Kinship care in Chile: experiences of grandparents and grandchildren

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I, Carolina Isabel Gutiérrez Muñoz, confirm that the work presented in this thesis is my own. Where information has been derived from other sources, I confirm that this has been indicated in the thesis.

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Abstract

In Chile, grandparents make up by far the largest proportion of foster carers. Research on the topic is mainly from Western countries and it has been predominantly quantitative. Research carried out in Chile is about children in formal kinship care placements, and little is known about those in informal arrangements. Research on children's perspectives of kinship care is also scarce. This thesis aims to explore the experiences of grandparents and their grandchildren, living in both formal and informal kinship care arrangements in Chile.

In-depth qualitative interviews were carried out with grandparents and their grandchildren, separately, in two Chilean locations. The sample included 18 families comprising grandparents (N= 20) and grandchildren between 7 and 16 years of age (N=21). To facilitate the interviews with children, visual methods and interactive approaches were used. Thematic and narrative analysis were used as a complementary way of analysing the data

The thesis applies concepts of care as a social process. Grandmothers are the main carers of the children, and they had to negotiate the normative positions of being both parents and grandparents. They expressed positive feelings about being their grandchildren's carers and saw it as a second chance to do things differently and make up for their previous parenting mistakes. Grandchildren mainly felt positively about their lives with their grandparents. They felt thankful to their grandparents for taking care of them. However, they also showed their concerns about the future and felt anxious about the grandparents' health. With time and through practices of care and love the grandparents *become* their grandchildren's parents, and grandchildren *become* their grandparent's children. These processes of *becoming* created conflict and contradictions for the grandmothers and the grandchildren, especially in relation to the place of the birth mothers in these children's lives.

Impact statement

This statement intends to broadly outline how the knowledge produced by my study can be put to a beneficial use. I identify two areas where my research contributes, namely inside academia as it generates new knowledge in the sociological understanding of kinship care; and outside academia; specifically, it contributes to social work practice in Chilean children's services.

Inside academia:

The work contributes to the academic body of knowledge on kinship care, and more specifically in grandparent care, mainly from a sociological perspective. Most of the research on kinship care comes from Western countries, such as the US, the UK and Australia. There is little research carried out in Chile or Latin America on this topic. Moreover, research on grandparents who take care of their grandchildren on a full-time basis is even more limited. This study included children in formal and informal care, with this group often being overlooked. Thus, this thesis adds to the knowledge we have on kinship care in Chile, especially about children in informal care.

In methodological terms, this thesis contributes by incorporating children's perspectives into research. Although research with children has become more common between researchers, there is still a long way to go in terms of producing studies that acknowledge children's knowledge about the world. Children are individuals in their own right, and they can contribute to knowledge generation, especially about matters that concern them. Therefore, this study may be useful to academics researching issues related to care and family life and may be used as a basis to expand academic knowledge on kinship care in Chile.

Chilean children's services:

To my knowledge, this study is the first to address grandparent care in Chile. The knowledge generated here may be useful at two levels. First, it may be used to inform practice on 'alternative care'. Practitioners tend to understand kinship care from a legal and child protection perspective whereas this study provides a different perspective that

may help to improve the services for these families. One of the main arguments of this thesis is that kinship care is a way of 'doing family' and not only a service provided by children's services. Therefore, this study may benefit policy making in terms of switching from legal logics of child protection towards a more integrated understanding of family life in the context of kinship care.

Acknowledgments

These four and a half years have been an incredible experience. Not only because I have become a better researcher and I have learned a lot. But also, because I have discovered things about myself that in no other way I would have learned. Serendipity, I guess. It's well known among researchers that doing a PhD is a lonely task. And I agree. This project and I have been living together for a long time. However, getting to the end of the doctorate is something that I did not achieve alone. I had the support of a lot of incredible people. And this is the time to giving them the credit they deserve.

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To all the grandparents and grandchildren who shared their stories with me. I hope I made justice to your amazing life stories.

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Chapter 1: Introduction

Life can only be understood backwards,
but it must be lived forwards
Søren Kierkegaard, Journals 1844

When doing research, a key element of the process is researcher reflexivity about who we are and the social positions we hold, and how we engage with knowledge production. Researcher reflexivity has been understood as thoughtful self-awareness (Finlay, 2002) that takes into account a priori knowledge, values, beliefs, empathy, and the like (Cutcliffe, 2003). In the first pages of this thesis, I make explicit my motivations, understandings, and emotions about my research topic, grandparents who take on the responsibility for caring for their grandchildren.

This thesis is about stories, and I want to begin by telling mine. It was 2011 and I was finishing my undergraduate degree in psychology. I had to do a compulsory internship to obtain the professional qualification of psychologist[1], and I decided to do it in a centre belonging to the Chilean children's services, SENAME[2]. It was a centre that offered psychosocial interventions for children that had been sexually abused. The first case I was assigned to was Alex[3]. He was a six-year-old living with his grandmother because his mother had drug addiction problems. For eight months I worked weekly with the child, while in parallel a social worker was working with the grandmother. I remember this case very well, maybe because it was the first case I worked with. Or maybe because it was complex, and both grandmother and grandchild were having a tough time. I was being supervised by a senior psychologist, and we intervened in every way we thought was good. However, by the end of my internship we had to refer them to a different programme, because they were having problems accessing our centre, and the grandmother was struggling with money and time to take care of the child and with

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[1] In Chile, bachelor's degrees are obtained after three or four years of study. After that, universities require students to write a dissertation and carry out an internship to obtain the professional qualification. This last process lasts one or two years. In my case, I did four years of the bachelor's degree in psychology. Immediately after, I wrote an empirical dissertation, did a postgraduate diploma and carried out an internship of 900 hours to obtain the professional qualification of Psychologist.

[2] SENAME stands for Servicio Nacional de Menores in Spanish, which translates literally as National Service for Minors. It is the children's services in Chile, and it answers to the Ministry of Justice.

[3] All the names in this thesis are pseudonyms.

bringing him to the weekly sessions. I could not say a proper goodbye, and now ten years later, that is something that still saddens me. In retrospect, I think some of the difficulties we had offering this family support had to do with the fact that we did not fully understand their situation. We were working under the realm of child protection, which now I think was a limited way of looking at their lives. It has been ten years since then, and I still remember this little child and think about how I would do things differently now. I also think about how he left a mark on my career.

After finishing my internship, I worked in the same place for about three years. I worked with several families like Alex's, where grandparents were bringing up their grandchildren. I especially remember these families, maybe because their stories were particularly tough. They were facing the consequences of early adverse experiences, they were under economic pressure, and they were constantly struggling with the place of the birth parents in the children's lives. One of the most striking things for me was that many of the children never received an explanation for why they were living with their grandparents or about any situation relating to their futures. This meant that these children often constructed explanations that were self-blaming and caused them suffering. In this experience I had the opportunity to witness the improvements in these children's lives when they went to live with their grandparents. They felt secure and loved, and they were particularly aware of the efforts their grandparents made to take care of them. They felt particularly grateful. However, they were also missing their parents and in many cases grieving for them; and I think for us adults it was not easy to acknowledge their ambivalence.

In parallel I saw the contradictory nature of the task for grandparents. On the one hand, they were happy to take care of their grandchildren. On the other hand, they experienced many difficulties such as lack of material resources, difficulties in coping with consequences of the traumatic experiences of their grandchildren, lack of social support, difficulties in dealing with children's parents, among others. As a professional working for SENAME, I realised the lack of understanding that we, as professionals, had about the experiences and needs of these families. We did not know who they were, how many there were, what kind of support they needed or if simply they did not need our support. I also noticed that people were sent to SENAME's centres to offer them support, but often they did not understand why they had been referred. Some felt that it was a way of

controlling them more than helping them. Once again, no one bothered to explain what was happening.

All these experiences made me think that there was a need to get to know more about these families. I could not go back in time and do things differently with Alex, but I could contribute through adding to knowledge about children like Alex so that others like him could be better understood and supported. I believe that doing research is a political act. Putting effort into understanding children's experiences means recognising that children have important knowledge, and that knowledge is the basis for any intervention. The academy is a privileged and often remote position. Through my PhD I wanted to create knowledge that, hopefully, will be useful for those who shared their stories with me.

All these reasons are why in this research I aimed to explore how primary-carer grandparents and their grandchildren experience formal and informal care in Chile, including how they understand their relationships and daily lives. To do so I will first explore the circumstances under which grandparents said their grandchildren went into their care (Chapter 5), and how they narrate becoming a parenting grandparent (Chapter 6). To incorporate the knowledge grandchildren have about formal and informal grandparent care, I first examine how they narrated going into their grandparents' care (Chapter 7). In the last two chapters, I examine how grandparents experience being the carers of their grandchildren in the present (Chapter 8), and then how grandchildren experience living with their grandparents (Chapter 9).

