

Mount Saint Vincent University  
Department of Family Studies and Gerontology

Recycled Motherhood: The Lived Experiences of Grandmothers Parenting  
Their Grandchildren

by

Jacqueline Herder

A Thesis  
submitted in partial fulfillment  
of the requirements for the degree of  
Masters of Arts in Family Studies and Gerontology

Date: January 7, 2011  
Halifax, Nova Scotia

© Jacqueline Herder, 2011

Mount Saint Vincent University

Department of Family Studies and Gerontology

Recycled Motherhood: The Lived Experiences of Grandmothers Parenting  
Their Grandchildren

by

Jacqueline Herder

Approved:

---

Felicia Eghan, Ph.D.

Thesis Advisor

Associate Professor of Family Studies and Gerontology

---

Deborah Norris, Ph.D.

Associate Professor of Family Studies and Gerontology

---

Valerie J. White

Chief Executive Officer, Seniors' Secretariat

## Dedication

This thesis is dedicated to my husband and best friend Russell Herder. With his ongoing support of being my encourager, providing humour when needed, and accomplishing the many tasks of cook, cleaner, editor, computer technician, printer, courier and the list goes on - this thesis got completed.

This thesis is also in remembrance of my friend Wendy Carter (October 23, 1953-August 26, 2010). She saw life as a great adventure and was able to demonstrate immeasurable grace, courage and love for others as she battled and lost her life to cancer.

### Abstract

Grandmothers, as primary caregivers for their grandchildren, are increasing in direct response to problems encountered by their adult children. It is the societal problems of drug/alcohol addictions, incarceration, neglect or abuse of children that are directly impacting the stability and safety of children and enlisting aging women as second time parents. For some grandmothers it begins with no preparation time. There is a crisis situation and then the choice becomes – do I become a second time parent and raise my grandchildren or will my grandchildren be raised in foster care?

This study is about the lives of seven aging women living in different parts of Nova Scotia. Each grandmother took the challenge of becoming primary caregiver for their grandchild/grandchildren. Their narratives are different but all provide great insight into their purposeful role that does not have any other contextual name than grandmother. What evolves through their own discussion is how they developed their own self-efficacy in raising children at risk; yet at the same time they outline the gaps and lack of resources that are required to assist them.

It is the hope that this study will encourage more research on this population of grandmothers in this “off-time” role as second time parents. More research will enable policies to be made to assist in developing the resources required for these women and their grandchildren.

## Acknowledgements

There are so many people to thank for their continued support and encouragement along the long road of completing this thesis.

Dr. Felicia Eghan, I know without your continued encouragement, guidance and support I am not sure this project would have been completed. I really do appreciate how you continually demonstrated the impossible can be the possible.

To my committee members, Dr. D. Norris and V. White I would like to thank you for your commitment and direction given during this project and especially your time. Dr. Norris a special thank you for helping me maintain a focus and to sift through information that was always interesting, but perhaps not relevant as I journeyed through this degree program.

Without family support of Ashley and Russell it would have been impossible to get through the thesis “meltdowns”. Thank you for allowing me all the time to complete this. Included in my family is my sister Peta Lelliott who was my own private cheer leader, which everyone needs when doing a thesis. A thank you also goes to my parents, Joy and Colin Lelliott and my sister, Joanne Lelliott.

There were many friends that not only remained my friends during this long haul but also provided resources and direction. Thank you to Anne Bryant, Kerstin Boyce, Art and Susan Dukeshire, Joy Each, and many others who were faithfully praying.

A big thank you goes to my thesis buddies – Kathy Petite, Donna Dill, and Sandra Pickrell Baker. The adventure would not have been the same without their ongoing support and friendship.

Finally to seven extraordinary women who not only allowed me into their lives to tell their story but demonstrated strength and resilience in character as they continually undertake the daily challenges of raising their grandchildren. My hope and prayer is that the telling of your stories will provide better resources for yourselves and other women who are raising their grandchildren.

I can do all things through Christ who strengthens me.  
Philippians 4:13.

## Table of Contents

|  |    |
|--|----|
| Chapter One: Introduction .....                                | 1  |
| Chapter Two: Literature Review .....                           | 7  |
| Kinship Grandparent’s Individual and Familial Experience ..... | 10 |
| Grandparents as Intergenerational Parents .....                | 10 |
| Parents of Grandchildren .....                                 | 12 |
| Grandchildren .....  | 14 |
| Kinship Grandparent’s Contextual Involvements .....            | 16 |
| Legal .....  | 16 |
| Financial .....  | 17 |
| Social Services .....  | 20 |
| Education & Programs .....                                     | 21 |
| Kinship Grandparent’s Health Challenges .....                  | 23 |
| Caregiver Health Effects .....                                 | 23 |
| Mental .....   | 23 |
| Physical .....   | 24 |
| Summary of Literature .....                                    | 25 |
| Chapter Three: Theoretical Framework .....                     | 28 |
| Interpretive/Constructivist Framework .....                    | 28 |
| The Lived World Framework .....                                | 30 |
| Conclusion .....   | 33 |
| Chapter Four: Methodology .....                                | 34 |
| Recruitment .....  | 35 |
| Interview Process .....  | 36 |
| Credibility and Trustworthiness .....                          | 39 |
| Analysis Strategy .....  | 42 |
| Open coding .....  | 43 |
| Comparative Analysis .....                                     | 44 |
| Ethical Considerations .....                                   | 45 |
| Consent .....  | 45 |
| Confidentiality .....  | 47 |
| Consequences .....   | 47 |
| Chapter Five: Findings .....                                   | 50 |
| Demographics .....   | 52 |
| The Participants .....   | 53 |
| The Crisis .....   | 57 |
| Grandmother’s Contextual Involvements .....                    | 63 |
| Child Welfare .....  | 63 |
| Court and Legal Aspects .....                                  | 70 |
| School .....   | 75 |
| Doctor .....   | 79 |

|   |     |
|---|-----|
| Grandmother's Day to Day Lived Space .....            | 81  |
| Provider.....   | 81  |
| Protector.....  | 85  |
| Achievements.....                                     | 90  |
| Grandmothers Constructing Meaning of Lived Other..... | 94  |
| Family and Friendships Involvement .....              | 95  |
| Different Experiences.....                            | 103 |
| Names of Grandmothers.....                            | 108 |
| Conclusion.....                                       | 113 |
| Chapter Six: Discussion.....                          | 114 |
| Grandchild/Grandchildren at Risk.....                 | 116 |
| Stage One: Grandchild/Grandchildren at Risk.....      | 117 |
| Stage Two: Rescuing the Grandchild/Grandchildren..... | 120 |
| Grandmother as Second Time Parent .....               | 123 |
| Biological Parent.....                                | 124 |
| Grandchild Rearing .....                              | 125 |
| Resources for Grandmothers.....                       | 128 |
| Schools.....  | 128 |
| Doctor .....  | 130 |
| Family Resource Center .....                          | 131 |
| Early Intervention Programs.....                      | 131 |
| Family Members.....                                   | 132 |
| Constructions of a Dual Role .....                    | 133 |
| Grandmother's Personal Growth.....                    | 135 |
| Aging and Health.....                                 | 137 |
| Friendships and Relationships .....                   | 139 |
| Name.....   | 140 |
| Summary.....  | 142 |
| Limitations .....                                     | 144 |
| Recommendations .....                                 | 144 |
| Future Research.....                                  | 147 |
| References.....                                       | 149 |
| Appendix A.....                                       | 159 |
| Appendix B .....                                      | 160 |
| Appendix C .....                                      | 162 |
| Appendix D.....                                       | 164 |
| Appendix E.....                                       | 167 |

## Chapter One: Introduction

In North America, the grandparent role for the last two centuries has been a role of supporting families. As grandparents continued to develop connections with their grandchildren, they were viewed as being “companionate” in their relationship style (Kivnick & Sinclairs, 1996). However prior to that period, the economic survival of the family depended on mutual support of extended family members. The need for additional support to the parents, grandparents and grandchildren developed relationships through the adverse economic situations of that day (Konhaber & Woodward, 1991 & Rosenthal & Gladstone, 2000).

Today due to the age longevity and the changes to the family structure, there is a new phenomenon of intergenerational parenting happening. This unique group of aging adults, are not only supporting families, but they are being placed in the position of parenting children again (Jendrek, 1994). At first, there was no name to identify who or what these grandparents were doing. They were grandparents but they were also parents. Over time new identifying language for this phenomenon began to emerge. In this proposal, these grandparents who are raising their grandchildren will be described as: kinship caregivers, grandmother or grandparent caregivers, and intergenerational parents.

Beginning thirty years ago, grandparents taking on an instrumental role within the family became more apparent. In the seventies, research increased on grandparents in the United States. Authors such as Kahana and Kahana began to analyze the different meanings and roles of grandparenthood as it was perceived by various family members at different developmental stages in their lives ( Kahana & Khana, 1970). In the eighties, Kahana and Kahana’s work was continued and further elaborated on by Kivnick who



expanded on the societal role and meaning of grandparenthood (Kivnick, 1983). Kivnick looked at how grandparents interpreted the personal meaning of this role in their life through looking at the centrality of the grandparent role as an element to identify (1983).

It was also during this period of the eighties that small advocacy groups for grandparent care-givers formed throughout the United States. Research increased from such authors as Kornahaber, Woodward, Minkler, Driver, Roe and Bedeian. These efforts of the founding groups and the research taking place provided the information needed to write the document for the 1995 White House Conference on Aging (Minkler, Driver, Roe & Bedeian, 1993). The research provided vital information to assist grandparents in what they needed most, support and financial assistance to help them in raising their grandchildren (Minkler, Driver, Roe & Bedeian, 1993). This eventual document became significant in forming partnerships in the United States to assist in moving forward the advocacy and research on grandparents who are caregivers. Grandparents were now slowly being given a “voice” to this growing phenomenon of intergenerational grandparents who are parenting once again.

In the past five years, research on kinship care has been increasing rapidly in the United States. Grandparent caregivers are now given more social recognition. In part this has proven to be through the partnerships they formed in the United States, which aided in making changes towards policy to support grandparent caregivers (Children’s Defense Fund, 2003). In Canada, the role of intergenerational grandparents has been far slower in gaining recognition. It has been in the past three years that research has been growing in provinces such as British Columbia, Ontario and Nova Scotia.

Part of the change for increased research in Canada came due to role strains and health implications of an aging population. They subsequently have taken on an additional role of care giving, either for adult children with disabilities or in an additional role of parenting grandchildren (Keefe, 1998; Rosenthal & Gladstone, 2000; & Fuller-Thomson, 2005). Another interest has come from the higher percentage of First Nation children who have been taken into care and who are being raised by grandparents (Fuller-Thomson, 2005; & MacDonald, 2007)

In Canada, the 2001 Statistics Canada showed that at that time there were 5.7 million grandparents in Canada (2003). Within this population of grandparents, 56,790 grandchildren were living with grandparents with no parent present (Statistics Canada, 2003). In the following five years the numbers of grandchildren living with their grandparents increased to 65,135 in Canada (Statistics Canada, 2007). The demographics of grandmothers were steadily increasing and it was found in a 1996 survey that 65% of women aged 55 to 64 were grandmothers (Fuller-Thomson, 2005b). Within this population is the cohort of grandparents from 1946 until 1964 known as the “Baby Boomers”. It is this group of grandparents in particular who are starting to redefine aging. Originally their known experience of being a grandparent was defined through society or social mythology (Kivnick & Sinclair, 1996). Many women of this generation had already redefined motherhood as many had already experienced the dual role of working outside the home and parenting. What was resonating through the literature was that even though these women had been redefining women’s roles, instrumentally being caregivers for grandchildren as they aged was not in their considerations.

The reason why this piece of research is important is that there are new challenges facing women who are aging and who are taking on an extended role of kinship care. As the statistics are showing, this phenomenon is increasing rapidly within Canada. Grandparents are taking on this new role due to the incapacity of their adult children to be in a caregiving role. Some of these reasons for this are the parent's mental or physical impairment, incarceration, death of a parent, divorce, and/or child abuse (Hayslip, Shore, Herderson, & Lambert, 1998). With this emerging phenomenon there are the complexities of this "off-time" parenting role during a time when aging women have distinct needs of their own (Landry-Meyer & Newman, 2004; Fuller-Thomson, 1997, & Jendrek, 1994). The other component is they are also raising "children at risk" who have been impacted through their parent's issues and have their own mental and physical health issues (Milan & Hamm, 2003). Through the literature review, there has also been discussion of the need for more qualitative research to understand the experiences of grandmothers who are experiencing a role shift from grandparent to the parent role (Landry-Meyer and Newman, 2004; Dolbin-MacNab, 2006; & Gibson, 2002b). This brings me to my interest in intergenerational parenting and my primary question:

**What are the lived experiences of aging women who provide caregiving to their grandchildren?**

The additional sub-questions are:

- 1. How do older women understand their role of parenting again?**
- 2. How do these aging women interpret this role of being caregivers for children a second time round?**
- 3. What resources help make this role easier for them?**

This thesis will be gender based, focusing on the experiences of grandmothers as caregivers to children and not on grandfather's experiences. It should be mentioned that it would be invaluable to do a gender specific study on the experiences of the grandfather's role in caregiving but this would be a topic for another study (Fuller-Thomson, 1997). The reason this research will be focusing primarily on women is my interest in the multiple roles women perform. In the Canadian study Fuller-Thomson (2005) found:

Marked differences were apparent when grandmothers and grandfathers in skipped generation households were compared. Grandmother caregivers were poorer, less likely to be married, more likely to be out of the labor force and more likely to provide 60 or more hours per week of unpaid childcare than were grandfathers (p.2).

My interest has evolved through aging and being in this cohort of women known as the "baby boomers." I am not a grandmother but have spent most of my working career as a shift working mother, working non-traditional hours and child care was an on-going issue. Thus it was through a need for childcare, in a non-traditional work schedule, that my interest for caregiving for children has continued to evolve. I initially became involved with the first pilot project in Nova Scotia for family daycare. Eventually family resource centers popped up throughout the province and it was then that I became involved with grandmothers who were raising their grandchildren. Each of these women's experiences were varied and unique which I found interesting. One parent was raising a grandchild with mental health challenges. She had little support trying to navigate the social system that was not providing her with authority in this parenting role. Another situation was a lesbian couple who also were finding the strain in this "off time" role of parenting again. My most recent experiences have been working in Child Welfare. Once

again, I am meeting women who are parenting grandchildren as restricted foster parents, now known as kinship care. With each contact made, I have found there were gaps in the support for this phenomenon of women who are parenting again. What I found through discussion with grandparents who were caregivers and through literature reviewed, were that many grandmothers were unaware that there were others in their same situation.

As previously discussed, in Canada there is not an abundance of research in exploring the experiences of aging women in this intergenerational role of parenting. This research is also important in that there are continuing changes evolving in the structure and transition of family life. In some cases this is impacting and increasing health risk factors, for both the older adults (grandparents) and the children in families (grandchildren). It is important to note that the majority of the research on grandparent-headed households has been done with urban families (Bullock, 2004). With this in mind, it is the hope of this writer to increase the awareness and understandings of those who are intergenerational caregivers in rural Nova Scotia, as those in rural localities can quite often be overlooked when it comes to human services and policy making (Bullock, 2004).

## Chapter Two: Literature Review

The intention of this writer was not to undertake this literature reviewed to substantiate the very existence of grandparents providing kinship care. The literature reviewed was to try and encapsulate an understanding of how these grandparents historically evolved in North America into this “new parenting” role and what is rewarding or difficult for them to fulfill this commitment. It is also to try and understand how these grandparents experience and find meaning to parenting again and what are the supports or challenges in fulfilling this “new parenting” role. With this information, it is this writer’s desire to continue building on the research that has already taken place and to further the investigation on this aging population of grandparents.

To begin this literature study, what has been determined is that there is no rule book or clearly defined role where normative guidelines are given for today’s grandparent, yet alone those grandparents who have taken on the extended role of kinship care. As aging adults do not necessarily fit into the “ethos of work” in an industrialized society, they along with these intergenerational parents are quite often viewed as not having a defined role (Komhaber & Woodward, 1991). Part of the difficulties challenging kinship care grandparents, are that some of them are being looked upon as “babysitters”, as other grandparents who are in a supportive role to their children. This does not give them clear societal differences in their role as grandparents who have taken on the primary role of parenting.

Many intergenerational grandparents’ experiences are diverse with different meanings and values as they are supporting their grandchildren today. Much of how grandparents are depicted in the role as kinship caregivers is quite often depending on

who is depicting them and in what context. This is an important factor when the centrality of their role is based on recognizing that they are a parent to their grandchildren even though their title or acknowledgement in society may be as a grandparent (Pruchno & McKenney, 2002). What is also difficult for intergenerational parents is the realism or meanings of how their grandparenting experience should be is not the one they are interpreting or living (Smith, 1981).

The literature reveals that what is common in each grandparent's experience is that there are different patterns of support for grandchildren that have to be viewed in different contexts with different people (Rosenthal & Gladstone, 2000). Grandparenting constantly has to be negotiated due to the complexity and involvement with different people: adult children of grandparents, other grandchildren living with birth parents, grandchildren being cared for by grandparents, other adult children, other grandchildren, step-grandparents, step-grandchildren and their adult children and the list could continue (Glass & Huneycutt, 2002).

In recognizing that there are varying levels of involvement with grandchildren, this paper is focusing on those grandparents who are not only connected to their grandchildren but are also given an additional role of being caregiver for their grandchildren (Kornhaber & Woodward, 1991). The grandchildren and their parent's involvement will be discussed in light of the grandparent's experience, as they would each require individual discussion and research.

In reviewing different theoretical perspectives through the literature reviewed there was not one theory or framework that adequately addressed this phenomenon which is now being recognized (Bowers & Myers, 1999; Dellmann-Jenkins, Blankemeyer, &

Olesh, 2002). There was however two theories that were quite often discussed when grandparents as caregivers were researched. One was role theory which views grandparent caregiving in relationship to role timing (lack of role fit or “off-timed” parenting), role ambiguity (grandparents lacking clear guidelines in this parenting role), and role conflict (the challenges of parenting again in this unanticipated role) (Landry-Meyer & Newman, 2004). As social roles are viewed with the individual and society and not in relationship to chronological age, this theory provides a means to look at the complexity of the grandparent role as a second time parent (Landry-Meyer, 1999).

The other framework that quite often was discussed was the model of predicting the grandmother’s psychological well-being of caregiving satisfaction and caregiving burden by Pruchno and McKenney (2002). This took into account what were the risk factors that created increased burden or what were the affirming activities that gave grandmothers caregiving satisfaction (Pruchno & McKenney, 2002). A study completed of mothers of older children with chronic lifelong disabilities gives this model validity (Pruchno, Partrick, & Burant, 1996). In this framework, the grandmother’s experiences are viewed within different social contexts.

In reviewing the literature, this writer hypothesizes that intergenerational grandparents gain increased role satisfaction, when they have been able to gain more role centrality as a parent and they can interpret for themselves what it means to be a second time parent (Pruchno & McKenney, 2002). The reviewing of the literature also assisted in formulating questions in the interview guide and also in the analysis with the preliminary coding.



*Kinship Grandparent's Individual and Familial Experience*

*Grandparents as Intergenerational Parents.* In reviewing the literature, one theme that resonated throughout was the lack of role fit in this “off-timed” parenting role (Landry-Meyer & Newman, 2004; & Jendrek, 1994). Grandparents were not expecting to be recycled as a parent for young children again and find this parent role not in theirs’ or society’s conception of an aging adult (Jendrek, 1994). Most became parents again without any fore- warning (Pruchco, 1999 & Landry-Meyer and Newman, 2004). This new role came through many unforeseen circumstances such as divorce, drug and/or child abuse, the parent’s emotional disturbance, the death of a parent, incarceration, and mental or physical impairment (Hayslip, Shore, Henderson, & Lambert, 1998). The literature also determined that blame and negative judgment can be put on the mother’s first parenting which makes this topic sensitive to them (Gibson, 2005).

Landry-Meyer and Newman’s study revealed that there is also the conflict for these grandparents wanting to follow the more traditional grandparent role with the absence of daily parenting responsibilities (2004). The intergenerational caregiving burden was found to increase due to the initial “shattered dreams” when grandparents knew that these life changes as caregivers would not provide them with more leisure time or security (Pruchno, 1999). It was found within the literature that not only was there less time for fun and recreation for these grandparents but that isolation increased with decrease contact with their friends (Delman-Jenkins & Blankemeyer, 2002).

These grandparents also experienced feelings of lack of recognition of being a kinship caregiver as they were once again in a primary parenting role (Landry-Meyer & Newman, 2004). Another concern was the lack of parental authority with grandchildren

as the parent may be still involved in the child's life (Dolbin-MacNab, 2006). These grandparents were also given increased role demands and many were not feeling capable of performing these "off-timed" tasks adequately which was causing role strain (Erdwins, Buffardi, Casper, & O'Brien, 2001). For some there may have been a brief time with no children and now they were scheduling around the ages and stages of development of their cohabitating grandchildren (Doucette-Dudman & Lacure, 1996). Some grandparents reported having concerns about this long-term childcare involvement and not being able to keep up with their grandchildren when it came to the social involvements, school, and physical activities (Burton, 1992). It was also found that marital satisfaction declined for those living with a partner due to changes in their routine and plans, along with lack of privacy (Delman-Jenkins & Blankemeyer, 2002).

The literature did reveal satisfactory experiences for grandparents along with the burdens. Pruchno stated that grandparents' satisfactory experiences came from those who saw parenting again as a purpose for living (1999). This is supported by those grandparents who stated that they have experienced increased feelings of self-worth, competence and achievement in their role, along with increased morale and happiness (Delman-Jenkins & Blakemeyer, 2002). Most grandparents in the literature viewed that they were providing a crucial role through preventing their grandchildren going to foster care or strangers and helping their grandchildren gain a sense of stability and security (Delman-Jenkins & Blakemeyer, 2002). It was also shown that the grandparents' increased satisfaction in the role of parent was dependant on a grandparent's health, social support, and education (Bowers & Myers, 1999). Any challenges may also be lessened or mitigated if grandparents developed a sense of meaning in their new parental role as

intergenerational parent (Hayslip, Shore, Henderson, & Lambert, 1998). A suggestion to the grandparent's gaining more role clarity or centrality, is for them to take ownership and become a parent, switching titles from grandparent to parent. At times this could include a name change to parental names such as mommy or daddy (Landry-Meyer & Newman, 2004).

In one study, satisfaction of this parenting role was gained through the mutual reciprocity that comes from the giving and receiving of love. The grandparents stated increased satisfaction as they denoted several characteristics for feelings of joy, happiness, gentleness, tenderness for these young children (Gattai and Musatti, 1999). The research did show that even with the challenges faced if a grandparent had to step in and do the parenting role all over again, they would take on this responsibility if there was not a suitable surrogate parent to step-in (Hayslip, Shore, Henderson, & Lambert, 1998).

*Parents of Grandchildren.* In reviewing the literature, what was revealed is there has not been a lot of research from the adult child's perspective of what happens when their parent becomes custodial caregiver to their child. A paper presented at a conference in Montreal determined conflict is prominent in each level of custodial caregiving between the adult child and the grandparent. The one determining element that helped with the grandparent in this custodial role is if communication with the biological parent remains intact. It was noticed that there is decrease familial conflict especially when informal or private arrangements are made (Nichols, Cobb, & Harbert, 2008 & Leder, Grinstead, & Torres, 2007).

The reasons and patterns a grandparent would take on this caregiving role are the determining factors of how the relationship continues between the adult child and the custodial grandparent. As previously discussed, the same reasons resonated throughout the literature: a) drug abuse among parents b) teen pregnancy c) divorce d) domestic violence, e) mental and physical abuse or neglect of grandchildren f) parents' health (AIDS) g) parents are incarcerated or involved in crime (Glass & Huneycutt, 2002).

It is not just the causes that create difficulties between the adult child and the grandparent but also the different patterns of how grandparents took their grandchildren into care. For some to be caring for their grandchildren, there are first the issues of trying to cope with their own adult child who is suffering great difficulties in their own life or they may be deceased (Bowers & Myers, 1999; & Prucho, 1999). Both of these create a sense of loss or grieving for the caregiver. For others it happened quickly and unexpectedly they began caring for these children due to health issues or incarceration (Prucho, 1999); or in some cases they felt forced to take the children before Child Welfare/police would step in to have them removed due to safety concerns (Minkler, Driver, Roe, & Bedeian, 1993). These patterns can create turmoil and quite often lack of preparation for the tasks that presented to both adult child and grandparent.

For most grandparents, the research determined that the increased burden came from having to try and accept their own child's life difficulties and the adult's child's lack of responsibility towards their own children (Bowers & Myers, 1999). If the adult children are having difficulties, this makes the grandparent role difficult to determine (Doucette-Dudman, 1996). For grandparents to be placed in this primary role of parent, whether in the name of primary caregiver or not, the primary task to nurture their

grandchildren through these difficult times was left to them (Kornhaber & Woodward, 1991).

Once the grandparent becomes the primary caregiver for a grandchild, the reasons the grandchildren are not with their parent may continue. This increases the difficulties of family functioning and interactions between the parents, grandparents and grandchildren (Musil, Warner, Zauszniewski, Jeanblanc, & Kercher, 2006). There may be a history of persistent family problems with the custodial grandmother and the parent, as well as differences in what are the family concerns (Musil, et al. 2006). There is also conflict found between the custodial grandparent and the grandchild's parent on who has the responsibility and rights to parent the child (Cox, 2003). There is also the area of limited or lack of support from the parent to the grandparent who has taken on this extended role (Prucho, 1999) What the research determined is a need for continued help with intergenerational communication and strategies to help deal with the difficulties between family members (Musil, et al. 2006).

*Grandchildren.* Many grandparents thought they were finished with the role of caregiving for children and would not have considered that they would once again be raising children through their developmental years (Doucette-Dudman, 1996). Milan and Hamm have suggested that grandmothers who are caregivers for grandchildren are involved with raising the "most-at-risk" children in society at a time when grandparents need support (2003). While these aging adults are being looked upon as being a resource for these children, they are also vulnerable as they are raising children that may have physical health issues, along with emotional needs in their development that are not being met (Minkler, Driver, Roe, & Bedeian, 1993; Kornhaber & Woodward, 1991; &

Doucette-Dudman, 1996). Kornhaber and Woodward have stated that these children who are being cared for by their grandparents have a need to survive emotionally and physically (1991). In some cases their parents can be alive but the children feel the ambiguous loss of a parent. This in turn can lead to greater socio-emotional and behavioral problems due to the circumstances that lead them to living with their grandparent (Bachman; Chase-Lansdale & Lindsay, 2005).

Grandparents are finding that due to some of these children having increased problems beyond the same developmental stages of other children their age, the impact on the caregiver's life has increased parenting stress and strain due to the impact of feeling burdened (Bowers & Myers, 1999). A few of the problems that can increase the role burden over role satisfaction are: "attention deficit disorder, fetal alcohol syndrome, learning disabilities, hurt, deprived and some are suffering from neglect or abuse" (Doucette-Dudman & Lacure, 1996). It is with these burdens in mind that the need of respite care for intergenerational grandparents has been discussed. This is essential to help reduce the stress while providing a time of rest ( Minkler, Roe, & Bedeian, 1993). These children also need the assistance of psychological services targeted for children to assist them with parental loss and having to relocate and live with other relatives (Bachman & Chase-Lansdale, 2005). With these challenging issues affecting relationships within the family, it can also extend outside the home where they may have a problem with academic behavior and emotional problems within the school system (Glass & Huneycutt, 2002).

