Another physical problem noted from the texts was the loss of physical dexterity reported by some women. They struggled with losses they associated with ageing, Problems like arthritis and back problems limited some women's ability to do what they felt were basic tasks like picking up toddlers and managing the safety catches on child restraints, cots and collapsible pushchairs. This added complexity to their situation because it meant they either had to organise their activities so they did not need these things, or they had to get someone else to do it for them.

R I had trouble with the silly car seats that we had; my fingers wouldn't quite work to shut them so he would have to be here to help me with that sort of thing,

(Tsc 1, P 8, L 290-291)

Psychological preparation

There was some evidence that because of their lifestage and their expectations for normal aging, the women had struggled psychologically with revisiting the parenting role. Several women reported feeling out of step with people they met. Other parents, schools and other people their own age were still functioning in their normal way and this sometimes left the women feeling that they did not fit in. Sometimes women said that they did not feel that they really had a choice over taking custody of the grandchildren; they were bound to this role by their family connection and their emotional attachment to the children. Some felt that too few viable options were offered for the children's placement and this was frustrating for them.

I CYFS didn't give him a choice, they checked them out physically and then just assumed the he wasn't the reason that everything was going wrong, without checking up on anything. And then just put you onto these social service agencies and left you to fend for yourselves

(Tsc 4, P 7, L 270-273)

Frustration was a widespread theme in this study and it interfered with the quality of childcare they could provide. Some said they were constantly stressed out by childcare and frustrated that respite care was the only help they could get because they felt it was the wrong type of help for their situation. Some women said they would rather someone came once a week to help them in the house, but had been told this was not possible. Some felt that they had been given the run around and forced to jump through hoops to receive things like childcare subsidies that other families with young children take for granted. When Child Youth and Family Services stopped their subsidies because the children were old enough to go to kindergarten, which was the cheaper option, the caregivers were forced to give up anything that did not fit these hours, no matter how important it was to them.

The dilemma for these women was that while they were focused on child-raising activities, they still lived with psychological pressure to prepare for their old age. Most watched as their friends and family continued to do the things people their age do. Many had not realised until after the children's arrival that parenting them would be so demanding, and they worried about what would

happen to them after the children had grown up. Although some of the women reported that they had retirement funds, these were being used up on raising the children.

R And we I can't do the workload you see that's saving for our retirement when we are saving for our retirement aren't they we still have to retire at sixty five it's just that these fifteen years when we should be building up that asset are child raising years and I just can't carry the workload. We're still going to need resources and assets then. And we are still grandparents.

(Tsc, 9, P 6, L 200-208)

Social involvements

I How have you coped with the lifestyle changes this has bought?
R well we became social outcasts in our own age group because we are a package deal and he came too because he is our child, he is our family, he's more than our grandchild. I never let him forget about his parents but he's bonded. Then we didn't fit into the younger age group so at school I was alienated for a long time because I didn't fit in, I didn't fit in anywhere actually. We were the odd couple he and I and my husband he and I were the odd trio

(Tsc 6, P 5, L 161-167)

Friendships

Friendships give people someone with whom to share their experiences and problems, they help people to maintain their psychological wellbeing. A pattern was noted where the grandmothers seemed to gradually loose contact with people they knew well while at the same time they found it more difficult to make new friends who could provide support when they needed it. Because of their age, and some of the children's problems, old friends tended to drift out of their lives. Some women felt uncomfortable taking young children to houses where people had nice things that could be broken and often the places that older people met were not appropriate for children. Some women said that their friends had not been able to tolerate children's noise and activity very well either. When they wanted to make new friends, the women reported that they found it hard as well because of the generation gap between them and the people they met through children's social activities.

R um it's actually quite difficult.. um I have friends within the grandparents group who are um great support and value to my life because you find yourself isolated into a group and a lot of it comes out because of age. You know um you're raising children. You're not in the same age group as the younger parents raising their children when you go to things. Your interests are all different umm also because of financial situations you don't tend to retain friends of your own age unless they're in similar situations because their kids have grown up and um you just don't have the money to indulge the same things that they do.