In the next sections of this chapter, I define the main concept of this thesis, kinship care. I discuss the different approaches to kinship care and the ways in which these placements are arranged, to later problematise these definitions and understandings. After doing this, I provide some wider context to this research by offering key information about Chile, where the study was carried out. In the third section, I present a description and discussion of the Chilean children's services, SENAME. I explain the way in which the service works and how 'alternative care' is organised in the country. Finally, I offer a brief overview of grandparents as carers in Chile and how the role of grandparents is understood in this context.

1.1.   Defining kinship care and understanding the problem

Essential to any thesis is to define its main concepts to ensure a common understanding of the issues that are being discussed. Kinship care, also known as the care of family and friends, in simple terms means children being looked after by people to whom they are already connected or already know (CoramBAAF, n.d.). According to UNICEF (n.d.) kinship care is a form of family-based care (foster care is also considered family-based care), where the child is placed with family or friends by an order of an administrative body or judicial authority. According to CoramBAAF (n.d.), kinship care can be either formal or informal. The former refers to placements formalised through a court order or by the intervention of an administrative body such as children's services. In the latter, these interventions by state bodies are not present and the arrangements are unofficial and usually organised between parents and members of their kin, typically grandparents (CoramBAAF, n.d.). The definition by UNICEF refers exclusively to formal arrangements.

The nomenclature for these arrangements varies in the literature. Some authors use the terms private and public kinship care to describe the status of the arrangement. Others name formal arrangements 'kinship foster care', and informal arrangements as kinship care. In the UK kinship care now receives the name of 'connected persons'[4]. For the purposes of this study, formal arrangements are defined as those where there is a court order for the placement, with or without the involvement of the administrative body, SENAME. By contrast, informal care will be understood as kin who look after children without a court order and without the supervision of SENAME.

According to the Convention on the Rights of the Child (CRC, 1989, article 20) (UN General Assembly, 1989) kinship care -together with foster and residential care- are forms of 'alternative care' or 'out-of-home' care.

> *A child temporarily or permanently deprived of his or her family environment, or in whose own best interests cannot be allowed to remain in that environment, shall*

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[4] A Connected Person can be a relative, friend or any other person with a prior connection with a child/young person who is looked after by the local authority. This includes grandparents, aunts and uncles, adult siblings, other adult family members friends, or someone who has known the child in a professional capacity such as a teacher or youth worker (Kent County Council, n.d.)

*be entitled to special protection and assistance provided by the State. States Parties shall in accordance with their national laws **ensure alternative care** for such a child* [own emphasis]

The United Nations [UN] guidelines for alternative care describe the family 'being the fundamental group of society and the natural environment for the growth, well-being and protection of children' (United Nations, 2009, p.2). They point out that the ideal is to see the children remaining in or returning to the care of their parents. Consequently, the UN developed guidelines for care of children who are not under parental care or at risk of being so. According to these guidelines, if a child's family is unable to provide adequate care for the child, the state should safeguard the child's rights and ensure him or her appropriate 'alternative care'. Indeed, as the UN highlights 'it is the role of the State, through its competent authorities, to ensure the supervision of the safety, well-being and development of any child placed in alternative care and the regular review of the appropriateness of the care arrangement provided' (United Nations, 2009, p.3).

There are several critiques of this idea. For instance, there is an assumption that parental care is the only model to follow to raise a child. Thus, a norm is established that nonparental care implies 'alternative' or 'out-of-home' care, making other family forms or arrangements seem less valid or less adequate to raise a child. The guidelines also indicate that when parental care is not possible, the state should intervene. This may be appropriate for (Western) societies where nuclear family forms are the norm. However, it is less adequate in contexts where the upbringing of children tends to be more cooperative, with extended families or communities being part of raising children. Therefore, the labelling of upbringings as 'alternative care' fails to acknowledge arrangements such as kinship care as one way of 'doing family' (Morgan, 2013)

If it is the state who should provide care when parents cannot, then the formalization of caring arrangements is unavoidable. Thus, informal arrangements become more invisible. The UN guidelines suggest that the authorities encourage informal carers to inform them of their arrangements to receive support through services and benefits '…to assist them in discharging their duty to care for and protect the child' (United Nations, 2009). In its guidelines, the UN also makes a call to the state parties to devise mechanisms to protect children in informal care from abuse and neglect. There seems to be an aim to formalise

the arrangements to provide support to the carers. However, there are unanswered questions about what the carers want and need, or what the children think about it. Do the families in informal arrangements want to be involved with SENAME (in the Chilean case)? Do the children living in kinship care feel that they need '*special protection and assistance provided by the state*'? Should the state interventions be focused only on children's protection? Is living with extended family experienced by the parties as 'alternative care'? In this study I explore the experiences of kinship care, in the hope that I will contribute to knowledge that allows us to give some answers to these questions.

1.2.   Placing the research in context: Chile

I carried out this study in Chile, my country. Chile is one of twelve countries in South America. It is a narrow and long territory that shares borders with Argentina to the East-separated by the Andes; Peru to the north; Bolivia to the northeast; the Pacific Ocean to the west; and the Drake Passage to the south. Chile is divided into administrative regions, which are subdivided into provinces and these into boroughs. There are 16 regions in total and 62.4% of the country's population lives in only three of them (Subsecretaría de Desarrollo regional [Subdere], n.d.). The Metropolitan Region of Santiago is the capital and the largest city in the country. It has a population of around 6 million people which represents 40.5% of the country's population (Subdere, n.d.). The other two most populated regions are Biobio (11.6%) and Valparaíso (10.3%) (Instituto Nacional de Estadísticas [INE], 2017). Around 88% of the population lives in urban areas. The urban population has increased since 2002, while the rural population has diminished (INE, 2017).

1.2.1.   Population and demographic transition

According to the 2017 census, Chile has a population of around 17.5 million (INE, 2017); 8.6 million are men and 8.9 million are women. The average age of the population in 2017 was 35 years of age (INE, 2017). However, Chile is going through a demographic transition, that can be observed in its regressive population pyramid (Block, 2014), which shows that there are proportionally fewer children and more old people. When the data from the 2017 census are compared to the previous censuses (1992, 2002), it is evident that the population in Chile is ageing. We find fewer people who are younger than 15

years of age, and an increased population of 65 and over (INE, 2017). Indeed, the proportion of elderly (over 65) to young people (14 or under) trebled between 1992 and 2017 (See Figure 1).

Figure 1: Relationship between Elderly (65+) and Young People (0-14), 1992- 2017.
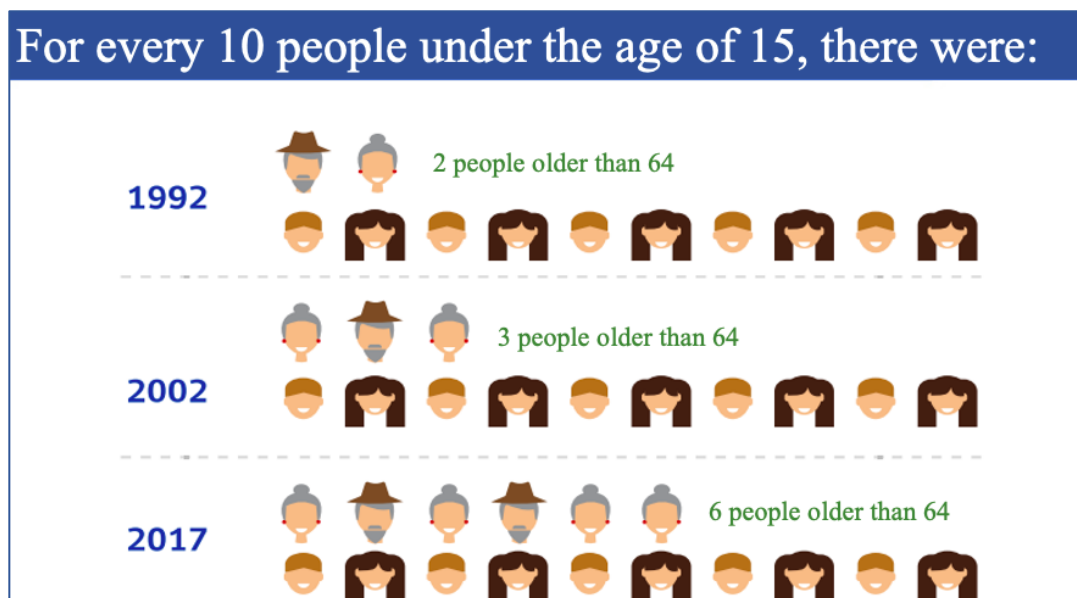
Adapted from INE, 2017

The birth rates in the country have decreased. Indeed, the number of children that women have during their fertile life (15-49 years) was 1.6 children per woman in 2002, and in 2017 it was only 1.3 (INE, 2017). Additionally, within South America, Chile is the country that has most rapidly increased life expectancy at birth, being the country with the highest life expectancy in South America (Albala, 2020).