Grandparents can also be a positive role model for aging for their grandchildren (Milan & Hamm, 2003). Those children who have been closely connected to their grandparents are found to be more comfortable around older people in seeing that they also have needs

(Milan & Hamm, 2003). They can show more emotional cognition to those grandmothers who are caregivers for them as they are being provided the socio-emotional support they require (Gibson, 2005). These children seem to grasp the meaning of being older and understand the sacrifices that their grandmother has made to be with them (Doucette-Dudman, 1996).

Another benefit is that these children gain a sense of history and experience life through someone older (Milan & Hamm, 2003). Grandmother caregivers can also serve as positive examples for long-term commitment if they have been involved in a long term marriage. (Milan & Hamm, 2003). Other areas of increased stability for children can come from knowing what is to happen to them and this quite often needs to be determined through some form of legal involvement during these difficult times (Landry-Meyer & Newman, 2004).

#### *Kinship Grandparent's Contextual Involvements*

*Legal* . Grandparents are not included within the societal definition of the census family. This definition only pertains to a parent living with a child. They are not classified as part of a “normal” family that consists of mother, father, and children and due to this fact they are not considered legitimate without the legal responsibility of the child(ren) or included in different policies when it comes to social supports ( Landry-Meyer & Newman, 2004 & Landry-Meyer, 1999). With there being a need for more child support statutes and the legality of this role, it can be challenging for grandparents to perform parenting tasks where there are social constructs that create barriers (Landry-Meyer & Newman, 2004; & Landry-Meyer, 1999). This is why grandparents are requesting services for legal counseling concerning information so they are informed on what are their options in this parenting role as a guardian or through foster care (Burton, 1992).

There are many reasons why grandparents do not take the legal approach when they are caring for their grandchildren. They may not begin the legal route due to the financial costs incurred and they may have limited resources if they are on fixed incomes (Bachman & Chase-Landsdale, 2005). It would also be a big emotional investment to go against one's own child in court (Glass & Huneycutt, 2002). It has been suggested that grandparent caregivers avoided legally formalizing guardianship or adopting their grandchildren due to trying to preserve their relationship with the grandchildren's parent or the hope that one day the parents may return to effective parenting (Bachman & Lansdale, 2005 & Gibson, 2002a). Another issue that quite often deters grandparents from pursuing the legal route would be if they have to prove fitness as custodians, as automatic custody does not necessarily go to grandparents. Some courts take into account the grandparent's own track record with their own children, their finances, and whether they could provide long term stability for their grandchildren (Glass & Huneycutt, 2002). The courts also look at the two issues of "parental preference" or "best interests of the child" and it can become the grandparent's responsibility to substantiate areas of abuse or neglect of their grandchildren and without injuries or acknowledgment from the children this can be difficult at times to prove (Glass & Huneycutt, 2002). For those grandparents who gained legal custody, there were benefits received in that it did assist some grandparents to gain a sense of legitimacy, authority, or centrality in this role (Landry-Meyer & Newman, 2004 & Jendrek, 1994).

*Financial.* The lack of financial resources was found to be a burden for many kinship grandparents (Burton, Dillworth-Anderson, & Menevether-deVries, 1995). The literature stated that some of the reasons why finances are an issue: lack of finances/resources available, embarrassment in seeking assistance or not having custody (Glass & Huneycutt,



2002). The lack of financial resources to care for their grandchildren can be due to grandparents already being financially low in income. This could be because they are on assistance, unemployed, retired with a fixed income, or caring for additional children/ relatives (Delmann-Jenkins, Blankemeyer & Olesk, 2002; Glass & Huneycutt, 2002; & Fuller-Thomson, 2005). The grandparents may also be embarrassed or find it difficult to seek assistance for their finances. For some it is a humiliating experience to seek assistance through different agencies that may not be sensitive or knowledgeable to their unique situation or an assessment may have to be done on their past relationship with their own children (Glass & Huneycutt, 2002). Finally it is difficult for a grandparent to claim financial assistance for their grandchild if they do not have custody. This has been a point of contention for grandparents who know that foster parents get assistance and these caregivers are not related to the child (Glass & Huneycutt, 2002).

In the United States, changes began when grandparents who already had special needs as elders, started to speak out about requiring assistance. Their role became greater as they now had become a resource in caring for damaged and needy children (Doucette-Dudman & LaCure, 1996). It was through this need that organized groups formed to provide recommendations and strategies to support grandparent caregivers (Landry-Meyer, 1999). One such group came out of six individual aging advocacy and research organizations who prepared the Kinship Care Fact Sheet (Children's Defense Fund, 2004). This information became very helpful for grandparents to find out their legal and financial rights in each state, as it can be different throughout the United States. Through the collaborative work of groups such as these, grandparents were able to enroll their grandchildren in school, access medical records, and gain access to other required information without custody; in some

cases they were never able to do this prior (Glass & Huneycutt, 2002). It was through the founding of kinship grandparent groups and the research provided to write policy that improvements came to provide emotional and financial support to grandparent caregivers (Minkler, Driver, Roe & Bedeian, 1993; & Children's Defense Fund, 2003).

In Canada, the new research has just begun to impart changes and financial assistance. Two provinces leading in this are Ontario and British Columbia. In 2003, a local group in Barrie, Ontario formed a partnership with the Barrie and District Association for People with Special Needs. They requested funding from the National Child Reinvestment Fund to research grandparents in the kinship role of raising their grandchildren (Muldoon, 2003). Along with other recommendations, they suggested there be policy changes to the Child & Family Service Act and that resources be made available through the local Children's Aid Societies towards funding development for kinship care providers (Muldoon, 2003). Fuller-Thomson, at the University of Toronto, has co-authored on African America grandparents raising grandchildren with M. Minkler (Minkler & Fuller-Thomson, 2005) and a SEDAP (Social and Economic Dimensions of an Aging Population) research paper on Grandparents Raising Grandchildren in Canada: A Profile of Skipped Generation Families (Fueller-Thomson, 2005b). She has also researched kinship grandparents who are Canadians of First Nation which includes Metis, Inuit and North American Indians (Fueller-Thomson, 2005). Fueller-Thomson indicates that due to the serious social and economic conditions among First Nations peoples, grandparents within this population who are raising their grandchildren are suffering high rates of poverty and disability in comparison to other grandparent caregivers (2005). This has significant implications for policy and practice.

In British Columbia there is an ongoing research project at the University of Victoria

to assist intergenerational grandparents who are care givers. Through their research they have provided a resource handbook that covers a multitude of areas to assist grandparents in locating financial resources along with assisting them with other supports called “Supporting Grandparents Raising Grandchildren” (2007). As the research in the past five years is increasing in Canada, so has it been locally in Nova Scotia. The Nova Scotia Centre on Aging has been researching older parents caring for adult children with lifelong disabilities along with the need for financial compensation (Keefe & Fancey, 1998). More recently, MacDonald at Dalhousie University has received a Nova Scotia Health Research Foundation Capital Health grant for conducting research on kinship care in Mi’kmaq and other First Nation communities in Canada (2007).

*Social Services.* The literature revealed a repetitive problem causing increased risk factors for grandparents in that social service agencies are not always educated or sensitive to the special issues grandparents’ face who are raising grandchildren (Dellmann-Jenkins, Blankemeyer & Olesh, 2002). It was found grandparents were being scrutinized. At times the blame was being put on the grandparent’s first parenting, which can in turn place negative judgment when they are accessing services (Gibson, 2005). However even with this barrier, the grandparents are stating they require continuing emotional and instrumental support from social service agencies, as they also recognize they can provide a protective factor for their grandchildren so that they are not raised by strangers (Burton, 1992 & Gibson, 2002b). Another area that kinship grandparents require assistance in is learning about what is available to them if their grandchildren are taken into care by Child Welfare and they have to go before the courts (Glass & Huneycutt, 2002).

In the United States, there are also different legal barriers within Child Welfare

assisting grandmothers. Policies in certain states dictate that financial reimbursements are only for foster parents in accessing services such as counseling, clothing allowances, and medical and psychological evaluations (Minkler, Driver, Roe & Bedeian, 1993). Another issue that involves Child Welfare is adoption. Society can accept adoption of children outside the family but interfamily adoption seems odd especially if it is a grandparent (Milan & Hamm, 2003). It is also recognized that Child Welfare in the United States are involved disproportionately with African Americans raising their grandchildren, more than white or Hispanic grandparents (Glass & Huneycutt, 2002). There has been research carried out in Canada to look at policies within kinship care on the over represented First Nation Canadians who are a large proportion of intergenerational caregivers (Callahan, Brown, MacKenzie & Whittington, 2004; Fuller-Thomson, 2005; & MacDonald, 2007).

*Education & Programs.* Intergenerational grandparents are requesting information on what are their financial, legal issues, daycare, dealing with schools, support services, better ways that would help them raise their grandchildren, balancing co-existing as a parent/grandparent or as a single parent and managing stress (Kornhaber, 1991; Glasser & Huney Cutt, 2002; Burton, 1992; & Dobin-McNab, 2006). It was indicated that a motivator of those grandparents who attended Family Life Education Programs or support groups was a need for information and emotional support on such topics on how to cope with behavior problems with their grandchildren or adult children and also to meet other grandparents (Ballard & Morris, 2005; Bowers & Myers, 1999; & Leder, Grinstead, & Torres, 2007). Grandparents were also expressing concerns for raising children in a more toxic social environment. A need developed for parenting programs that covered issues to

deal with their aging. This included new strategies in parenting, mentoring, respite, help in transportation, and after school programs (Dolbin & McNab, 2006). The literature revealed that the different ages of these older adults can impact on attendance. There is diversity in mid-life adults versus older adults (Ballard & Morris, 2005).

It was also determined that any program evaluation needs to look at the barriers for grandparents' attendance as well as what they desire in a program. Some of the reasons of non-attendance were the lack of childcare or the problem of transportation, especially for those in rural areas. Another concern included the inconsistency of programs continuing, due to the limitations of funding through grants (Minkler, Driver, Roe, Bedeian, 1993). There is also the barrier of programs not delivering culturally appropriate services, as those working with First Nations people (MacDonald, 2007) and not looking at religious institutions and community agencies as potential resources for role related supports (Burnette, 1999).

Other studies showed there needed to be more trained professionals who were aware of this role of grandparents who were caregivers and the strain they were presently experiencing (Dellmann-Jenkins, Blankemeyer & Olesh, 2002; & Burton, 1992). There needed to be those professionals who approached supporting grandparents from a strength induced model versus a deficit approach. These professionals needed to understand the grandparents' sense of being able to cope in their various life roles and their self-efficacy (Delman-Jenkins, Blankemeyer, Olesh, 2002; & Erdwins, Buffardi, et al, 2001). Most of all grandparents needed to be in an empowering atmosphere where they were encouraged to be a part of brainstorming for solutions and not just being evaluated for their parenting skills (Dobin-McNab, 2006). The research determined that there is greater life satisfaction

when grandparents have more social support and more education (Bowers & Myers, 1999).

### *Kinship Grandparent's Health Challenges*

*Caregiver Health Effects.* The mental contextual meanings for aging women come from what is depicted in the media or how they may have seen their own grandmothers experience aging. Today the media depicts many illustrations of healthy young senior women involved in leisure activities or involved in volunteerism. For many, this reality is not available to them, due to the unexpected reality of once again being parents (Pruchro & McKenney, 2002). As their circumstances changed, it was found that role strain and role conflict had a direct correlation with the increased health concerns in grandmothers as caregivers (Erdwins, Buffardi, Casper, & O'Brien, 2001). Due to these health issues, in the last decade the literature began a shift as the challenges of kinship care by grandparents was being recognized. It was found that this new role of caregiving for grandchildren, on an aging population, had an effect on grandparents' emotional and physical well being.

*Mental.* As the circumstances of grandparents changed, the literature supported a direct correlation of how their feelings of increase burden and changes affected their mental health. The commonalities in health issues were of feeling emotionally drained, with increased depression, higher stress, and anxiety amongst those in the care giving role (Bowers & Myers, 1999; Musil, 2000; Minkler, Roe, Price, 1992; & Pruchno, 1999). Emotional health was found to be more of a risk factor as grandparents felt a greater sense of helplessness when grandchildren internalized their behavior (Leder, Grinstead, & Tornes, 2007).

Quite often it was found the amount of higher stress doubled for older women when there were sudden and traumatic family changes (Bowers & Myers, 1999). Higher stress

increased in those who took on this new role and were doing familiar caregiving over three generations (Burton, 1992). It was found that grandparents stress increased when their grandchildren came from dysfunctional families. The unexpected “off time” role of parenting again increased the upheaval in their home (Leder, Grinstead, & Torres, 2007). The stress also came from being over burdened with new family responsibility and not enough time for personal needs (Burton & Mernevether-deVries, 1995).

Grandparents who were single parents, if they were isolated from others, and without childcare, were found to have increased depression (Bohne, Musil, Burant, 2004). Child rearing alone can create potential sources of stress without receiving new coping methods and additional emotional support (Leder, Grinstead, Torres, 2007). The schism of determining stress or depression amongst this cohort of an aging population is while they also have special needs they are caregiving for children who have their own distinct needs (Doucette-Dudman & Lacure, 1996).

One study identified improved mental health if intergenerational grandparents had involvement with other older surrogate parents (known as peer time), as they were able to share their frustrations and joys with their peers through this type of social support (Burton, Dilworth-Anderson & Mernevether-deVries, 1995). There was also literature to support that grandmothers found satisfaction in what they reported as a more purposeful life, as their self-esteem improved while caring for their grandchildren (Pruchno, 1999).

*Physical.* The physical challenges of parenting again were frequently documented in relationship to the progressive age related issues and physical limitations of these parents (Dobin-MacNab, 2006 & Bachman & Landsdale, 2005). Grandparents’ expressed that they

were constantly feeling tired in this role and that it was harder to keep up with their grandchild(ren) physically while also having the energy to perform the tasks required (Landry-Meyer, 1999; Burton, Dilworth-Anderson, & Merrriwether-deVries, 1995 & Musil, 2000). Other physical challenges were heightened due to this extended parenting role: heart attacks, strokes, diabetes, arthritis along with alcoholism and increased smoking (Burton, 1992). There were also chronic disabilities both of a physical and mental nature that were greater, especially in younger grandmothers than with other mothers.

### *Summary of Literature*

It is the opinion of this writer and validated with more recent researchers such as Gibson (2005), that there is a need for increased qualitative research. Further investigation is required on the unique caregiving role experiences of these grandparents and how this role has affected their lives. The experiences of the grandparent in this new role of transitioning to parent again clearly lacks research, in the areas of examining families as a whole (Landry-Meyer & Newman, 2004). The literature suggests that there needs to be a unique theoretical framework for grandparents that provide childcare for their grandchildren (Bowers & Myers, 1999; Dellmann-Jenkins, Blankemeyer, & Olesh, 2002).

The literature also determined intergenerational parenting is a sensitive topic as the blame can be on the mothers' first parenting which in turn places negative judgment on these grandmothers (Gibson, 2005). Further research is required to increase the awareness of the role these grandmothers are playing within the family. There is also a need for more professionals who are sensitive to these kinship caregivers without incurring blame (Bowers & Myers, 1999). As discussed in chapter one of this proposal, it was determined that there was an on-going need to look at grandparents capacity through a strength induced model



versus a deficit approach. This would give direction for more research, policy making and program planning that could help build a better sense of well being for grandmothers both mentally and physically (Delmann-Jenkins, Blankemeyer, Olesh, 2002; & Erdwins, Buffardi, Casper, & O'Brien, 2001).

Another area to be investigated would be grandmothers who are involved with the most-at-risk children in society when these women are in need of support as they age (Milan & Hamm, 2003, Doucette-Dudman & LaCure, 1996). There needs to be policy reform for grandmothers who are fulfilling this role not just from the "goodness of their heart". They need to gain recognition for the additional strain they are encountering, both financially and emotionally (Doucette-Dudman & LaCure, 1996). This follows along the line of the experiences of the grandparent who transitions to the parent role. This requires more research as there is a large gap of research in this area. (Landry-Meyer & Newman, 2004)

Research still needs to be done on immigrant population and multigenerational households within this sector as well as diversity of experience among this group (Milan & Hamm, 2003; Glasser & Huneycutt, 2002). There also needs to be more research on different experiences of different races. An African American grandmother's experience with raising grandchildren may be very different to grandmothers who are white middle class or First Nation's grandmothers in Canada (Bowers & Myers, 1999; Dellmann-Jenkins, Blankemeyer, & Olesh, 2002; Minkler & Fuller-Thomson, 2005; & MacDonald, 2007).

In conclusion, what is being revealed is that grandparents are beginning to recognize both cost and rewards of taking on this surrogate parenting role (Burton, 1992) as they help provide stability for this new era of family life. Looking at the grandparents capacity through a strength induced model versus a deficit approach along with more research,

policy making and program planning, could help build a better sense of well being for grandmothers both mentally and physically (Delmann-Jenkins, Blankemeyer, Olesh, 2002; & Erdwins, Buffardi, Casper, & O'Brien, 2001). The theme that permeates throughout the literature is that these aging kinship caregivers are being given an additional instrumental role of once again raising children with limited recognition and limited social support.

## Chapter Three: Theoretical Framework

*Interpretive/Constructivist Framework*

An interpretive/constructivist framework was used for the theoretical framework. This framework was chosen to research how intergenerational grandmothers interpret and understand their experiences within the different contexts that they are living (Guba, 1990). The purpose of using this paradigm is to understand how the women live multiple realities and how they interpret their lived world to construct meaning for themselves in their known reality (Lincoln and Guba, 1985 & Charmaz, 2000). The grandmothers' own constructions of knowledge or the stories of their lives provided a framework for these individuals to make sense of the experiences they are living. The self-created interpretations of experiences are based primarily on the individual giving validity to their life world (Guba & Lincoln, 1989). This framework was chosen due to the significance of hearing what the grandmothers' narrative was in understanding their everyday world as told in their voice. It also helps to disentangle what the grandmother consciously believes to be true and what is unsaid through the descriptions that unfold through the interview.

This research was based on an emic interpretive inquiry where the inquirer writes about the known understandings or meaning reconstructed by these intergenerational grandparents of what they believe to be their reality. It is the grandmothers' insider view of how they interpret the multiple realities they are experiencing as mother, grandmother, and mother again (Lincoln & Guba, 1985). An emic interpretive inquiry allows the inquirer to describe the culture of a grandmother as a second time parent through the story told. This becomes known as "verstehen" which is a term embraced through interpretive constructivism

to explain the seeking to understand and interpret the meanings constructed of an individual's actions and those with others where there is involvement (Schwandt, 2000).

The interpretive/constructivist paradigm is an appropriate epistemologically and ontologically for the task of this research. Epistemologically, the interpretive/constructive allows for what emerges from an inquiry to be created through the interaction of the inquirer and the participant (Guba & Lincoln, 1989). Ontologically the standpoint is relativist denying the existence of an objective reality. Instead realities are social constructions of individuals which can be multiple constructions and shared by others (Guba & Lincoln, 1989). The interpretative/constructivist paradigm is value related even though the goal is to reconstruct the meaning and support the beliefs of others and not of the inquirer (Guba, 1990). As the researcher I had to be continuously assessing my subjectivities on what I thought the grandmother's experience represented.

It is the purpose of the interpretive/constructivist inquiry to describe and understand the constitutive meaning of the constructions a participant gives to their life and this can only come through human discourse (Guba, 1990). The construction of the grandmothers' realities depends on the importance of using their language as researched. It is through the method of interviews that these descriptions or stories can unfold. The word grandmother is a word construction so that the children of their children have an identifying name to call them. Many of the women are having different lived experiences to what is the socially constructed meaning behind the word grandmother. They are mothers to their children, mothers to their grandchildren; yet there is no name change, they are still grandmothers. With grandmother's who have become the primary caregiver of their grandchildren, the everyday idealist constructs that are derived from the word grandmother are not necessarily their lived

experience. An example of some of these idealist mental constructs are: grandmothers who are aging and requiring caregiving for themselves; the classification of being retired; involvement in multiple leisure activities; and the companionate grandparent who is a part of their grandchildren's lives in an eldership role available to do pleasurable activities.

It is by what one has experienced or what is known about the existence of this being or object called grandmother that certain mental constructions have been formed by others. An example of this would be by asking a woman, as she is excitedly telling you about becoming a grandmother – “what will you be called?” Her answer could be reflective of her experience through the culture she grew up in or the meaning the name came to represent to her. To explore who these women are who potentially are mothering a second generation of children, the ontological judgments of their nature and essence will be temporarily suspended and the word grandmother will be “bracketed” (O’Leary, 2004; Gubrium & Holstein, 2000; & Janesick, 2000). The term is in reference to being able to start with a fresh perception of the phenomenon being researched. It enables the researcher to explore the lived experiences of these grandmothers’ freely. Husserl discusses this term as a method to put aside a defined object so as to focus on more essential structures that are being revealed (Van Peursen, 1972). In this case, it enables the researcher to tell the grandmothers’ story of how they interpret what their lived experience is like as parents of a second generation of children.

### *The Lived World Framework*

Van Manen (1990) lived world framework was used as a guide in framing the

categories that were revealed through the interviews about being in the experience of kinship care. The categories that were revealed through the discussions with the participants were examined first and then the main categories from the framework of Van Manen's framework of lived world were utilized (1990). This framework was utilized only from an interpretive/constructive perspective and not as phenomenological study about the meaning or essence behind the experience as Van Manen used in his book, *Researching Lived Experience* (1990). The four categories borrowed (appendix A) in this process as helpful guides were: lived space (spatiality), lived body (corporeality), lived time (temporality) and lived human relation (relationally or communality) (Van Manen, 1990).

*Lived space* is the way we understand a person as they experience their day to day life. A grandmother's experience raising a grandchild would not be the same as a grandmother who does not cohabit with a grandchild. The lived space framework guides the researcher to look at different constructions of their unique experience.

*Lived Body* is how each one of us experiences each day in our body. It is the way we interpret our interaction with others, their interaction with us, and what we decide to reveal or not about ourselves. For grandmothers the lived body experience could possibly involve many players in many different vignettes created as the grandmother is the lead actor in their lived world. An example of one of the different experiences that a grandmother can be involved in would be presenting oneself as a kinship care relative before the courts to gain custody or to be a restricted foster care home. This could be a difficult situation in as much as there would be a conflict of emotions felt towards their own children who are losing day to day care of their child. Constantly the lived space with one another has to be negotiated

as this lived space is also physically real as interpersonal space becomes shared. (Van Manen, 1990).

*Lived Other* is a category which grandmothers experience others within the everyday lived space that they are involved in. As they are a part of this living space with their grandchild, the experience is corporeal. The grandmother's presence is in direct relationship to the involvement with a grandchild such as through touch (a hug), expressions in conversation (an animated face or piercing eyes) or a tone in voice. The presence of having another involved with us becomes broader through what Van Manen (1990) talks about as transcending ourselves when we develop a conversational relationship. In essence we search with the assistance of others the meaning or purpose of life. Van Manen (1990) writes about how "there is a larger existential sense human beings have searched in this experience of the other, the communal, the social sense of purpose in life, meaningfulness, grounds for living, as in the religious experience of the absolute Other, God." (p. 105). For grandmother caregivers their everyday world is in part about the other. Raising grandchildren is not about just the world they are experiencing but also the lived other of their grandchildren. These categories became beneficial once the interviews were analyzed and the categories were revealed through the coding.

*Lived Time* is subjective to how one experiences the moment they are in (present), memories of past experiences in relationship to where they are now (past) and the hopes, desires, or concerns as one understands their "temporal landscape" (future)(Van Manen, 1990, p.104). The category of lived time includes all three - past, present and future. If one is having fun it may appear that time is going quickly but the opposite is also apparent if one is doing something that is not enjoyable. How a grandmother constructs and interprets

their life history and how they view the future is important. Their past has a bearing on how they understand the present or how it may influence good or bad changes in how they think, feel, experience or view their future. This may help explain why in the literature review some grandmothers experience satisfaction versus living a role of sacrifice.

### *Conclusion*

In conclusion it was significant to write from the grandmothers' standpoint. This was to ensure their voice was being heard as policies and changes are being developed for community centered caregiving. In this situation they are providing caregiving for children where in most of the situations the only other option would have been foster care. The interpretive/constructive paradigm is ideal for this type of study as it allows the research to be a description of what is being told from the participant to the inquirer; what they know to be their experience and what they determine are their needs. This process includes a dialectic and hermeneutics approach where a partnership is formed between the observer and the observed (Schwandt, 2000). The dialectic partnership with the participant includes the joint discussions on the interpretations constructed to help form the different categories from their life world (Guba, 1990 & Kvale, 1996). It is within this interaction of story telling and questions that an informed constructed reality can be made jointly in the process (Guba & Lincoln, 1989). A hermeneutics interpretation did come through the researcher analyzing the meanings that evolve from the text transcribed after the interviews were completed. The conclusions or recommendations that emerge from the research were arrived at jointly. They are not the sole interpretation of the researcher as the participants also stated what would assist them as second time parents (Guba & Lincoln, 1989).



## Chapter Four: Methodology

The goal of the following constructivist methodological approach was to interview grandmothers who are in the “new” role of parenting and to give a voice to their experiences, and the meanings they have constructed within this role. As previously discussed the interpretive/constructivist framework was used as a guide. Interviews were utilized as the method to gain information and to explicate rich descriptions from the participants in this study. The comparing and contrasting of these interviews were done through a dialectic approach (Guba, 1990). I first allowed the interviews to speak for themselves and then the categories borrowed from Van Manen’s framework were assessed and utilized in the discussion once it was determined the categories were applicable.

A semi-structured interview which involved an interview guide was found to be appropriate tools to gather the distinct or unique experiences of the phenomenon to be studied. In ontology, the interview method is appropriate to research the reality of each social construction that is formed individually while also gaining a better understanding through comparing multiple realities (Guba & Lincoln, 1989; & Gibson, 2002b ). The interview process emphasized the epistemological assumption that the researcher and the participant engage in an interacting relationship to gain the meaning or knowledge of different lived experiences along with capturing their personal stories (Gibson, 2002b). A degree of transparency was involved in the telling of their life stories. It became the trusted responsibility of the inquirer to then reflect and analyze what is being told about them. To assist in this interactive process, an interview guide was utilized which will be discussed further in the discussion of the interview process.

*Recruitment*

A selective sampling procedure was used to incorporate certain criteria. The characteristics of grandmothers being recruited were those who are in a primary parenting role rather than an involved grandparent role (Landry-Meyer & Newman, 2004) with the biological parents not living within the home. There were seven individual interviews conducted with grandmothers who had the primary responsibility of at least one grandchild under the age of six, living within the home during the time of their caregiving.

The decision was made to interview grandmothers who were living outside of the urban centers of Halifax and Dartmouth. The interest of rural Nova Scotia versus urban, or within city limits, is due to this writer's experience of finding less resources in rural Nova Scotia. This was further substantiated through the literature which also recommended more research be conducted on rural grandparents on whom little is known (Bullock, 2004). It was also the hope of this researcher to be able to interview participants from various and diverse cultural backgrounds. Recruitment was attempted in Preston and the surrounding area but no participants came forward. This area was chosen due to the richness of cultural, historical significance, and the locality being outside of the city. The other consideration was that as this writer was working in rural Hants County as a Child Protection Worker, for ethical reasons this researcher did not interview any participants in that region.

In the beginning, participants were searched for through contacts in the Black Cultural Center in Preston, Family Resource Centers, Churches, Daycares, and professional contacts in rural Nova Scotia. Contact was made with various organization leaders for permission to place posters or information letters at their site of operation and to announce this study to potential participants (Gibson, 2002b). As a means of contact, phone numbers

and an e-mail address were provided on posters for those interested in participating as a means of contact. The snowball method was attempted to be utilized; however the grandmothers interviewed came through other contacts such as CanGrands and other professionals. The snowball method is based on the assistance of grandmothers who are willing to participate to help identify grandmothers who are caregivers for their grandchildren, and who are also eligible to be part of this study (O'Leary, 2004 & Gibson, 2002b). This writer was hoping to receive multiple inquiries from women who wanted to participate within this study, but as explained during the discussion section it was difficult finding participants so it was not possible to include handpicked samples (O'Leary, 2004). The advantage of this method would have been to get a possible cross section of grandmothers who are self-appointed, or those involved in kinship foster care as directed through the courts or a Child Welfare agency. In this study, grandmothers were interviewed from different areas of the province that included the counties of Lunenburg, Colchester, Cape Breton and outside the urban areas of Halifax and Dartmouth.

