

Timescapes Conference

Understanding & Supporting
Families Through Time

Configuring families over
time: how policy processes
shape low-income
grandparenting

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timescapes

An ESRC Qualitative Longitudinal Study

Today:

- Brief history of our research
- Our current sample of mid-life grandparents
- Experiences of grandparenting in low-income localities
- The importance of health and social care intervention and involvement
- Implications for policy

Intergenerational Exchange, Project 6 in Timescapes

- 3-year QL study, investigating how mid-life grandparents (35-55yrs), who fall within the 'core poor' in low income localities, describe experiences of grandparenting
- Researching in a low-income estate in the north of England, since 1999, where we are in regular contact with the most marginalised and vulnerable individuals and families
- ongoing engagement with formal and third sector workers in the area

Intergenerational exchange?

- Our earlier research showed that older family members explicitly and consciously intervene in the lives of younger relatives to improve their life chances, whilst at the same time describing it as 'too late' for themselves.
- *Intergenerational exchange* investigates how grandparents' lives unfold over time, and what mitigates against their efforts to change the lives of their grandchildren

Sample

- white; low resource and physically proximate families with intergenerational teenage births.
- Small scale, intensive
- Eight QL cases:
 - Four sweeps of life history interviews with low-income grandparent participants (n=11 grandparents) some of whom participated in our previous study
 - in-depth interviews, field notes and telephone interviews with health and social care workers in formal and third sector organisations through whom we gained access to our sample and with whom we have been analysing findings
 - Tracking minimum of 319 people through these casing methods, not including partners of adult children

Locality of our sample

- The area is estimated to be among the 10% most deprived areas in the UK using the Index of Multiple Deprivation calculated by the Office for National Statistics (ONS).
 - high rates of infant mortality,
 - reduced life expectancy for both men and women,
 - above average rates of heart disease, stroke, and long-term illness relative to the population as a whole

Our sample?

- Early mortality is well-recognised amongst our sample
- High rates of miscarriage and neo-natal death;
- High rates of mental ill health
- There are no people that we are tracking through our cases over the age of 65 years
- Lot of mid-life onset of long-term disability for both men and women

How these indices of deprivation play out in people's lives

- Implications for timing of children/ grandchildren
- Grandparents want to be able to do things with grandchildren (play; walk; go out)
- E.g., teenage pregnancy a good thing as it allows for active mid-life grandparenting;
- Starting age of independence for grand/children is 16 years across the sample

Descriptions of grandparenting

- Continuum of caring from ‘supplementary caring’ to residential care and support of grandchildren – ‘parental care’
- ‘Leisure and pleasure’ narrative of grandparenting is still an ‘ideal’; replaced by narrative of ‘rescue and repair’

Consequences of deprivation for these families

- **Intensification of dependency on family**
- inter-household flow of resources:
 - to help make ends meet day-to-day basis (e.g., lending a single nappy for a day)
 - to manage lack of resources within place (food desert, employment desert)
 - manage ‘tipping points’ into further vulnerability (e.g., funeral expenses)
- **Intensification of dependency on formal and voluntary service provision**

Formal Health and Social Care service provision

- Our data is saturated with accounts of the profound uncertainties, vulnerabilities and risks associated with accessing health and social care services, and such service provision involvement
- In other words, 'getting help' is not a straightforward process

Hiding vulnerability from ‘the social’

- Grandparents often intervened to *avert* attention from social workers saying, ‘we didn’t want the grandkids being taken away’.
- When families are at their most vulnerable, they will work to hide that vulnerability, so that they can keep their families intact

Susan's story:

- *Families increasingly regulated by formal services, e.g., social workers*

S. At one point, I had five Social Workers in my house.

I - In here?

S - In here, right. I had my Link Worker, her [daughter's] co-worker, then the children's guardian, and then Simon and Zoe (names of social workers representing the children's father, and one other grandchild).

- *Families rendered increasingly transparent by formal services*

Rewriting 'generations'

- 'Who is mum?' Ruth asks this when educational services intervene on the arrival of her first grandchild. Her daughter, Bethany, became a mother at fourteen and still lived at home.
 - the authority in the relationship between mother and daughter (Ruth and Bethany) is rewritten as horizontal through service intervention (e.g., through money, support available, service intervention over time).
- Focus on an individual in a family can inadvertently increase the vulnerability of other family members

Doing/maintaining family through services

- *How particular rights to family are supported*

See it's a funny situation at the moment with them... She won't let Warren see his child ... the mother of the daughter, of the girl, won't let him see his son.... So I were talking to somebody, and they says, "She can't call the shots, her mother can't. For the simple reason, it's because with them being under-aged they're under Social Services. And if they say that Warren can have him on his own, that's all right."

Margaret

- While formal service involvement is often difficult, leaving formal service supervision is not always positive. For Warren it means he will have to renegotiate his rights to see his child

The importance of fringe-working

- In participants' accounts of important moments in their lives, they often refer to resources or services provided by formal/informal service providers with whom they had relationships of trust and reciprocity
- these relationships had developed over time, and sometimes over generations of a family (e.g., health visitors)
- Relationships based on fringe working/comprehensive service provision
- Often involved the complex financial management and balancing of different benefits and allowances
- Getting rubbish cleared, filling forms, getting hot water laid on

Service provision essential gateway to resources

- Comprehensive service provision is an essential gateway to resources; participants are able to access goods and services through these relationships in meeting everyday needs
- Able to see how crucial certain types of service provision might be in helping families avoid 'tipping' into chaos
- Understanding how long-term involvement with in/formal service provision helps us understand how families make 'choices' about what they can and can't do, how they can and can't live as families

Implications for policy

- Service provision is incredibly valuable to these families when it is able to deliver what it is that they understand themselves to need;
- Longitudinal experience of persistent vulnerability and the inability to change one's circumstances is expressed through very constrained aspirations. Where the aspirations of services are different to those of the family such services are of little value.
- We argue that , for these aspirations to be understood and worked with, a move away from target-focused service provision, to multi-agency linked up service provision is best placed to address the structural and fundamental problems in these households.
- Currently this is experienced as a rhetoric in policy and not translating into practice
- Given the historical context of these localities, it is increasingly likely that a decrease in benefits of any sort is very likely to push these families into a chaotic situation