The population in the country is also experiencing changes due to international immigration. Since the 2017 census, the number of immigrants living in Chile has doubled. By the end of 2019, it was estimated that 1.5 million people born in other countries were residing in Chile (INE-DEM, 2020). The main origin countries for these immigrants are Venezuela (30.5%), Peru (15,8%), Haiti (12,5%), Colombia (10,8%) and Bolivia (8,0%).

In 2017, it was observed that the amount of people that self-identified as belonging to an indigenous group increased, reaching a total of 2.2 million people. The three groups with

the highest representation are Mapuche (79.8%), Aymara (7.2%) and Diaguita (4.1%) (INE, 2017).

1.2.2. Recent history and political economy

To understand the current functioning of the country it is essential to know about its recent history. In 1970, Chile elected a socialist president, Salvador Allende. What happened during Allende's government and why, are outside the scope of this review, but in economic terms there was a grave crisis, hyperinflation, consumer shortages and public sector financial losses (Winn, 2004). In 1973, the army General Augusto Pinochet led a military coup that overthrew Allende's government. The country was overtaken by a military 'junta' (board), which was headed by the leader of the army, General Pinochet; the Chief Commander of the Navy, José Toribio Merino; the Chief Commander of the Aviation forces, Gustavo Leigh; and the General Director of Carabineros (police), César Mendoza. Pinochet became president. During the Pinochet dictatorship, more than 3,200 people were killed or 'disappeared', and around 38,000 people were imprisoned and tortured. The *Junta* introduced a free market policy. It sought economic liberalization, encouraged foreign investment, privatised state-owned companies and services, and tried to bring down inflation. During the 17 years of dictatorship, education, healthcare and pensions were all privatised. The Junta implemented policies to reduce the size of the state and left the market to regulate the economy and society. After 1982, following a major economic crisis, a more pragmatic version of neoliberalism was introduced. These neoliberal policies led to an economic boom; Chile experienced sustained economic growth with low inflation.

In 1988 elections were held, and the Chilean people voted against Pinochet. In 1990, Patricio Alwyn, a centre-left politician, became the new democratically elected president. Since then, centre-left governments were elected until 2010. Although their political economic policies have softened, all the governments since the restoration of democracy have maintained the neoliberal model (Winn, 2004). Sustained economic growth and the decrease of unemployment and poverty have made the Chilean model famous; it has been labelled the 'miracle' of Latin America. However, the costs of that 'miracle' have been grave. There has been a deterioration in wages, benefits and working conditions for

Chilean workers; pensions are now meagre, access to high quality health treatments is restricted, and the inequality gap has widened.

In October 2018, a social crisis developed in the country. It started with a rise in tube fares (of 30 Chilean pesos, around 30p), the third fare rise in a year and a half. Secondary school students started a fare dodging protest that gained strength with time. On the 18th of October the protests became massive; there were riots and tube stations were burned. In the following days the government brought the military on to the streets and established a curfew. The protests gained public approval; they were not about the tube fare rise anymore - which was reversed- it was about the pension system, education, healthcare, etc. The motto of the protests was: 'it isn't 30 pesos, it's 30 years of abuse'. After a month of protests and unrest, in November 2018 an agreement was signed to carry out a referendum in which people could decide if they wanted to change the Constitution written during the Pinochet era. In October 2020, the 'approve' option to change the constitution, won with 78% of the votes (the turnout was 51%). Then, in April 2021 there were elections to choose 155 people to form the Constitutional Convention that will write the new Constitution. On Sunday 4 of July 2021, the inaugural session of the convention was held. A Mapuche woman was elected as the convention president.

1.2.3. Human Development

Chile is in position 43 in the United Nations Human Development Index[5] (HDI)'s ranking (United Nations, n.d.). This is a combined index measuring three dimensions: a long and healthy life, being knowledgeable and having a decent standard of living. The indicators for these dimensions are life expectancy, educational levels, and per capita income. Although the index has been criticised because it is considered reductionist (Ranis et al., 2006), it can help us to look at some relevant indicators in Chile and compare it to other countries, to have a broad idea of the country's situation. The following table shows the

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[5] The Human Development Index (HDI) is a summary measure of average achievement in key dimensions of human development: a long and healthy life, being knowledgeable and have a decent standard of living. The HDI is the geometric mean of normalized indices for each of the three dimensions.
The health dimension is assessed by life expectancy at birth, the education dimension is measured by mean of years of schooling for adults aged 25 years and more and expected years of schooling for children of school entering age. The standard of living dimension is measured by gross national income per capita.
The HDI simplifies and captures only part of what human development entails. It does not reflect on inequalities, poverty, human security, empowerment, etc (United Nations, n.d.)

Chilean HDI. I added information about the UK to provide a comparison to a rich country, and other neighbouring South American countries.

Table 1: Human Development Index for Chile, the UK, Argentina, Peru and Bolivia

Country	Rank	Human Development Index (HDI)	Life expectancy at birth (years)	Expected years of schooling	Mean years of schooling	Gross National Income per capita (USD)
UK	13	0.932	81.3	17.5	13.2	46,071
Chile	43	0.851	80.2	16.4	10.6	23,261
Argentina	46	0.845	76.7	17.7	10.9	21,190
Perú	79	0.777	76.7	15.0	9.7	12,252
Bolivia	107	0.718	71.5	14.2	9.0	8,554

As shown in Table 1, Chile does well compared to its neighbours. Moreover, it has been one of the fastest-growing economies in the region in recent decades and it was the first South American country to join the OECD, in 2010 (World Bank, 2021).

Life expectancy at birth has grown in the country from 57,1 years in 1960 to 77,8 in 2008, to 79,1 in 2017 (INE, 2010, 2017). While the infant mortality rate has decreased. In 1960, there were 117,1 deaths of children under one year of age per 1000 children born alive, and in 2017 it was only 7,1. The historical decrease in the infant mortality rate has to do with public health policy, advances in medicine and technology and also with improvements in sanitary hygiene among the population, among others (INE, 2010). Additionally, life expectancy has increased, and gross mortality rates have decreased historically.

In terms of educational levels, in the 2017 census, 44.6% of the population completed high school as their highest level of education. Currently, there are fewer people that only finished primary education, and more people finishing high school as well as going into further education (INE, 2017). Since the 1992 census, there has been a gradual increase in the number of people obtaining higher education degrees, going from 11,7% in 1992 to 29,8% in 2017. According to the Survey of Family Budgets (INE, 2018), there is a positive relationship between years of schooling and income and expenditure. This means that the higher the level of education of the primary wage earner in a household, the higher the income and the spending of the household (INE, 2018).

Although all these data tell us that Chile is thriving, the country does not do well in other measures such as the Better Life Index. According to data from the OECD (2015) 'Chile ranks below the average in income and wealth, civic engagement, health status, jobs and earnings, housing, work-life balance, social connections, personal security, education and skills, and environmental quality and subjective well-being'. That Chile is below average in all these measures is not a surprise considering that the neoliberal policies instituted during the Pinochet's dictatorship have been maintained, with high social costs and a deepening of poverty and inequality.

1.2.4. Poverty and inequality

While Chile has enjoyed robust economic growth and levels of poverty have been reduced over the last 20 years, inequality is still endemic. Inequality in Chile is higher than in most advanced economies (OECD, 2018). The country has a Gini[6] coefficient of 0.46, which is higher than the UK and the US (OECD, 2021). The minimum wage in the country is around £320 per month, with 50% of workers earning less than £390 per month, and 80% earning less than £780 (Duran & Kremerman, 2020). Given the high cost of living in Chile, 80% of people spend more money than they earn, meaning that there is a high level of household debt (INE, 2018). This is particularly true for households in the three poorest quintiles of the population (INE, 2018). Indeed, according to CEPAL (Comisión Económica para América Latina y el Caribe, 2019), in Chile there is a high concentration of wealth. In 2017, 50% of the poorest households had 2,1% of the gross national income, while the richest 1% of the population accumulates 26,5% of the wealth (income and assets) of the country.