### *Interview Process*

Once the participants had been recruited, telephone contact was made to determine a time and a place to meet. The participant at this stage may require additional information or have questions to be answered. The interviews were held at the location of the participant's choice with each interview being a duration of 60 to 90 minutes. This approximate time frame and the questions to be utilized was considered through reviewing research of interviews conducted (Gibson, 2002b).

The interview was the main research instrument to gain information. For the participant to begin, continue or stop any of the mutual exchanges of dialogue it is quite

often reliant for the interviewer to take the lead. It was also the responsibility of the interviewer to be prepared prior to meeting with the participant. After the date, time, and location were discussed the interviewer did follow up with some participants with a phone call on the actual day of the meeting to confirm that there had been no changes. Prior to interviewing the participants, all preparation was done in relationship to what was needed on the day of the interview. A list was made and there was a pretest of any electronic devices that were used. In these interviews a recording device was used once consent was given by the participant. Prior to using the recording device, the interview received a signed consent form from the participant.

On the onset of the interview and after preliminary introductions were made, the interviewer ensured that appropriate time has been spent in relationship or rapport building with the participant. This preliminary step of rapport building was to establish the relationship of this being a collaborative partnership between the grandmother being interviewed and the researcher (Gibson, 2002b). It also gave an opportunity to discuss any changes that may have taken place as to what was originally discussed. If there were to be any interruptions, these were made known by the participant prior to starting the interview. The preliminary steps are very important to being comfortable in one another's presence. Without these steps, it would be comparatively difficult for the participant to have a trust to give such rich narratives to the researcher.

The goal of the interview researcher is to return from the stages of his or her qualitative inquiry with a tale that does justice to the subjects' stories of their lived world and that conveys new and valid knowledge and insights to the listeners and the readers of the tale (Kvale, 1996, p. 80).

Relationship building is quite often accomplished through a talk of general interests

to find a common ground. During the interview, the interviewer reviewed with the participant the invitation letter and consent form. It was also the time there was discussion on the use of a recording instrument. It was the aim of this researcher to ensure that there were no hidden barriers from an ethical perspective that would limit a participant from fully understanding the intent, and procedures of this study (see Appendix C & D ). It was the responsibility of this researcher to ensure there are no age related or cognitive issues that may infringe on a participant giving an informed consent to participate in the study.

The researcher discussed with the participant the option of withdrawing at any stage of the process if they determine it was in their best interest not to continue. As this was a collaborative partnership, the researcher did check periodically on how the participant was feeling and whether to continue. If at any time it had been verbalized or demonstrated through body language by the participant of them being uncomfortable, the researcher would have not continued interviewing. The researcher would have also waited for further direction to either continue, change the topic, or to stop.

The researcher began the interview by giving the participant a copy of the interview guide. The interview guide was a tool to be used during this semi-structured type of interview. There was one main “grand tour” question followed by sub-questions which assisted the interviewer as a guide without imposing limitations to the participant’s narrative as it unfolded. A grand tour question was a general question about the topic being studied (Scott, 2004). In this case the introduction question was, “Tell me about your experiences of taking care of your grandchild/grandchildren who are living with you.” As this was a narrative analysis the participants were given time for their story to unfold and the follow up questions helped clarify pieces of the story that may have been missing concerning

characters or episodes (Kvale, 1996). A question such as, “Can you tell me more about.....” assisted in keeping the conversation flowing and assisted the participant in continuing on with their talk about their feelings and experiences (Kvale, 1996).

An interview guide with an additional ten sub-questions assisted in looking at specific areas of their experiences along with their perceptions of their challenges and satisfactions of being caregivers. Experiences were discussed in relationship to events, people, and time, always looking at the questions to be used in a descriptive form in the “What happened and how did it happen” of “How did you feel then?” in an experience and to elicit the meaning of the experience (Kvale, 1996, p. 130-131). This researcher was cognizant of the fact that the questions from the guide did not become formal questions in that they were inflexible and standardized to impede the conversational style of the interview (Fontana & Frey, 2000). The guide was a means to continue conversation. It was used where there was a need to assist in providing direction through the injection of a question; yet never changing the role of the interviewer as a neutral listener (Fontana & Frey, 2000). The interview guide with the questions used in this semi-structured interview can be found in Appendix B.

### *Credibility and Trustworthiness*

Lincoln and Guba (1985) used different techniques that assist in providing credible findings and trustworthiness in interpretations. One such technique was the use of triangulation which refers to the gathering of data to obtain information from various sources such as interviews, observations, and through contextual validation. Another term that has been used more recently is the crystallization of information. This recognizes that there are many facets to an individual’s social world. The term crystallization represents

how an individual continually is growing and changing as their lived experience becomes their fact of life (Janesick, 2000). As a researcher of lived experience, it was important to recognize that as the tapestry of these grandmother's lives were unfolding, they were also in the process of continually changing. Both techniques required multiple methods such as memoing, member checking, journaling and peer debriefing to ensure credibility and trustworthiness.

Memoing is a method of making short notes as the interview is being recorded. This is important in that it gives an opportunity to write any pertinent observations or notes of importance as the interview flows. The writer then becomes sensitive to language spoken, tones, silence, and body language. The language spoken may be words that are used to describe an experience that is unique to their generation, gender, culture or a social context. By what Van Manen calls "borrowing" words of their experience being described, the script becomes authentic and it helps in understanding the essence of the experience without using replacement descriptive words (1990). Making notes of a person's changed tone and noting a feeling expressed such as anger, more depth is gained in the words spoken. An example would be the feelings noted in a situation of a grandmother explaining going through the courts for gaining custody of her grandchild. There may be a correlation at other times when tone changes and the participant then becomes silent. Understanding the use of silence can be another form of communication without the use of words. There is literal silence speaking which produces a life meaning to a grandmother through what preceded before, or what is to come after. There is also the epistemological silence of experiencing what one is unable to place into words, but may be revealed through body language (Van Manen, 1990).

Silence allows additional time for the individual to reflect and begin again with further or significant information (Kvale, 1996). During these times memoing assists in noting what is observed through body language, which may not be captured through discourse.

Member checking is extremely important when establishing that the findings are credible. Once the interview has been transcribed, which is the method of writing the interview up per verbatim, the participant will be given a copy to read. The process of member checking can take place by phone or in person which would allow for further dialogue that may help in summarizing some of the information. Each participant was given an opportunity to correct what had been stated and any errors of fact. This also gave an opportunity to change a statement that may be perceived as a wrong interpretation (Lincoln & Guba, 1985). The participant was able to “give an assessment of overall adequacy in addition to confirming individual data points” (Lincoln & Guba, 1985, p.314).

The method of journaling after the interview allowed for reflections, thoughts or any additional information such as the environment of the interview. It was an opportunity to write any thoughts right after an interview of what this writer thought was the uncovered meanings of the events in these individual lives (Fontana & Frey, 2000).

Peer debriefing was ongoing through the interview process and the analysis stage. This process can take place with the interviewer’s faculty advisor along with the thesis committee and interviewer’s support group – two who have been involved with qualitative research. The purpose of peer debriefing was to create ongoing trustworthiness in the process so that the interviewer can be asked searching questions concerning meanings interpreted, biases probed, and clarification in the analysis of the transcripts (Lincoln & Guba, 1985).



The interviewer can also be questioned through peer debriefing on the findings of the inquiry as to whether they are trustworthy as far as applicability, consistency, and neutrality (Lincoln & Guba, 1985). Applicability is a term used to see if the findings can be applicable in other contexts or with other subjects. In this particular study there were more than one grandmother interviewed who were having different or similar experiences of raising their grandchildren. This helped in the consistency of the inquiry if another grandmother expresses similar experiences or if there are no duplicate experiences in the findings. The importance of continuously questioning or monitoring the neutrality of the interviewer is so that the findings are of the participants and not conditions of the inquiry or bias of the interviewer. With peer debriefing these elements of the data analysis can be tested through others involved (Lincoln & Guba, 1985).

### *Analysis Strategy*

Once all the interviews were collected and transcribed, the first step for the interviewer was to become engaged with the written word of the text. This involved the reading and the rereading of the text so the interviewer can get a sense of the essence of what is being stated. After the researcher reread the text a number of times, the overview of each interview was written. This became a part of the process to gain meaning through textual reading and writing. It was the goal of this researcher to allow the grandmother's rich narratives to be in their voice as their story so there would be more transparency to the meaning of their range of experiences (Van Manen, 1990). This was a cautionary method so there would be less drifting into the meanings interpreted by the researcher through their writing of these textual accounts (Van Manen, 1990 & Scott, 2004).

The returning to the individual interviews also helped in the comparing and coding

of the multitude of concepts that became illuminated to be placed into categories (Lincoln & Guba, 1985). It was through the discovering of categories in this type of research that allowed some form of conceptual ordering to the experiences (Strauss and Corbin, 1998). Using a systematic framework also increases the traceability and trustworthiness of this project.

### *Open coding*

Open coding began the process of identifying concepts which can be a significant event, object, or action which are the central ideas in the data. Within each concept are characteristics that give it meaning which need to be defined before proceeding on to any subcategories that may give it further meaning (Strauss and Corbin, 1998). Open coding was also a systematic way of breaking the data down into discrete parts which can be examined for similarities and differences. It assisted in clarifying properties (characteristics or attributes of a category) and dimensions (the range properties vary). Coding also increased the researcher's way of sensitizing concepts; a starting point to look at, organize, and understand how grandmothers perceive the meanings that are embedded through their perspective proclivities (Charmaz, 2000).

The process in coding was the use of memos or code notes which were used throughout the research process. A code note might mention the word parent. The properties to investigate may be the difference of parenting ones grandchildren as to parenting their biological children, the reasons this came about and for how long. There were ongoing questions asked about parenting and then further memo notes that had to do with an operational note of what to do next after the questions or the comparisons were completed. A preliminary stage of looking for relationships between these concepts would be to see if

there are any categories. During this stage further questions were generated to allow for these categories to evolve. The categories also have different properties and dimensions, as I was looking to take the data to saturation where no new concepts are revealed. The researcher can return at any time to open coding if a new concept transpires (Strauss and Corbin, 1998). During the coding process a qualitative software program called MAXQDA assisted in developing codes to the saturation point where no more concepts on this experience became apparent. This began the systematic approach of the comparative analysis strategy which began the choreography of visiting and revisiting the text to extrapolate codes and meanings of the experience the grandmothers interpreted throughout the research process (Janesick, 2000).

### *Comparative Analysis*

Comparative analysis is a means of looking at an event or object in different ways (Strauss & Corbin, 1998). It was through looking at comparisons within each individual interview and then subsequently with other interviews of grandmothers, that the researcher examined properties and dimensions that were drawn out from the information gathered (Strauss & Corbin, 1998). It allowed the writing to become more elaborate, allowing for action codes (actions subsumed under codes) to connect categories through writing about these examinations. Coexisting with memo writing another tool used was journaling. This process recorded the researchers thinking process, how concepts transpired, and the changes that took place during the process (Strauss & Corbin, 1998). Questions were then asked of who, why, when, and how from the codes which helped generate categories that form the stories. The coding, developing categories and comparisons within the interviews

and with one another assisted in bridging from the stories, to the analysis, and then to the interpretation. (Scott, 2004).

### *Ethical Considerations*

The researcher has a moral responsibility for the integrity of the research process from the beginning to the end of the project. Ethical considerations were followed as outlined in Mount Saint Vincent University Ethics Review Board (see Appendix C & D). It was the responsibility of this researcher to ensure all information was provided to the participant so an informed consent was received, the participant comprehends the process, and they can request for it to stop at any time without having to continue.

In this project there was minimal risk to participants. The researcher did alleviate or prepared for any anticipated ethical issues by reflecting on previous ethical theories or reviewed issues that may have appeared in previous research projects. Another check was journaling throughout the process of this project. The journaling was a means to be used to discuss with the faculty advisor, committee or support group. Journaling also helped in the research experience to help recognize any biases the researcher may have, by keeping notes on any thoughts during the collection of data (Strauss and Corbin, 1998). The researcher also had dialogue with the participant to ensure there were not any concerns on their part during the interview process. The following were the three ethical guidelines used in human research – consent, confidentiality, and consequences (Kvale, 1996).

### *Consent*

Each participant was given information of the procedures and any potential risks

at the beginning of the project prior to giving written consent. As stated previously, each participant was a volunteer but it was predominantly the responsibility of the researcher to ensure each research subject was knowledgeable of the overall purpose of the investigation, the process or design the project is following, and the benefits or any known risks in being involved with the project (Kvale, 1996). During the discussion of any potential risks, the participant was also be given an opportunity to discuss any concerns that could become an issue for them or family members. All information given at the beginning allowed for the participant to give what is known as informed consent.

It was also the responsibility and the integrity of the researcher to ensure the participant had the cognitive ability to make the decision to participate. O'Leary (2004) discusses seven checks a researcher should review when gaining informed consent: 1) The participant is competent and has the intellectual capacity to be involved in the study. 2) Their decision made to participate is autonomous, self-directed and is not being made by others. 3) At all times they realize that they are involved voluntarily. 4) They have the right to discontinue at any time and are under no obligation to continue. 5) The researcher must be transparent and honest about the research and the use of the study. 6) There is no coercion from others for them to participate in the study. 7) There is no inducement of gifts or money as a reason for the participant to be involved even though compensation of time and effort is acceptable (p. 53).

An additional check was having ongoing dialogue or checking in with the participant at different stages throughout the process. This was also a safety measure to address any concerns that became known at the time so there were no surprises for the researcher on completion of the project (Kvale, 1996).

### *Confidentiality*

The researcher ensured that the participant's private data that could identify them or their family is protected through various methods. Names and identifying features were changed from the beginning of the project on all transcripts, files, verbal discussion, and papers. Pseudonyms were used and the only time the actual name was involved was when the name was stated and signed on the consent form. Part of the process of developing pseudonyms was to elicit the involvement of the participant for names that they would like to use for themselves and family members along with a location. In this particular study, rural Nova Scotia could be anywhere as long as distinct identifiable information is absent.

To further ensure that all identifying data remained with the researcher only the participant and the researcher will have contact. The participants were given an opportunity to be involved in reading the transcripts of the interview and if identifying information became apparent it was changed before the final paper. As stated earlier, the participants were given an opportunity to use pseudonyms during the interviews so outside transcribing was not an issue. Discussions with the researcher's supervisor about the participants were also after consent had been given and identifying information had been changed. Finally it was the responsibility of the researcher to ensure protection, storage, and the final destruction of the raw data. All data collected is kept in a locked filing cabinet at the researcher's home and will be destroyed at the completion of the study.

### *Consequences*

It was the ethical responsibility of the researcher to consider and address any potential harm that may affect the participant. This is known as the ethical principle of beneficence which regards that the risk factors should be minimal or least harmful as

possible (Kvale, 1996). As previously discussed, due diligence was required in reference to the actual study to ensure confidentiality was maintained. Concerns of this nature would be any recognition of the participant through family members or locality in which the participant resides. Another concern was the relationship and trust placed within the relationship of researcher and participant. There was an awareness by the researcher to be sensitive in questioning the participant. This was so the participants did not regret disclosing any information after the completion of the interview.

There was also the moral responsibility of the cognitive choices the researcher makes throughout the process; being the main instrument of obtaining knowledge (Kvale, 1996). In this type of research where the participant was actively involved as a co-investigator, it was important to ensure there were no concerns or worries in what may have been said or revealed along the way. The larger issue of the consequence of this study would involve political judgments in the uses of the knowledge attained (Kvale, 1996).

The consequences of an interview can also be beneficial in that it allows participants to put into their words what may have been unspoken or hidden. Dorothy Smith (1981), talks about the bifurcated consciousness in how women can move between different modes of consciousness without language to define their understanding. Until recently these women have been in a role without any clear language distinction between being a grandmother and a parent to their grandchild. It was helpful in this case to use a feminist model as a means to check continuously on the researcher's position of power and to ensure there was an ongoing collaborative relationship; where the participant was involved in the trustworthiness of the transcripts which assisted in the interpretation and writing of their account. This framework also necessitated the need to recognize these

grandmothers' everyday world have meanings that can also be interpreted through their social constructions of gender and caregiving (Olesen, 2000). The researcher through using this framework as a check was committed to recognizing the moral responsibility of understanding the participant's view through reciprocal discussions. The researcher being a white, middle class, Canadian, was automatically put in a position of power and privilege. As imbedded worldviews could potentially create subjectivities, this researcher was constantly evaluating knowledge and understandings received throughout the research process. There was also the additional check of on-going discussions with advisor, committee, and thesis group. This researcher believes that through her own personal life long experiences, sensitivities towards gender differences, and work with persons who have socio-economical challenges and cultural differences, a feminist framework was ideal for a means of checking ethical responsibility throughout this research project.



## Chapter Five: Findings

This chapter presents how seven women understand their lived experiences as they proceed through the cycle of parenting once again. As these women told their stories, it was found that no two stories presented were identical in experience. A commonality they did share was that they had no regrets. Faced with the same choice today, they all said they would still make the same decision to parent their grandchild/grandchildren. The other similarity was that each woman said their lived experience of parenting again was different, and at times more challenging than their first cycle of parenting a child/children. I found each narrative was unique in that I was genuinely surprised at how second time parenting could be different from first time parenting.

At the beginning of this project I decided it was important to elicit these seven women's interpretation of their own experience of parenting again. I wanted to keep to the forefront any social constructions that may be considered as the normative role of a grandmother, and to hear their stories as they were told. It was important to give voice to the participant's experiences in how they make meaning of their lives (Strauss & Corbin, 1998). That is why the interpretive/constructive paradigm is an appropriate paradigm for this particular task of reconstructing the meaning of the lived experiences, and to understand the beliefs of these women who are raising their grandchildren (Guba, 1990). It was also appropriate to suspend or "bracket" the known information on how society defines a grandmother so as to allow for a fresh perception on this phenomenon of second time parenting (O'Leary, 2004; Gubrium & Holstein, 2000; & Janesick, 2000).

Once the categories emerged from the codes that were presented, I was able to use the framework of existential themes or categories borrowed from Van Manen while still

using an interpretive constructive perspective. What I found were three categories that were evident in the findings: lived body, lived other, and lived space. The category within Van Manen's framework of lived time is a part of the other three categories as time is continuous. This will be discussed further in the next chapter. It was found each occasion the interviews were revisited that these women continually circumvent time and their assessment of time. It became apparent during the interviews that due to their years of life experiences, including the completion of one cycle of parenting, each of these women are looking at time differently than parenting the first time. These women are continuously evaluating their past, present, and what they anticipate may be their future experiences through the lens of having parented before. This did have an impact on their present lived experience; however it did not make their experience of parenting again any easier due to the challenges of raising at risk children.

In this chapter, I will interchange the words grandmother and woman. This hopefully allows the information to flow without focusing on any preconceived ideology of the societal view of the term "grandmother". The intention is to understand the women's lived experience and to interpret what the women's narrative are all about: women who are raising children which transcends a particular life stage and with no clear role definition.

Prior to looking at the women's lived experience, this chapter will give an overview of the individual, their demographics, and initial familial experiences. In keeping with how these women interpret their experience there are two significant themes that remain similar in all seven women's lives. First came the entry point of "the crisis" in how each of these women became parents again. The second important point is that each

of these women were raising children who would be classified “at risk”, meaning they have suffered some form of physical, emotional, or neglect as defined by the Child Welfare Act and are in need of protection.

### *Demographics*

This study involved seven women who have taken on the role of parenting through a complete parenting cycle again. The geographic locations for these women were from the counties of Lunenburg, Colchester, Cape Breton and outside the urban centers of Halifax and Dartmouth. All the women interviewed began this new role of caregiving for at least one grandchild who was under the age of six. At the time of the interviews, the women ranged in age from thirty-nine to 65 years old. Two grandmothers have been married throughout their experience with their husbands being the biological grandfathers. One grandmother and her new husband became guardians of her step-granddaughter. One grandmother became involved with a new partner after a number of years of raising her grandchildren on her own. Two grandmothers have been single grandmothers from the beginning. To ensure the anonymity of these grandmothers, I have changed identifying information. It is the primary objective of this research project to ensure that the first accounts be in the words of the participants as much as possible to follow the interpretive/constructive framework (Lincoln & Guba, 1989).

Each grandmother has been given a pseudonym and will be referred by this name to assist in their anonymity with all potentially identifying information removed. Family members such as biological parents of grandchildren, partners, and other grandchildren are discussed in relationship to the grandmother’s experience only and have also been given a pseudonym. Other people involved in the grandmother’s life are discussed in

context of the impact they have on the grandmother's caregiving experience. This assists in viewing the women's experiences through whether these relationships are supportive in what these grandmothers are doing, or are creating challenges for them.

The following account for each grandmother will provide a synopsis of each woman's lived experience in comparison to the others. It will give a brief description of the mental/ physical challenges the grandchildren have as the grandmothers undertake raising the "most at risk" children in society.

### *The Participants*

"Molly" is in her early fifties and had already raised two children as a single mother. For the past eight years she has had a partner in her life. Molly had been living without children in her home for approximately 6 years when her one year old grandson came to live with her and her partner. She is also employed outside the home caring for two children while their parents work. Molly's two grandchildren, who she had never seen, were living in another province when she received a call from Child Welfare. Both grandchildren had been apprehended from her daughter and the children's father and then placed in foster care. Molly had to fly to another province and follow the procedures mandated by Child Welfare and the courts of that province to get custody. She first met her grandchildren in the care of foster parents where the youngest remained for seven months prior to Molly gaining custody. The one grandchild, who she eventually gained custody of, had physical challenges of bad muscle tone which affected his legs. He also has difficulty with his vision and requires extensive visits to specialists. The other grandchild did not remain in foster care. She was eventually returned to her parents as it

was determined this child was not neglected. Molly reported that through this whole experience she felt like she was adopting a child from another country.

“Tara” is in her early fifties. She was living in another province, had a boyfriend, and a good job at the time when she received the call from Child Welfare. Tara did not have contact with her daughter when she was told that her granddaughter had been left at a police station. Tara does not drive so for her to see her grandchild and attend court, it meant she would have to take an overnight bus trip each week and stay in a shelter. In the beginning Tara managed to get a seven month leave from her work. This gave her the time to follow through with the different tasks mandated by Child Welfare for her to get custody of her granddaughter. Eventually, Tara had to give up her job due to her granddaughter requiring extensive physical care. Her granddaughter, Sarah, was diagnosed with a chronic disease and Attention Deficit Hyperactivity Disorder (ADHD) which causes her to have mental and physical challenges. Sarah needs assistance with her daily living activities, needs ongoing care within the home, and she requires an educational assistant at school. Additionally Tara is the caregiver for her aging mother.

“Julie” and her husband are in their sixties living in rural Nova Scotia. She was employed at the time she received the call from Child Welfare. Julie’s husband was unemployed and finances were limited. When Julie was young she had two children right away after getting married. Then there was a gap of eighteen years before she had two more children. Julie’s adult daughter was living outside the home when she got involved with drugs. By the time the grandchildren came to live with Julie, her younger children were teenagers and the older children were out on their own. Julie’s grandchildren suffer from respiratory illness. The younger child has Attention Deficit Disorder (ADD) and

through different outside involvements is doing well. The eldest grandchild has had personal struggles which have included involvement with drugs. Julie's story is unique in that she raised different decades of children. At no time did Julie have a break from child rearing as there were always children in her home.

"Brenda" was the youngest of the grandmothers interviewed being under forty at the time of the interview. She is married with a teenage son still in school and another older son working but who still lives in the home. Brenda and her husband are not the biological grandparents to this three year old child. This is Brenda's step-daughter's child from a previous marriage. Brenda has first nation status which also gives her grandchild the same status. When her one year old step-granddaughter came to live with her she did not talk, walk or eat solid foods and she was drinking about nine bottles a day. As the step-granddaughter required one on one care, the decision was made that Brenda's husband would stay home with Ashley the first year. Brenda's story is also dissimilar to the other participants. There are two other step-grandchildren, who have different fathers to Ashley. One of the children is being raised by a grandparent and the other child is being raised by their father. These three different families are now working together to ensure the siblings can visit with one another and remain connected.

"Susan", who is married and in her fifties, came from western Canada where many of her relatives still reside. As Susan lived in Nova Scotia as a child, the initial plan was for her husband and her to relocate east and enjoy retirement. Susan and her husband had experienced a period of time with no children in the home prior to their involvement with raising their granddaughter. Susan's grandchild does not appear to have any physical or developmental delays. The grandmother did discuss some of the difficulties she has

encountered with the child's behavior such as, fear of sleeping in her own bedroom or having her door closed. Susan talks about never being able to know the prior events her grandchild encountered before coming to live with her. Susan's story is different to the other grandmothers in that once she gained custody and day-to-day living arrangements, she and her husband began co-parenting and sharing some of the expenses with the paternal grandparents.

"Cindy" is a single parent in her fifties who lives about three hours from Halifax. She has raised two children and has been on her own for about five years. After getting injured at work, she was on disability assistance when she received custody of her first grandchild. Cindy reports that she did not have any difficulty with her children while they were growing up. Her story is different to the other grandmothers in that she is raising two young children who have mental and physical challenges from the effects of the crack cocaine addiction of their biological mother. Cindy reported that because she was raised in the country she was not familiar with the drug culture that her daughter and partner had become involved with. Cindy's grandson was born a crack cocaine baby with kidney problems and now has the use of only one kidney. In his case, the problem could have been rectified if biological mother had taken him to the hospital for a procedure or if there had been follow-up by the health professionals. Cindy also reported that a part of Tom's brain is "dead." She stated that prior to Tom being apprehended by Child Welfare she noticed bruising on Tom's face. The reason for this was never determined. The second grandchild has also suffered from the withdrawal symptoms of drugs due to the biological mother's crack cocaine addiction. Cindy talks about how without support she rocked her second grandchild 24/7 for three months until the crack cocaine withdrawal

abated. She talks about how her grandson would constantly bang his head at night and rock himself.

“Wendy” was in her early forties, independent, working full time, and had a sports car prior to taking custody and eventually adopting her seven grandchildren from the ages of three months to nine years old. She enjoyed socializing and doing what she wanted to do. Her adult son was living with her at the time but she had been free from raising children for a number of years. This situation changed for her when she got a call at work from her daughter’s lawyer. He told her that she had to go to the court house immediately if she wanted to apply for custody of her seven grandchildren. Wendy discusses the emotional issues her seven grandchildren had when they came to live with her. She talks about how there was a transition period for the children and how difficult it was for them. Wendy tells how she had problems with the eight year old having difficulty in relinquishing his role of protector of the other children and how if she would just raise her voice he would hide under the bed. She talked about how the two and a half year old would get down on the floor and bang his head. Wendy discusses how she would have to lay down beside him on the floor, put her hand under his head so he would stop hitting the floor, even though it would give her bruises on her hand.

### *The Crisis*

The crisis situation was the beginning for most of the women in seeking to become the primary caregiver for their grandchild/grandchildren. The situation usually involved the biological parents of their grandchild/grandchildren and Child Welfare. The biological parents in this paper are discussed in relationship to the experience of the grandmothers and how the children came to live with them.



