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GRANDMOTHERS AS CHILD CAREGIVERS: A UNIQUE CHILD CARE ARRANGEMENT

kathy l. reschke & susan k. walker

In this paper, we draw attention to grandmothers who provide child care and the parents and children they serve, by sharing the results of our study of a group of employed mothers who used grandmother care on a regular basis. These mothers were particularly challenged in finding child care and in achieving family well-being because they were functioning on limited incomes and lived in rural communities where resources and services are scarce. Although their experiences cannot represent those of all mothers who use grandmother care, they are valuable in understanding the perspective of many women with few feasible options who depend on this type of care.

The women in our research were participants in *Rural Families Speak*, a large-scale study in which more than 400 mothers in 15 states were interviewed about many aspects of family life. The goal was to assess low-income families' well-being in a post-welfare reform era. The participants were recruited through the Women, Infants, and Children Feeding Program, as well as other programs that serve families with limited resources.

For our sample, we selected 42 working women who named their own mothers as their regular child care providers. All of them were poor, with average monthly incomes of approximately \$1,000. Two thirds (28) were non-Hispanic Whites; the remainder were African American (7), Hispanic (5), Asian (1) and multi-ethnic (1), a distribution that is similar to the national breakdown of families at or below 100% of the federal poverty line (U.S. Census Bureau, 2002). Participants' ages ranged from 18 to 43, with an average of 25. Approximately four in ten (18) lived with their mothers. Most of the women were single: only 12 were married or living with a partner. On average, they had slightly under two children; two-thirds of these children were under six. Forty-five percent of the mothers had a high school diploma or GED; 19% had less than a high school education. Of the 34 women who reported an average number of work hours per week, 44% worked part-time (less than 35 hours per week); fifteen women reported that their work hours varied from week to week, and seven were working two jobs.

“It’s Always Mom, No Matter What”: The Practical Benefits of Grandmother Care

Of the practical aspects of grandmother care that mothers appreciated, the most striking was flexibility. Grandmothers often provided child care during nontraditional work hours, when mothers' work schedules were unpredictable, and when children were ill. Grandmothers provided help with transportation, meals, baths, and other physical necessities. Typically, these grandmothers were only caring for their own grandchildren, so they could accommodate families' variable schedules, includ-

ing providing care during school holidays and summer or when emergencies arose. Ellie*, the mother of two young boys, summarized it well: “Whatever time we work, she watches them.”

The physical nearness of grandmothers to their daughters added to the flexibility. Kewona’s description of coping with a common emergency—a sick child—provided an example of the unique benefit of having a co-resident grandmother: “When she’s sick and I have to go to sleep, [my daughter] sleeps with my mother because my bedroom is downstairs and my mother’s is upstairs. So to make sure she’s all right, I tell my mother to let her sleep with her.” Several other women mentioned the convenience of having their mothers living next door, down the street, or in the same town. Their proximity may have increased the degree to which mothers relied on them for most, if not all, child care needs. The only times grandmothers weren’t available to provide care was when they were working outside the home and on occasions when they were ill or otherwise physically unavailable.

Another benefit of grandmother care was financial. The provision of child care within these families is likely one of many intergenerational transfers of goods and services that is common to families with limited resources (Rossi & Rossi, 1990; Silverstein & Bengtson, 1997; Sutor, Pillemer, Keeton, & Robison, 1996). Only five participants stated that they regularly paid their mothers for child care; three others mentioned giving whatever they could, whenever they could. Some mothers said that their mothers refused payment; exchanging services, however, was acceptable. As Ivy described it, “Me and my Mom, I do her yard work and I plant her flowers and I clean her car.... I just do little things for her.”

“She’s My Mom and I Trust Her”: The Relational Benefits

The psychosocial aspects of grandmother care seemed to be at least as significant to mothers as the practical characteristics. The salience of the mother-grandmother relationship emerged in several ways, but it was no more evident than when mothers talked about trust. Time and again, participants answered questions about why they liked their mothers as caregivers with global statements such as “because she is my mom and I trust her.” A few women elaborated by mentioning specific situations, such as a child’s illness, in which they could trust their mother’s judgment.

Other mothers mentioned children’s physical safety in grandmother care, especially in contrast to “strangers” or nonfamily members. Solana noted, “I don’t really trust him with anybody, so... I know that he’s always safe with her.” Hearsay influenced some mothers’ negative opinions of nonfamily child care arrangements, but a few had based their mistrust on personal experience. Chevonne explained how her son came back from a child care provider with “a footprint in the middle of his back.” When asked how she reacted, she replied, “I just never sent him back. I wanted to kill [the provider].” Chevonne asserted that “I have this really bad prob-

*Pseudonyms are used throughout to protect participants’ confidentiality.

lem about trusting people with my kids after that. I do. I admit it. I'm just protective...." As a result, she depended on "good old Mom."

The concept of grandmothering seemed to add to the participants' satisfaction with their mothers as caregivers. Grandmothers, by definition, were expected to give extra love and support to children as well as to provide an effective substitute for working mothers. As Emiliana said, "I don't have to worry about them being unwanted there, 'cause they're always wanted there 'cause, of course, it's their grandma!" By virtue of grandmothers' positions within the family constellation and expectations for their nurturance, mothers often indicated that grandmothers were the best choice as child care providers. They also highlighted how much their trust in their mothers affected their emotional well-being as they worked outside of the home. Tansy commented, "To put it bluntly, I wouldn't be working if I didn't have her 'cause I trust nobody. If one of my kids is sick, I can go to work and feel comfortable that they're being taken care of and I couldn't do that with anybody else."