By the end of 2017, the number of people living in poverty (not enough income to satisfy basic needs) was around 1.5 million; this is an 8,6% of the total population, and 7,6% of households. Out of these, 2,3% individuals live in extreme poverty. The percentage of people living in poverty has been consistently decreasing over time from 29,1% in 2006 to 8,6% reported in 2017 (Ministerio de Desarrollo Social, 2018). Interestingly, by the

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[6] The Gini coefficient is based on the comparison of cumulative proportions of the population against cumulative proportions of income they receive, and it ranges between 0 in the case of perfect equality and 1 in the case of perfect inequality (OECD, 2021).

end of 2017, poverty among women was statistically significantly higher than among men. Additionally, by the same date, 15% of children between 0 and 3 years old, and 13,6% of children and young people between 4 and 17 were living in poverty. Extreme poverty was higher for the age group of children and young people (Ministerio de Desarrollo Social, 2018).

Another way of measuring poverty is understanding it in a multidimensional way. The measurement developed by the Ministry of Social Development (Ministerio de Desarrollo Social & PNUD, 2017) includes four dimensions, each one with three indicators. The dimensions are education, health, work and social security, and housing.

Table 2: Percentage of households deprived for each indicator of the measurement of multidimensional poverty, 2009-2017

Dimension	Indicator	2009	2011	2013	2015	2017
Education	Attendance	4,7	3,6	3,1	2,3	2,2
	Falling behind	2,9	2,5	2,6	2,2	2,0
	Years of schooling	34,3	34,3	31,9	30,2	29,4
Health	Malnutrition	4,3	5,1	4,7	4,9	4,5
	Registration with the health system	7,9	5,9	6,1	6,1	5,4
	Access to healthcare	8,7	6,0	4,8	5,1	4,0
Work and Social Security	Having a job	12,9	9,4	9,0	9,3	9,8
	Social Security	33,6	31,8	29,5	32,3	30,7
	Pensioner	11,0	11,1	10,7	9,8	10,7
Housing	Overcrowding	11,5	10,2	9,3	7,1	6,5
	House conditions	17,4	17,2	13,6	13,8	13,8
	Basic services (water)	6,7	8,4	5,3	3,6	6,6

Adapted from Ministerio de Desarrollo Social & PNUD, 2017

On the dimension of education, all the indicators improved between 2009 and 2017. The biggest change is observed in the indicator of school attendance that went down from 4,7 to 2,2. This indicator considers households that have at least one person between 4 and 18 years of age that is not attending school, and households that have at least one person between 6 and 26 years of age with an underlying or long-term condition that does not attend school. Another indicator worth mentioning is the one of overcrowding, which went down from 11,5% to 6,5%. A household is considered overcrowded where the number of people per number of bedrooms is higher than 2,5 (Ministerio de Desarrollo Social & PNUD, 2017).

1.2.5. Households and family forms

The number of households has increased over time. However, the size of the households has reduced: from 4,4 persons per household in 1982, to 4,0 in 1992; 3,6 in 2002 and 3,1 in 2017 (INE, 2017; INE, 2010). This is explained by the demographic transition, which has meant lower fertility rates and an increased life expectancy. But also, the marriage rate has decreased, and family structures have diversified. In 1930 the marriage rate was nine marriages to every thousand people, while in 2018 the rate was 3,4 (INE, 2010; INE 2018). Along with falling marriage rates, there has been an increase of cohabitation. Indeed, between 1990 and 2011, cohabitation went from 10,4% to 28% of all women aged 15 and older living with a partner. In addition, out-of-wedlock births also increased in the same period, going from 34,3% to 67,7% (Palma & Scott, 2020).

Despite increased diversity the most prevalent family form is the nuclear family; the number of nuclear families has decreased over time from 56% in 2002 to 54,1% in 2017. In contrast, solo person households went up from 11,6% of the total households in 2002 to 17,8% in 2017. In Chile, extended families represent a significant proportion of households reaching 19% in 2017 (INE, 2017). These are defined for the purpose of the census as a household with a nucleus, this is the head of household with or without partner, plus other kin of the head of household such as siblings, parents, or grandchildren, for example (INE, 2017). Indeed, during the period 1990-2011 extended households represented more than a quarter of urban households; and for women aged 20-29, the prevalence of extended living arrangements reached 54% in 2011 (Palma & Scott, 2020).

Palma and Scott (2020) found that the increase in cohabitation and lone motherhood go together with an increase in young women starting family life in non-headship subfamily units within extended families' households. Demographic changes and the country's modernisation have gone hand in hand with the increasing importance of the support provided by extended families. These authors found that most extended households in Chile consisted of three generations of kin, indicating high intergenerational dependence driven mainly by the needs of the young adult generation who depend on the older generation for support.

Women as heads of household increased between 1982 -2017 period. In 1982, male heads of household quadrupled women in that position (men: 78.4%, women: 21.6%). By 2002,

women represented 31,5% of heads of households, and in 2017 they were 41,6% of the total of heads of households in Chile.

In this section, I have presented a general overview of Chile. Although the country has strong macroeconomic indicators and is one of the most prosperous in the region, it is highly unequal. Neoliberal policies implemented during Pinochet's era were maintained when democracy was restored, leading to a small state and privatised social services like education, pensions and healthcare. Importantly for this study, children's services were also privatised. In demographic terms, the country's population is ageing, and household composition is changing, with a diversification of family forms, and more women-headed households.

1.3.   Children's services in Chile: Formal child care

1.3.1. SENAME- Servicio Nacional de Menores [National Service for Minors]

The national children's services organisation, SENAME, was created in 1979 during the dictatorship of Augusto Pinochet. In 1979 UNICEF was celebrating the international year of the child. Chile joined this event announcing a series of actions and programmes aiming to improve children's lives. To carry out these plans, the government created a commission formed by representatives of several public and private institutions associated to childhood. Its president was Lucía Hiriart (Pinochet's wife) and its vice-president was Mónica Madariaga, Ministry of Justice at the time. The programme to celebrate the year of the child in Chile was divided into five specific areas, namely health and nutrition; education; art and culture; sports and recreation; social development; and institutional streamlining through a modernisation process that aimed to create the new Servicio Nacional de Menores, SENAME. The creation of this service represented the development of long-term plans to attend to 'minors in irregular situation'[7]. SENAME

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[7] In Latin America, laws that regulated childhood's situation during the 20th century until the declaration of the Rights of the Child belong to what has been called the 'irregular situation doctrine' based on the tutelar model (Fuenzalida, 2014). In this model childhood policies were developed for a particularly vulnerable social subject: the minor. They were seen as objects of protection, as incomplete and incapable beings that needed a special approach. Under this model, the state response was one of centralization: of roles in one person- the judge of minors- in terms of territory and institutions. An example of this are the enormous national institutions for children's protection created in the last century in Latin America (Beloff, 2004).

replaced the previous institution, the Consejo Nacional de Menores [Nacional Board for Minors] created in 1966.

During Pinochet's regime (1973-1990), neoliberalism became the main economic doctrine, and this impacted public policy on childhood. When SENAME was created, it did not aim to carry out functions of child protection, they outsourced those functions to private actors. The service depended on the Ministry of Justice, and it was 'in charge of minors that lacked tutelage or that, having it, it was exercised in a way that represented a risk for their normal and integral development; those that presented behavioural maladaptation, and those in conflict with justice' (article 2, Law 2465, 1979, own translation) (Ministerio de Justicia, 1979). The aim was to 'assist' and protect the children and orientate, coordinate, and supervise the interventions carried out by public or private bodies collaborating with SENAME (Rojas, 2016). Although legally SENAME could have carried out the interventions by itself, that did not happen, and most of the services offered by SENAME were carried out through private organisations that received state subsidy. In 1980, the subsidy system was normalised and became law (Decreto Fuerza de Ley 1385, 1980) (Biblioteca del Congreso Nacional, 1980; Rojas, 2016).

The main idea of the economic model installed in the country was that the state delegated its functions in private bodies that were supposed to use the resources better, and that free competition worked through an economic incentive, the subsidy per child. SENAME worked through government payment or subsidy per child, without direct support for the institutions as a whole. Thus, as more children attended a SENAME's centre, the more money said centre received and were deemed as more efficient. In 1979, SENAME was taking care of 32.000 children, by 1989 the number had risen to 48.000, with most of the children admitted to residential centres even when they did not need it. According to Álvarez (in Rojas, 2016), this happened because the subvention system privileged residential services over non-residential day services.

In 1990, democracy was restored. That same year, Chile ratified the Convention on the Rights of the Child. These two milestones led to childhood policies based on children's rights. During the 1990s the importance of children's participation and empowerment led to the emergence of local programmes. For example, some boroughs created Childhood Offices that aimed to protect children's rights. SENAME supported the creation of

Centres for Integral Protection of children and young people, which later became Rights Protection Offices, which still exist. The funding was shared between SENAME and the borough (Rojas, 2016).