Molly first became aware that her grandchildren were at risk when she got a call from her daughter who told her that the children had been apprehended by Child Welfare. The eldest child was nearly three and Sam was not quite one year old. After a few weeks, the eldest child was permitted to go back with her parents. Sam continued to remain in foster care while he was being seen by a specialist. Child Welfare had concerns for the youngest child and suspected parental abuse because he was lethargic and had been found to be lying in his crib all the time. In discussion with Molly, she referred to her daughter and son-in-law as “gypsies”. She gave the following descriptive account of how they lived at the time.

And they had very unsettled lives. They were gypsies moving place to place. They didn't have enough money to do anything with. Both of them went to university....so I mean they were not uneducated people. I don't know what happened along the way but they moved from here to there...and they had a volatile relationship.(Molly)

Both Molly and her partner flew to the province to meet Molly's grandchild. Molly talks about how Child Welfare in Nova Scotia were contacted by the other Child Welfare agency to have her and her partner assessed to see if they were eligible to gain custody of Sam. She stated that even though she was the grandmother there were certain procedures or “tests” she and her partner had to go through as if they were to become foster parents.

Tara was living in another province when her daughter became pregnant. During the pregnancy her daughter did not take care of herself. Tara tells of how her daughter was addicted to prescription painkillers and alcohol. In the beginning the daughter and her

baby girl lived with Tara for the first year. The twenty-five year old daughter then told her mother she was leaving the home as she had met her soul mate who was a sixty year old man. Once her daughter and her grandchild move to another city, Tara did not hear from her daughter again until she returned for a short period of time.

I had a bad feeling about that [relationship] I did and that didn't last very long. She called me one day at my work. She had gone to a shelter. She had claimed that he had beaten her and then they moved. She went from the shelter to a house. The woman whose room she was renting asked her to leave because she was stealing money from her. And so she came to live with me. I was living at my mom's house as I was taking care of her. My daughter then stole from my mom...jumped on a bus, and went to another city.(Tara)

Tara's next contact with her grandchild was from Child Welfare in the city where her daughter now lived. Her daughter had gone to a police station, high on drugs and alcohol, and told them that she had found this baby on the corner and asked them to take care of her. Child Welfare managed to locate Tara and informed her that she would have to come to that city if she wanted to gain custody of her granddaughter. Tara did not have any transportation but on the following weekend she got a friend to drive her twelve hours so she could identify Sarah. After the initial meeting, Tara began taking the twelve hour bus ride for months to meet with Child Welfare and to see her granddaughter, who continued to remain in foster care.

Julie was involved with her daughter and could see that the children were being neglected. She tried to get the children earlier on by going to court as Julie knew her daughter was involved in the drug scene. It took three or four years of Child Welfare

being involved and trying to work with the parents before the children were finally apprehended. It was Julie's daughter who finally called Child Welfare and told them she could not take care of the children any longer.

We went through the court process with Stephen before they were apprehended because he was being neglected and whatever. But the courts ruled in favor of the mom and so at the time Dan was just an infant. We just kept tabs on the situation and then you know I was told by Child Welfare by the time they were in an urgent need care situation, I could intervene and rescue them. So I did you know. By the time Child Welfare could intervene, I had taken them groceries and that was what I was doing. In the end it was my daughter herself who called Child Welfare and said she could no longer look after them. Then they apprehended the kids and then they called me. They knew that I was involved with the kids so they called and asked if they could temporarily stay with us until they found a home. (Julie)

Brenda got the frantic phone call from her step-daughter whom she had not heard from for nearly a year. She did not know that her stepdaughter was involved with Child Welfare due to her excessive drinking and drugs which impeded her parenting ability. The step-daughter called Brenda and told her that Child Welfare had taken her children and she wanted her to call Child Welfare so Brenda could get the children. The call came on the weekend so Brenda called the Child Welfare worker on call and was told that she could not do anything until the Monday.

So this was on the weekend. Monday morning came, off to Child Welfare that my husband and I go. We find out that she had went downtown, left her eight- year- old with the three year old and the baby. Ashley was eleven months old and the

eight year old tried to feed Ashley crackers. Ashley choked and he called 911, which was very smart. So Child Welfare came in, removed the kids. We then went to court that day and asked for Child Welfare to release the children to us.(Brenda)

In the court's decision came stipulations that the birth mother could only have supervised visits with her children. Child Welfare then gave the mother certain tasks to fulfill if she wanted to regain custody of her children. Brenda reported that it was less than a year when the mother decided to sign the full care and custody of her daughter, Ashley, to Brenda and her husband. One of the other children went to live with the biological father and the other child went to live with a grandparent. The biological mother can only access her children through supervised visits.

Susan's situation was different in that there were ongoing problems and various crisis situations happening due to her daughter's mental health. Prior to Child Welfare being involved, Susan and her husband were trying to help their daughter deal with her problems by maintaining constant contact. Originally their daughter lived with them when she first gave birth. This enabled the grandparents to protect their granddaughter and to know what was happening with their daughter. When their daughter moved out, Susan and her husband decided to go to Child Welfare to protect their granddaughter. They reported their concerns regarding their daughter's mental health issues including her drug problem. Child Welfare suggested the grandparents try and get their daughter's permission to keep their grandchild while they investigated the allegations. Initially their daughter agreed that the granddaughter could stay with them while she went to a detoxification facility; however from the beginning the daughter continually denied she

had a drug problem. It was during this time period, the daughter had a complete psychotic break from reality. She became delusional at the detoxification facility and made accusations that her father had abused her in the past. An investigation was begun and the grandchild was removed from the grandparent's home until the allegations against the grandfather were determined false.

In Cindy's case, it was she who initially began to recognize that something was "not right". She stated that she could not understand why her grandbaby was continuously getting injured. She did not know that her daughter's boyfriend had a criminal history and that they both were involved with drugs. She began questioning her daughter about her habit of sleeping all hours of the day and the baby's ongoing injuries. Cindy talked about her dilemma – should she risk alienating her daughter by challenging her and reporting her to Child Welfare or keep on trying to protect her grandchild. Cindy explained about how she decided to document her observations with times and dates, which she eventually took to Child Welfare. An investigation was started and the grandchild was finally apprehended by Child Welfare when it was reported that the baby was found hanging upside down in a "swing-o-matic".

Cindy was already raising her daughters first crack cocaine baby when a second crisis occurred and she discovered her daughter was pregnant again. She tells that after the second baby was born the mother left the hospital without the baby. After birth the baby started suffering from drug withdrawal but the hospital did not know from what kind of drugs. The mother finally called the hospital and told them she had been using crack cocaine during pregnancy. Child Welfare were summons to the hospital and advised Cindy that if the baby went into their care the child might go into a foster home. This in

turn might mean Cindy would not see her grandson for an extended period of time. The decision had to be made quickly so Cindy left the hospital with a second baby who was suffering from crack cocaine withdrawal.

Wendy's crisis situation came when she received a call from her daughter's lawyer. He stated that she had only one day to get over to the court if she wanted to apply for custody of her seven grandchildren. In this situation the parents were not involved with drugs or drinking; however Child Welfare were involved in the court process due to the ongoing neglect and safety of the children. The lawyer told Wendy that the children were physically and emotionally at risk if they were to continue to remain with the parents so Child Welfare intervened. Wendy also stated that there had been an accumulation of other issues involving the safety of the children.

#### Grandmother's Contextual Involvements

The lived experiences of these grandmothers who provide caregiving to their grandchildren can be understood through their contextual involvements of lived body. Lived body is about how these women interpret their interaction with others as they raise their grandchildren. Young mothers may gain knowledge through interacting with other young mothers but for the most part it was found that these women relied on the professional bodies they would encounter. Their first point of contact quite often would be Child Welfare, a lawyer as they go through court proceeding, a doctor or the school. This section provides details of the various institutions the women interacted with while caring for their grandchild/grandchildren.

*Child Welfare*. There were various situations that required contact for the women with Child Welfare. For some it was the first phone call after the children were

apprehended. Others initially contacted Child Welfare themselves and then they were involved with them throughout the crisis. In each situation, the onus was on the women to prove that they were able to provide care for their grandchildren. This theme of having to “qualify” to be a parent in this second time parent role was common throughout the interviews. Depending on the provincial departments, agencies, or where they were located, the women used various names for these authorities, such as Child Welfare, Social Services, Child Protection and Children’s Aid. For the sense of clarity the term Child Welfare will be utilized in reference to children involved with the Child Welfare system.

Molly refers to her experience with Child Welfare as going through a test or assessment as you would as a foster parent and not as one being a relative.

We had to go through the same test you go through for to be a foster parent. We had hours and hours of interviews with a social worker.....it dragged on for months.[She was told] “If you don’t qualify to take him he’s going to go up for adoption.” At that point I thought “that’s not going to happen.” And you know, I’ll be damned that sort of thing if I’m going to let one of them just disappear, to show up at my doorstep when he is 21 years old and say, “hi I’m your grandson, you know - where were you?” (Molly)

Tara talks about her experience with Child Welfare and the pivotal point of choosing her grandchild over her own daughter when it came to an ultimatum.

Child Welfare said they had to do home visits. I thought that was kind of ludicrous; however and then they said apply to keep her for seven months, when he [social worker] gave her mother, you know seven months, to go to rehab and

get her life back. So I said okay, I'm content with that. But three months into it they said, she's not going to do it. If you don't apply for full custody they are going to be taking Sarah and put her up for adoption. Well I'm not going to have a stranger raising her. I said no. I had to apply, and that put a bigger strain on the relationship between my daughter and myself. (Tara)

Julie's daughter was involved with Child Welfare over a three or four year span due to her drug problem. Child Welfare tried to work with her daughter to get stability into her children's lives. When the call came from Child Welfare it was a difficult time financially for Julie and her husband.

And so then they said they had a home but they were splitting up the boys. At that time he [husband] had lost his job and we were kind of in financial difficulty too but they came and of course they came and they stayed. So I think it was more of an entrapment on my behalf [chuckle]. Anyway once they started helping us financially, you know it lessened the burden on my husband and he was more open to it. (Julie)

Julie also talks about the policy changes within Child Welfare for children in care, what she has encountered and the affect on the family. Julie reports that there is now more involvement with Child Welfare than there was in the beginning. As Child Welfare are the designated guardians for the child, it has been determined that the designated Child Welfare social worker, must sign as the guardian on any documents that involve the child. This can include the signing of papers for school trips or sports teams which Julie says can be embarrassing for the child.



Really and I was amazed because I said you know for 10 years I signed everything, I just didn't know. If the kids had a problem medically I took them to the hospital, you know and there wasn't any problem. So I think what's happened is because in the beginning that we were set up there wasn't any real explanation of our role and then I recently got a new foster care worker that she was basically appalled at all the stuff that I [chuckle] got lost in the set up over the years I guess. Well I know there was. This year there was the school trip and I just signed the consent forms. I was told the kids are in our care. We are the ones that should sign the consent forms. I don't like to, and I think it embarrasses Dan to know that there are Child Welfare involved and I said, "You know, that I have a good rapport with the schools and they all know who I am. A lot of the teachers don't realize that he is in the custody of Child Welfare." and I said, "I don't see why they need to." you know. And then to go out and have to sign consent forms for a trip. You know a day trip - like I basically took it as one of the workers going on a power trip.

(Julie)

Brenda met with Child Welfare and went to court the same day. She was able to get care of her step-grandchild. The third child went to live with other relatives. Brenda worked with Child Welfare for a year while they gave the mother an opportunity to follow through with rehabilitation services. Part of the agreement was that the mother could only have supervised visits through Child Welfare and the father was not to have any contact due to his abusive actions towards the children.

Once she was signed to full care and custody, that was it they walked away and never heard from them again. Now, for a little while I was sending them pictures

and thank you's and things like that but you know once it was done and over with – we still thank them... [chuckle] so because, you hear so much about being bad and Child Welfare being nasty. They gave her every chance to straighten out her life. The last thing they wanted to do was to remove three kids from their mother. But on the good side of it was, they didn't plunk the kids in foster care for one week with strangers. And as soon as we stepped forward, they helped us, like they transitioned these kids into the family. They never fought against us. They helped us. They, you know were so good to us. You know, and the one year that she was kind of in their care, well it really wasn't a full year, it was like nine months. They were supportive, you know. (Brenda)

Cindy's initial involvement was when her daughter first lived with a man who she found out had a past history of being a child molester. It was during the investigation by Child Welfare that she learned of her daughter's addiction to crack cocaine.

So anyways, so then seven months come, I had Tuesday off and she called me and things were going on before that, that she never told me. She said that Child Welfare were down there and why they are down there, right. So anyways I jumped in my vehicle and went down. They told Linda she could leave right at that moment with her child, they would set her up in an apartment, they would look after her. But she was to leave with the baby. The father is not allowed around him because he had a past history as a child molester. Never knew – never knew, nobody ever knew. She was with him nine years, never knew.....She went down and stayed [with father of child] as she thought that I'll look after Tom till this was all looked after and blah, blah, blah. But the more they investigated the more they

found out. And I told Child Welfare, I was listening in. I was writing everything down. Every time I went down and everything. I was checking, right. So when they came in I said I wanted full custody and they signed him away. They signed. And then she got pregnant again. I discovered Linda was doing crack cocaine.(Cindy)

Cindy then talks about what happened when her daughter got pregnant again while she was caring for the first grandchild.

So I went to Child Welfare. Three times I went up there. "Please, people can you get the health nurse to her door or can you do something to help me get her to the doctor to see if the baby's all right." Nope. It's not classed as a baby until it is born. It's only a ....well I couldn't get that through my head. Three times I went after them. Yep, when the day that baby is born, then they will step in. So...her friend took her to the hospital and she had the baby. And then they asked, what was you doing because the baby's going through withdrawal. Linda had the baby at 3:00 PM and left the hospital the same day. So then Child Welfare came and asked if I was going to take him home. And here we had a little boy laying, with no name, no place to go. I said, "Well yes." And they said, " Well if you don't, we have no foster homes, they're all filled. I don't know where he would go and if you changed your mind it would take two years for you to get to know even where he is." Forget it, don't tell me none of that because I'm taking him home. So I brought him home.... I brought Danny home right from the hospital after a week. Right home like he was my own. Danny was seven months at my place. Right and no, no help from none of them. I did ask once for help for Danny because

Danny's milk was expensive and stuff. No, I was a grandparent....More or less I'm the grandmother. If I can't do it they would take them out and put them in a foster home. So that ended that one. Right. Okay. See you because he ain't going nowhere. But I did it. (Cindy)

Cindy not only speaks about having little support from Child Welfare but that she left the hospital with a new born grandchild without receiving the support she would have as a birth mother. This is highlighted as she is not only raising one high risk grandchild but two children who are suffering the effects from the crack cocaine addiction of their biological mother.

Wendy's involvement with Child Welfare began when she was going through the courts for her seven grandchildren. She speaks about having constant fear in what she would say or do in light of being assessed by the agency. She tells of how she had difficulty with the children's behavior when they first arrived due to all the emotional issues they were contending with and that when the children were sleeping she would sit on the doorstep and cry. One of the children kept banging his head on the floor and she was concerned what Child Welfare and others would think.

At first I had many [social workers]. I had two male social workers at the very first. Now during that they were coming and taking videos of the kids. And they were going to put them up for adoption. I didn't figure I would ever get to keep them. And the baby, I had to get him moving so they can take a video. Because he would not listen, wouldn't look at them, wouldn't you know. He just didn't want them there. Well I went outside with them and told them what kind of pressure I

thought it was. You know – told him, “these are my grandchildren and I’m not just, I’m not just a foster parent here...don’t treat me like one.”(Wendy)

Wendy had conditions placed on her if she was to keep all of her grandchildren. She had to remain within the foster care system for the first few years before she was approved to adopt her grandchildren. She also had to quit her job one of the conditions in getting her grandchildren.

*Court and Legal Aspects.* The court and the legal aspects of grandmothers gaining custody in Nova Scotia begins with making an application for the court’s leave to apply for custody. After that it becomes the responsibility of the grandmother to convince the court that it would be in the best interest of the child/children to allow the application to proceed to gain custody of the children. In many circumstances it can be difficult for grandparents with financial restrictions to retain a lawyer and to go to court. Each grandmother had varying degrees of experiences in this procedure.

For Molly the parents agreed that they wanted the child to be placed with the grandmother and they did not need a lawyer. Molly received the official papers in the mail stating that she was the legal guardian of her grandson, Sam.

Tara’s story was different in that she had to travel by bus to another city to go to court. She had to hire a local lawyer and go against her daughter in court. Three months into the trips to this city, she was told that if she did not apply for full custody her grandchild would go up for adoption.

In court unfortunately she would be shooting daggers at me, like I was the bad one. Yep, that cost [lawyer] thousand dollars [chuckle] but that’s okay, you do

whatever it takes. And it was a twelve hour bus ride away. I have gone twice the distance if I had to. I would have.(Tara)

During the process the papers eventually were sent to the city Tara was living in. She received temporary custody of her grandchild and then finally received full custody which enabled her to move to Nova Scotia.

Julie went to court the first time when the children were apprehended for being neglected, but the courts ruled in the favor of the mother. When the children were apprehended the second time, Child Welfare called Julie and asked her if the children could temporarily stay with her until they found a foster home. The children remained in the care of Child Welfare, with Julie and her husband being set up as a foster home. In this situation Child Welfare went to court with their lawyer to gain custody of the children.

Brenda's court experience was similar to two parents separating. On the court documents it states the biological mother's right for access visits.

And any other accesses that we found agreeable. So we signed them, yeah, no problem Because I said the best way, to let somebody hang themselves is to give them exactly what they want. The only thing that she has stuck with is a holiday and the child's birthday. She doesn't come every Saturday but she does call.

Sometimes it almost becomes harassing. It depends on what kind of mood she is in. (Brenda)

Susan went to court so that they could have a legal say if the grandchild required any medical attention. Although they thought they were fully prepared, the first time they

went to court the judge told the grandparents they were required to have an affidavit which no one had told them about.

Even going through the legal process, Child Welfare, we have to go and we have to take this course. And then you do this. And then you do that. And you file these papers. Well we followed it to the letter and we get to court and the judge says, well there is no, what was it - there is no affidavits. Well, we weren't told to have affidavits. That's not in the brochure – right. It's not in the information packages. Nobody mentioned that everybody has to have brochures [affidavits]. Now the judge may have been covering his ass because our daughter is mentally ill.

(Susan)

In this case Child Welfare initially was not represented in court. Once the daughter gave permission for her parents to take the grandchild, Child Welfare closed their file and did not proceed to court with their affidavits.

They did not finish their investigation because [the daughter] had given her permission. And then, what they investigated was not her, they investigated us because of her allegations of abuse [her father]. And then when they found out there were no grounds for that, they withdrew everything and they were on the periphery with the only, you know. They said, "We're going to close the case. The only thing we can tell you is, if you do this [allow the daughter to have the child back with her they would be involved again]." They lead you through, so we wasted a year. Why not throw some stuff in there that is, you know important.

(Susan)

Before the case was completed Child Welfare and the court mediator became involved again due to the daughter's mental health issues. Just before the documents were signed for a voluntary agreement which included giving the daughter visitation rights, the daughter had a complete mental break from reality. Susan was told by the court mediator that legally the documents would not stand up in court due to her daughter's mental health. The voluntary agreement that Susan and her husband were going to sign was stopped. Child Welfare did not want the voluntary agreement signed giving the daughter certain visitation days because of their concern of placing the child in risk if the grandparent could not stop their daughter from taking the child if she had a psychotic episode.

So we started it all over again. This time we had Child Welfare behind us and their statement. And then in time [our daughter] got hospitalized twice. The third time, I am sure if there was three or four times. One of the times she overdosed, deliberately on her drugs. She tried to kill herself. But in that time we talked to a psychiatrist who explained what is wrong with her [daughter]. It's a little too early to put a name on it but basically she isn't going to mature. She isn't going to mature. She isn't going to have a sense of responsibility. She isn't going to be able to take care of herself. And, the psychiatrist would say that in a court of law if need be. So we had, so we ended up getting that backup as well. Legally, what we have now is Dan and I have legal custody of Mandy with everybody's visitation being at our, I've lost the word – discretion. (Susan)

Cindy's situation was different in that she told her daughter that she wanted full custody of the first grandchild and both parents signed the first child over to her. For the



second child the father did not show up at court a number of times. Finally he was issued a warning and then both parents signed the second child over to the grandmother.

In Wendy's situation the parent's lawyer contacted her as he thought the biological mother was going to lose all seven children to Child Welfare. At first she was writing her own affidavits supporting her daughter and her common-law husband. She stated she was willing to go live with them, do their budget and make sure the needs of the children were taken care of. But when things started to go bad for her daughter, Wendy had to go on her own with her own lawyer. Then the fight in court became Wendy against her own daughter to get custody of the children.

And then things started to go bad for them, I had to pull away from my daughter, and go on my own with my own lawyer. So the fight was them against me, for the custody of the kids. And thank God I had a great judge...you know a great lawyer. And I went a few times to court and they put me up on the stand a few times and I ended up, I was a single grandmother, just working a minimum wage job, but working a lot of hours. So it was debatable as to what they were going to do. Whether they would do it or they wouldn't do it. And their lawyer, Children's Services lawyer, was really mean to me. Like really, really, mean to me when I was on the stand – it's his job you know. And I don't know I just happened to say it the way it was, I told him, I said you know, I don't like you very much. I said, I don't like the way you're talking to me – you know. He said well, I looked nervous. And I said of course I am, I'm trying to get my seven grandchildren here and I am a single parent. So, anyway, the judge ended up against him. And telling him that he was hassling me – you know. That he just wanted to hear the case. And

so I asked the judge, “I said you know, what’s it going to hurt you to just give me a chance and let me try and if I can’t do it, you can take them – you know.” So they did. They gave me the chance and as you said it was a foster situation where they helped me. (Wendy)

*School.* All of these women talked about how schools were an important resource for them. The schools provided information and at times financial assistance as far as being links to other parts of the community i.e. Christmas sponsors, providing school supplies and donations. Many principals became a key player in assisting these women navigate through a system that may have changed since their children went to school. They also talked about the frustrations of dealing with schools in advocating for their grandchild/grandchildren as a grandparent.

Molly’s children did not have any major issues they went to school. She talks about how this time she does not know what to expect when her grandchild, who has health challenges, goes to school. She has concerns about the unknown and the future for her grandchild.

Like I don’t know what the road is going to be like for Sam when he goes to school. He has come around a lot. But they’re still, nobody can put their finger on it, nobody knows. There is something just a little bit different about Sam.

Nobody can really point to it and say this is why or this is it. (Molly)

Julie talks about her experience with the schools as being frustrating in fighting for her grandsons rights and in trying to get support for the child who is diagnosed with ADD. She talks about how one grandson is labeled.

Like I say the only frustrating end of it would be that it would always seemed to be a fight for his rights to do this and you know to do that, to get this for them, that... even in the school system because you know it already recognizes kids with Attention Deficit. You know they label them da da, da de da. That part was, you know kind of frustrating. (Julie)

Tara arrives from another province with a child who is mentally and physically challenged. She discusses the supports that were provided for her and her child.

Yeah, the principal was wonderful he said, come on in. He said, you know best about everything about her. He says, tell me all about her. And I did and he said okay she is going to need an EA (Educational Assistant). Like, he identified the needs for her for school. Great school and he said okay we're going to need a special needs bus because her coordination is poor; so we will need an EA, because she would run off. And he said, well, we want to get these supports in-place. He said I will call you when everything is in place and he called me back the Thursday morning. And he said everything is all arranged. I thought, isn't that great. I said tomorrow is Friday, I said why don't we start the week fresh. He said fine. So she started that Monday. And the school has just been wonderful to her. (Tara)

The school then fulfilled another means of support for Tara. Once her child was settled into the school, Tara volunteered there. She did not have transportation to get there so the school secretary called the school bus company. They agreed Tara could ride on the school bus. There was also the educational assistant who volunteered to drive her back home at lunch time. Tara talked about how much this helped her in feeling involved.

The school also recognized that Tara was on a limited income and asked for her permission to assist her at Christmas which she was very appreciative about. Tara also talked about her future concerns for her child when she changes schools from grade seven to a junior high and about the cutbacks from the school board. She talks about how she may have to fight for her grandchild to continue to have an Educational Assistant (EA) in Junior High as the school is telling her the granddaughter may have to share an EA with other children. She states, "The school board has a very strange way of looking at things, for EA's. They figure that as the child gets older it will just get better just like that and they won't need EA's anymore." (Tara)

Susan talks about the coordination with the daycare concerning two sets of grandparents who are co-parenting and how it is important for their particular family arrangement to be understood.

And they pick up - Donna picks up Mandy from school Monday, Wednesday, and Friday, and keeps her for supper. And Friday she spends the night over. So Mandy has, she's got two homes that she is very comfortable in. And she's settled. ....She goes to school and she could tell them what presents she got at what house. You know. I got this at Nana Donna's house, and I got this at Nana Susan's house. You know. She's content. (Susan)

Cindy ran into difficulty as she was paying for daycare for her grandchild. She could not circumvent the social system as a grandmother to get subsidized daycare so she has to pay a sizeable amount. This is difficult for her as she is on a fixed income. This financial issue also continued when her grandson was to begin at the local public school. When a meeting was called at the school to see about what services were required for her

grandchild to attend school, due to his disabilities, it was arbitrarily decided that Cindy should keep her grandson at home for another year. The school principal informed Cindy that they could not provide the level of support her grandson would require to attend school in the coming school year. Not only did this mean that Cindy's grandchild was not able to attend school, but this decision increased the financial burden on Cindy as her grandchild had to attend another year at daycare.

Now he is classed as disabled. Right. So now Social Service sends a check of \$330 a month. That's mine to do anything I want, but I pay to the school [daycare] because they pay so much of his school, but I still have to pay \$200 almost \$300 a month out of my own. So that \$330 check that they send me to help out with Tom's medicine, diapers, and all that, I give it to the school. Because I still have to pay, some months is \$200 and some months it's \$300. (Cindy)

Wendy talks about the differences of how the children talk and act now in High School. She also explains the difficulty of not having the connection with the High School as she did when the children were in Elementary School.

Well, when they're little, you can protect them. You can keep them away from the bad things in life. When they're older and they start going away like to the junior high, or the high school. When they're around other kids and you hear other kids cursing and swearing and bad mouthing people, and their teachers, and the way they talk to them, and stuff like that. And then all of a sudden, they're coming back and they're using that on me. And I'm helpless to stop them. You know, I can sit down and talk until I am blue in the face. I can beg them, I can try

to reason with them, tell them this is not you. This is, and it doesn't make you look good, you know, to be talking like that to your grandmother. You know. It's beyond me. It's beyond me..... And they get in there and see all this. The next thing you know, their pants are hanging down to the ground and their hats on backwards. You're saying, "No no no." And then of course, they walkout, and go to school and drop them.....Once they hit high school, it's terrible. You know they [school], they say, "Well, they have to take responsibility for themselves now...". Yeah, so it's not like when they were younger or, you could sort of figure out what they're doing or go to the school and they could tell you when he has to have this homework by this time, or whatever. Now, you go into the school, they have so many different teachers. There's so much going on. They don't have time, because the classes are big, to stop and get the papers that they need to give to you, so that you can go home and make sure that they are done up that week.

(Wendy)

*Doctor.* Quite often the doctor is the first entry point for a grandmother to discuss the fact that she is now parenting her grandchild. The doctor is used as a means of helping the grandmother assess present concerns. One concern for the grandmother would be this new role of parenting again, and how the child names her, as in calling her mommy – and what to do. The doctor is often the one who assists these women in validating their role as the child's parent and in the name they are to be called. Another area where the doctor is utilized is in the grandmother seeking non-medical information. The doctor can be a resource or a connection to others in the community who can assist the grandmothers as parents.

Tara discusses how she asked the Pediatrician of her grandchild what she should do because her granddaughter was calling her Mommy.