(Tsc 2, P 8, L273-281)

Some women also indicated that their families were less available to them as a support group than they had been when their own children were young, although most of the participants in this enquiry reported their relationships with family remained largely in tact. However, the ages of the people involved meant that family and friends rarely wanted to baby-sit; especially when the

children were young. As well as this, they often did not understand the problems faced by the women as they raised their grandchildren. Some women said that people's circumstances had changed over time, family members had moved away, passed on, or simply did not want the hassle of children in their homes. In addition, two of the women in this study had fewer family supports to begin with because they had migrated from other countries as young women.

Social fit

- R And another thing I've really noticed is that when you have your own children you naturally... a support network forms you know, meet other parents at playcentre, the kids you just develop these friends and they're the right age and these things develop informally. Well I didn't have it you see, I went to the school and here's these twenty something mums with mini skirts just over their bums and I suddenly thought... were am I going to find a friend here? (Tsc 9, P 5, L 159-165).

There was a very real sense in the transcripts that everything, right down to where the grandparents went, might be dictated by the children's needs. The places that were available to caregiving grandmothers for making social connections were principally attended by the parents of similar-aged children. This meant that the grandmothers found themselves separated by an entire generation from the people with whom they had the most social contact. Disparities in interests, activities and behaviour were often reported between grandmothers and the parents of the children's peers. They consistently said that they felt they had nothing other than the children in common because the things they were interested in were very different. On top of everything else, they reported feeling that their age was a massive hurdle when they went to children's birthday parties and other social events with other families.

Being able to share an interest with other people helps individuals to maintain a sense of emotional and psychological balance in their lives. People who work may find gratification through their work and their interactions with other employees. Other people join clubs, sit on committees or participate in other groups of like-minded people. Several of the women who participated in this study had previously attended craft groups, sat on committees or met socially with friends. Most had lost this part of their life since the grandchildren's arrival. Several reasons were given for this. Problems finding appropriate childcare for the children most often cited. Sometimes the type of recreation was inappropriate for children. For example, one woman was a potter before her grandchildren arrived and another woman said had worked with porcelain dolls. They both said their work was too fragile to risk bringing the grandchildren along while they worked. Sometimes, the venue or the times of meetings were a problem, or the women felt that taking the children strained their friendships. When they went out most went to places like MacDonald's where the children could play.

Going out

- R Yeah, I'd like to do things like um go out to dinner occasionally or just go out to the flicks just me and my husband on our own, but you know when you're in the situation we're in you tend to um choose pictures like Harry Potter and the Chamber pot and take the kids (laughter) you know, you get the idea eh? Or you go to McDonalds and I can't stand McDonalds and you sit there

(Tsc 2, P 8, L 289-295)

Opportunities to go out and relax without the children were described as rare by this group of women. Traditional family supports were missing and the women reported that their age meant finding babysitters from the community could be hard even when the children's behaviour presented no barriers. To complicate this situation even more, children under Child Youth and Family Services care and protection orders could only be cared for by a trained Child Youth and Family Services caregiver, so arranging time out was sometimes more stressful than staying at home with the children and some women felt bitter about that.

- R No we've had one night out in two and a half years, dinner and that was it and I had to pay for a baby sitter and we had to drop the children off at seven and we had to pick them up by nine thirty, and it cost me twenty five dollars and it was hell and the meal was bloody awful as well. That was the husbands birthday.

(Tsc 11, P 2, L 62-67)

In response to the needs of foster families, Child Youth and Family Services and some community service providers offer periods of respite care for foster care families when the pressure gets too much. In spite of the consistently high number of women who reported ongoing stress and tiredness, of the eleven women in this study, only two had ever used respite care. Although some had never been told it was available, the majority of women reported that they would not send the children to strangers so they could have a break. The reason given was the same for all of the women. They did not think it was appropriate to send children who had already lost their parents to stay with strangers; this reporting was consistent with the women's reasons for taking the children in the first place.

- R The only thing is that we haven't had much useful help because anything practical had to fit their categories and it wasn't very useful. They'd offer an expensive inappropriate type of help when they could have offered less expensive more useful help easily but what we didn't fit their categories I found that difficult

(Tsc 9, P 8, L 277-281)

The type of commitment to care was different for these caregivers. Their emotional connection to the child in care meant that although they still needed some help because their situation was full of complications and stressors, they considered stranger care too risky for the children, especially when they identified closely with the grandchild's need for stability and consistency.