Several things have changed since SENAME was created. New laws have been passed to follow the United Nations Committee on the Rights of the Child [UNCRC] guidelines. For example, in 2005 a new law for youth legal responsibility was passed. It established that young people from 14 years of age are legally responsible for their actions. They have the right to free legal counselling and sentences are supposed to be applied in moderation and on a different scale than for adults over 18 years old. For instance, imprisonment should be only applied in severe cases. Although the law has been modified, in practice things have not changed much. Indeed, in 2007, Chile modified the law and toughened the sanctions against young offenders. The UNCRC recommendations to Chile in 2015 expressed concerns about the extended use of imprisonment as a sanction (CRC, 2015). On a different issue, Chilean law established that parents had the right to 'correct' their children without specifying which forms of violence fitted within this right. Only in 2007 the law was modified to make explicit that this parental right excludes all forms of physical and psychological abuse, and that it must be exercised according to law and the UN Convention (Rojas, 2016).

Nowadays, SENAME works in a centralised manner. It is tightly linked to the justice system and depends administratively on the Ministry of Justice and Human Rights. SENAME oversees the protection of the rights of children and young people, and it also takes care of young people (between 14 and 18 years of age) who break the law. The service also regulates adoptions in the country. All the services and interventions offered by SENAME are mandated by a court order (SENAME, n.d.).

1.3.2. Alternative care

One of the main tasks of SENAME is to offer 'alternative care' to those children whose parents are not able to take care of them. Indeed, among the strategic objectives 2019-2022, one objective is 'to re-design the supply of alternative care and outpatient

programmes with standards that ensure the effective protection and reparation[8] of children and young people' (SENAME, 2021).

In 2009 the UN General Assembly approved the Guidelines for the Alternative Care of Children (United Nations, 2009). The aim was to clarify the conditions for out-of-home care to avoid the unnecessary separation of families and to guarantee children's rights when the main carers are not the parents. As a result of the approval of these guidelines, some Latin American countries such as Chile, Argentina, Colombia and Peru started foster care programmes that in the long term were intended to replace residential care.

Data from SENAME show that in 2014 out a total of 18,838 children in 'alternative care' programmes, 67,8 % were living in residential care. The remaining 32,2 % were part of some type of foster family, including kinship families, which represented the highest percentage of foster families in the country (SENAME, 2014). This situation was viewed with concern by international organisations. In its concluding observations on the fourth and fifth periodic report on Chile, the Committee on the Rights of the Child (CRC, 2015) stressed the importance of promoting foster care as an alternative to institutionalisation and recommended the development of family-type placements to ensure that children are not separated from a home environment.

Although the figures have improved, and in 2018 53,2% of children in alternative care were in residential care, the situation in the country is still poor in terms of protection of children's rights. Residential institutions have been deeply criticised in recent years in the country. In 2012, the Supreme Court, together with UNICEF, carried out a project to amalgamate all the existing information about children in residential institutions to allow the different stakeholders to make faster decisions in the best interests of children (Garcia & Hamilton-Giachritsis, 2014; Jeldres, 2013; UNICEF, 2013). To achieve this, they checked the material, organisational and management conditions of each residential institution, including a survey for children and adolescents (UNICEF, 2013). The results of this project showed severe deficiencies in the residential care system. Firstly, there was

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[8] The concept of 'Reparación' in Chile is used by SENAME to refer to the services that are aimed to 'repair' the damage caused to children when their rights have not been respected. It is particularly popular to describe the programmes that offer psychotherapy for children that have been abused or neglected. It is a controversial concept, as it makes reference to the idea that something can be returned to the state it was before, in this case, the children could go back to be who they were before the abuse of any kind. However, from a therapeutic perspective, this is not possible nor desirable (Capella & Gutiérrez, 2014).

a lack of clear criteria by which Family Courts made decisions. For instance, children were sent into care for indefinite time periods; there was no monitoring of the cases from the courts; and there were multiple lawsuits for the same child in one or more courts. Secondly, there were administrative problems such as incomplete records of relevant information for each child, with medical/school records lost. Moreover, children were not receiving adequate medical and psychological assistance; some children were receiving pharmacological treatment without having been diagnosed. Finally, the institutions did not have adequately trained carers, and SENAME was not properly supervising the functioning of the residential institutions (Jeldres, 2013; Silva, 2013; UNICEF, 2013).

These findings were not publicly known until an independent alternative newspaper called CIPER (Guzman, 2013) disclosed the information to the public creating controversy about the functioning of residential institutions and how they were taking care of children. Due to the seriousness of these cases, the Chilean Parliament set up a commission to investigate the institutions, which made a series of recommendations to improve the system according to international standards (Silva, 2013). Some of these recommendations were related to the creation, funding and regulations of 'out-of-home' care in the country. They highlighted the importance of foster families with the aim of providing a deinstitutionalised care system for Chilean children (Silva, 2013). As a result of the report, public policy has been developed to replace residential care by increasing the number of foster families, particularly for children under the age of three (Garcia & Hamilton-Giachritsis, 2014).

Despite the modifications generated by the alarming situation that these investigations revealed, not much has changed. In 2016 an eleven-year-old girl died while living in a SENAME home. This case created significant public commotion, leading to the creation of a second parliamentary commission to investigate SENAME's institutions. In October 2016, the commission revealed that 210 children had died when in a SENAME home in the last 11 years (T13, 2016). This situation brought back the urgency of making changes in the child care system in the country. However, there is little research in Chile (and Latin America) to inform either policymaking or the practice of the professionals in this area. In fact, international recommendations are mainly based on research carried out in developed countries.

During 2016 and 2017 the Committee on the Rights of the Child investigated the situation in Chile, establishing that there had been 'grave and systematic violations of at least fifteen rights recognized in the CRC against children under residential care in Chile' (Espejo, 2018). Since all these reports were known by the public, SENAME has been highly criticised and there are demands to transform the child protection system in the country.

Discursively, the idea of children as right bearers and the importance of the rights of the child has gained relevance in Chile (Rojas, 2016). However, the changes seem superficial and old practices based on the tutelary model and the neoliberal model continue. One of the most important changes so far, is that in 2018 a law was passed creating the Ombudsman for Children's Office. This is a public, autonomous institution with legal responsibility (Defensoría de la Niñez, 2019). It aims to disseminate, promote and protect children's rights according to the CRC. This institution can start lawsuits when they learn about crime against children and young people, and they must visit SENAME's residential care homes and juvenile justice centres to ensure that they are respecting children's rights. They also have within their functions to inform policy makers to ensure the CRC is considered within policy, watch over children's right to be heard, and take part in court hearings to inform the judge in cases that involve children and young people. The Ombudsman is elected by parliament and their tenure in office is five years. There is also a consultive board that counsel the Ombudsman, that includes members of the civil society, children's organisations, and universities (Biblioteca del Congreso Nacional, 2018; Defensoría de la Niñez, 2019).

The Ombudsman for the Children's Office has been emphatic in condemning SENAME and has pushed the agenda for a new child's protection institution and a law that guarantees the respect of children's rights. On the 20th of December 2020 a law was passed creating the Servicio Nacional de Protección Especializada a la Niñez y Adolescencia (National Service of Specialised Protection of Children and Adolescents)[9] which will be the successor service of SENAME. It will start functioning in October 2021. One of the main aims of this new service will be to work with families to avoid children going into 'alternative care', and in case this happens, children's rights are respected.

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[9] Still pending for Chile is the creation of the National Service of Social Reinsertion, that will be in charge of young people that break the law.

Over time residential homes have been closed, and new 'family homes' -smaller and personalised- have been created. The idea is that children remain under the care of their families. One of the main problems with this new system is that it will continue working under the realms of neo-liberalism, where the state's job of protecting children is delegated to the private sector, and services receive financial subsidies per child. Moreover, the new institution will be not effective if Chile does not have a law that protects children and young people, with a system that guarantees, through local policies, that all children can exercise their rights. Chile only has the Law for Minors that is focused on children 'at risk'. Chile is the only country in Latin America that does not have a law, which prioritises the protection and promotion of children's rights.

Residential Care

According to the current SENAME's guidelines, residential homes are meant to be temporary accommodation and should be orientated towards family reintegration. There are different types of residential homes designed according to children's specific needs. For instance, there are institutions for breastfed babies and toddlers, homes for older children and teenagers (6-18 years), among others. Whatever the specialism of the home, they should provide accommodation, food, shelter, recreation, affective and psychological support, and the provision of all the services and goods that are needed for children's well-being. Thus, the residential homes should have sufficient infrastructure, equipment and resources to protect children's rights in a safe environment (SENAME, 2016). However, as discussed above, Chilean children's homes are not fulfilling the minimum required standards to protect children and promote their growth and wellbeing.

Foster Care

Only in 2005 foster families were included as a formal programme with legal support in the country, and the use of this form of care has increased over time (Garcia & Hamilton-Giachritsis, 2014). Foster families are the first choice when children between 0 and 6 years of age are placed in care (Muñoz-Guzmán et al., 2015). According to SENAME's guidelines, foster families are a transitory placement for children whose rights have been violated and when they have been removed from their nuclear family by a court order. Foster families can include placement with the extended family of the child (kinship care) or with an external family (foster care).