After I brought her back, I took her back to her pediatrician there to bring him up to speed on what was going on. And he said, okay and by then she started calling me mom, mom. I asked and said what should I do about this. And he said you know it's fine. He said quite often children you know see you as the primary caregiver which you are. He said – you're mommy. (Tara)

Molly talks about how she was concerned how her grandson needed to have other children to play with and not just stay at home with her. She spoke to her pediatrician who told her about a Family Resource Center in her area.

I think the pediatrician told me about, about this playgroup or I called [the Family Resource Center] and they told me about it. So we went there quite early on we have been going there...I wanted him to go out and you know, have other kids to play with. I didn't want him to be here with me. I wanted him to have, but it works out now with Samuel, they have their own little playgroup. (Molly)

*Other Resources:* One grandmother reported that she frequented a clothing depot, at a local Family Resource Center to get her grandchildren's clothes. I asked her if she ever partook in any of the programs offered at the center. She stated that she was not aware of any programs she could attend; however she was also involved with First Step which is an early childhood intervention program. Another grandmother mentioned a counselor as being a professional who she spoke to about being called mommy and about the behavior concerns her grandchild child was displaying.

*Grandmother's Day to Day Lived Space*

Lived space is the way the grandmothers understand their day to day meaning and how they construct their lived experience with their grandchild. It became apparent that part of this understanding helped these grandmothers define for themselves their perceived role. This evolved through determining their grandchild's need. Three constructions defined the women's day to day lived experience: provider, protector, and achiever (quest maker) which involves their grandchild/grandchildren's future.

*Provider.* Different grandmothers talked about being the provider for their grandchild/grandchildren through the financial implications of accommodating, and compensating for their needs. There were those grandmothers that suffered financial hardships with the addition of the grandchild/grandchildren in their lives. In discussion with the women it was found that the financial part of how the grandchild/grandchildren would be provided for was never part of the consideration in being caregivers for them. The women did not focus on the difficulties that faced them but always on the needs of the grandchild. The women's health issues were talked about in relationship to how their health or their own mortality may impact on their grandchildren in providing for them and not on their own issues.

Tara gave up a job that she enjoyed to take care of her physically and mentally challenged grandchild. During the discussion she stated quietly that she frequented a food bank or that she would go without food so her grandchild could eat.

Finances are always a challenge. Sarah needs special shoes. The physiotherapist says you need the shoes with the extra support and ankle support....now I do get that covered. She is lactose intolerant, so she needs soy milk, it is covered. But



things like regular food, right - I've gone hungry. I have so she won't go without. And I am a regular at the food bank. You are allowed to go there once a month.

(Tara)

For younger mothers there is also the consideration of the time when they are able to work again, especially if there is a concern for finances in the future. For most of the older mothers there will not be that time after they have raised their grandchildren to be employed again. Wendy talked about how she had to use up all her savings going to court to get her grandchildren. She talked about the changes she experienced financially when each of the children moved out as her social assistance would decrease i.e. Child Welfare assistance and child tax credit.

You know. And the money was for all of them. But now that it's less you have to watch the cut of meat you buy, you have to watch, you know, whether you're having steak or whether you're having pork chops or hamburger or fish. You know, like when they were younger there use to be a lot of fish and stuff like that.

(Wendy)

The grandmothers who had a partner had less financial challenges. For them if they had a mortgage paid off and a partner still working or receiving a pension, the financial implications were less restrictive. The single grandmothers who were on a fixed income found it difficult to find low income rental units while caring for their grandchildren. Two of grandmothers benefited from kind landlords who charged them low rent. One grandmother moved to Nova Scotia from another province to gain affordable living. There was only one grandmother who was less than forty years of age, who

worked outside the home. The majority of the women were receiving some form of assistance.

The grandmother's health varied and was not always related to ageing; however for some, age related health changes such as less energy did have some effects. Some of the older women were experiencing menopause. They would talk about having symptoms of less sleep and feeling tired the next day. There were also the mental health challenges of worrying about the future for their grandchild/grandchildren. Most of the discussion on health was in relationship to the concerns of providing for their grandchild/grandchildren's future. The concerns discussed were on how their health could impact the raising of their grandchild/grandchildren if they got ill or required an operation.

Molly tells of how she had a degenerative disease prior to having her grandchild. She says that the difference now is that the disease is getting worse as she gets older. Molly talks about being unable to do some of the things she did when she was younger. Her concern is more about the future and for her grandson.

I'm getting older and older I don't know, maybe if he was like 10 it would be.

What would happen if I died tomorrow but what happen to Sam. Because I don't think my daughter and her husband would be able to look after him or if they did take him he wouldn't get the attention that he is used to. (Molly)

Several grandmothers talked about their energy level not being as strong as it was when they were younger. Tara talks about having hip problems and needing to see a physiotherapist. She also talks about having some depression and being on medication for this; yet she does not view her health issues as being a part of taking on this extended role.

Not really. No significant differences. A little bit more tired at the end of the day. And there are times when I say, oh God how are we going to get through this, to another day. There're mornings when I wake up, when I say, "ohhhh let's just go back to bed." [Chuckle] because she has her times, her moments., like we all do I'm sure. (Tara)

Julie who is in her sixties talked about being aware of changes happening due to her age. She talks about how having her grandchildren has been a positive influence as she ages.

I think that health wise, yeah there were changes but I don't attribute it to the fact that I was caregiving. I attribute it to the age, you know as you get older. I developed a disease that's why I had to leave work. But I'm a real busy person and I like to be active. But that kind of slowed me down [chuckle] because your vertigo a lot of the time, but I've overcome that and I'm diabetic now too. Again I'm 65 so that's all age, you know attributed. I think if it wasn't for the activity with the kids I might have been less healthy. You know. I think you get to the point where you just kind of sit around and don't do a lot and, and you're not active and you know, this keeps us busy. (Julie)

Brenda was the youngest grandmother who has some physical challenges but stated that she did not see any changes in her health.

Just this year. Well, not this year but last year. With my disease and stuff but as far as energy and personality, no. Like, I mean I don't find that I am any different. I'm still - I'll chase her around the block and kick her butt. It doesn't matter to

me. Because I think it's because, I think I'm young. I mean I'm just hitting, I'm not even 40 yet. (Brenda)

Susan talks about her arthritis flaring up and her concerns for her grandchild in relationship to her health.

Let's see, I've got sleep apnea. I've got, and got a cyst on my kidney. I'm waiting for the specialist too; yeah, things like that take on a whole new meaning. You know with Mandy around yeah, somebody says, cyst. And you go, oh my God. Well, now, I have to wonder how long, if they are going to take it out. How long am I going to be in the hospital. And you know. Things that, wouldn't worry me, normally. Yeah I know - just capable of surviving. (Susan)

Wendy talks about having health problems due to environmental concerns and to her age. She deflects from there being any additional health concerns when asked about her physical condition in relationship to raising her seven grandchildren. Wendy discusses how she was able to get her grandchildren and raise them when there were those who thought she could not do it.

Yeah. My health was pretty good before I moved out there. Of course then the asthma kicked in and because of the mold and stuff like that. So, or bronchitis, which ever they say asthma, bronchitis. I have been put on nerve pills. You know. Yeh, the energy level is low. The old gray mare ain't what she use to be [laughter]. (Wendy)

*Protector.* A theme throughout the interviews was how these grandmothers perceived themselves as being placed in the role of protector of their grandchild/grandchildren. Protection was quite often from the biological parent or outside

involvements. Most of these women had to deal with the conflicting emotions of protecting their grandchild/grandchildren from their own adult child. There was also discussion about trying to understand their authority in their new role of a second time parent. The women talked about the need to protect their grandchild from outside involvements; especially where the grandmother's role as a parent may not necessarily be understood. The women discussed about protecting their grandchild for the future and how they would look at their own potential life span, their own mortality, versus their grandchild reaching adulthood.

As discussed earlier, in each situation there was a crisis and then came the priority of protecting the grandchild/grandchildren over maintaining a relationship with their adult child. A constant theme was the interference of the biological parent with the grandmother raising the grandchild/grandchildren.

Wendy discusses how her involvement with her adult child is a constant challenge. She is always hoping a change will come. Well my daughter that's, that's an ongoing challenge. You know you keep hoping that they will come around. It's heartbreaking, you know. And you keep trying to get to a point where it's sort of, you just have to give that one up. (Wendy)

Julie's daughter has stipulations from the courts of not seeing the children unless she follows through with what is required of her. This did not happen so Julie only sees her daughter on occasion without the children being present.

No contact only because she refused to follow the hoops that Child Welfare wanted her to go through in order to, you know have contact with the kids. And I had no hesitation whatsoever of them being involved in her life but I said I don't

want her jumping in for one day and then disappearing, you know that was her record before. (Julie)

Julie talks about how when the eldest grandchild was about fifteen, the biological mother applied for visitation through the courts. Child Welfare then advised Julie she needed to get a lawyer as there would need to be supervision if the biological mother was not willing to do the drug testing. Eventually the biological mother dropped the case as she knew once the children got to a certain age they could contact her. The eldest child eventually did contact his biological mother once he finished school. He also ran into difficulty and got involved with drugs.

Tara moved provinces with her granddaughter and away from the biological mother. There has not been much contact with her daughter except for the occasional Christmas card. I said, I tried to tell her that she was never going to have custody because she screwed up. But you know, they don't want to accept responsibility. And I said, you understand I had to do this or I would never see her [grandchild] again. She didn't believe me for a long time and so the final custody was settled. (Tara)

In discussion with the women, it appeared that the choice between the grandchild/grandchildren or their own child is an easier decision to make when Child Welfare is involved. In some cases it helps the grandmother validate the necessity of taking the grandchild/children to protect them.

Cindy's relationship changed with her adult child when Child Welfare intervened. She tells of how the biological parents do not bother her as they know Child Welfare would step in if they did.

Well the thing is to; if they visited the kids, or took the kids in any way then Child Welfare would step in again. But I got no problems with any of them. None of them bothers me... Linda does come here Christmas time. But I mean it's good. Because she knows. They know. They know, don't come near the kids. You know. They can come with the grandfather's Christmas presents and stuff. And they do. The kids open them, right. (Cindy)

The grandmothers discuss how stressful it can be when the biological parents have on-going access to the child/children. Quite often it is hard for these women to get a complete sense of what their authority is in this role of a parent when the biological parent is present.

Brenda talks about not only dealing with her step-daughter but also with the rest of the biological family involvement.

The biological family, that's the worst. My issues, my hardest things, the difficult things are still dealing with the biological family because they don't want to face the fact that their daughter and their granddaughter messed up and that I'm the caregiver for her. They still want control but they don't want to do anything about it.....They want to dictate everything and I used to explain everything to them. Now I don't ...because I used to take everything to heart. I used to cry if they called and they would yell at me. (Brenda)

Molly discusses about having difficulty in clearly knowing what her authority is and that it was important to make her parenting role legal.

I made sure it was all legal first of all. We are his legal guardians and we went to court. I wanted it so they couldn't, two years down the road, say we want him

back. It does make a difference to me because I don't feel that they can at any time and say we're taking Sam back or threaten me with anything. (Molly)

Protection of a grandchild can also involve outside organizations a grandchild may be involved with or any future concerns to be considered.

Tara talks about how the Educational Program Assistant was taken away from her child and how she considers herself a parent as she fights for her grandchild needs.

About three years ago a little bully started at school. They didn't tell me but they took Sarah's EPA off of her and put her with this new little boy. They didn't tell me and I didn't have a clue. Like I saw her communication book wasn't coming home written in the learning Center teacher. She called me at home one night from her home and she said, "Tara have you noticed anything different." And I said, "Yeah". She says, "Maybe you should ask about it when you come to the school tomorrow". "Okay. I will do that". ... (The next day Tara talks to the principal)..... He says, "I never had to talk to the parents about anything". And I said, "Newsflash, I'm an involved parent". And I said, "I want to know these things". And, oh I raised Cain and I talked to the board and she got an, she got an EPA by the beginning of the next week. (Tara)

Cindy had a scare when her sister in her fifties died. She does not have any health concerns. Cindy talks about how she thinks about her health in relationship to if anything should happen to her, what it would mean to her grandsons. She discusses how she went out and got an insurance policy even though her finances are limited. It became evident during the discussion her prolong existence was of great concern for her.



I had blood work because of what happened to my sister or I had chest x-rays done and blood work. And all that done - okay. You know, which you know - never know, right. So a lot of stuff opens your eyes on that one too because I mean, I had no insurance. No nothing. If anything happened to me - right. I thought the same of the boys, so I did, I went out and got every insurance. Life insurance for me and the boys. And if they get hurt, they'll be looked after. You know, they will be looked after. After me, the boys would be looked after.

(Cindy)

*Achievements.* What a grandchild achieves in their life is part of the grandmother's own personal satisfaction. It becomes a part of the grandmother's meaningful experience and achievements. The child's daily needs become the grandmother's work. A challenge may have to be overcome and then an achievement can happen, which in turn becomes an event – “the big celebration”. This was quite often stated by the grandmothers who were raising children with disabilities. A means for measuring achievements for their grandchild/grandchildren can come from comparisons with other children. Occasionally this can be the grandmother's other grandchildren not being raised by the biological parents.

Molly talks about when her grandchild achieves in an area of his life, it becomes a form of satisfaction for her:

So I can see where he needs work. When you have kids yourself that are quite, normal, you don't judge them as much. You just sort of, every day they do something, it's not a big event but with Sam it's a big celebration when he does something. It's ohhh like look what Sam just did today. I will call Don and say

guess what Sam did today. (Chuckle) you know it's more like rah rah for him.

(Molly)

Tara discusses the reciprocal giving and receiving of her grandchild's love and feeling good about her achievements through what the child is able to do.

Oh hugs. I love you mommy. Or... I remember, you know the first day she tied her shoes which wasn't, maybe last year. It felt good. Right. Now she's growing up.

(Tara)

Quite often acclamations can come from others. This can become a means for grandmothers to measure what they are achieving. Julie's achievements were proclaimed to her through a professional.

And that was one of the things that, you know I kept him involved, in fact the last psychologist said that with his personality that, you know he said, "If it hadn't really been for us and the work that he has been into, he would have been on the streets when he was twelve". (Julie)

Susan talks about how she never had problems with her children staying in their own bed. It was different with her grandchild as she fears doors being closed and sleeping on her own. For this grandmother it is a celebration if the child can sleep in her own bed until four in the morning.

Cindy tells many stories of accomplishments with her grandsons. She discusses the health challenges of her grandchildren due to the biological mother taking crack cocaine when she was pregnant. She discusses how she brought the second grandchild through withdrawal by staying in her living room and holding him for three months.

Crack cocaine she said. I went oh my God girl. Well, so I hung up on her. So I told the specialist. So he [grandson] stayed over there [hospital] for a week. They were really good because they looked after him nights for me and I went over in the days.....So I brought him home. In three months I had him out of withdrawal. We lived in my living room for three months out there. I hold him, I sung, I hold him, I sung. That's why he dances [chuckle] – three months. (Cindy)

Further to this she tells of how she had problems with the eldest grandchild putting everything in his mouth. It became a problem at daycare because they were concerned of him choking and putting unsafe objects in his mouth, like staples. Cindy tells how she thought about what was happening and determined that she had to come up with a method, something safe that her grandchild could put in his mouth. She decided that sugarless gum might be the answer. The daycare agreed to this and it worked perfectly. The grandson stopped putting things in his mouth and now he does not need the gum in his mouth anymore.

Wendy has grandchildren who have now finished high school which she enjoyed as an accomplishment. Her satisfaction comes from succeeding in keeping all the grandchildren together in a home she was able to purchase.

Well I have some that have graduated high school. Yeah. So that was probably one of the biggest accomplishments. Just the fact that, when I got the house that was..... that was yeh, I can see there are some big ones. There's some really big ones because for me to be able to do that. Just alone. Thank God for people who are willing to give me a chance, because they gave me the biggest chance of all.

Yeah, well the judge did but the next that was more, then to get the house.

(Wendy)

Quite often a means of assessing their own achievements with their grandchild/ grandchildren is through the comparison with other children or through positive changes they see happening. This came out in several interviews with these women comparing other children to their own grandchild. In two of the interviews, it was the grandmothers, comparing the grandchild they were raising with another grandchild.

Susan compares the grandchild she is raising with other young grandchildren they visit with.

And so the cousins were together. We spent a lot of time visiting with them and other family. It was, it was interesting. The kids got along really well. There was a difference though. Lynn, she was I think four at that time. She didn't talk. She hardly spoke at all. She made lots of noise. She was capable of it. She just didn't do it. And Andrew, he talked too. But Mandy was six months younger than Andrew, she was talking better than both of them. (Susan)

What could be viewed as sacrifices being made by these grandmothers, they talk of as compensations or hardships in a different light. They discuss looking at their life through the needs of the grandchild/grandchildren and of what has been achieved.

Molly has been through one complete cycle of raising children and tells how her needs are secondary now to the needs of the child she is now raising.

I said basically in my mind I am prepared to put my life on hold for the next you know, 10 years whatever. Because I want Sam's life to be better. Sam has issues, he has problems. I'm willing to cart him to appointments and specialist so he can

be the best Sam that he can be, not a perfect child by any means. But, but if there are some things that need to be done to help him, I am more than willing to do that. You know I've had my life I've done most of the things in my life and now I would like him to have a chance at it, having a life. (Molly)

Brenda being the youngest grandmother had plans. She was just about to complete one full cycle of raising children with her youngest finishing high school. Brenda was looking ahead and understands how this decision will impact what her plans are for the future.

You know. This relationship was not going to be about commitment for other people. It was going to be commitment for us, each other. That was it. So we weren't going to have the marital problems you know, of disciplining babies and raising, looking after the daycare's and worrying about school concerts and all that stuff. We weren't going to do that. Like this was supposed to be about him and I taking off on weekends and going traveling and doing our thing and working full time in building a future together. Because our boys and our kids were going to grow up and move out.... It changed [chuckle] and now it's just like, geez, how come that was a big decision. And that really, it really was a big decision.

(Brenda)

### *Grandmothers Constructing Meaning of Lived Other*

Different involvements and experiences are how others play a part through their involvement or non-involvement with the women's grandchild/ grandchildren. Van Manen talks about the corporeal relationship and how others also assist us in finding the meaning or purpose of life.

In this section I wanted to look at how grandmothers interpreted or develop meaning in their different experiences raising their grandchildren; how they understand any changes from the first time of parenting; their involvements or lack of involvements with others due to this role; and their beliefs on what they know to be true or instrumental in helping them in this role. This section will also discuss: what these women are named in their role as second time parent; the meaning of what they are called, either for themselves or the children; and how they interpret the name they are called – grandmother or mother.

Relationships and involvement with others, both for themselves and their grandchildren, are important to these women. Their lives have changed and so did most of their original friendships. The grandmothers discussed how their experience involved making new connections. They talked about how there were definite changes that came with becoming a parent again at their age. They discuss how they see themselves as a constant in their grandchild/grandchildren's lives. However what did become apparent was how being involved with others was paramount to the women's well-being. Involvements of others included family members, a partner, or friendships, and others in the community such as church or other organizations.

*Family and Friendships Involvement.* Wendy's son was in his twenties when she became a single grandparent to the seven children. He told his mother that he would never leave her raising the children without his support. He has been a constant in the children's lives from the beginning.

Oh yeah, they love their uncle. There's nobody like their uncle. He's like their father, more than their uncle, because he's the one that has been around you know.

Like, you don't do a birthday or Christmas without him, you don't... Good things happen in their lives, you know he's right there to celebrate with them. (Wendy)

Susan has had a close relationship with the paternal grandparents throughout the difficulties she encountered. She talks about the trust and flexibility they build in their relationship so as to make it work for the grandchild. She explains the shared involvement in parenting this way.

And so you know it's parent night. I'm her parents and parenting. I think we look at it as we are her parents. We're getting there now. Like I said, we started for her, on her behalf so she would not have parents. And we are also including... the other Nana and Poppa in that. So when we're talking to her we are looking at the big picture. You've got all these parents. However, given the first chance we would, we would go for legal adoption. (Susan)

Brenda talks about having two older boys living in the home when her step-granddaughter came to live with them. She tells of how they would get involved in stating their opinions on how she should parent the child. Brenda discusses how her sons would get involved and the difficulty of having four parents.

He said you've never been angry at her. You can't get angry at her. I said yes I can. I said it's either me be angry or the next time she is going to run out further on that road. She has to know this is one of those life-threatening circumstances. If I don't change my tone and if I don't change what I'm doing, she's going to think it's okay to do it again. I said you need to move out of my way, or you're coming in behind [chuckle] and afterwards, I said don't do that again. I said do not ever speak to me when I'm speaking to her. (Brenda)

Julie has a married daughter with a child the age of her grandson. She talks about her experience as being a shared involvement.

None really because Donna was sort of there right from the beginning with Stephen when he was younger, before the boys were apprehended. She had him a lot when he was a baby. I mean we were, Donna and I were the ones that were on top of, of you know Rita and, and trying to get, she was always there. We were both trying to rescue the boys. So, I think, you know she was very supportive, you know. (Julie)

In Molly's situation the biological parents returned to the province where she was raising the other child. She then had involvement of the biological parent raising one child and she, the grandmother, raising the other child.

Yeah, like every day I find I just muddle through, like, you know these things come up and you just kind handle them but I mean it's a saving grace to me that Leanne is willing to step back and let me do it. She is not trying to interfere or take over, or tell me how to do anything because in her mind I'm, I have Sam, and she has Justine. (Molly)

In comparison there were two grandmothers who had additional responsibilities without having very much support. Both have children who are physically and mentally challenged, limited income, and less supportive relationships. One has an aging mother also living with her. The other lost a sister that used to provide transportation for her. She also has aging parents that live near her.

When it came to friendships the women talked about a marked difference of how they experienced friendships before their grandchild/grandchildren came to live with



them. They talked about the difficulty of maintaining friendships, or even having a relationship, when you are raising children at this stage of your life. Molly talks about friendships changing because she is now “back in the loop” again in raising a child.

We still talk on the phone and things like that. Like, she did not want me to take Sam. She made it very clear. She was not supportive of me at all in having him. Like she kept on saying are you crazy? You know what it is going to do to your life? And I said what is it going to do to his life if I don't take him. I said, this isn't about me, it's not all about me like, what are the alternatives. I would not see him adopted. That would just haunt me to my dying day so she sort of - foolish, never really came around to it. We go down to the restaurants now and then, we go down to eat together and she doesn't. Jack her husband, he will make a fuss over Sam and play silly games with him and stuff but Anita really doesn't have a lot to say to him. Kind of like she begrudges that, you know. We don't have as much to talk about anymore. Like I talk about, I'm in to the mommy group again. You know. All the mommy's I talked to at playgroup and kid stuff and she of course isn't. So, we really don't have any common ground - like I'm back in the loop, you know. (Molly)

She talks about family dropping in but not friends. Molly says she has friends that will talk with her on the phone but they will not drop into her house. She tells of how she will sometimes drop by a friend's house if she is driving by but there are never any plans made.

Susan is not the type to go out a lot. She talks about her friendships being maintained on the phone or maybe having lunch when her granddaughter is in daycare.

Susan does have a babysitter if she requires one through the paternal grandparents who are involved.

Yeah. Yes, we are. Ron and I, I guess are not really social animals. Like, we didn't go to parties and you know go out drinking and anything anyway. Most of our friends are, you know telephone, friends sometimes get together for lunch and you know. And things like that. Or people Ron works with. You know, go to their house. That sort of thing. (Susan)

Wendy made a conscious choice to stop being involved with friends in what she considered her old life. She talks about the reason being the seven children and of the social workers being involved with her constantly. She tells of how she wanted to ensure the children could not be taken away from her so she made the decision to drop out of her old life. Any contacts she has with friends are on the telephone.

I talked to some of them once in a while. You know. The odd ones that I cared for, like, I had one girlfriend that was married. Well, her husband passed away, I mean, we don't talk that often - but yeah. No, I just cut everything right off....

Yeah. If I was going to take seven kids, and I was going to move into a place, where I knew nobody, everybody was a stranger but, I was known by everybody. You know, it was like, okay I'm not going to do anything or cause anybody to have to have anything to say about me. I want my grandchildren. You know. I want to keep my grandchildren and that's the way it is. You know my big trips were to Sobey's and the school. You know stuff like that. I used to take them to a lake and, you know. Once I got to know people we would all go up to this lake or

something like that but that was my, that was it. I was done as far as that life left behind me. (Wendy)

Brenda left it up to her friends to decide if they wanted to come over. Those that did come over were also involved with children. She had one friend that was now pregnant in her forties.

And so what we basically tell her friends is, because most of our friends don't have little kids like we do. So we tell them if you want to come over and visit, come and visit. You know. If you don't, stay home. So that's basically how we do it. And we have one really good friend. She just loves small kids and she has a down syndrome daughter who's an adult and she has a teenager. And, Ruby - she comes and she loves it. And then we have another friend who before fifty became pregnant and so she has a new born baby. So she's tied down.....It does. So but we find that most of our friends - it's pop in, pop out, you know. Stuff like that. But we spend a lot of time in the evening on the computer talking to them. And stuff like that. (Brenda)

Cindy who has two physically/mentally challenged children tells of the difficulty of going out and of finding a babysitter. Her increased responsibilities have limited any involvement she has outside the home.

Well, I mean, stuff is cheaper back then than it is now. Right. And these boys need more care than my two ever did. My kids weren't crack cocaine babies. These boys need a lot of care. A lot of attention. Right? I mean Tom's 24/7 and so is Danny. You know., right. I just can't. You know. There's some worries. I can't just go and get this young girl to come in and say, oh, I'm going to bring her

in and watch my kids. I have, I have Yvonne that's my daughters, my daughters oh, my sister's daughter. But I just can't get her to come in and say Yvonne, watch these boys for me so I can go to Bingo. No because I would be worried sick. I mean there's stuff, watch for them, you know. (Cindy)

Tara experienced relationship changes with a boyfriend when her grandchild came to live with her. It then became a choice between her granddaughter or maintaining a relationship with him.

Oh yeah. Well friends yeah well I was seeing somebody before he's, like, all of a sudden, like, when all this happened with Sarah and he was just a big old crybaby. He said, everything is all about her and I said she's two years old of course. Give your head a shake. So, we split up and that's fine somebody asked us, asked me, like we saw each other occasionally, as friends and we are still friends. (Tara)

Julie was the one grandmother who had never been out of the role of mothering. When the two grandchildren became a part of her family she still had two teenagers in her home. She stated that she did not see any changes raising her grandchildren other than making new friends.

Well, it was just a role but continued on. It probably would have been easier for us because we weren't out of it and then to get a , I would feel sorry for a seventy year old grandparent that had two little kids dropped on them, you know.... We met a lot of new ones [friends] because of the new activities we were involved in, that's for sure. (Julie)

Sacrifice for some brought new experiences increasing their satisfaction in what they were doing. Wendy talks about how the community came to assist her. She talks

about how through the years different people or organizations came forward to assist and support her.

Oh gosh yeah. All of the schools supported me taking the kids....There would be different times when the school would get things. You know book bags, and materials for school, whatever and they would call me up and say could you use this or that. You know there were different churches in the area. Oh, I heard about you, you know, if you need help. The Lions Club was always there for anything. If I called them and I needed something they were there to find it....And I had a bunch of people show up one day with two vans before Christmas...Full of stuff for the kids and just brought it in. Dropped it, and handed me an envelope, hugged me Merry Christmas and I did not get to say a word. So unbeknownst to me I had Sobey's certificates, I had all different Zellers, and things like that in an envelope. I was just shocked. And of course the community, you know, the support was unreal...Anybody, anything I wanted, you know if I wanted a vehicle...And here he comes down, I hear you need a van, well I will go and find you one. You know it would be a day or two and he would be back and say can you afford this much or whatever. It was always a price I could afford and always in good shape. I was really lucky...my neighbor use to mow my property for me. They were all just so good because, I don't know, I guess they just couldn't believe I took the kids and was out there by myself...But I mean families down there, would help you know. I had people calling me saying, you know I have a boy this age, and do you need a hand, would you mind if I brought you up the clothes... It was fantastic, I had a lot of support. (Wendy)

*Different Experiences.* It also became paramount for these women to understand and to learn to process the different experiences in raising children in this second time parenting. They would have to look at different methods of discipline, child rearing and the difference of their age as in being out of the normative time for parenting. There were challenges but quite often they would talk about how the differences could also provide for them a satisfactory experience. For some grandmothers it was about how they saw the role as a greater purpose or faith in their life.