The core category

During this analysis, coding occurred concurrent with data collection. Interplay between analytic procedures forced a growth of conceptualisation and theory. Open coding of the transcripts into

general categories led to axial coding during the second phase of data analysis. Categories were compared and memoing continued in an ongoing cycle to verify and deepen conceptualisation. During the final phase of the analysis, selective coding led the researcher to create a core category that linked all of the themes. The core concept drives theory development (Strauss & Corbin, 1990).

Developing a central theme

During the early phases of open coding, analysing reflected my own belief that the women's responses were a mixture of innate instincts and social conditioning which led them to rise up in defence of their family. However, as the process continued to develop deeper insights, this early position gradually shifted. Early theorising was founded on a naïve idea that that the women instinctively rose up in defence of their grandchildren and family.

Ongoing development of this theme by coding and memo's led me to the idea that the women's actions were a defensive strategy to keep the family together in the face of adversity. The fact that not all women whose families are in trouble opt to raise their grandchildren seemed to indicate some freedom of choice that was lacking in my early theorising. Further coding sought to clarify levels of choice and the defensive role indicated in the data. However, the idea of personal choice did not fully explain the factors that tied the women to the children's care.

Continued verification of hypotheses led to the emergence of more patterns from the data. For example, a relationship was established between the women's reports about having had no choice and the fulfilment they said they felt raising their grandchildren. Although several women said they felt they had no choice about taking the children, they also said that they experienced a great deal of fulfilment, whatever the costs. It was also noted that although the bond between the women and the children seemed to develop as the grandparents and children established a relationship that resembled the parent/child attachment, at some level, although it was less apparent in the grandparent/child relationship, this attachment had existed early in the women's reports. So what was happening? What was binding them to the task in spite of the costs to their own lives? Moreover, how is it that these women consistently reported high levels of fulfilment in spite of the personal costs?

The following chapter outlines how these women were secured to the caregiving role, and were able to largely maintain their sense of self-determination and fulfilment. It shows how a theory of 'family binding' can explain the women's commitment to child care.

CHAPTER 6: THEORISING & CONCLUSIONS

Unlike other methods, which seek validation of hypotheses from the data, Grounded Theory incorporates a range of systematic procedures that elicit the developing theory from the evidence. Schram, (2003) points out that the emphasis in Grounded Theory is on the development of 'process theory', or theory that addresses behaviour and interactions between people and events over time. This chapter provides evidence supporting a theory of 'family binding'. It looks at the binding process between the women and the grandchildren in their care and how it occurred; gathering support for these ideas from existing theory. The last part of this chapter discusses issues relevant to the analysis and some future directions for research.

Family binding

The concept of binding

The concept of 'binding' developed for use in this theory includes factors that compelled the grandmothers to raise their grandchildren. Internal values that stirred the women to parent their grandchildren after their children were unable to do so, may have come from personal beliefs that guided the women's behaviour; some of these values and beliefs may be influenced by outside forces like culture and social belief systems. However, their influence is considered to primarily function through the women's choice. Obligatory factors that bind people to behave in particular ways are thought to include cultural beliefs and ideologies that specify how things should be done regardless of personal choice.

Support from the data

The existence of family binding is clearly demonstrated in the data. Raising grandchildren was an unplanned and time disordered role that was undertaken under crisis conditions and significantly reduced the women's opportunities to live a comfortable old age. Added to this, the women in this study had not planned to parent again, raising the children meant that they could not work and the data shows that they often worried about their future.

We, I can't do the workload you see that's saving for our retirement when we are saving for our retirement aren't they we still have to retire at sixty five it's just that these fifteen years when we should be building up that asset are child raising years and I just can't carry the workload. We're still going to need resources and assets then and we are still grandparents (Tsc 10)

Commitment to the child's wellbeing, drawing from personal experience and fulfilment were key components signifying the presence of family binding in this group. Commitment to the children's care was demonstrated by the women's attitude to seeking time out. The presence of value-bound behaviours and in the fulfilment, they reported feeling in their role as caregivers. Their personal experience as parents sensitised the women to the children's need for parenting and safety, while gratification helped the women to overcome the conflicts they encountered as they continued to provide the children with care and support.