For some participants, the trust in and dependence upon their mothers for the care of their children extended to the point where mothers saw grandmothers as co-parents. Bryanne described the degree to which she relied on her mother: "I would have to say that she is my other half when it comes to parenting." Liliana explained that she had no help from her partner regarding parenting. "I do it all by myself... well, with my Mom."

Mothers also talked about the positive influence of the caregiving arrangement on intergenerational relationships. They described how the child care experience strengthened a relationship that was weak or problematic in the past, or enhanced a relationship that was already good. Almost every mother pointed to her own mother as the most important person to her and to her family. It was clear that grandmothers' instrumental support, including child care, contributed to these positive feelings. Mothers were described as having "always been there," as well as "very helpful," "dependable," and "supportive."

Participants also said that the child care strengthened ties between grandmothers and grandchildren. For instance, Ivy said of her children, "They adore my mother because she does everything I don't do for them. She gives them ice cream... she lets them get filthy.... They love her and I appreciate that she does it for me." The close relationship between grandmother and grandchild was also an important source of trust. As Summer said, "I know my kid's going to be okay because her and my Mom are best friends."

"There's Nothing Wrong With It But...": The Challenges of Grandmother Care

The interviews also pointed to challenges. Some mothers struggled with parenting boundaries. Lysette provided an example:

Well, I'm tense with my mom. I love my mom. But we just have very different opinions on things... like one day [my daughter] had to take some med-

icine. She's got a throat infection. I was trying to give her medicine. She hates the taste of it. I understand that. But she still had to take it. Mom's like, "She won't want it. Just don't give it to her. You're being mean to my baby." I say, "Don't do that to her when I'm trying to make her mind." It's like that just completely annihilates any authority that I have with her.

Lysette's comments reflect her frustration with her mother's interference in her own role as parent. Yet, after she relayed this incident, Lysette reassured the interviewer about her feelings for her mother: "I love her. We don't get along all the time, but she's a big support to me." Although at times parents also experience conflict with nonrelative caregivers about caregiving practices, the mother-grandmother relationship may make such conflicts far more emotion-laden, complex, and difficult to resolve.

Large-scale studies indicate that adult daughters tend to underestimate the health limitations of their mothers, and that grandmothers continue to provide care despite these limitations (Guzman, 2003). While this was not a prominent theme among the women in our study, a few talked about significant issues relating to their mothers' health. They did not, however, voice concern about their mother's ability to care for children. For example, Liliana reported that her mother had diabetes, heart problems, high blood pressure, arthritis, and emphysema. Yet, she also reported that her mother had been the sole child care provider for her four children, all of whom were under age seven at the time of the interview. We suggest that it is the strength of the mother-daughter tie that provides the impetus for grandmothers' determination to provide child care in spite of health limitations and risks, particularly in rural low-income families with few other feasible child care options.

Another negative aspect of the relational context of grandmother care may be its effect on mothers' assessment of the caregiving. Studies of communication between mothers and their child care providers indicate that raising concerns about caregiving practices is difficult for mothers even when there is no familial relationship (Uttal, 1996). Nearly all of the women in our study made only positive, usually general, comments about their mothers as child care providers. Although it is possible that all of the grandmothers were providing excellent care, it is more likely that the mother-grandmother relationship constrained mothers from expressing any criticism or concern. Criticism in such a caregiving situation might appear ungrateful, add stress to the mother-grandmother relationship, and put the caregiving arrangement, as well as other types of support, at risk.

Implications for Education and Support

Taken together, the voices of the 42 rural, low-income women in our study reflect how very important the caregiving arrangement with their mothers was to them. Mothers valued the emotional benefits of the arrangement to themselves and their children. They depended upon the practical benefits of the flexible and afford-

able child care as well. The relationship was so important that it may have prevented them from recognizing or raising concerns about the care.

Programs that offer support to families using grandmother child care need to reflect an understanding of the immense impact that the mother-grandmother relationship has on the arrangement. They should build on the strengths of the grandmothers' long-term emotional commitment to the well-being of their grandchildren by providing information about children's learning and development in this context. They should also acknowledge the depth of grandmothers' determination to provide care by providing advice about health issues and other stressors. To address some of the challenges for parents, support should focus on strategies for setting role boundaries, conflict resolution, and communication—all of which would ultimately benefit the child as well.

Opportunities should be provided for low-income families to connect to community resources and social programs that can enhance the well-being of the child and the whole family. These might include making the mother aware that relatives may be eligible for child care subsidies; introducing the mother and grandmother to free early literacy programs provided by the local library or other agencies; and facilitating the inclusion of grandmother child care providers in low-cost training and support—such as first aid and CPR classes or preparing child-friendly meals and snacks—that is offered to professional child care providers.

Millions of children in the United States are being cared for regularly by their grandmothers while their mothers are working, looking for work, or attending school. Grandmother care is particularly common among low-income rural families, such as those in our study. It is our hope that more effort will be placed on understanding, valuing, and supporting grandmother care in order to enhance the experience for children, mothers, and grandmothers, especially those under the stress of poverty.

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