Molly talks about the benefits of going to a family resource center and the information she received from being with other mothers. She talks about how the expectation is that she should be this wise parent as she has done it before. Instead she talks about how she can learn from a new generation of motherhood and how they are her peers due to their commonality.

There are a couple of others there that are in their late thirties and ones that are in their early forties. I don't believe they're saying, like you know, she's this old lady you know. We sit there and laugh and talk about everything and toilet training and I don't feel much older than them.....It doesn't feel the same. It doesn't feel the same as with my children. I don't remember a lot [chuckle] is kind of fuzzy back then when I had them. It doesn't feel the same. No it's a whole different thing. Like when I'm out there talking to the mother who is at play group I don't feel like oh yes, I know what you're talking about I've done all that. I'm sure like, oh really.. because it's all like new to me again. They're telling me things and hints and ideas and I say oh. Then I will tell them a few things that I read, and things

that I know. I don't feel I'm this old wise grandmother who knows all. No. But it's new. It's different. (Molly)

Molly also talks about having concerns of being an older woman with a young child and how her grandchild may look at her as not being in the "parent age".

Yeah, but there are differences that I can see as far as that. .I don't want him to be ...I don't want him to be embarrassed as a teenager when he has friends all have parents that are, you know parenting age. And he has you know these old people hanging around him or something. You know. Even before that when you go to concerts and stuff at schools he's going to think hmmm you know. I don't know if he will think that or not. (Molly)

Brenda talks about being back to planning her life, where she was just starting to become as she calls it "fancy free" with less responsibilities in caregiving.

I think I was more, I was getting to the point in my life that I was freer. But I was more spur of the moment. I didn't plan as much. Now being a caregiver again, to a little one, because I was in the point of my life that I didn't have to worry about getting her off to daycare. I didn't have to worry about making sure the lunches were made, because my boys were doing that for themselves. So now I'm reverting back to all this again the planning and, I'm not as fancy free and, you know, if I didn't feel like coming home right after work, I didn't have to. But now everything is planned again. So I'm not as free as I was. Yeah I think it's changed. (Brenda)

Julie talks about how her husband had difficulty dealing with the behavior of a grandchild who had Attention Deficit Disorder (ADD) when his other two children had been on the honor roll at school.

Yeah, it was challenging at times he [husband] was not used to dealing with I would say Stephen because of his background, you know, and as he got older both his kids that were living at home were good students and on the honor roll, and of course with Stephen and his Attention Deficit, he found that hard dealing with that kind of behavior. You know. But we got through it. (Julie)

She gives an example of the different involvements with a child with ADD:

Again it was a fight to get, he was going to tutoring. He was in special programs and resource. It was a battle all through his years basically with the schools, with teachers, you know with his attitude and things like that. He's been to Choices.

He's been to every kind of resource but I must say that, in the older years at Child Welfare of course after you know letter writing and complaining, they stepped up. (Julie)

Susan discusses how she wanted to do everything right the first time she was a parent. She now talks about how she has more patience and allows others to come to their own understandings in their time.

I used to be impatient...So, now I can see, now I have the patience to explain the big picture. And to let people come to it in their own time. Because you can say the same thing over and over 30 times and they're not going to hear it until they are ready. So, that's something that is, it's gotten a lot better and I think I'm finally there. And it's easier to do with a child in the house. It brings into focus how



important that is... That sort of thing. A little patience. A little bit of, you know, step away. (Susan)

Whereas in contrast, Wendy who is raising teenagers talks about the struggles she is finding in wanting to do right but being in this complex dual role of parent and grandmother.

I don't know even if I could explain how. I think it's harder, the second time.

Because, well you find, I think, you're asking yourself all the time, am I doing this right? You know, Is this what I should be doing? You want to treat them like you are their mother but they know you are their grandmother. You know. And you know you are. So it is hard. I don't know how to explain that. (Wendy)

Another difference Wendy talks about is how she feels times have changed in relationship to discipline and respect for older people.

They don't want to do homework. They don't want to do the work in the classroom. You know, and I mean, your word can only stretch so far. And you're beyond, what are you going to do? You can ground them to the table. You can ground them to their room. You can take everything away from them. Kids, and nowadays, they don't care. Don't care. You know. When I go back to school, I will do what I want. You know. Not like, when I was a kid, you know, oh my gosh, if my father said he was going to ground me, I would have work done two weeks ahead of time. Just so I wouldn't get grounded. But nooo. Not these ones...Yeah. Well, and you know it's that whole discipline thing, nowadays you can't lay a hand on a child. If I raise my voice, I'm yelling. If I raise my voice, I'm yelling. I said, you have no idea what yelling is. You know. Oh my dear make

your ears ring. I said, you want to know what yelling is? [Chuckle] that's yelling.  
(Wendy)

For some grandmothers they reflect on how they saw their role as part of “the big picture” when it comes to change. Two grandmothers talked about their personal beliefs or faith in God when it comes to their understanding of their purpose in taking on this role. One grandmother talks about how reflecting on being an adopted child herself helps because she had a positive experience growing up.

Molly talks about how the tasks that she performs in raising her grandchild gives her a greater sense of purpose and direction, and how she finds this satisfactory.

I think I am more comfortable now. Okay. I am more willing to go along with change. Change is going to happen and you know before I would get very upset over change and now is just like well, here comes more change. And I go with that. But I'm more content in my life now. I'm more at peace with myself I guess. I just find that I have more to do than before you know I would be here and the days I wouldn't be working, or babysitting. There really wasn't a lot to fill in my day. Right I read a lot, bake more than I do now, that sort of thing. But not sooner like hmm what am I going to do today and wake up I kind of think okay today maybe I will go to town, do some shopping. I don't know. Now there is no doubt what I'm going to do when I get up in the morning. So it's just there's more things to fill-in my day with. For years I always felt bad that I never had a career, never did a lot with my life but now I think well if I had to have had a career or whatever what would it have been with regards to Sam. What would have happened. So, maybe it was meant to be that I am what I am. (Molly)

For some there is their faith or religion that assists them. Tara talks about how her faith in God keeps her strong through difficult times.

My belief, that I am not doing this alone.... I'm not in this alone. I got my heavenly father. And I got mom and I've got good friends at my church to my pastor, so when difficult situations arise, and they do, with regularity, but I'm never alone. My faith holds strong. (Tara)

Julie also talks how being a spiritual person helps her, but also how having being adopted herself makes a difference in what she does.

Well, I mean, I suppose I'm a very spiritual person. You know I go to daily Mass and I'm sure that helps but I was brought up in a good Christian home. I was adopted myself so. Yeah I kind of just look at, I don't know, were all equal.

[Chuckle] you know. Oh it was, it was a very good experience. I mean we, I have a sister and we are both from two different families. We always knew from the time that we were little, we were adopted, you know. My mother wasn't able to conceive so they chose adoption. But I don't know if that played a role in the way I, you know look at people or what. I don't know. (Julie)

*Names of Grandmothers.* Through the different interviews, I became aware that what these women were called was not as important to them as to what the grandchild/grandchildren needed to call them. When the grandmothers were asked, "What does your grandchild call you?" they would reply with varying answers. The majority of the women discussed this issue in reflection to what the child wanted to call them. The grandmother, who is called Nan, describes that she hears a difference in how the grandchildren living with her say the word in comparison to her other grandchild. She

states it is the tone of voice or the way they say, “Nan” that it is more like being called, “Mom”. What became important to the women was not what they were named, but the recognition that they are working in the role of being their mother. Quite often this came about by talking to others like the doctor, Child Welfare, family and friends or a counselor.

Julie talked about what her grandson call's her. At first she stated, “Mom”. She then stated the following:

Well no he doesn't. He calls us Nan and Granddad. But he acts as if we are his mom and dad. And he thinks he's adopted. I've tried to explain to him that he isn't. But, you know that's what he tells everyone that, you know. I think it was the other kids, like we're their Nan as we have other grandchildren. He knew that we are his grandparents but he never refers to his mother as mom, he calls her [by name]. I see myself as [chuckle] I still see myself as his grandmother, yeah. It wasn't an issue I never even thought about it. I mean, when he was in school yeah they all knew, we made it clear that I was the grandmother. You know. I mean I said to Dan it's up to you if you want to say to your friends that I'm your mom that is fine I mean I'm working in that role. Mother / grandmother it's all the same.

(Julie)

Brenda had children living at home which also made a difference in what she was to be called by her grandchildren.

And when we first got her, I was Nanny. I was Nanny, like that was it. But then, all of a sudden it just started one day, and probably because my children, I'm mommy. And then she just started calling me mommy. And that caused a lot of

problems....with the biological mom and the biological grandparents. And I had called Child Welfare back and said what am I going to do, like how am I going to deal. I spoke to the family doctor about it. Like how do I do this? Like I correct her, I tell her, you know I'm mommy. Your mommy is June. You have mommy June. I am Nanny but it didn't matter. My husband has always been daddy. She has looked at him and he's daddy, daddy, daddy, daddy, from day one. Because she has never known any other male. She has never laid eyes on her biological dad. (Brenda)

Susan began with having her own daughter and granddaughter living with her. She talks about how the four grandparents were called Nana and Poppy along with there being two, great Nana's. Susan said it began with the granddaughter telling people that she had so many Nanans and only two Poppies. But when the daughter moved out and Susan was still working, she said that her granddaughter then called her husband mom, because at first he was home taking care of her. Susan then goes on to talk about when her granddaughter started to call her mommy.

She has called me mommy a few times. She tried it a few times. Like her, I and Dan are in house and she has said mommy. And I thought oh do I or do I not. You know does she need me to be a mommy, I will be mommy. And so we talked to the counselor and she said, "Well, she's letting you know that she knows you're doing the mommy stuff"....No doesn't matter to me at all. As long as it's what Mandy needs. You know, like if she needs, if she needed to call me mommy because she needs a mom. You know and that would be fine. It's going to be up to her. (Susan)

Susan talked about the confusion when the biological mother comes for a visit. The granddaughter is asking for something and calls her mom; yet she still calls her biological mother mom when she is at the house.

Wendy was already being called Nan when she got the children. She was their grandmother; however the youngest saw her differently than the other older children because he was a baby when he came to stay with her.

They were already calling me Nanny. They knew who I was. You know. And even the youngest one, he was like two and a half going on three, he knew I was Nanny. So how can I bring one up calling me Mommy when the other ones were calling me Nanny....And the fact being is the youngest calls me Nan but Nan doesn't mean the same as coming from the others. His Nan is more Mom and theirs is more Nan....Yeah it's different. You know because, and I know the difference. The way he says it. It's a different meaning. Like, they now are grown up and they'll say, well you know, well you were my mom and you are my Nan but that's weird, you know, but that's the way it had to be. Because I had other fish to fry at that time. (Wendy)

Wendy goes on to say that because some of the children have different fathers she was not sure if legally their last names were right. She decided to discuss this with the children and they all agreed to change their last name so they could all have the same last name. They had a family meeting and the children all decided to change their name to their grandmother's maiden name.

I was their new mother. You know so that made it easier because now I am their mother on their birth certificates. It was because it drew them all into the same family. (Wendy).

Cindy also talked about wanting her two grandsons to have the same last name. She stated that both children have the same father but because the parents did not go and sign the papers at the hospital, one child is now in the mother's name and the other is in the father's name. She has been talking to a legal aid lawyer who tells her she cannot change the children's names unless she has the parent's permission, even if she adopts them. She is now in the process of seeking a different lawyer's advice as she is receiving conflicting information. Cindy also talks about how the child began calling her mom.

Well it was Nanny, right. And that's how I had them call me, Nanny. But then when they started going to school up here, and he is hearing the other kids, and one day it just came out, he said, "Mom". But when he gets older, I'll tell him. Believe me, I'll tell it to him, right. Yeah. Nope. That's what he calls me now. (Cindy)

Even though Molly's grandson calls her mama she wonders whether he feels she is his mother. Molly talks about how the role of grandmother is clearly defined in her head with her other grandchild.

I think it will evolve. You know, it will come around. Right now sort of, I'm back and forth I don't feel like his grandmother, I'm Justine's grandmother. I have that role defined in my head. Justine is my granddaughter. With Sam I'm sort of, two mints in one. I don't know how to define myself to him. You know. I

don't know how he sees me. Does he think I'm his mommy. You know. I don't know. (Molly)

*Conclusion.* First and foremost these women became second time parents because their grandchild/grandchildren needed protection. For these women parenting again is about: keeping the grandchild/grandchildren safe; providing for their needs; and then learning how to gain information and support to raise them. These second time parents are aware of the barriers but talk about how they gain satisfaction in working through their grandchild/ grandchildren's problems. There is a sense of purposeful living and being connected to the broader society that assists these women to continue on; however second time parenting is different. This time round the women are older and they are in a role that is not clearly defined. Parenting for these second time parents is all about sharing their parenting space with others with who their grandchild/ grandchildren are connected to.



## Chapter Six: Discussion

The desire for wanting to understand the women objectively through their descriptions of experiences happened naturally. Part of this was to do with my own age and always wanting to understand what the experience would be like as an older woman parenting through a complete cycle of child rearing again. The other part was from a feminist lens of looking at how these women interpret what they are doing through the social constructions of gender and caregiving – why do they do what they are doing and what does it mean to them (Olesen, 2000). As shown earlier on grandparent's as kinship caregivers tend to be disproportionately a women's issue (Fuller-Thomson, Minkler, & Driver, 1997).

This discussion will seek to illuminate or crystallize the findings on how grandmothers interpret or construct what it means for them to parent their grandchildren. I found the interpretive constructive framework ideal in allowing the women to tell their story and give meaning to their experiences through their perspective. Through listening and interpreting the different constructions they told about their lives, it was possible to gain knowledge of their very existence as second time parents. The common theme I found in the interpretation of the women's experiences was the direct relationship of the passage of time in what was happening to them or their grandchild/ grandchildren. It became apparent that it was through the passage of time that allowed the grandmothers to assess for themselves second time parenting: what happened in the past; what was happening now in the present; and how they perceived the future for their grandchild/grandchildren.

As I started to weave the social constructions that these women revealed as individuals and collectively, I realized their meaning, or interpretation of mothering again was their own personal tapestry of their life. It was not just about looking at a certain period of time in these women becoming second time mothers. For each of the women, parenting again did not start when their grandchild/grandchildren came to live with them. Second time parenting for them also did not begin as a separate experience, as these women have experienced being a parent before. These women's past child rearing experiences, whether good or bad, does influence their present decision making and how they view their future parenting. This in itself makes this experience different to raising children from the first time as they are creating new meanings as was discussed by other researchers (Dolbin-MacNab, 2006).

The beginning for each of these women, started with them having to come to terms with their own adult child's difficulties. Each woman had to acknowledge within themselves that their adult child's behavior was placing their own grandchild/grandchildren at risk of harm. First came the recognition of there being a problem, and then came the second phase of how these women determined what needed to be done to protect their grandchild/grandchildren. For many it was trial and error due to the difficulty of seeking and finding information they required. After the grandchild/grandchildren came to live with them, came the third phase of beginning to parent again in a role where there is no clear distinction between being a grandparent or parent.

As discussed previously in the findings, the categories of Van Manen's framework of lived body, lived space and lived other, helped in understanding how these women

interpret what their lived experiences and the meaning of these experiences are like as second time parents. The last category of lived time will now bring about how they interpret the meaning of their experience through four summative conclusions which address how these women interpret their experience through time: 1)

Grandchild/Grandchildren at Risk 2) Grandmother as Second Time Parents 3) Resources for Grandmothers 4) Constructions of Dual Role.

#### *Grandchild/Grandchildren at Risk*

The grandmother's experience can be understood through their account of how they protect their grandchild/grandchildren from harm and subsequently take care of their needs. The recognition that parenting the second time around is different from first time parenting evolves once the child/children are safely living with them. The grandmothers described the difference in second time parenting as more about learning to negotiate and in some cases fight for the child's needs. Each woman talked about second time parenting as having to share their grandchild/grandchildren's space with others. This is congruent to other literature reviewed as second time parenting is more complex because it involves more people (Rosenthal, Gladstone, & Vanier Institute of the Family, 2000)

At some point in each of the grandmother's lives comes the change or understanding that being a grandmother for them is more than just indulging and enjoying visits with their grandchild/grandchildren. Each of the grandmothers talked about the time they recognized they were being placed in the position of rescuing their grandchild/grandchildren from being harmed by their own child. In the discussions with the grandmothers, I found that the grandmothers went through various stages and emotions in trying to understand what was happening with their adult child. Three of the

grandmothers had the biological mother and grandchild living with them for a period of time before they moved out. For them it was a gradual sequence of realizations over time that the behavior of their adult child was placing their grandchild/grandchildren at risk of harm. Other women that I interviewed had their adult child living nearby and they began monitoring what was going on in the child's home by continuously dropping in. They were able to monitor their adult child's home as they were being called upon to provide resources of food, money or childcare. The third situation was the women who had their adult child living in another province or city. They did not know what was happening with their grandchild/ grandchildren until they received a phone call from Child Welfare. Each of these women went through the two stages. The first stage was recognizing or being told their grandchild/ grandchildren were at risk of harm and then the second stage was realizing that their role was to rescue their grandchild/ grandchildren. As found in other literature reviewed, there was a moment of crisis and clarity for the grandmothers. Each of the grandmothers in this study came to the realization that to ensure the safety of their grandchildren they would have to become their caregivers, or there was a possibility the children could be placed in foster care (Callahan, Brown, MacKenzie, & Whittington, 2004).

*Stage One: Grandchild/Grandchildren at Risk.* In the first stage either the grandmother knew something was not right with the care of their grandchild/grandchildren with their adult child or they did not know what was happening until they got a phone call from Child Welfare. For those grandmothers that started seeing problems with their adult children parenting, they initially tried to solve the problems by themselves. The grandmothers gave two different reasons for initially not seeking help: 1)

fear of being isolated from seeing their grandchild through their adult child disengaging from them or 2) if they did report their adult child to Child Welfare and nothing happened, they could be placing their grandchild/grandchildren at further risk with nobody monitoring the home.

These women talked about struggling with the element of feeling that something was not right, but having no tangible proof that their grandchild/grandchildren were at risk of being harmed. Concerns of unexplained bruising of a grandchild always came with an explanation from their adult child. For many of these women the difficulty would be that the grandchild would be too young to verbalize what was happening in the home. Without having any evidence to substantiate that the child was at risk, these women talked about the dilemma they faced of challenging their adult child about the patterns of what they saw happening or reporting their concerns to Child Welfare. Both came with a substantial risk of alienating their adult child and not seeing their grandchild/grandchildren again.

It was reported by some of these women that there was a gradual awareness of recognizing the safety and the needs of the grandchild/grandchildren outweighing their ongoing relationship with their own adult child. When the illumination period happened, some of the grandmothers talked about their own investigation period, documenting information of what was being observed, dates, times, and then providing the information to Child Welfare, similar to the findings in Gibson's research (2002). Others, who had the grandchild living nearby continued monitoring, providing resources into the home without Child Welfare being involved for fear the grandchild/grandchildren would be put

in foster care. This continued until the safety of the grandchild/grandchildren became critical and they then reported their child to Child Welfare.

For those where the grandchild/grandchildren were living away in another city or province, the grandmother's awareness that there was a critical problem came with a phone call from Child Welfare. These women were instantly faced with conflicting emotions, the needs of their own adult child versus the needs of their grandchild/grandchildren. They spoke about how at some point a choice had to be made, and the priority became the grandchild/grandchildren over their adult child.

For most of these women the decision became clear to them when they realized that their grandchild/grandchildren were being physically or emotionally neglected or abused by their biological parents. These women heard horrific stories of how their own adult child was not protecting their own child/children. Stories were told to the grandmothers of: children being harmed; young children being left unattended; children not receiving the staples of food and adequate shelter due to the parents having drug or alcohol addictions; a baby being dropped off at a police station; a baby found in a swing-o-matic hanging upside down; and a baby going through crack cocaine withdrawal is left at a hospital. No matter what the story, there was still the shock of how could a child of mine allow this to happen to their own child. Each of the women interviewed did not discuss their personal feelings of whether their own parenting had any impact on why their child was having difficulties. Any form of analysis on their parenting was measured on the outcomes of their other children who were not experiencing the same type of difficulties.

*Stage Two: Rescuing the Grandchild/Grandchildren.* Once it was clear that their grandchild/grandchildren were at risk of harm, all these women were clear that their role was to protect their grandchild/grandchildren. The grandmothers interviewed discussed how at this stage they recognized that they have a crucial role in providing stability and safety for their grandchild/grandchildren which was reflective in other literature reviewed (Delman-Jenkins & Blakemeyer, 2002). In the cases where Child Welfare apprehended the child/children from the biological parent, all the children were not initially placed first with the grandparents. These women spoke about having varying stages of involvement with Child Welfare with no situation being identical. This would be in part to when and where the child/children were apprehended. Another determining factor would depend on what province the apprehension took place in, the agency they were involved with, and for that matter the social worker who was involved with the grandparent. For some of the grandmothers they were being assessed by Child Welfare and going to court simultaneously as they were trying to determine their new role.

The assessment of them as a parent was one common theme that these women shared in their involvement with Child Welfare. All these women who had been parents before were assessed prior to being considered as a placement for their grandchild/grandchildren. For some it went quickly and for others it was involvement with Child Welfare over a three or four year span. This depended on the degree of association their adult child had with Child Welfare. These women spoke about hours and hours of interviews and how the process would drag on for months. For some of the grandmothers, the grandchildren started off in foster care while this procedure took place. Those grandmothers who had previous involvement with Child Welfare in trying to get their

grandchild/grandchildren went through the process quicker. Another grandmother had her grandchild staying with her and then was subjected to having her grandchild removed for a period of time. This was a result of their adult child accusing her father of abusing her in the past. Another scenario concerned grandmothers who had their initial involvement with Child Welfare while going through the courts and were not involved with them again until there was another investigation concerning their adult child and her children. What became evident was that each of the grandmother's experiences or involvement with Child Welfare was different. The one commonality each of the grandmothers shared was that they all were assessed as parents and for some, second time parenting came with conditions. Some of these women spoke about the fear in the beginning of being assessed by Child Welfare and possibly not being able to get their grandchild/grandchildren. Gibson (2005) talks about how the grandmothers can have "blame and negative judgment" placed on them and their first time parenting, in light of their adult child's actions. These women also talked about conditions being placed on them, of having to give up a job, or the children being video-taped in their home so they would be ready for adoption if the placement with them did not work out, or also having to work with a "department" instead of one social worker. There were also the stories of how some of these women had wonderful, one on one relationship's with social workers and the support they received.

Even with Child Welfare's mandates, the Nova Scotia court initiates what must take place in the best interest of the child/children (Law Reform Commission of Nova Scotia, 2007). For these women one of the differences in parenting this time was that they had to substantiate to the courts that they can parent this child/children once it is



determined the biological parent cannot. It is not necessarily established that they will parent their grandchild/grandchildren due to being a relative of the child. The argument then becomes not just fighting for the protection of the child from the biological parent, but also for the grandchild/grandchildren not being placed in a foster home. Another scenario that can happen is for the grandmother to lose in court and the grandchild/grandchildren being placed back with the parent. In Nova Scotia law, the grandparent does not have immediate rights when it comes to getting their grandchild/grandchildren if the matter goes to court. The decision made by the court is always based on what is in the “best interests” of the child (Law Reform Commission of Nova Scotia, 2007).

Each grandmother had varying degrees of experience and expense in going through the courts to get custody of their grandchild/grandchildren. Often it is in court where the emotional choice has to be made whether to fight against their adult child for the grandchild/grandchildren, or lose them to being placed in foster care. It can begin where a grandmother may go to court to support the parent so the children are not placed in foster care. But as it happened for some of these women, they had to pull away and struggle on their own for custody of their grandchild/grandchildren or fear losing them altogether. There were those women who had to fight for custody of their grandchild/grandchildren in another city or province which incurred additional expense that they could not necessarily afford. In order to do this these women would have to use their personal savings or terminate a job. For those who initially went to court and lost to the biological parent, they were left waiting until others such as those in Child Welfare took on the fight to gain custody. It was always left to the grandparent to prove to the

courts or Child Welfare that they could parent their grandchild/grandchildren. Callahan, Brown, MacKenzie, & Whittington (2004), discuss how grandparents can be fearful to be involved with either Child Welfare or the legal system for fear of losing their grandchild/grandchildren.

Two similar stories emerged as the women talked about their court experiences. There were those grandmothers who talked about how “ludicrous” the system is due to the process and the lack of acknowledgment of them being the child’s grandparent. Other grandmothers would praise those in the judicial system who helped them. In their accounts of going to court they talked about if it had not been for a judge, a lawyer, or a social worker that helped them they do not know if they would be where they are today. Some of the difficulties these women noted were, the expense of getting legal advise, going to court, not enough information given to them as a grandparent going to court, and having to prove they could parent their grandchild/children as was found in previous literature reviewed (Dellmann-Jenkins, Blankemeyer, Olesh, 2002). Other major problems the women faced were lacking supportive documentation if they were not involved with Child Welfare and they could not afford the expense of being represented by a lawyer. The grandmothers spoke about the difficulty they had in not having the legal documents stating they had custody when it came to their right to make decisions for their grandchild.

#### *Grandmother as Second Time Parent*

The grandmother then learns quickly that the space of now parenting their grandchild/grandchildren continues to be a shared space with others. For some it is the involvement of the biological parent, other family members, or negotiating different

systems within the community that the grandchild/grandchildren need to be a part of.

There was a constant theme these women discussed about how they did not feel they had the same authority parenting in comparison to their first time parenting.

*Biological Parent.* A primary difficulty for some grandmothers was the shared space they still had with the biological parent or other family members. For some of the grandmothers they had to deal with the interference of a biological parent in how they were raising the grandchild/grandchildren. They talked about the added stress of hoping their adult child's behavior would change but having to give up this notion to ensure their grandchild was protected. In some cases the court mandated the biological parent could not have contact with the child/children. The grandmother's contact with their adult child would then have to be when the grandchild/grandchildren were not present. The grandmothers talked about the emotional strain of having at times, to maintain their complete authority in now being the parent of their grandchild when the biological parent was present.

For those biological parents that were given supervised visits or times for access visitation of the child/children, there were always the emotional repercussions of the grandchild's reaction after the visit. As I listened to the stories, it reminded me of the similarities in custody/access visits between separated parents and the difficulties they face. The grandmothers spoke about how they found some of the hardest issues they had to deal with, would be involving the biological parent. Gibson (2002), talks about ongoing stress grandmothers can have in understanding their authority and their role as a parent when the biological parent is present. The grandmothers spoke about how they would be dictated to, yelled at, and how maintaining open communication with the

biological parent was difficult. There was also the struggle the grandmothers had throughout the years of trying to gain recognition and being comfortable in their own authority as a parent of the grandchild/grandchildren. It was through the discussion on their authority as a parent that I began to notice that these women would talk about recognizing their authority or capacity as the grandchild/ grandchildren's parent through tasks accomplished – being the parent, “because this is what I do”.