Commitment to the child's wellbeing

Seeking time out

The data indicated that although the majority of women expressed a need for time out, few would accept caregiving help unless it met specific criteria. Respite care was turned down by several women because it meant that the children would be sent away from their home once again and the women did not want the children to feel rejected by their family again. Added to this respite care meant that the children would be sent into the care of strangers and these women were resistant to the idea of strangers caring for the children because they did not think it was good for them. The data indicated that sometimes it was not time out from the children the women felt they needed, but time out from the pressures of child minding. Some of the women pointed out that the family's needs would have been served better by house keeping help, or even someone to care for the children in the home, while the grandmother went out to buy groceries and pay bills.

Values

The data indicated that the women's decision to refuse respite care was influenced by their values and beliefs about family and good child raising practices. Internal values are subject to social pressure and they bind people by socially legitimising their behaviour. For example, the fact that a powerful social structure such as Child and Family Services endorses some child-raising behaviour increases the chances that these practices will be accepted by the wider community.

Worrall (1996) pointed to the presence of social belief systems about how families 'should' function in New Zealand society. First, families should be independent and get on with family functions without creating problems. Second family should be responsible for their own members and third, families should be able to provide children with protection and safety. As experienced parents with years of exposure to social knowledge about how families are 'supposed' to operate, the women's attitude to parenting reflected these social values. They believed that it was not in the children's best interests that they be sent to stay with strangers so they rejected it although it was the only help they were offered. Smith (1997) pointed out that raising children in care requires a commitment to the children's welfare beyond that of most parents. This was certainly apparent in

the commitment shown by these grandmothers' actions. They had enough experience to know that their grandchildren needed consistent and compassionate parenting from within the family rather than semi-committed caregivers who sent them to stay with strangers when they needed a break.

Fulfilment

The sense that raising their grandchildren was important and contributed in a concrete way to their wellbeing promoted a feeling of fulfilment in the grandmothers that bound them to the role in spite of the problems they faced. This was an important factor that maintained the women's commitment to the grandchildren because as well as the changes to their own lives and the personal difficulties they faced, the majority of children entering care are known to have challenging behaviours and health problems (Edwards, 1998; Bacon & Richardson, 2001; Broad. *et al* 2001; Kinney *et al*, 2003).

Feeling that what they were doing was worthwhile strengthened the satisfaction the women felt in their lives. This made it much easier for them to take pleasure in their grandchildren. A result of this is that the children in grandparent care were usually highly valued by their grandmothers. Each woman had a story to tell about the pleasures raising her grandchildren had bought to her life and they often talked about raising their grandchildren in terms of the contribution the children had made to the grandparents lives. Most were focused on doing the best job they could, and not repeating mistakes they might have made when they raised their own children. Generally, the data indicated that the children's influence on the women's lives was additive. Although the children brought more conflict and problems, they also brought more fulfilment and satisfaction to their grandmother's lives. The things that caused the women the most conflict were things like policy and rule-bound behaviours that left them confused because although they espoused child focused caregiving, they often stopped the women from accessing resources they deemed necessary to help the children recover from what had happened to them.

Drawing from personal experience

The only advantage in having grandchildren to raise from infancy and little babies is you have a lot of experience, you know what... it's two sided, it's good because you've got the experience it's not so good 'cause you know what you're in for (Tsc 5, P 4, L19-112)

Skill and knowledge

The women were also bound to care for their grandchildren by their skill as parents and the knowledge they had accumulated during their lifespan. The data demonstrated that because of this, these women believed that it would be much harder for their grandchildren to grow up to be healthy adults if they were taken away from the family. They felt that family connections and stability played a role in children's long-term wellbeing. It is reasonable then, to argue that they

were bound to raise their grandchildren by their life experience, and because of this, the women responded to the children's need for ongoing care and protection.

Although the data indicates that the grandmothers often reported that they had no real grasp of how hard raising their grandchildren would be prior to accepting custody. It also clearly demonstrated that when the children's behaviour was challenging their commitment to childcare did not decrease and that this was because they knew the ramifications for the children if they felt rejected by their family.

The value they placed on parenting

Receiving their grandchildren into long term care signalled the need for changes in the status of these women from grandparents to parents of the children in their care. Cox, (2000) defined the grandparent role as one where the grandparents provide backup and advice for families rather than full-time primary care. The data indicated that the women in this study were bound by their experiences as parents, to parent the grandchildren in their care and because of this, their behaviour evolved to resemble parenting far more than grandparenting. There were several instances in the data where the grandparents clearing referred to themselves as parents to the grandchildren in their care, indicating that a significant role change had taken place.