SENAME's records show that 87% of all foster care in Chile is undertaken by the extended family of the child (SENAME, 2014). Specific guidelines for extended foster families are recent - January 2021, and there is not a particular name for this type of arrangement. This points to a certain lack of recognition and understanding of kinship care in Chile. Although there are specific guidelines for 'extended foster families', there is still a lack of research that allows us to understand the reality of these families and to implement policies and interventions according to their needs.

The technical guidelines on alternative care arrangements (SENAME, 2021) set out two different kinds of intervention: for children going into extended foster families and for those going into external foster families. The guidelines point out that extended family is the first option when 'alternative care' is needed, because it diminishes the impact of separation from the origin family and offers continuity to the child in cultural and identity terms. The support offered by the programme is mainly aimed to help the family and the child in the adaptation process, and to 'support the ability of the foster family to respond to the needs of the child during the transition to stable family care' (p.17). It is worth noting that all children that are referred to this programme have been sent to foster care through a court order; this means they are all in formal care.

1.4.   Grandparents as carers in Chile

As I mentioned in a previous section (1.2 Putting the research in context), extended family households represent an important number of households in Chile. The number of households in these arrangements has increased in the last twenty years, with a high prevalence especially for young women. Palma and Scott (2020), suggest that this increase might be due to two different processes. First, there has been a decrease in marriage rates together with a rising rate of cohabitation and lone parenthood, which makes necessary the support of extended family. Second, there has been a rise in women's employment, thus young women may need more support from their extended families to reconcile the demands of work and family. Thus, extended family has become a key source of support for younger generations, especially for women, in societies where families are going from being broad or horizontal towards being like a 'beanpole' were grandparents have an important role to play (Brannen, 2003).

Triadó et al. (2005) propose that there is a continuum in the frequency with which grandparents take care of their grandchildren. It goes from grandparents as primary carers, this is those who assume a parental role, to grandparents that only take care of their grandchildren occasionally, with a diversity of arrangements in between. Those grandparents who take care of their grandchildren, for example when the parents are working, receive the name of assistant carers. This kind of care by grandparents is frequent in Chile, with grandparents being active participants in the bringing up of their grandchildren, especially in middle and lower socioeconomic groups (Pizarro, 2012). According to the Fifth Survey of Quality of Life at the Old Age (UC- Caja Los Andes, 2019), 40% of elderly people said they were taking care of their grandchildren to some extent. This shows the importance of intergenerational solidarity and how multigenerational bonds are increasingly important in the context of major demographic changes (Bengtson, 2001).

The issue of grandparents taking care of their grandchildren has recently caught public attention in Chile. Indeed, a law has been discussed in Parliament in the last couple of years to pay a 'wage' to grandparents taking care of their grandchildren (Lepe, 2002). This would be a 'wage' for both parenting grandparents and those that are assistant carers. Until the beginning of this year it had not been approved. However, this is a controversial issue. In the debate in the media, sentences like 'a silent job carried out with love' or 'the trust on the care and love of grandparents is unrivalled' give the idea that it is something done purely out of love and in consequence it should not be paid. Moreover, in a note about this topic on TV, some grandmothers were asked if they thought they should be paid for taking care of their grandchildren, they replied 'no, she's my granddaughter, I'm happy to take care of her', or 'no, I rather see them well. And it is fulfilling' ('Proyecto busca remunerar a abuelos que cuidan a nietos', 2017). These comments downplay the work that this task implies. I will discuss this issue further in Chapter 3.

Although grandparents as carers of their grandchildren have been increasingly debated in Chile, research on the topic is scarce, both for full-time carer grandparents and for those that do it part time. In the UK, grandparents as a focus of study were ignored in sociological research for a long time with a recent re-emergence of interest on grandparenting (for example, Dench & Ogg, 2003; Timonen & Arber, 2012).

1.5.   Summary

In this chapter I have set out my motivation for doing the study and my past experience in working with children in the child care system. I have briefly set out the aims and research questions that the thesis will examine. Then I provided a definition of kinship care that I propose to use in this study. Next, by way of contextual background, I have described some of the main socio – demographic characteristics of Chile. This review provides some macro context for my study and the places where I did my study. I will be providing more detail of the particular locations in Chapter 4. In section 1.3, I described the formal care system in Chile: SENAME, residential, foster care and kinship care. In the final section I briefly discussed the importance of grandparents' support in children's upbringing in Chile, which provides context to understand informal child care arrangements.

In Chapter 2, I will review the literature in kinship care, both in Chile and globally. Chapter 3 will examine the main theoretical concepts that will guide the thesis. Chapter 4 discusses the methodology of this study. Chapters 5, 6, 7, 8 and 9 analyse the data in relation to my research questions. Finally, Chapter 10 will discuss the findings and the main contributions of the study to the field of kinship care, and particularly grandparent care. Now let us turn to Chapter 2 to discuss the current literature on kinship care globally and in the Chilean context.

Chapter 2: Literature Review

Knowledge emerges only through invention and re-invention,
through the restless, impatient, continuing,
hopeful inquiry human beings pursue in the world,
with the world, and with each other

Paulo Freire, Pedagogy of the Oppressed

In this chapter, I will be looking at the literature on kinship care in western and non-western countries. The main focus will be on research carried out with parenting grandparents and their grandchildren. I started the literature review on kinship care searching in the database Web of Science, which allowed me a comprehensive search of the most important studies on the topic. Simultaneously, I looked for articles cited in those studies that seemed to be relevant to my research topic - a 'snowballing literature search'. Additionally, I carried out several searches in Explore, the UCL tool for browsing different databases. To find literature about the research topic in Chile and Latin America, I searched the database Scielo, which has articles published in open access journals. This database was created to improve access to scientific literature of developing countries (to see all the searching words and criteria see Appendix 1).

2.1. Research on Kinship Care in Western societies

Internationally kinship care is increasingly being used as a care placement. The growing number of kinship care placements has in turn increased the interest of researchers, and currently we can find an expanding body of literature on kinship care (e.g., Hunt (2020) review of literature on kinship care in the UK in the last 20 years; and Brown et al. (2019) summary review of international systematic reviews and meta-syntheses).

Literature on kinship care encompasses a wide range of topics such as the characteristics of children in kinship care, the characteristics of the arrangements and how they compare to non-kinship care, the provision of services and intervention for the families, among others. In this section I will be looking at some of the key findings and show how they

relate to the ways in which I set out to study kinship care in the thesis, to later discuss how they fit into my understanding of kinship care. Given that this thesis is about a specific group of kin carers - grandparents - I will only provide a general overview of the literature on kinship care and focus on the specific research on grandparents.

It has been frequently documented that kinship care is a more stable arrangement compared to non-kinship foster care (Andersen & Fallesen, 2015; Bell & Romano, 2017; L. Brown & Sen, 2014; R. Brown et al., 2019; Cuddeback, 2004; Del Valle et al., 2009; Font, 2015; Koh, 2010). For instance, Winokur et al (2018), carried out a systematic review on the effect of kinship care compared to foster care on the safety, permanence and well-being of children removed from home for maltreatment. They found that children in foster care were 2.6 times more likely to experience three or more placements than children in kinship care (Winokur et al., 2018). However, the reasons for this remain understudied as Font (2015) argues.

Some studies suggest that the stability of kinship care may be in part explained by characteristics of the children (Lutman et al., 2009). Age at entry to kinship care is one of the most studied factors associated with stability of the placement (Altshuler, 1999; Farmer & Moyers, 2008; Terling-Watt, 2001; Webster et al., 2000). In their summary of international research, Brown et al (2019), found that children who are older at entry to care, with histories of abuse, behavioural difficulties and placement instability are at higher risk of instability across a range of settings, including kinship care. However, as Lutman et al. (2009) found, this does not mean that all the placements of older children are disrupted, or all the placements of young children are stable.

Stability is one of the most cited advantages of kinship care placements; there seems to be an assumption that placement stability is desirable and positive. Nevertheless, as Lutman et al. (2009) insightfully point out, there are reasons to believe this is not always the case. Interestingly, Farmer and Moyers (2008) found that unsatisfactory kinship care placements tended to last longer than deficient foster care placements. Thus, the stability of the placement does not necessarily translate into quality, although this last concept can be argued. Lutman et al. (2009), in their study in the UK, found that a significant number of placements ended because the child asked to move. They generally stayed within the

family network and kept a good relationship with their former carer. In those cases, the disruption of the placement might be seen as positive.