Being made the guardians and having the legal paperwork assisted the grandmothers when it came to dealing with the biological parents. The grandmothers would then have some form of authority in maintaining the safety of the grandchild/grandchildren when it came to daycares and schools. They spoke of how there was this fear of the parent showing up and taking the child at school or, as in one case, a biological parent showing up at parent teacher night and demanding information from the teachers. At times the biological parent would continue to try and gain back some form of control by making contact with the child/children especially when they became teenagers. This especially became a problem when the biological parent still had unresolved issues such as their continuing use of drugs and alcohol.

*Grandchild Rearing.* The grandmother's starting position as a second time parent is different from their first time parenting. Bowers & Myers (1999), discuss how grandmothers begin caregiving with children who have increased problems beyond the same developmental stages of other children. The sequence of time from first time parenting may be different when a grandchild/grandchildren has physical/mental health challenges. First time parenting may not have involved a child with behavioral problems or difficulties in school, whereas this may not be the case now. Also the methods of

parenting that worked before may have now changed. As discussed earlier on in this paper, these women can be caregivers for children in society who are “most-at-risk” during a time in their life when they need support (Milan & Hamm, 2003). These children that have additional challenges may require additional supports, resources and ongoing advocating for their needs.

The grandmothers talked about picking their battles; yet at the same time had to learn the new rules, as in what you can and cannot do when it comes to disciplining children. There is also a difference in the kind of peer pressure their grandchildren face, or the lack of respect children have when talking with adults or teachers. This may be different when compared to raising their children. One grandmother explains the differences in how there seems to be an acceptance for swearing in schools and the type of clothes children wear to high school. Technology was another area they talked about when it came to changes from first time parenting. Other researchers have found that grandparents need assistance to adjusting to a more toxic or contemporary society (Landry-Meyer & Newman, 2004).

Once the initial stage of determining the grandchild/grandchildren’s needs and gaining custody, it was found that these women then set to work in producing the desired effect of raising their grandchild/grandchildren through the efficacy of the tasks involved. Self-efficacy is also a means for these women to cope with the stresses of role conflict when they are able to handle the demands or tasks of second time parenting (Erdwins, Casper, & O’Brian, 2001). The grandmothers talked about the desired outcome of wanting their grandchild/grandchildren to have a stable environment so they can go through the normative stages of development. The discussion then turned to the tasks that

became a part of their second time parenting and the resources they required or that helped them in raising their grandchild/ grandchildren. They talked about their need for more trained professionals in this “role with no name”, to provide information, resources, and support in their various life roles and for their self-efficacy. The literature reviewed also supports what the women discussed as their needs in this role of second time parenting (Delman-Jenkins, Blankmeyer, Olesh, 2002; & Erdwins, Buffardi, et al, 2001).

The grandmothers talked about how negotiating with others changed from getting the grandchild/ grandchildren, to sharing interpersonal space with others who would be involved with their grandchild/ grandchildren. Sharing space, as discussed in the literature, was an ongoing struggle for these women as they would continuously have to explain their role within different contexts of being a parent for their grandchild/ grandchildren (Rosenthal & Gladstone, 2000; Glass & Honeycut, 2002). For some the shared space with Child Welfare stopped once the grandchildren came to live with them. They were now contextually defined as the grandmother of the child/children and they began parenting without the continuing support of Child Welfare. In the findings one single parent grandmother on a limited income discusses how Child Welfare refused her any assistance with the expensive formula that her grandchild required. She was raising two crack cocaine babies and when financial help was discussed she was “more or less” told that she is the grandmother and if she is unable to care for her grandchildren, then the children could be placed in a foster home. This is in keeping with the findings in how each of these women were required to educate or explain their parenting role as a means to assert the needs of the child/children.

The grandmothers' self-efficacy came with barriers to overcome but also with satisfactions gained in this new parenting role. The findings revealed that "others" were intricate in the involvement of the child/children. The grandmothers talked about how institutions such as schools, doctors, and community organizations became a key in assisting them to have the capacity to fulfill the grandchild/grandchildren's needs.

### *Resources for Grandmothers*

*Schools.* What became evident was that the schools were a valuable resource for these grandparents. Schools took on a whole different meaning for these second time parents. For most of these women the schools greatly assisted them in a different way from the first time they had their children in school. Quite often it is the school that assists a grandmother in identifying the resources a grandchild may require if the child had any mental or physical challenges. This could include arranging for a special needs bus or an Educational Assistant for the child. The grandmothers talked about how the schools helped educate them on the new curriculum, as this had changed since their children were in school. Principals and teachers also helped financially as in some cases with resources such as school supplies, Christmas donations, and with providing information for other resources in the community. The schools assisted in areas of transportation, and providing volunteer jobs. School personnel also helped educate grandmothers who found schools different from when their children went through the system such as, with the way children talk, dress and how they act. Often it was the principal who became the key in helping these women navigate themselves through a new unfamiliar system. In years past, these women may have had other young mothers to discuss parenting with but their friends are now out of this stage or as one grandmother put it "out of the loop".

There were also the grandmothers who talked about their experience with the schools as being frustrating as they addressed the physical and/or emotional challenges their grandchild may have. Some of these women talked about how in parenting this time, it was more of a task for them to advocate or as they would say “fight” for the needs of a child. One grandmother was told by the school that she would have to keep her grandchild who had disabilities at home for another year. This was due to the lack of a full time Educational Assistant being available for the child which made her incur further financial hardships. Another grandmother’s mentally and physically challenged grandchild had an Educational Assistant all through elementary school but was told there would not be a full-time Educational Assistant available for her grandchild when she goes to junior high. There are high rates of disabilities amongst grandchildren being cared for by their grandparents and this was supported in the Canadian literature reviewed (Fuller-Thomson, 2005b).

There were other childhood disorders that were discussed such as Attention Deficit Disorder. This compares with what the literature states in how grandmothers require current information on parenting practices and childhood disorders such as Attention Deficit Disorder (Dolbin-MacNab, 2006). They talked about the difficulties in finding the resources and staying on top of their grandchild’s changing education when the child/children got to high school. The transition to high school for most of these women meant they did not have the same type of connections with the school as they did in the child’s younger years. These grandmothers discussed how there was now more of an involvement with professionals for assessments required for their grandchild, counseling, tutoring or other additional supports like transportation or having an



Educational Assistant. There was also the negotiating of who had the authority with the school if the grandchild was in the care of Child Welfare while living with the grandmother. This became an issue when it came to who signs the school papers, application forms for sports teams or who attends the meetings. A social worker would often have to attend school meetings with the grandmother even though the grandparent was raising the grandchild.

*Doctor.* The next important resource for these women parenting again was their family physician. Many of these grandmothers did not have previous knowledge of the child's complete medical history. Most often the doctor becomes the first person who helps these women understand their capacity in parenting their grandchild. At times it would be the doctor with whom the grandmothers would discuss their concerns regarding their grandchild's health and welfare. It is the family doctor who may be asked about what to do if the child begins calling them "mommy". Doctors or professionals such as counselors can help affirm to the grandmother that they are the primary caregiver to the child so they are "mommy" or they are doing the "mommy stuff".

The doctor can also assist grandmothers to become knowledgeable of other resources such as, other supports in the community. In one case a grandmother was told about a local playgroup. Another grandmother discusses the support she received through a letter written by a doctor and how it affirmed what she had been doing in raising two mentally/physically challenged children. The letter encouraged her by saying that she was doing everything right and to keep doing it. When I met with her, I was fascinated by her creativeness and the wealth of knowledge she had gained through caring for two children dealing with the effects of their biological mother's crack cocaine addiction.

*Family Resource Center.* Another place that was discussed by some of these women was accessing their local Family Resource Center. One of the women frequently attended a clothing depot at a Family Resource Center to get clothes for her grandchildren but was not aware of programs she could attend. Another grandmother talked about the benefits she received in participating in programs at a Family Resource Center. She talked about how she did not see herself as a wise older woman having raised children before. The Family Resource Center helped her to connect with other mothers, gain up to date knowledge of new parenting practices and allowed her grandchild to play with other children. Since a Family Resource Center can be ideal in providing the much needed resources for these caregivers in their community, an area of study to look at is how grandmothers can be made aware of and gain access to these centers, or to the programs. It has to be said that I do have a bias in this area having been involved with a Family Resource Center and knowing the potential these centers can have in reaching out to these women, especially those living in rural Nova Scotia where there maybe limited resources.

*Early Intervention Programs.* Other programs such as First Step became a valuable resource for two of the grandmothers. They talked about how they learned new ways of attending to the needs for their grandchild/grandchildren. One participant talked about how she was learning about the new educational toys. As one grandmother stated it is “all new” this time around. Programs such as these are a benefit especially to those women who have grandchildren that are physically or mentally challenged and who are unable to attend programs outside the home. The women involved in these programs would talk about looking forward to the meetings held in their home. Programs such as this are imperative to assist grandmothers. Gibson, (2005) states that often grandchildren

come to their grandmothers not possessing age-appropriate developmental skills as their biological parents did not properly train them. It was also found that this program is effective for those living in rural Nova Scotia as the program takes place within the grandmother's home.

*Family Members.* Shared space would also be with other family members or as in one situation, the paternal grandparents. The grandmother discusses how they coordinate the grandchild's schedule together and how the grandchild is content with this arrangement. In this situation co-parenting between grandparents is about one grandparent providing day to day care of the grandchild while the other grandmother is involved in having designated times the child would stay at her home. At first this began as a means of protecting the child and then developed into both sets of grandparents becoming involved in addressing the needs of the grandchild. Some of these women talked about how they had other children that fulfilled a defined role in the grandchild/grandchildren's life. In one family an uncle took the role more of a surrogate father, ensuring his presence was constantly in the children's lives.

These women talked about how churches, service clubs, and neighbors all helped in some measure with resources that assisted them in providing for the needs of their grandchild. Two of the women acknowledged that the landlord provided affordable rent, and for others it was neighbors or a service club that assisted in locating a van, providing clothes, food, vouchers or free services, like mowing the lawn.

In the literature reviewed there was discussion on the direct effect of different social support for grandmothers' health and their psychological well being (Leder, Grinstead, & Torres, 2007); however with the grandmothers interviewed there was a lack

of consistency and gaps in what social networks provided so the impact of different social supports was hard to determine.

### *Constructions of a Dual Role*

It was through time, the sequence of events, and people involved which gradually helped these grandmothers interpret the experiences of their dual role of being a grandmother/mother. Each grandmother's interpretation of their second time parenting was reported as being different when compared to when they were mothers the first time. All of the women were cognizant of the effect on them in completing one life cycle of raising children from birth to adulthood. Their past parenting experience gave them a means of reflecting and learning from what happened before. This was not so much a means of changing how they were to parent this time round, but it became a foundation to provide a place to start from, and to learn more. Part of their understanding of second time parenting being different, was through the barriers they came upon, and the satisfactions they gained in this role.

It was found that the problems these grandmothers encountered and resolved, subsequently became their achievements, which also in turn gave them a feeling of satisfaction. It helped that they had knowledge from first time parenting to understand the timing involved in parenting and in child development. The knowledge of "parenting time" assisted these grandmothers in the efficacy of continuing on and in working towards their goal of meeting their grandchild/ grandchildren's needs.

As these women recanted their life stories, much of their inner conflict came from how others perceived them in this dual role. There were the societal constructions of being perceived in the grandmother role and not as a parent. They expressed the

difficulties they encountered in their lack of recognition of being in this primary parenting role as other grandmothers have noted before them (Landry-Meyer & Newman, 2004).

The need for recognition was not so much about what they are to be called or known as. It was the need to be understood and supported for the daily tasks they perform as a primary caregiver for these children - their true reality. Another concern talked about was how their grandchild/grandchildren may look at them for not being in the same "parenting age" as their friend's parents. The concern being that their grandchild/ grandchildren may be embarrassed of them when they get older.

The dual role of grandmother/mother was discussed in how others have the conception that resources and support are not required for them as grandmothers. It is assumed the daily tasks involved in being their grandchild/grandchildren's caregiver will be accomplished because they are the grandmother. The grandmother's talk about how they had to represent themselves as a parent which was different from first time parenting. In first time parenting they naturally had authority as a parent. This became apparent when they talked about Child Welfare and the courts. They discussed how in second time parenting they would have to prove themselves as being capable of parenting; however once the grandchild/grandchildren came to live with them, they were then perceived as the grandparent again with no continuing support from Child Welfare. The findings were similar in the literature of there not being ongoing support for most grandmothers as far as resources and financial assistance as caregivers. In one study it was found that more than 30% of Canadian grandparents or skipped generation of families had incomes under \$15,000 per annum, were not in the labor force and a high proportion were under 65 years of age (Fuller-Thomson, 2005b). In first time parenting,

all of the women who participated in this study worked; however there is only one grandmother who is still working outside the home. For most of these women there will not be that time after being caregivers for them to seek employment due to their age.

In constructing a new system of parenting, part of understanding the differences in second time parenting is recognizing and coming to terms with “the others” involved in a role that is not clearly defined. Role interpretation for these second time parents is more about their resilience in learning how they can protect, provide, and be the decision maker for their grandchild/ grandchildren. In discussion with these women on the differences concerning first time parenting versus second time parenting, I did not find their caregiving being actions of sacrifice but more from their love for these children and self-efficacy - here is the job that has to be done so let's do it.

*Grandmother's Personal Growth.* Part of understanding this new role of parenting for these women is how they saw their own personal growth. In our discussions, they talked about the positive changes that took place in themselves personally. One participant explained that time has made a difference in how she sees change. The things that would have upset her before do not seem as important, as she now knows change happens and is more willing to go along with change. Grandmothers discussed how in looking at the past they see differences in their parenting style. Some of the participants spoke about how having once experienced parenting they now can be more relaxed because they almost have a glimpse into the future. This is consistent with findings on grandmothers that were found in other studies (Dolbin-MacNab, 2006 & Callahan, Brown, MacKenzie, & Whittington, 2004). It was best stated when one grandmother talked about how this time she is now more relaxed in parenting because she now knows

that she does not have to get caught up in the little things. She talked about how such things as teaching a young child to use a fork is not important in the greater scheme of life because she already knows the outcome – children eventually do learn to use forks. This is important when looking at grandmothers from a strength based model as their previous parenting experience may assist in providing stability and calmness to children who have had relatively emotionally fragmented lives.

Besides recognizing a change in their interpretation of themselves as being a parent again, they talked about possibly having more patience this time. This is due to the knowledge they have from first time parenting. Others expressed about being more content and having peace because there is “more to do”. One participant talked about how she does not have to think about what to do each day because with caring for her grandchild there are more things or tasks to fill her day. Another grandmother talked about how things have gotten better for her. She saw this personal change in that she is “finally there.” In both of these situations there were partners that may have also impacted on these women’s caregiving experience. Potentially there may have been less financial and psychological strain as they were not parenting alone, which is concurrent to the findings in the literature reviewed (Bachman & Chase-Lansdale, 2005). Some of the participants discussed how they believed their experiences as caregivers for their grandchildren is a part of their purpose for living (Prucho, 1999; Delman-Jenkins & Blakemeyer, 2002 & Burton, 1992). For some participants it was through a personal faith in God and feeling they are taking on this role of parenting again as part of a greater purpose in life. In others it might have been a life event that helped them process the purpose for them to take on this role. One grandmother talks about having a positive

experience being raised as an adoptive child. She told of how this helped her in understanding herself in this role of raising her grandchild. There was also talk of reflecting back to what did not happen in their life and interpreting these situations as not happening so they could be in this caregiving role for their grandchild. In the interviews conducted, none of the grandmothers talked about having “shattered dreams” due to being in this caregiver role which was stated in other literature reviewed (Pruchno, 1999). Through focusing on the grandchild/grandchildren’s needs being met, the grandmothers appeared to gain a sense of satisfaction. For most older adults they lose a certain amount of connection to society by not being involved in certain daily tasks. The participants talked about how this second time parenting role gains them access, a means of staying on top of the changes in society as they grow older; a sense of still being a part.

The grandmother’s personal growth and satisfaction was described through what their grandchild/grandchildren accomplished or their achievements: a physically/mentally challenged child learning to tie her shoes; receiving a written note from a professional validating them as a caregiver to their grandchild; or the school graduation of a grandchild. Other sense of achievements came as they would successfully advocate for a child’s needs, whether it was with the schools, Child Welfare, or allocating resources. They talked about a sense of pride at what they were able to accomplish. I found the grandmothers discussions focused on their assessments of themselves and on others they would interact with. The majority of women stated that in parenting this time they do not have women their own age to discuss issues of raising children at this stage in their life.

*Aging and Health.* What became evident was age was always in the present of how these women viewed what they were doing. Age was discussed when they looked at their



health, how others viewed them in the parenting role, and how their grandchild looked at them. The participants interpreted health in comparison to what their health was like prior to their grandchild/ grandchildren coming to live with them and now that they were aging. The grandmothers did not talk about experiencing any changes in the number of health problems they have since their grandchildren came to live with them as was found in Bowers & Myers (1999). It was also discussed in the literature of grandmothers deemphasizing their physical and health problems in part due to their fear of Child Welfare taking their grandchild/grandchildren away if they had any health problems (Dellmann-Jenkins, Blankemeyer, & Olesh, 2002).

Some of the health issues mentioned were chronic health problems that were prevalent prior to the grandmother being in this caregiving role. These health issues were discussed as getting worse as they were aging - internal issues, back problems, arthritis, and asthma. Depression and the taking of medication was also mentioned but not elaborated on. It was stated that any form of changes in health take on a whole new meaning when providing care to a young child. Menopause was the one health issue some of the women discussed as being a different experience and not a part of first time parenting. The grandmothers discussed about having less sleep, which would make them tired the next day. There was some discussion of being unable to do things that they would have done when they were younger. The common health issue stated by the participants was their lack of energy as they age.

The Grandmother's health was also reflected upon when it came to fearing their own mortality and how any health issues would impact on how they provide care for their grandchild/ grandchildren. It has been suggested that interdisciplinary teams of healthcare

workers could provide support and programs designed to facilitate grandmothers in learning better social and physical functioning to help with their health issues (Whitley, Kelley, & Sipe, 2001).

Some of the women acknowledged that they worry for their grandchild's future especially if anything was to happen to them but then also minimize concerns of aging in the process of caregiving. For some of the grandmothers there was a future plan. They talked about purchasing life insurance or discussing with other family members a plan if something was to happen to them. There were others that did not talk about a plan but discussed their hope of "getting their grandchild" to their twenties. In other studies reviewed, recommendations were made on how policies and supports should reflect on the capacity and the needs of caregivers over time. One suggestion involved looking at joint guardianship, in where there is a plan which involves extended families or other meaningful people in the child's life (Callahan, Brown, MacKenzie, & Whittington, 2004).

*Friendships and Relationships.* Role construction was also reflective in the way grandmothers viewed friendships. Friendships were not discussed as being separated from them raising their grandchild/ grandchildren. These women talked about the difficulty of maintaining friendships with people their own age. They were raising children at a time that is not the normative time or "off-timed" for raising children (Erdwins, Buffardi, Casper, & O'Brien, 2001). One woman talked about how maintaining a friendship with a close friend was now difficult because she was back into the "mommy stuff" and they do not have as much to talk about any more. Relationships that were maintained often became telephone friendships and less about getting together. There were grandmothers

who told how friends will not come to their house now that they are raising a grandchild. One participant talked about having friends in her old life and now that she has a new life she is cognizant of who she is seen with so as not to give others, or Child Welfare concern for her raising her grandchild/grandchildren.

There was also discussion about not requiring the social interaction of going out and interacting with others. Those with partners talked less of requiring interaction with friends. The women who were single parents, on limited resources, with physically/mentally challenged children talked about how they would like to have an interest for themselves outside the home but do not have either the finances or childcare available. Another woman talked about the loss of a boyfriend because she took on the role of caregiver for her grandchild. She talked about not considering this as a loss as she saw her grandchild having greater needs than either of them.

*Name.* The lack of recognition for these women was not so much identifying who they are by name but what they are doing in the role as a primary parent. They did struggle with the name when it came to their grandchild naming them. For most they went through the stage of what to do when the child called them “mommy”. These women each talked about how they worked this problem through. For most it came through requiring validation from others, that it was fine for them to be called “mommy”. It helped for most of these women when they finally had someone tell them that they are the parent to these child/children. As discussed prior, usually the first time validation of being the child/children’s primary caregiver came for them when a professional told them that they are in the parenting role so they are the parent. In the literature it was discussed that grandmothers gained more centrality or clarity when they switched titles from

grandparent to parent which quite often included what they are called (Landry-Meyer & Newman, 2004). However in my findings the grandmothers did not appear to equate what they were called as important as to what the child needed to name them. Once a name had been established the grandmothers spoke about how they interpreted what their grandchild/grandchildren were calling them.

There were those who talked about still being called Grandmother or Nana and how the grandchild/grandchildren may use or say the name in a different way compared to the way their other grandchildren say the word. As one participant stated, “his Nan is more like Mom”, or the way the grandchild/grandchildren act when they call her by name. Grandmothers spoke on how in the beginning they tried to correct the child when they called them mommy because of the problems it caused when the biological mother was present. Two of the grandmothers did not find what they were called as disconcerting as the grandchildren going to school with different last names. One participant changed the last names of her grandchildren so they would be a family with the same last name. Another grandmother is seeking legal advice so her two grandchildren can have the same last name.

For those women who were also grandmothers to other grandchildren who are not living with them, they talked about how they have a defined role of being a grandmother to these children. They discussed that the struggle for them comes when they are all together and in defining their role with the grandchild who lives with them and their other grandchildren who do not. Defining oneself by name appeared not as much an issue as constructing and defining their role for themselves and with others.

*Summary*

Grandmothers as second time parents, involves experiencing multiple realities that constantly change. The mental constructions the grandmothers form in this caregiving role are directly in relationship to the tasks performed and the relationships they form with “others” as they care for their grandchild/grandchildren. The grandmothers find satisfaction and meaning to this caregiver role as they continue to develop their own self-efficacy in meeting the needs of their grandchild/ grandchildren.

The grandmothers gain meaning to the multiple realities they live through the process of time. The women’s stories as a second time parent were described through their understanding and knowledge of the past and why their grandchild came to live with them; the present and the challenges they were facing as a second time parent; and then the concerns for their grandchild/grandchildren’s future as they continue to be caregivers.

Second time parenting is about tasks completed and learning how to navigate through different systems to produce the desired outcome for the grandchild/grandchildren. Authority as a grandparent in a parent role is a process. Recognition as a parent in this role is not immediate as it was in first time parenting. It takes time to gain recognition in this parent role with the schools, community, friendships, and with other family members. The ability to parent again is also scrutinized by others. All of these parents were assessed in some way, formally or informally, in their capacity to parent. In this study each of the seven participants at some point in the process of becoming second time parents had involvement with Child Welfare and the courts.

There are no clear guidelines or policies for second time parenting because there is no clear definition of their role. Each of these grandmothers had different experiences

with Child Welfare and the courts. For some of the grandmothers they had no further involvement with Child Welfare and the courts once they gained custody. For them, the expectation became as the child/children's grandmother they should not require support because this is a choice on their part. The second scenario was if their grandchild/grandchildren were first taken into care. It then became the grandparent's responsibility to prove to Child Welfare that 1) they can parent (Kinship Foster Care) if their grandchild is apprehended and Child Welfare are their guardians 2) to ensure their parenting is above discretion as their parenting is now being assessed and monitored. Within this situation the decision for some grandparents is to not request support once they become caregivers for their grandchild/grandchildren. There is the concern that their grandchildren could be taken away from them if their actions are perceived as doing something not in the best interests of their grandchild/ grandchildren. I believe this was in part, why it was so difficult to locate participants for this study.

There are many different issues and barriers these women have to contend with that are different from their first time parenting; however there is a side of this continuum where they also interpret this role as giving them greater life satisfaction. These participants talked about their different involvements through raising child/children helped them feel connected again to a broader society. There was also the sense of increased feelings of self-worth through the capacity of changing things and achievements accomplished for themselves and their grandchildren. The grandmothers tell a story of meaningful living as they go through the aging process which may assist in giving them a better outlook on living healthier lifestyles.

### *Limitations*

The limitations of this study are that only seven grandmothers were interviewed. With the differences I found in the experiences of these seven grandmothers, I feel there is so much more to learn. I was unable to locate grandmothers who were in the role of caregiver for their grandchild amongst African Nova Scotia grandmothers as I first intended. I was graciously helped each time I made different contacts but neither the contacts, nor the posters, nor did the introduction letters produce any interviews. A reason given to me was that there are more grandmothers who are involved conjointly parenting with the biological parent. This entailed either the biological parent living in the home or outside the home, but still a part of the child/children's life.

Two of my participants were married at the start of taking their grandchild and both husbands were at home with the grandchild for a period of time while the grandmothers worked. It is unknown the impact the grandfather also had on the grandchild or how their experience impacted on the grandmother's role as a parent.

The other limitation of this research project is in not knowing how the grandchildren experienced being parented by a grandparent. I feel it would be of value to research older children who have been raised by their grandparents without a biological parent present. This would help to understand their experience in light of any gaps they see in the systems they are involved with and where changes could assist them.

### *Recommendations*

In looking at the recommendations to be made for this master thesis, I tried to look at this opportunity from the defined gaps reported by the participants in their difficulties.

The efficacy of these women to produce their desire of raising healthy child/children to adulthood is reliant on support and resources.

*Trained Professionals.* There is a need for more collaborative dialogue and multi-disciplinary team work amongst professionals in Nova Scotia to assist grandmothers taking on this “crucial” role as second time parents. Professionals such as teachers, principals, doctors, counselors, social workers, lawyers are quite often the initial contacts when these women seek out information to help them through the various stages of being the grandchild/ grandchildren’s caregiver. As these second time parents do not fit the normal social constructs of being a parent, professionals require up-to-date knowledge so they can provide relevant information and direction towards the resources available.

*Child Welfare and the Legal System.* Due to the varying experiences the grandparents can have when they are involved with Child Welfare and the courts, I believe more education and training is required in both of these areas. Grandmothers require help in knowing how to access information in a timely manner concerning all aspects of their caregiving involvement with their grandchildren. This would begin when they first have knowledge that their grandchild/ grandchildren are at risk of being harmed. The role Child Welfare plays can be key in minimizing the risk factors of emotional or physical abuse to the grandchild. Child Welfare can also be a valuable resource to the grandmother in knowing when their involvement is required to minimize any risk to children. Grandmothers require more information on how to report a concern and then how to navigate through different parts of the system to ensure their grandchild/grandchildren are kept safe.



As most of these grandparents are on limited income they require easy access to legal information and financial assistance with regards to going to court. They also require clearer guidelines in things such as writing affidavits if they have to represent themselves. The benefits for grandmothers will be in helping them better understand themselves and assist them in knowing where to get help in court documentation, financial assistance ( i.e. child tax benefit, assistance with physically/mentally challenged children), and community resources.

*Policies.* Grandparents as second time parents should be included when policies are reviewed and changed to address such things as subsidized daycare spaces, respite for grandparents, medical and dental insurance policies, financial assistance, and their signing authority for their grandchild/grandchildren, as in schools and programs.

*Financial Assistance.* Another area to address is the financial hardships placed on grandparents or those on a fixed income. Grandparents need to be included in policy improvement when models are being developed to support and provide financial assistance for caregivers as was discussed in other research (Keefe & Fancy, 1998; Prunchno, Patrick, & Burant, 1996). Kinship care policies under foster care may not address the different needs and support older women require who are caregiving for a vulnerable population of children. Other best practice service models that are being developed in relative kinship care should be reviewed as in such countries as Australia.

*Programs.* Another area to explore further and build programs on, is a strength induced model to gain further understanding on what are the indicators of why some grandmothers see this role as being purposeful, how do they make it work creating satisfaction in their life, and what are the resources they require. Developing programs

should be inclusive of grandmothers and various professionals. This will assist to maximize community awareness of this role and through the inclusion of the “others” also help to promote successful outcomes.