Parenting was also correlated to the grandmother's commitment to the children's long-term care and to the gratification they took from raising the children. The commitment they made to the children by parenting them meant that the grandmothers were able to normalise the children's upbringing and subsequently, normalising the children's lives increased the chances that the women would feel satisfied that they had done their best to stabilise them.

Gratification

The data revealed a series of interactions between fulfilment and other factors that had an impact on the psychological state of the women in this study. For example, a negative interaction was found between fulfilment and conflict. Fulfilment may result from exchanges between events in the women's lives. The data showed that when the grandmothers were stressed and tired, they were more likely to focus on the frustrations of their situation than on the rewards. However, when they felt less conflicted they focused on the positive aspects of raising their grandchildren and felt more gratified.

Positive correlations were also found between efficacy and fulfilment, and meaning making and fulfilment. There was evidence that when the women felt they had little choice about events, their mood dropped and their frustration grew. However, if their contribution to the child's wellbeing was perceived as important by them, the benefits of role satisfaction outweighed the costs of lifestyle changes.

Conclusions

The background of familial care

In addition to identifying the women's personal experiences, this enquiry found it expedient to highlight problems in the context of family care because these were found to have a negative impact on wellbeing of the women in this study.

The literature on attachment and child development has clearly demonstrated that factors in the caregiving environment can influence child development and may be crucial to their psychological wellbeing throughout their lives. Principles such as this, which aim to promote child wellbeing, are inherent in the Children Young Persons and their Families Act, (1989) which gives state recognition to the value of the family bond for child wellbeing. Principles of child wellbeing also inform the policies of the Child Youth and Family Service as they act on behalf of disadvantaged children. The dilemma the agency faces is that as a state run enterprise it is compelled to provide child protection services under budgetary restraints, and from within an environment that seeks to reduce welfare levels. As a result, it appears to favour family placement as a means of reducing public spending, rather than for the children's wellbeing. This created a lot of uncertainty amongst custodial grandparents because generally, they had expected to receive more support from the Child Youth and their Families Service than they did after the children were in their care. They found it incredible that children's welfare could be seconded to budgetary constraints. Few people would disagree that state owned enterprises should be answerable for their spending. The problem is that the current situation undermines the platform from which Child Youth and Family Services activities are launched and this undermines its integrity as a child protection service.

Looking at the analysis

After identifying a series of patterns in the data, this study concluded that grandmothers are bound by family ties and by their lifestage to care for grandchildren even when it means living with personal hardship. Two important factors were established from the data analysis.

1. Placing children in their grandparent's custody is not a magic pill and it does not solve all of the children's problems.

Rather, the benefits of growing up in the family are that the children have a sense of belonging and the familiarity of the people and family culture provides children with a secure base from which to develop a sense of identity, self esteem and purpose. However, these benefits may be

undermined by poor access to family and child support systems and high levels of family stress that undermine the quality of care grandmothers are able to give.

2. There are issues that are unique to custodial grandmothers.

Although many of the obvious problems of kin care are shared by all family caregivers, custodial grandmothers are a unique sub-group of kin carers who need special consideration for these reasons.

a. The grandmother's age affected the ease with which they adjusted to the parenting role and the availability of social support.

The women in this study struggled with a variety of problems. Arthritis and back problems were two that made it harder to parent. As well as this, psychological issues, depression, chronic tiredness, anxiety and fears were common. These symptoms mean that grandmothers may be less psychologically and physically geared up to parent than younger caregivers and that when they accept caregiving responsibilities, they are more likely to need help in these areas.

b. Their lifestage meant that grandmothers often saw the need to provide care for extended family members and they usually thought of maintaining family connections by the provision of care as a rewarding enterprise.

Data confirmed that custodial grandmothers felt a sense of fulfilment when they parented their grandchildren. However, because they did not appreciate how different their lives would be to when they were younger they did not realise that they would have fewer supports than they had in their youth. The women also tended to underestimate the extent of the children's problems while they overestimated their own physical fitness and their capacity to cope psychologically with the demands of raising young children.

Implications for practice

The findings of this analysis support the idea that because of the relative invisibility of grandparent caregivers in New Zealand society and within the foster care environment, professionals whose work will potentially bring them into contact with grandfamilies need to be fully aware of the range of problems these families face. Because they frequently do not seek help for their own psychological problems, child workers should know that custodial grandmothers face more challenges than many other foster care groups and they often have a less supportive environment.

Visibility

At this time, there seem to be few supports in place that aimed to meet the needs of grandfamilies. The fact that systemic supports for grandmothers were found to be inconsistent is significant because custodial grandmothers have been identified in the literature as particularly vulnerable to negative symptoms and daily stresses that have the potential to impact on their health and wellbeing as well as the childcare environment. Children who enter grandparent care

have been found to have the same risk for psycho-emotional problems as other children entering foster care and nothing in this analysis disputes that these factors also exist in Aotearoa. In fact, writers who have looked at foster care in Aotearoa confirm that New Zealand caregivers are vulnerable to a range of psychological problems (Smith 1997; Murphy, 1999; Worrall, 1996b). Added to this, because of their systemic invisibility, grandfamilies may find that the services that they can access are inappropriate and that they fall through cracks in the health and welfare agencies.

Two problems stand out as needing immediate attention.

1. There is a general lack of public awareness and understanding about the challenges these families face.

Ignorance about the unique circumstances of custodial grandmothers and a general belief that children are better off if they are raised by their family comes from an assumption that grandfamilies are no different to other families and face similar challenges. This belief has contributed to a gradual reduction in support for grandfamilies because it misses the point that because of age discrepancies grandfamilies may be particularly vulnerable to social isolation and stress-related symptoms.

2. The lack of professional awareness of the circumstances of these families needs to be addressed urgently because there are more of these families now than ever before and failing to provide adequate and appropriate services and education to custodial grandmothers compounds the risks to these families and may have long-term consequences on the children's development.

Developing interventions

Interventions should focus on assessing and promoting the grandmother's ability to cope long-term with caregiving, and on fostering the women's psychosocial adjustment to child care. With this in mind, professionals should look first at inoculating custodial grandmothers by providing them with a range of educational interventions. These should

- 1) Assess the women's personal strengths with respect to her ability to care give long term, this may mean
 - a) Identifying self-maintaining behaviours and developing strategies that promotes the grandmother's self care activities such as encouraging her to schedule regular health checks and attend counselling sessions so that she has a chance to 'download'.
 - b) Endorsing activities that promote the women's perceptions of self efficacy and self esteem
 - c) Identifying counterproductive communication styles and promoting the development of new patterns of communication, especially in formal interactions with CYFS.
 - d) Analysing the women's time management skills and helping them to reprioritise daily routines to reduce stress and give her opportunities for 'time out'.

- 2) look at the individuals pattern of responding to the need for care with a mind to identifying deficits in the women's understanding of the consequences of caregiving at their time of life
 - a) showing how their lives will change as a result of this
 - b) looking at the roles of support structures and their (the grandmother's) ability to access help that is available to them
 - c) Analysing the women's knowledge of current childcare practices and how her parenting practices might have to change to reflect these changes
 - d) Look at how to access school , health and preschool systems for support for the children in their care

- 3) Identify the women's patterns of responding to other family members with the aim of
 - a) Maintaining balance in her relationships with other family members.
 - b) Bringing other family members on board to help her whenever they can

- 4) identify how the women can work on maintaining social links with the goal of
 - a) continuing as many social contacts as is possible
 - b) Helping her to access social resources such as babysitters and respite help

Future directions

There is a need to improve our understanding of the implications of custodial grandparenting for the grandmothers and their families so that their developmental needs can be met while they provide care and support for their grandchildren. As outlined in the literature review, very little work has been done on the topic of kincare in Aotearoa. What there is does not look at the implications of custodial grandparenting on grandmothers or grandfamilies specifically, with this in mind, and in light of the fact that the number of grandmothers who take responsibility for the primary care of their grandchildren appears to be steadily increasing, there is an urgent need for more research into this phenomenon in Aotearoa.

Future investigations should look at the long-term health and wellbeing of custodial grandmothers. The types of health issues they describe, and how the children's arrival into care affected their physical health and their psychological wellbeing.

Because of their lifestage, the socioeconomic conditions custodial grandmothers live with, is also an area that needs to be investigated. Because of the grandmother's lifestage, the economic circumstances of grandfamilies may be unlike other families with young children. Most of the women in this study felt that they would never fully recover from the costs associated with raising their grandchildren. Investigations in this area could take the form of qualitative or quantitative research, or it could be approached from a feminist perspective that looks at the number of grandfamilies headed by single women. Work in this area might also include analysis of workforce

participation, parity with couple's, or the number caregiving grandmothers who are able to remain employed.

The marital relationship was identified as central to their ongoing wellbeing by the majority of women in this investigation. This area needs urgent attention as the number of custodial grandmother's continues to rise. The spousal bond may be the primary support for many women who care for their grandchildren. In this study however, the added stress bought by fostering grandchildren was found to place more strain on this relationship. Research is needed that looks at the custodial partnership, with a view to strengthening the relationship between spouses and reinforcing the grandfather's roles as a primary support for the grandmother, role model for the grandchildren and secondary caregiver.

More research is needed to determine the impact the caregiving environment has on the long-term adjustment of the grandchildren. For example the psychological condition of children entering grandparent care and the impact grandparent placement has on their behaviour long-term, might be of particular interest to anyone who wants to establish how significant placing children with their grandparents is for the children's long term wellbeing and identity formation. This might be approached as part of a longitudinal initiative that aims to develop an accessible body of information about the consequences of different care type on children's wellbeing.

Finally, it is important to develop this area of investigation further. Both qualitative and quantitative investigations are necessary to expound the effects raising their grandchildren has on grandmothers and the children in their care. However, this is not the only benefit of research in this area. Another effect of investigation is that it will improve the social visibility of grandfamilies, especially when the results are disseminated into the community. Increasing community awareness and understanding of the role custodial grandmother's play will go some way towards normalising it within the community, ultimately leading to more concordance between the support and health needs of this population and their access to adequate, understanding and appropriate support from professionals and the community.

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Appendix 1

Pakeha Women talk about raising their grandchildren in Aotearoa/NZ

Information Sheet.

My name is Judie Campbell. I am an M.A. student at the school of Psychology, Massey University Palmerston North. The research is for the thesis part of my Masters degree in Psychology.

Contact details

Judie Campbell.
Masters Student,
School of Psychology,
Massey University,
Tiritea Campus.
Palmerston North.
Phone (06) 3231911
(At home)

Supervisor

Dr Jocelyn Handy.
Senior lecturer,
School of Psychology,
Massey University,
Tiritea Campus.
Palmerston North.
Phone (06) 3569099

Please feel free to contact my supervisor or myself by phone if you have any queries.

What is this research about?

I would like to talk to you about what raising your grandchildren is like for you. I will ask you questions about the events that led to you raising the grandchildren. I also want to know how you think this has affected you and your family. Has raising your grandchildren affected your health, your social life? Do you feel confident in your ability to cope as the children grow older, what problems have you had, and how have you overcome or resolved them? I would also like you to tell me how much help you have been offered and where it comes from. For example, have you had help from Child Youth and Family Services or WINZ, or do you not need it? And what do you think could be done to make life easier for you and the children.

Who can help me with this research?

I would like to interview Pakeha grandmothers from Aotearoa/NZ who have been raising their grandchildren for more than 1 year and expect to have the children indefinitely.

You may choose to be interviewed in your home, or in an office at Manchester house Family Centre. I will reimburse your costs if you need to travel.

To reduce your risk of being identified from the information you give at the interview I will choose false names for the transcripts and change or exclude identifying details. If you are in any way upset, or unsettled by the information you give me during your interview, you are welcome to phone either my supervisor or myself and we will refer you to a professional counsellor for help,

What will happen during the interview?

You should allow one to one and one-half hours for the interview.

I will phone you some time prior to the interview so that we may arrange an appointment that suits us both. I will ask you to read and sign a consent form. The interview will be tape recorded.

What will I do with the information you give me?

I will write down what you say from the tape recordings. I will then analyse them to see what the key issues are for you and the other people.

What will happen to the interview information?

While the analysis is being done I will keep the tapes and transcripts in my office at home unless my supervisor and I are working on them. When the research is finished, I will return the material to you or destroy it if you wish.

A summary of the research findings will be sent to you after I have finished analysing the interviews.

If you agree to take part in this project you have the right to

- a) Refuse to answer any questions.
- b) Ask that the tape recorder be turned off at any time during the interview.
- c) Withdraw from the study at any time within six months from the date of your interview.
- d) The assurance that every reasonable effort will be made to protect your identity.
- e) Receive a summary of the findings after the thesis has been submitted.

The information you give me may be presented at conferences or in talks to professionals. It may also be submitted for publication in professional journals. Care will be taken to ensure that you can not be personally identified.

I would like to thank you for your help.

Judie Campbell.

Appendix 2

Consent form

Pakeha women talk about raising their grandchildren in Aotearoa/NZ

The principal investigator: Judie Campbell

This consent form will be held for a period of five (5) years.

- ☞ I have read and understood the information sheet and have had details of the study explained to me. My questions have been answered to my satisfaction, and I understand that I may ask further questions at any time.

- ☞ I agree/do not agree to the interview being audio taped.

- ☞ I agree to participate in this study under the conditions set out in the information sheet.

Signature: _____ Date: _____

Please print full name. _____

Interviewers guide

Early in the interview, I will ask participants how they came to be in custody of their grandchildren, and what this role means to them. I will pick up and develop themes introduced by the women, especially those that focus on their experiences and their subjective accounts of wellbeing as events surrounding the integration of the child (ren) into their lives occurred.

Questions

1.0. Demographic data. (To be asked at the beginning of each interview)

1.1. Marital status

At time of children's arrival were you living in a marriage-type relationship?

Are you currently in the same relationship?

1.2. Age

May I know your age please?

What age(s) are the grandchildren in your care?

What age(s) are your own children?

1.3. Income

Would you tell where your primary source of income comes from?

Do you or your husband work?

1.4. Children

How many grandchildren do you have in your care?

Do you have any other children in your care?

Are these your own children?

Do you have regular contact with your grandchildren's parents?

Are the children your daughters or your son's children?

Do you have contact with the children's other grandparents?

How long have your grandchildren been in your care?

Interview Questions

2.1. Can you tell me how you came to be looking after the children?

2.2. Did events that eventually led to your taking custody happen over a long period of time? Was it sudden or unexpected?

Was there a time when you were also looking after the parent (in the case of illness or other incapacity)?

Were the children uplifted by social workers, or did you and your husband (where applicable) choose to take them?

2.3. What has the experience of taking care of your grandchildren been like for you?

What support have you needed the most?

What support have you had, and where did it come from?

Do you have a good relationship with the children?

Are the children well behaved for you?

Do you find it tiring to look after the children?

Have you been able to have time out from the children?

Do you think your health has suffered from this experience?

2.4. Did you have any preconceived idea of what it would be like before you took custody of the children?

Has having the children been the way you thought it would be?

How has it been the same/different?

Is it like raising your own children?

How is it different?

2.5. How has this affected your ability to work?

Are you able to find work?

Are you able to work the hours you need to work with children?

Do you find it easy or hard to manage work and children?

2.6. How has this affected your relationship with the children's parents?

Do they visit?

Is this a regular event?

How do the children cope with their parent's visits?

How do you feel about the parent visits?

2.7. How have you managed to cope with the lifestyle changes raising your grandchildren has brought?

Are you happy that you decided to do this?

What plans did you have for the rest of your life?

Have those plans changed much?

If so how have they changed?

What personally gratifying activities have you been able to adapt or maintain in your life?

2.8. Would you tell me about the community support you have had?

How do your friends feel about being around young children?

Do they help you with breaks?

Do you have access to childminders?

How have your immediate family (other children, parents, siblings) reacted to your decision to care for your grandchildren?

Do they give you practical help?

2.9. Can you tell me about your experiences with social service agencies?

If CYFS was involved, can you please tell me about their involvement in your situation?

Can you tell me about any help or contact you have had with WINZ?

Were there any other social structures involved with the transfer of the children to your care?

Will you tell me about your experiences with these organisations?

Police, Courts, Health sector (Hospital services), Social work agencies such as ACROSS, or Methodist Social Services, Counselling or psychological services?

Do you think they were helpful?

Would you use them again?

Will you tell me how your experiences with these agencies could have been better? (when applicable)

2.10. Is there anything you would like to add to the interview, anything relevant that we have not discussed so far?

As the interview comes to a close I will allow each woman to finish speaking. I will turn the tape off and check with the woman to find out if there are any unclear points from our discussion that she would like to go over. When this is done I will put the kettle on, call the children in, and continue to chat while everyone comes in for a drink and prepares to leave.