Another important topic studied in the literature is related to the outcomes of children in kinship care. These outcomes are mainly explored in terms of mental health, well-being, and educational attainment (Brown et al., 2019). According to Hunt et al. (2008) there is a need for evidence on outcomes that permit a fuller picture of the impact of kinship care on children's lives. In their review, Winokur et al (2018) found that children in kinship care had lower reported levels of internalising and externalising behavioural problems than children in foster care (see also Rubin et al., 2008). Similarly, children in kinship care present less mental health issues than their peers in foster care (Holtan et al., 2005; Iglehart, 1994). This is supported, for example, by the study of Holtan et al. (2005), who analysed 214 children in foster and kinship care in Norway. They found that children in kinship care had fewer emotional and behavioural problems than the non-kin foster group, according to their scores in the Child Behaviour Checklist (CBCL)[10]. However, both groups scored above the clinical levels on the Total Problems scale. When the relation between type of placement and high score in the Total Problems scale was controlled against other explanatory variables, placement type was not significantly related to outcome; being male and placed outside the local community were significantly related to scores in the clinical range.

When compared to children in the general population, children in kinship care are reported to have more behavioural issues (Cuddeback, 2004; Dubowitz et al., 1993, 1994; Tarren-Sweeney & Hazell, 2006). For example, Dubowitz et al. (1993), applied the CBCL to 346 kinship carers in the US, and found that 42% of boys and 28% of girls had overall CBCL scores in the clinical range, compared with an expected 10% in the general population.

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[10] The CBCL is an empirically derived measure that is completed by the child's parent, or by a caretaker who has taken care of the child for 6 months or more. For children aged 4 to 18 years, a parent or primary caregiver reports on the child's academic performance, social and peer relationships, and family relationships, and indicates how true a series of 112 problem behaviour items are for the child. In addition to "narrow-band syndromes" such as Withdrawn Behaviour, outcomes can be determined for significant problems with Internalizing Behaviour (e.g., depression, anxiety), Externalizing Behaviour (e.g., aggression, violence), or Total Problems (Heflinger et al., 2000).

Several studies reviewed here were qualitative studies although the quantitative positivist approach has predominated in the research on this topic (Skoglund & Thørnblad, 2019). Behind the quantitative approach there is the assumption that understands kinship care as a service within child protective services. Indeed, all the articles reported in the previous paragraphs were about 'kinship foster care', that is formal arrangements. Research on informal kinship care is still scarce.

According to Skoglund and Thørnblad (2019), this understanding of kinship care as a service within children's services leads researchers to study topics such as stability of the placement, effects, and comparison with other placements. This approach also leads to questions about the quality of kinship care and how it compares to other non-kinship care placements. However, several issues arise from these approaches. For example, the experiences of the members of the families are often excluded, and the ways in which they understand and give meaning to their situations is important for how they experience the 'outcome'. Moreover, the comparison between the effects or outcomes of kinship care and non-kinship care fails to consider the diversity and family compositions *within* these groups. Besides it is important to remember that the study of these families is not only about caregivers and children, but it also has to do with socio-economic status, age, gender, and other social categories.

In contrast, Skoglund and Thørnblad (2019) propose to approach kinship care as upbringing by relatives, instead of a service. This means approaching kinship care as a way of organising family life in all its diversity and complexity. This approach opens up different questions for researchers, questions about how family, childhood and parenthood are negotiated and lived among these families. By trying to understand how family is practiced, this approach involves acknowledging the perspectives of all the people involved including the children.

2.2.   Research with parenting grandparents in Western countries

Research shows that over the past two decades the number of grandparents who are primary caregivers for their grandchildren has increased in Western countries giving way to a new type of family form, the grandparent-headed family (Backhouse & Graham, 2013; Cuddeback, 2004; Dolbin-MacNab, 2006; Purcal et al., 2014; Sands et al., 2009;

Sprang et al., 2015). This situation has produced a growing body of research studying parenting grandparents, which has mainly been focused on the effects and challenges of parenting a grandchild. The most significant challenges that these grandparents face are financial, health and emotional problems (particularly stress and its consequences), legal issues, social isolation and lack of support (Backhouse & Graham, 2013; Grinstead et al., 2003; Harnett et al., 2014; Kelley et al., 2000; Purcal et al., 2014). However, there is significantly less in-depth research studying the grandparents' experiences on their 'parenting-again' role. In this section, I will present the findings of research addressing parenting grandparents, mainly in the UK, the US and Australia. This topic has been more extensively researched in these countries and, consequently, literature from these countries predominate in scientific databases. By presenting the findings of these studies, I will show that parenting grandparents have characteristics and needs that are different from those of other caregivers.

2.2.1. Reasons for the placement with grandparents

There is abundant information about the main reasons for the increasing number of children under grandparents' care. Recent studies agree that children get to live with their grandparents mainly due to parents' substance abuse, domestic violence, child abuse and neglect, and also because of the death of one or both parents (Backhouse & Graham, 2013; Dolbin-MacNab, 2006; Harnett et al., 2014; Sprang et al., 2015). These findings suggest that a high percentage of children in grandparent care have been through early adverse experiences.

It is interesting to point out here that in other contexts the reasons why children go into grandparent care are different. For example, in a study in Hong Kong, Hung et al (2018) interviewed 29 skipped-generation families[11]. The researchers found that the causes for the grandparents to take their grandchildren into care were mainly divorce/separation of their adult children (16 cases), followed by the parents being unwed/young (8 cases). In four cases the parents did not live in Hong Kong and in one case the parents worked long hours. Other studies suggest that in China, the large number of grandparents taking care of their grandchildren is related to modernisation and the increasing job opportunities in

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[11] Skipped generation families are families in which grandparents raise children and parents are absent from the household (Hung et al., 2018).

the big cities that have led to migration of young adults from rural areas (Burnette et al., 2013; Dolbin-MacNab & Yancura, 2018). Thus, even though globally grandparents seem to be increasingly taking care of their grandchildren when parents cannot, it is key to remember that the experiences are context specific.

Taking on this new role seems to be particularly challenging for grandparents. Factors like age and financial constraints make the task even more difficult for them compared to, for example, foster carers. Indeed, the latter prepared themselves to take care of a child, and often have the resources to do it. By contrast, grandparents take their grandchildren into their care unexpectedly. Some of the reasons they give to take care of the children are that they want to avoid other types of 'alternative care' for the child, they were the only person available to take care of the grandchild, they have a desire to nurture their grandchild, and they feel they would be better parents than the child's birth parents (Dolbin-MacNab, 2006; Harnett et al., 2014; Weber & Waldrop, 2000). Grandparents agree to take care of the children mainly because they think that remaining under their care is the best option for the children at that moment. However, becoming a parenting grandparent is a demanding task for the grandparents.

2.2.2. Challenges of parenting grandchildren

<u>Stress and grief</u>

Feelings of sadness, anxiety and stress accompany the many changes in grandparents' lives when they take care of a grandchild. There is an extensive body of research consistently showing how parenting grandparents present higher levels of stress compared to other groups of carers. For example, Harnett et al. (2014) carried out a quantitative study in Australia, including 114 caregivers; 61 were foster carers, and 53 were grandparents in informal arrangements. These caregivers were assessed with a series of psychological instruments, and it was found that 17% of the grandparents scored in the clinical levels of stress when assessed with the Parental Stress Index, compared to only 4.9% of foster carers. The high levels of stress among grandparents in different studies have been linked to different causes; for instance, the number of children in their care, lack of social support, and their physical health (Kelley et al., 2000). An important source of stress is related to the demands of assuming a parental role during middle or later life. Grandparents are generally older than other carers (Whitley et al., 2001), and there is

some evidence suggesting that they have more health issues than other non-caregiver grandparents (Grinstead et al., 2003; Leder et al., 2007).

The stress may also be related to the difficulties of raising children with behavioural or emotional problems (Backhouse & Graham, 2013; Dolbin-MacNab, 2006; Hayslip et al., 1998; Pilkauskas & Dunifon, 2016). The children's early exposure to trauma may explain some of the difficulties that arise when they go to live with their grandparents. These include behavioural problems, academic difficulties, anxiety, depression, and health problems among others (Dolbin-MacNab, 2006; Goodman, 2012; Pilkauskas & Dunifon, 2016; Sands & Goldberg-Glen, 2000). Sprang et al. (2015) studied the relationship between the child's behavioural problems and grandparents' stress. They studied a sample of 297 custodial grandparents in the US, who responded to a series of standardised instruments about themselves and the children's exposure to traumatic events. The results show that when children had been exposed to a wide variety of traumas, there were higher levels of conflicts in the relationship with their grandparents. These conflicts were in turn associated with a higher level of stress in the grandparenting role and a lower level of emotional well-being. The researchers did not find a direct link between the child's trauma exposure and grandparents' stress. In the same way, Harnett et al. (2014) found that when the children are perceived as difficult to manage and less rewarding to care for, grandparents reported higher levels of stress. In sum, the psychological difficulties that children may experience are in part a product of exposure to traumatic experiences, which in turn seem to have a high impact on grandparents' levels of stress.

An issue that has not been widely explored in the literature is the grief that grandparents experience linked to loss of different kinds. They may face sadness, disappointment, anger, frustration and other feelings related to the current situation of their adult child, who cannot take care of their own children. For example, Backhouse and Graham (2012, 2013) carried out a study in Australia with 34 parenting grandparents (15 of them in informal arrangements) to explore the meanings these grandparents attached to the experience of bringing up a grandchild. Using a narrative approach, they found that many grandparents felt guilty and ashamed because they had not brought up what the authors called a 'well-functioning' adult child. Additionally, grandparents assuming parenting roles are in a role-identity conflict, in which they are negotiating between playing the traditional grandparent and their new parental role (Backhouse & Graham, 2013;

Goodman, 2012; Morrow-Kondos et al., 1997). The loss of the traditional grandparent role affects grandparents generating feelings of being unrecognised because others assume that, due to the fact of being family to the children, grandparents have the duty of taking care of them. They feel disadvantaged because they do not receive much community support and feel misunderstood because other people are not used to their role; and they also feel socially isolated (Backhouse & Graham, 2012).

Financial needs

Grandparents are significantly more likely than other carers to face major financial problems, and more likely to depend on economic support from government (Harnett et al., 2014; Purcal et al., 2014). Although financial struggle seems to be a common experience among grandparents, Purcal et al. (2014) found that the experience may vary according to the grandparents' age. There is an inverse relationship between age and household income. Older grandparents (65+ years) generally living on their pensions may be in a more vulnerable economic situation compared to younger grandparents (under 55), who obtain their income from their jobs. Besides income, other financial-related issues worrying grandparents are the need to change their employment arrangements to take care of their grandchildren, which may mean a shortage of income; and having to make changes to their houses as they were not suitable to take care of one or more children (Purcal et al., 2014; Backhouse & Graham, 2012). Financial constraints are a stress factor mentioned in a vast majority of studies, becoming a key element of the experience of raising grandchildren.

Social isolation

By taking their grandchildren into their care, grandparents also see their social life significantly affected. Social isolation is one of the most mentioned negative effects of parenting a grandchild. Due to childrearing, grandparents tend to have less time for social life. It has been shown that grandparents tend to lose friends and personal connections. For example, the grandparents in Purcal et al. (2014)'s sample in Australia felt isolated because they could not join leisure and retirement activities with their friends. It seems that the childrearing task takes time and energy from the grandparents' lives, limiting the possibility of expanding their social activities.

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Legal issues and formal support

A final issue that adds complexity to the grandparents' lives is their relation to children's services and the legal system. Different studies point out that the lack of support and the task of dealing with children's services become a source of stress for grandparents. For example, Backhouse and Graham (2012, 2013) found that grandparents felt there was a stigma attached to their role, that they are blamed for their own children's situation and in consequence for having to raise their grandchildren. Thus, they feel that they have less social support when compared to other carers. In fact, the authors found that grandparents felt that foster carers were more appreciated for the job they do, while grandparents are expected to do the caring of their grandchildren without any recognition.

In addition to the previous issues, it is relevant to consider the status of the placement to understand the grandparents' experiences. For grandparents in formal arrangements, dealing with children's services seems to be a difficult task. The grandparents have to deal with state policies and the intervention of the state in their private family life (Backhouse & Graham, 2013; Purcal et al., 2014). On the contrary, informal caregivers are thought to be a large group, and due to their lack of connection with children's services, they generally lack support and information from the government and NGOs (Harnett et al., 2014; Letiecq et al., 2008; Morrow-Kondos et al., 1997). This lack of access to formal support can leave informal carers in a highly vulnerable situation.

2.2.3. Positive aspects of parenting grandchildren

Literature has afforded little attention to the positive aspects of grandparents taking a grandchild into their care. Despite all the difficulties faced by grandparents, most of them report satisfaction with their role and think that the optimal solution was for their grandchildren to move in with them (Dolbin-MacNab, 2006). Weber and Waldrop's (2000) qualitative research, for instance, analysed the changes in family relationships when 38 caregivers started raising their grandchildren in the US. Grandparents experienced satisfaction in their relationships with their grandchildren because they believed they were making a difference to their grandchildren's lives, experiencing a greater sense of purpose, and feeling the love of a child. Raising the children in a loving and safe environment seems to be a key factor in the grandparents' satisfaction levels (Backhouse & Graham, 2013; Morrow-Kondos et al., 1997).

Grandparents see parenting their grandchildren as a second chance to be 'good' parents. Wisdom coming with age and the fact that they raised their own children, seems to give the grandparents confidence to assume their new role. Dolbin-MacNab's (2006) paper analyses 40 semi-structured interviews with grandmothers raising adolescent grandchildren in the US; it found that 23% of grandmothers expressed feeling wiser and more experienced when parenting a second time; some of them also pointed out that it felt like a second chance to avoid the mistakes they had made with their own children. Additionally, this sense of confidence allowed them to enjoy parenting their grandchildren more compared to parenting their own children. These benefits may affect grandparents as well as their grandchildren. Because of their life experience, these grandparents may be better able to deal with their grandchildren, who often have psychological difficulties due to early adverse experiences (Backhouse and Graham, 2012).

2.3. Research with children in kinship care in Western countries

Despite the growing number of studies addressing kinship care, there are still few focussing on the particular experiences of children in this type of placement. As I showed before, most of the information we have about children in kinship care is quantitative, based on questionnaires completed by grandparents about some aspects of their grandchildren's life. Even though these studies give us relevant characteristics of these children, they do not tell us about children's experiences of being in kinship care. Those studies focusing on the experiences of children, and specifically in grandparent care, are even more scarce. In this section, I will present a review of existing literature centred on children's perspectives and experiences in kinship care, pointing out the particularities of children under the care of grandparents. These studies are largely qualitative.

2.3.1. Transition into care

The literature mainly addresses the knowledge children have about why they are in care, their ability to remember the transition, and the adaptation difficulties experienced by those children that can remember. Most children have some idea about the reasons for not being under parental care. For instance, Aldgate (2009) studied 30 children (8 to 16

year olds) in Scotland, who were under local authority care. She interviewed them and found that around two-thirds of the children had some idea of why they had been placed in kinship care. Also in the UK, Farmer, Selwyn and Meakings (2013) interviewed 80 children between 8 and 18 years of age and their informal kinship carers, finding that in their sample one in five children did not know clearly why they had been removed from their parents' care.

In some studies, children could not remember the transition into care. For example, in the US, Messing (2006) carried out focus groups with 40 children in kinship care; 30 of them were living in formal arrangements while the other ten were in informal placements. The author found a group of children in her sample that were too young to remember the transition to a new placement; these children had been told short factual stories about their placement. It is worth noting that some carers were not very inclined to tell the children about their life stories. In the cases of children that were old enough to remember the transition, it seems that the exact moment when they went into care is not clear enough. Messing (2006) found that the children in her sample had lived with their relatives before or had been moving in and out of their relatives' and parent's houses, which made it difficult for children to understand the transition to live permanently with extended family. This was particularly true when the parents were still present in their lives.

Once they had moved with their relatives, the most frequently mentioned difficulties that children faced were related to having to adapt to a new house, to a different parenting style and a new context, which in many cases meant losing their friends (Aldgate, 2009; Burgess et al., 2010). In different studies, many children recognised that caregivers were stricter than their parents, which seems to be particularly true for children under grandparents' care (Downie et al., 2010; Sands et al., 2009). In fact, the participants in different studies with grandparents and grandchildren (Dolbin-MacNab & Keiley, 2009; Downie et al., 2010) thought that this protectiveness and the strict rules were related to the grandparents' fear of them becoming like their parents, that is to say, drug addicts or being sent to jail, among other issues. Despite the difficulties in adapting to stricter carers, several studies suggest children thought that rules and boundaries are part of living in a family and that rules are an important part of caregiving (Aldgate, 2009; Altshuler, 1999; Messing, 2006).

2.3.2. Family Contact

Parents appear to be significant figures for children and their grandparents, whatever their involvement in the children's lives. The relationship of these children with their parents is complex, and the topic is highly sensitive for children and grandparents to explore and understand, and in consequence it is difficult for researchers to address. Children who were in contact with their parents were often disappointed in the quality of their relationship with them and reported being let down by their parents (Burgess et al., 2010; Dolbin-MacNab & Keiley, 2009; Farmer et al., 2013; Kiraly & Humphreys, 2013a; Messing, 2006; