



Timescapes

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Intergenerational exchange: Grandparents, their grandchildren, and the texture of poverty

Kahryn Hughes &
Nick Emmel

Introduction

Vulnerable and marginalised people often feel a lack of ability to change their lives. This study interviewed mid-life grandparents (35-55yrs) living in localities where there is constrained choice and limited opportunity to build trusting relationships. We found that older generations often try to help improve opportunities for their younger relatives, and play a crucial role in providing care and other forms of support for their grandchildren.

Background

In our study, we are exploring what grandparents purposefully do to reduce the vulnerability of the younger generation; the resources they require in order to do what they think is best for their grandchildren; and when and why they are unable to provide what they would like to provide for their grandchildren.

The social contexts of our participants is a low income locality in a northern city in England. While across the extended families of our participants (319 close family members) there is high involvement in low-income blue collar work, there are also numerous accounts of redundancy, failure of job training schemes, and the constraint women in particular experience in returning to work after having children. Our sample are characterised by high rates of intergenerational teenage births, are all white (except the grand/children and significant others in two families); and often live close together, frequently in the same neighbourhood. All are resident in social housing. Health data provides a useful insight into the context of our study area. The locality is characterised by high rates of infant mortality, reduced life expectancy for both men and women, and above

Key points

- Grandparents provide care in different circumstances ranging from intervening and supporting their grandchildren, to 'parental' care, where grandchildren would live with them.
- Peoples' shorter life expectancy in low income localities shapes the timing of when they have their children and their grandchildren. Therefore, becoming mid-life grandparents (from 38 years old onwards) may be seen as the 'right time' because the grandparent is still able to physically play and go out and about with their grandchildren.
- Grandparents in low income localities talk about how they do not have time for the 'leisure and pleasure' style of grandparenting. Instead, they describe the care they provide for their grandchildren as 'fire fighting', and where there are difficult family circumstances. Their role is often one of rescue and repair.
- Although grandparents in these low income localities are often involved with formal health and social care agencies, the extent of care and other resources these grandparents provide are often visible only within families. They are likely to be invisible to health and social care planners.
- The extent of care grandparents provide across a number of households within their family often means they spend less time planning and developing their own futures.

average rates of heart disease, stroke, and long-term illness relative to the city as a whole.



This project builds on over eleven years of qualitative longitudinal research about the texture of poverty in low income localities. High rates of young motherhood and closely spaced generations is a common experience. Grandparents may have children of a similar age to their grandchildren. Two or more generations often live close together on the same low-income estate. Families rely very heavily on each other to survive day-to-day through inter-household support and exchange. Their lived experience includes considerable difficulties accessing essential services. They feel powerless, experience constrained choice, and have enormous difficulties building trustful relationships with service providers. These were all highlighted in participants' accounts of their inability to effect even modest change in their lives [3].

Broadly, we have found that the types of care these grandparents provide for their grandchildren can be placed on a continuum from 'supplemental' care, where grandparents intervene and support the care of grandchildren whilst they remain resident with their own parents, to 'parental' care, where grandchildren reside full-time with their grandparents.

This study is part of a wider programme of research called *Timescapes*, the first major qualitative longitudinal study of its kind to be funded in the UK. *Timescapes* is based on seven empirical projects that span the life course, tracking individuals and family groups over time to document changes and continuities in their relationships and identities. Collectively the projects recruit people from all walks of life, living in varied communities across the UK. By bringing the projects together to create a unified study and dataset, *Timescapes* is developing an innovative approach to the scaling up of qualitative research. This study, *Intergenerational Exchange: grandparents, social exclusion and health*, is Project 6 of the seven empirical projects.

Our Methods

We have walked hand-in-hand alongside our participants for over two years of fieldwork and engaged with people like them for over eleven years. In doing so, we have captured insights

into the lived experience of vulnerable and marginalised grandparents. This includes their role as carers in mentoring, supervising, and managing their grandchildren and how these roles have changed or stayed the same. In this qualitative longitudinal study we have also used methods to understand our participants' experiences of their lives, how this shapes their experiences of the present and possibilities for the future. We have been able to compare the insights from varied circumstances, and investigate the importance of home and the place in which they live in shaping their lives and those of their grandchildren. We have also been able to track policy changes and investigate the effects these have had in these poor households.

We have used the following methods:

- Gate-keeper access methods developed in previous research to access hard-to-reach individuals and groups.
- Four rounds of in-depth life history interviews with grandparent/s at six monthly intervals.
- Casing methods developed in previous research to interrogate relationships in and across place, and over time [4]
- Historical data collection – gaining insights into change and sameness in the area.
- Key informant interviews - meeting with local experts and key workers in public and third-sector service provision to understand the area, service delivery, particular places, and events better.
- Secondary quantitative data collection including publicly accessible census, health, socio-economic, and demographic data at various aggregations down to super-output areas.
- Tracking and analysing relevant policy in health and social care.



They can be acting as mother to two generations within the family, but are not seen as having parental responsibility for their grandchildren by service providers.

Although formal health and social care providers call upon grandparents in emergency situations to take charge of children deemed at risk, more generally the extent of care and other resources that grandparents provide for their grandchildren is usually known only within families. It is likely to be invisible to health and social care planners and providers in these areas.

Grandparents providing supplemental care contribute significantly at a multi-household level through provision of a wide range of resources (time, money, food, and so on). This provision is also invisible beyond the family.

However, at the same time, young grandmothers in particular are trying to support their adult children in gaining independence to look after their children. In doing so, they are confronted by significant emotional difficulties including feeling they are abandoning and avoiding their children and grandchildren in an attempt to promote independence.

Where service providers provide comprehensive support, and are able to develop trustful relations, these relationships are invaluable and crucial in meeting a wide range of everyday needs. Often these needs are beyond the remit of service providers, they are fringe services that are, nonetheless, invaluable to these families.

Findings and Highlights

Young Grandparent's Roles

Rather than the 'leisure and pleasure' ideal of grandparenting, our participant sample were more likely to be involved in 'rescue and repair'.

Grandparents provide supplemental care and often see themselves as fire-fighting. These grandparents experience high rates of uncertainty in their lives associated with extremely limited resources across families and in place. Planning for the future is difficult because of these constraints.

Nevertheless, grandparents are actively involved in supporting their grandchildren, including bringing them into their homes; ensuring they attend school regularly; keeping them off the streets and away from risky places; teaching them right from wrong; disciplining them where possible; and supporting the parents of their grandchildren. They also manage complex relationships with health and social care providers and procedures to keep their grandchildren in their homes, and access benefits and services for their well-being.

Working with formal agencies

Young grandparents can often find themselves in conflicting situations when formal health and social care services become involved in their grandchildren's lives.

The timing of families

Providing parental care often means grandparents are unable to make plans for their own futures; there is often little or no gap between the last of their children and the first of their grandchildren. Grandparents often say, 'there is no 'me' time'.

Nevertheless, ideas of timing and spacing of children and grandchildren make particular reference to high rates of mid-life disability, mid-to later life illness, and early mortality rates in these areas. Therefore, becoming mid-life grandparents (from 38 years onwards) may be seen as the 'right time' because the grandparent is still able to physically play and go out and about with their grandchildren.

Grandparenting and the experience of poverty

To understand how these families are shaped, both in terms of the spacing between generations, and lived experiences of deprivation, it is necessary also to consider the broader social contexts and processes in which they are situated.

Further, longitudinal tracking of these families is essential if we wish to understand the perpetuated gap between the efforts and aspirations of grandparents for their grandchildren, and the broader contexts of their lives which constrain or negate such efforts.

Implications for Policy

- A great deal of the support, care and nurturing provided by grandparents is hidden from view. Service providers are often unaware of the wide-ranging needs of these families.
- Regular and intensive contact with these families is essential to identify these wide-ranging needs.
- Effective provision must be able to respond with both particular targeted services and be flexible enough to address wider needs. This includes being able to refer to other service providers and support these grandparents with innovative approaches to service delivery.
- Our experience suggests that service providers who have regular contact, deliver particular targeted services and also have the flexibility to deliver comprehensive service delivery fringe working, build relationships of trust that are essential to address the wellbeing of these families.
- Findings from interviews with public and third-sector organisations working in these localities, suggest increasing pressure to provide targeted services. These changes in policy are undermining their ability to deliver comprehensive services that address the worst effects of poverty.
- It is important to move away from ideas of intergenerational poverty that blame individuals, and instead consider the public and third sector services and relationships that might best support those who experience long-term poverty in effecting change in their lives.
- Our research shows that grandparents play a very important role in supporting their grandchildren in low-income households. Policy should broaden its scope and consider the role these grandparents play in giving their grandchildren the best start in life. There is a need for new thinking around how services can support grandparents to provide physical, social, and emotional support to their grandchildren.

References and Further Reading

- [1] Emmel N D, Hughes K, & Greenhalgh G, ESRC Research Methods Programme (2003-2005) *Developing methodological strategies to recruit and research socially excluded groups*
- [2] Mason J, May V, Clarke L. Ambivalence and the paradoxes of grandparenting. *The Sociological Review* 2007 November 30;55(4):687-706.
- [3] Emmel ND, Hughes K, Greenhalgh J & Sales A (2007) Accessing socially excluded people—trust and the gatekeeper in the researcher-participant relationship. *Sociological Research Online* 12(2) March <http://www.socresonline.org.uk/12/2/emmel.html>
- [4] Emmel N D & Hughes K, (2009) Small-N access cases to refine theories of social exclusion and access to socially excluded individuals and groups. Byrne D and Ragin C (eds.) *The SAGE handbook of Case-Centered Methods*. Sage. London.

Research Team

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Dr Kahryn Hughes, k.a.hughes@leeds.ac.uk, 0113 343 1161

Dr Nick Emmel, n.d.emmel@leeds.ac.uk, 0113 343 6958

Dr Lou Hemmerman, l.c.hemmerman@leeds.ac.uk