### *Future Research*

Future research would be valuable on older grandchildren who have been raised by a grandmother. Their understanding would assist in how they view the process in coming to live with their grandparent and ongoing involvement. More research is required on grandparents who are raising their grandchildren conjointly with the biological parents either in, or out of the grandparent’s home. Another area to look at is the grandfathers’ role in raising grandchildren and how they interpret their experience of second time parenting. As family structures continue to change, cooperative parenting involving other relatives is another area to research. A further area to research would be different race and ethnicity of women in this second time parenting role. In studies already conducted in Canada it was found there is a high prevalence of grandparent caregiving among First Nations and Black Canadians (Fuller-Thomson, 2005b; & MacDonald, 2007)

Second time parenting for these participants is coinciding with the physical changes that are happening to them through aging. In this study the grandmothers reported enjoyment of remaining active and that the role helped them stay young. This would be another area to explore in light of seniors remaining active versus a more sedentary way of life. As the women in this study minimized any health concerns it would be beneficial to study these grandmothers again from a strength based model to understand what helps them feel engaged and active in life. This may assist in

understanding how they interpret their outlook on their health which may in turn help other seniors in understanding activity in the aging process. In looking at the output of tasks performed in conjunction with age and health, it will also assist different sectors to understand various types of supports required for these second time parents.

In conclusion, as family structures continue to change and the stability for children within families becomes an even greater challenge, policies will need to continually evolve to reflect these changes. In this situation, it is aging women who are remaining actively engaged in society through providing a valuable service of being caregivers to some of the “most at risk” children. In researching the grandmothers through their story telling within an interpretive constructive framework, it was found these women interpreted their experience as giving them life satisfaction as they see themselves in a purposeful role as they aged.

References

- Bachman, H. J., & Chase-Lansdale, P. L. (2005). Custodial grandmothers' physical, mental, and economic well-being: Comparisons of primary caregivers from low-income neighborhoods. *Family Relations*, 54(4), 475. doi:10.1111/j.1741-3729.2005.00334.x
- Ballard, S. & Morris, M. (2005). Factors influencing midlife and older adults' attendance in family life education programs. *Family Relations*, 54, 461-472. doi:10.1111/j.1741-3729.2005.00331.x
- Bohne, A., Musil, C., Burant, C., & Warner, C. (2004). Predictors of depressive symptoms among grandmothers caring for their grandchildren. *The Gerontologist*, 44(1), 278.
- Bowers, B. F., & Myers, B. J. (1999). Grandmothers providing care for grandchildren: Consequences of various levels of caregiving. *Family Relations*, 48(3), 303-311. doi:10.2307/585641
- Bullock, K. (2004). The changing role of grandparents in rural families: The results of an exploratory study in southeastern North Carolina. *Families in Society*, 85(1), 45.
- Burnette, D. (1999). Social relationships of latino grandparent caregivers: A role theory perspective. *The Gerontologist*, 39(1), 49.
- Burton, L. M. (1992). Black grandparents rearing children of drug-addicted parents: Stressors, outcomes, and social service needs. *The Gerontologist*, 32(6), 744.

- Burton, L. M., Dilworth-Anderson, P., & Merriwether-deVries, C. (1995). Context and surrogate parenting among contemporary grandparents. *Marriage & Family Review*, 20(3-4), 349.
- Burton, L., & Devries, C. (1992). Challenges and rewards: African american grandparents as surrogate parents. *Generations*, 16(3), 51.
- Callahan, M., Brown, L., MacKenzie, P., & Whittington, B. (2004). Catch as catch Can1. *Canadian Review of Social Policy*, (54), 58.
- Charmaz, K. (2000). Grounded theory: Objectivist and constructivist methods. in N.K. Denzin & Y.S. Lincoln (eds.), *Handbook of qualitative research*.(Second Edition), 509-535.
- Children's Defense Fund & Cornerstone Consulting Group. (2003). Expanding permanency options for children: A guide to subsidized guardianship programs.
- Cox, C. B. (2003). Designing interventions for grandparent caregivers: The need for an ecological perspective for practice. *Families in Society*, 84(1), 127.
- Dellmann-Jenkins, M., Blankemeyer, M. & Olesh, M. (2002). Adults in expanded grandparents roles: Considerations for practice, policy and research. *Educational Gerontology*, 28, 219-235. doi:10.1080/036012702753542526
- Dolbin-MacNab, M. L. (2006). Just like raising your own? Grandmothers' perceptions of parenting a second time around. *Family Relations*, 55(5), 564. doi:10.1111/j.1741-3729.2006.00426.x

- Doucette-Dudman, D & LaCure, J. R. (1996). *Raising our children's children*. Minneapolis: Fairview Press.
- Erdwins, C.J., Buffardi, L.C., Casper, W.J. & O'Brien, A.S. (2001). The relationship of women's role strain to social support. *Family Relations*, 50, 230-238. doi:10.1111/j.1741-3729.2001.00230.x
- Fontana, A. & Frey, J. (2000). The interview: From structured questions to negotiated text. In N.K. Denzin & Y.S. Lincoln (Eds.), *Handbook of qualitative research* (pp. 645-672). Thousand Oaks, CA: Sage.
- Fuller-Thomson, E. (2005). Canadian First Nations Grandparents raising grandchildren: A portrait in resilience. *The International Journal of Aging and Human Development*, 60,(4), 331-342.
- Fuller-Thomson, E. (2005b). Grandparents raising grandchildren in Canada: A profile of skipped generation families. *SEDAP Research Paper No. 132*. Hamilton, Ontario: McMaster University.
- Fuller-Thomson, E., Minkler, M., & Driver, D. (1997). A profile of grandparents raising grandchildren in the united states. *The Gerontologist*, 37(3), 406.
- Gattai, F. B., & Musatti, T. (1999). Grandmothers' involvement in grandchildren's care: Attitudes, feelings, and emotions. *Family Relations*, 48(1), 35. doi:10.2307/585680
- Gibson, P. A. (2005). Intergenerational parenting from the perspective of african american grandmothers. *Family Relations*, 54(2), 280.

- Gibson, P. A. (2002). Barriers, lessons learned, and helpful hints: Grandmother caregivers talk about service utilization. *Journal of Gerontological Social Work*, 39(4), 55.  
doi:10.1300/J083v39n04\_05
- Gibson, P. A. (2002b). Caregiving role affects family relationships of african american grandmothers as new mothers again: A phenomenological perspective. *Journal of Marital and Family Therapy*, 28(3), 341. doi:10.1111/j.1752-0606.2002.tb01191.x
- Glass, J. C. & Huneycutt, T.L. (2002). Grandparents raising grandchildren: The courts, custody, and educational implications. *Educational Gerontology*, 28, 237-251.  
doi:10.1080/036012702753542535
- Guba, E. (1990). The Aternative Paradigm Dialogue. In E. Guba & Y.S. Lincoln (Eds.), *The Pardigm Dialogue*, (pp.17-30). Thousand Oaks, CA: Sage.
- Guba, E. & Lincoln, Y (1989). *Fourth Generation Evaluation*. Newbury Park, CA: Sage.
- Gubrium, J. & Holstein, J. (2000). Analyzing Interpretive Practice. In N.K. Denzin & Y.S. Lincoln (Eds.), *Handbook of Qualitative Research* (pp. 487-508). Thousand Oaks, CA: Sage.
- Hayslip, B., Jr, Shore, R. J., Henderson, C. E., & Lambert, P. L. (1998). Custodial grandparenting and the impact of grandchildren with problems on role satisfaction and role meaning. *The Journals of Gerontology*, 53B(3), S164.

- Janesick, V. (2000). The choreography of qualitative research design: Minuets, improvisations, and crystallization. In N.K. Denzin & Y.S. Lincoln (Eds.), *Handbook of Qualitative Research* (pp. 379-399). Thousand Oaks, CA: Sage.
- Jendrek, M. P. (1994). Grandparents who parent their grandchildren: Circumstances and decisions. *The Gerontologist*, 34(2), 206.
- Kahana, B., & Kahana, E. (1970). Grandparenthood from the perspective of the developing grandchild. *Developmental Psychology*, 3(1), 98-105.  
doi:10.1037/h0029423
- Keefe, J.M. & Fancey, P.J. (1998). *Financial compensation versus community supports: An analysis of the effects on caregivers and care receivers*. Mount Saint Vincent University: Halifax, NS.
- Kivnick, H.Q. & Sinclair, M. (1996). Grandparenthood. *Encyclopedia of Gerontology*, 1, 611. Minnesota: University of Minnesota
- Kivnick, H. Q. (1983). Dimensions of grandparenthood meaning: Deductive conceptualization and empirical derivation. *Journal of Personality and Social Psychology*, 44(5), 1056-1068. doi:10.1037/0022-3514.44.5.1056
- Komhaber, A. & Woodward, K. (1991). *Grandparents/Grandchildren: The vital connection*. New Brunswick (U.S.A.): Transaction Publishers.
- Kvale, S. (1996). In Viriding A. (Ed.), *Interviews: An introduction to qualitative research interviewing*. Thousand Oaks, London, New Delhi: Sage Publications, Inc.



- Landry-Meyer, L., & Newman, B. M. (2004). An exploration of the grandparent caregiver role. *Journal of Family Issues*, 25(8), 1005-1025. doi:10.1177/0192513X04265955
- Landry-Meyer, L. (1999). Research into action: Recommended intervention strategies for grandparent caregivers. *Family Relations*, 48, 381-389. doi:10.2307/585245
- Law Reform Commission of Nova Scotia. (2007). *Grandparent-grandchild : Access : Final report*. Halifax, N.S.: Law Reform Commission of Nova Scotia. Retrieved from <http://www.lawreform.ns.ca/Downloads/GrandparentFinal.pdf>
- Leder, S., Grinstead, L. N., & Torres, E. (2007). Grandparents raising grandchildren: Stressors, social support, and health outcomes. *Journal of Family Nursing*, 13(3), 333. doi:10.1177/1074840707303841
- Lincoln, Y.S. and Guba, E.G. (1985). *Naturalistic Inquiry*. Newbury Park London, New Delhi: Sage Publications, Inc.
- MacDonald, N. M.,J. (2007). Reflections of a mi'kmaq social worker on a quarter of a century work in first nations child welfare. *First Peoples Child and Family Review*, 3(1)
- Milan A, Hamm., B. (2003). Across the generations: Grandparents and grandchildren. Statistics Canada: *Canadian Social Trends* (11-008).

- Minkler, M., & Fuller-Thomson, E. (2005). African American grandparents raising grandchildren: A national study using the census 2000 American community survey. *The Journals of Gerontology*, 60B(2), S82.
- Minkler, M., Driver, D., Roe, K., & Bedeian, K. (1993). Community interventions to support grandparent caregivers. *The Gerontologist*, 33, 807-811.
- Minkler, M., Row, L. M., & Price, M. (1992). The physical and emotional health of grandmothers raising grandchildren in the crack cocaine epidemic. *Gerontologist*, 32(6), 752-761.
- Muldoon, Paul (2003). Grandparents Raising Grandchildren in Simcoe County. Report prepared by: PGM Consulting & Training Services. Simcoe: Ontario. Retrieved from: <http://www.cangrands.com/printpages/grgrfinalreport2003.pdf>
- Musil, C. M., Warner, C. B., Zauszniewski, J. A., Jeanblanc, A. B., & Kercher, K. (2006). Grandmothers, caregiving, and family functioning. *The Journals of Gerontology*, 61B(2), S89.
- Musil, C. M. (2000). Health of grandmothers as caregivers: A ten month follow-up. *Journal of Women & Aging*, 12(1-2), 129. doi:10.1300/J074v12n01\_09
- Nichols, A., Cobb, N., & Harbert, L.L. (2008). The response of custodial care networks to the needs of custodial grandparents and their adult children: A framework based on four caregiving situations. *Journal of Intergenerational Relationships*, 6 (3).

O'Leary, Z. (2004). *The essential guide to doing research: Skills and strategies*.

Thousand Oaks, California: Sage.

Olesen, V. (2000). Feminisms and qualitative research at and into the millennium. In

N.K. Denzin & Y.S. Lincoln (Eds.), *Handbook of qualitative research* (pp. 215-255). Thousand Oaks, CA: Sage.

Pruchno, R. A., & McKenney, D. (2002). Psychological well-being of black and white grandmothers raising grandchildren: Examination of a two-factor model. *The Journals of Gerontology*, 57B(5), 444.

Pruchno, R. (1999). Raising grandchildren: The experiences of black and white grandmothers. *The Gerontologist*, 39((2)), 209-221.

Pruchno, R. A., Patrick, J. H., & Burant, C. J. (1996). Aging women and their children with chronic disabilities: Perceptions of sibling involvement and effect on well-being. *Family Relations*, 45(3), 318. doi:10.2307/585504

Rosenthal, C. J., Gladstone, J. W., & Vanier Institute of the Family. (2000).

*Grandparenthood in Canada*. Ottawa: Vanier Institute of the Family.

Schwandt, T. (2000). Three epistemological stances for qualitative inquiry:

interpretivism, hermeneutics, and social constructionism. In N.K. Denzin & Y.S.

Lincoln (Eds.), *Handbook of qualitative research* (pp. 509-535). Thousand Oaks, CA:

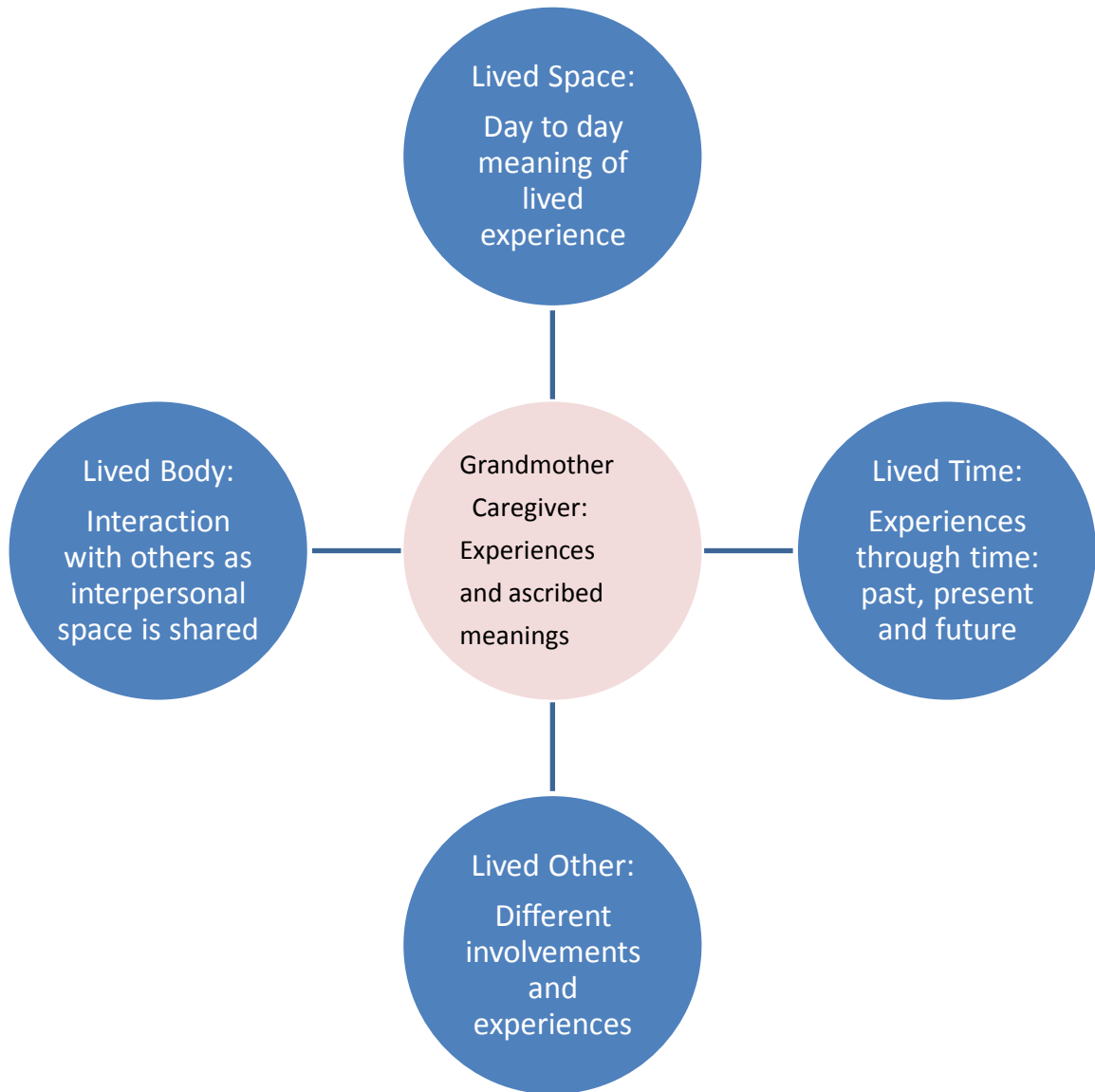
Sage

- Scott, K. W. (2004). Relating categories in grounded theory analysis: Using a conditional relationship guide and reflective coding matrix. *The Qualitative Report*, 9(1)113.
- Smith, D. E. (1981). *The experienced world as problematic: A feminist method*.  
Saskatoon: University of Saskatchewan.
- Statistics Canada. (2007). *Age group of child(12), number of grandparents (3) and sex(3) for the grandchildren living with grandparents with no parent present, in private households of Canada, Provinces and Territories*. 2006 Census – 20% Sample Data (table). Ottawa: Statistics Canada. Retrieved from <http://www12.statcan.ca/english/census06/data/topics>
- Statistics Canada (2003). *Age Groups (12B), number of grandparents (3A) and sex (3) for grandchildren living with grandparents with no parent present, for Canada, Provinces and Territories*. 1991 to 2001 Censuses – 20% Sample Data (table). Ottawa: Statistics Canada. Retrieved from <http://www12.statcan.ca/english/census01/products/standard/themes>
- Strauss, A. & Corbin, J.M. Basics of qualitative research (1998). *Basics of qualitative research : Techniques and procedures for developing grounded theory* (3rd ed.). Los Angeles: SAGE Publications.
- Supporting Grandparents Raising Grandchildren (2007). *Resource Booklet*: Prepared by University of British Columbia. Retrieved from: [http://www.parentsupportbc.ca/GRG\\_2nd\\_Mar16\\_07.pdf](http://www.parentsupportbc.ca/GRG_2nd_Mar16_07.pdf)

- Van Manen, M. (1990). In Smith P. L. (Ed.), *Researching lived experience: Human science for an action sensitive pedagogy*. State University of New York Press: The Althouse Press, Faculty of Education, The University of Western Ontario.
- Van Peursen, C. A. (1972). In Van Melsen, Andrew G. and Koren, Henry J. (Ed.), *Phenomenology and Reality* (First Printing ed.). Pittsburgh, PA: Duquesne University Press.
- Whitley, D. M., Kelley, S. J., & Sipe, T. A. (2001). Grandmothers raising grandchildren: Are they at increased risk of health problems? *Health & Social Work*, 26(2), 105.

**Appendix A**

**Framework of Existential Themes or Categories of Experience \***



\*Framework of Existential Themes or Categories employed from Van Manen's book, *Researching Lived Experience: Human Science For An Action Sensitive Pedagogy* (1990).

**Appendix B**  
**Proposed Interview Guide**

**Questions: Tell me about your experiences as a grandmother parenting a child.**

**1) Can you tell me about yourself?**

- How would you describe yourself?
- How do you think others would describe you: friends, children, grandchildren?
- Are there any differences between how you would describe yourself now and prior to being primary care giver for your grandchild(ren)?

**2) Describe your grandchild/grandchildren who are living with you.**

- What are some of the difficult or stressful experiences about parenting your grandchild/grandchildren?
- What are some of the rewards or successful experiences about parenting your grandchild/grandchildren?
- What is a day/week like as far as tasks and activities for you and your grandchild(ren)?

**3) Tell me about your other family members**

How would you describe each of them and are there things about your family that makes taking care of your grandchild/grandchildren a more difficult or successful experience?

- Partner/husband/significant other
- Adult children in the home
- Adult children outside the home
- Parents of grandchild(ren)
- Grandchild(ren) outside the home

**4) Tell me about the circumstances that brought your grandchild(ren) to live with you?**

- What were the events leading up to your grandchild(ren) coming to live with you?
- Did the parents agree for the child(ren) to live with you or was it involved through the court process?
- Describe what are the arrangements that have been for your grandchild(ren) to be living with you?

**5) What is your relationship with others since your grandchild(ren) have come to live with you and has there been any changes in these relationships?**

- Friends
- Family members
- Community organizations – schools, church/religious organizations, community/social groups.

**6) How would you describe your health?**

- Are there any physical or mental challenges that you are experiencing now or in the past?
- Were there any changes in your health since you became caregiver of your and child(ren)?
- Describe your overall well-being and explain if you see any challenges in the future.

**7) Describe any beliefs or beliefs as a parent that have made care giving for your grandchild/grandchildren easier or difficult.**

**8) Tell me about any experiences that may have caused you challenges or satisfactions as a parent to your grandchild(ren).**

Challenges and/or Satisfactions with:

- Grandchildren
- Adult children
- Community organizations or other relationships

**9) Can you tell me about your involvement within the community?**

- Describe any supports you have or are available to you in the community.
- Do any of these resources make parenting your grandchildren easier?
- What role do any community or religious organizations play in your life or your grandchild(ren) e.g. schools, church, community groups?
- Do you receive any help or financial support with your grandchild(ren)?
- If you are involved with a lawyer or Family Court, what has your experience been as the grandparent in a parenting role?

**10) What does it mean to you to be parenting your grandchild(ren)?**

- Do you see yourself in the role as a parent or grandparent and what does this mean to you?
- Tell me about what is like to parent young children a second time around.



## Appendix C

### Introduction Letter

#### Recycled Motherhood: The Lived Experiences of Grandmothers Parenting Their Grandchildren

Dear Madam,

Date:

I am a graduate student in the department of Family Studies & Gerontology at Mount Saint Vincent University. As part of my Master of Family Studies & Gerontology degree, I am conducting research under the supervision of Dr. F. Eghan, and I am inviting you to participate in my study of **grandmothers who are raising their grandchildren.**

The purpose:

The purpose of this study is to gather information to help generate an understanding of the everyday experiences and what these experiences mean to women who are parenting their grandchildren.

Importance of Study:

There has been multiple research projects completed in the United States but there is limited research on grandmothers here in Canada on this topic. My intention is to interview women in rural Nova Scotia who are parenting their grandchildren without a biological parent present in the home. In this region, there is information required on how grandmothers are experiencing parenting again, what are the challenges or satisfactions of raising their grandchildren, and are there any age related concerns as far as their health or health issues with their grandchildren. It is important to learn first hand from women who are parenting another generation of children on what are their challenges and satisfactions experienced now and are there any concerns they have for changes that might happen in the future. The information given by each grandmother will be beneficial in assisting further research or developing programs or resources that are supportive for them.

Agreement and Confidentiality Information:

If you agree to participate, you will receive a phone call to arrange a meeting place and a time that is convenient for you during the months of June and July, 2009. The interview will be approximately 60-90 minutes in duration and it will be tape-recorded. The main focus of the interview will be you discussing your experience and your stories of raising your grandchildren. To assist in this interview there will also be an interview guide with questions to be asked as required. The questions will be in relationship to grandchildren, children, health, finances, education/schooling, housing, community involvement, resources and the challenges and satisfactions of parenting again. You as a participant can stop the interview at any time or refrain from answering any questions. You are able to withdraw from this process at any time and you are under no obligation to continue.

All information received during this study is kept confidential. Your name will not appear on any documentation, audio-tapes, or presentations. At the beginning you will be given a pseudonym name and all materials will also be coded by this researcher. The

audio tapes will be heard by this researcher and a transcriber who will also adhere to the requirements of maintaining confidentiality. All reference notes, journals, audio-tapes and any other identifying materials will be destroyed within the five year limitation. At any time you deem it necessary for this to happen

sooner or you have any questions on how this study is being conducted, you may contact the following: Chair of the University Research Ethics Board (UREB) c/o MSVU Research and International Office, via e-mail at [research@msvu.ca](mailto:research@msvu.ca) or telephone (902) 457-6296.

Thank you for your consideration to be a participant in this project. Please contact me via e-mail [jacherder@eastlink.ca](mailto:jacherder@eastlink.ca) or telephone (902) 861-4814 if you have any questions or are willing to confirm your interest in participating.

Sincerely,

Jackie Herder

## Appendix D

### Consent Form

#### ***Recycled Motherhood: The Lived Experiences of Grandmothers Parenting Their Grandchildren***

My name is Jackie Herder and I am a graduate student in the department of Family Studies & Gerontology at Mount Saint Vincent University. As part of my Master of Family Studies & Gerontology degree, I am conducting research under the supervision of Dr. F. Eghan, and I am inviting you to participate in my study of grandmothers who are raising their grandchildren. The purpose of this study is to gather information to generate an understanding of the lived experiences and the meanings women interpret from raising their grandchildren. Through knowledge gained and fact based evidence received, further research can be conducted along with advocacy for implementing supports, programs, and required policy changes.

I \_\_\_\_\_, agree to take part in this study of Recycled Motherhood: The Lived Experiences of Grandmothers Parenting Their Grandchildren.

I understand that participation in this study will be conducted through an in depth interview where questions will be asked and the information will be taped-recorded. These questions will be in relationship to intergenerational parenting and will include discussions concerning myself, grandchildren, and children.

I understand that the interviews will be conducted for duration of 60-90 minutes and will be conducted at a time and place of my choosing.

I understand that the interview and the information received will be held in confidence and the above researcher and a transcriber will be the only persons to have access to any identifying information. All specific comments and answers will be kept confidential. I understand that my name will not be identified and a pseudonym and codes will be used on any reports and presentations. I do understand that even though every effort to ensure my identity is protected there is still a risk I may be identified through the information I have provided for the research results. I understand that I will be given the opportunity to review the transcripts to change any identifying or interpreted information I require removed or changed.

If you have any questions about this study, please contact Jackie Herder, at (902) 861-4814, and [jacherder@eastlink.ca](mailto:jacherder@eastlink.ca). All taped transcripts will kept for a period of five years or can be destroyed at the request of the participant by contacting the above researcher. This research project has met the ethical standards of the University Research Ethics Board at Mount Saint Vincent University. If you have any questions or concerns about this study and wish to speak with someone who is not directly involved with this study, you may contact the University Research Ethics Board, by phone at (902) 457-6350 or by e-mail at [research@msvu.ca](mailto:research@msvu.ca).

---

By signing this consent form, you are indicating that you fully understand the above information and agree to participate in this study.

\_\_\_\_\_  
Participant's signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Researcher's signature

\_\_\_\_\_  
Date

## CONSENT FOR AUDIO-TAPING

I understand that the interview will be audio-taped.

\_\_\_\_\_  
signature of participant

\_\_\_\_\_  
name of participant (print)

\_\_\_\_\_  
date signed

\_\_\_\_\_  
signature of researcher

\_\_\_\_\_  
date signed

**One signed copy to be kept by the researcher, one signed copy to the participant**

**Appendix E**  
**GRANDMOTHERS RAISING GRANDCHILDREN**



**An Invitation for Grandmothers to Participate:**

**Interviews Will Be Conducted With Grandmothers Who Are:**

- ✚ Grandmothers who are raising a grandchild or grandchildren
- ✚ Child's parent is not living in the home.
- ✚ Responsibility of at least one grandchild under the age of six

The objectives of this study are to understand the experiences and the meanings grandmothers attribute to being a parent to their grandchildren.

For further information:

Contact: Jackie Herder, (902)861-4814 or e-mail:

[jacherder@eastlink.ca](mailto:jacherder@eastlink.ca)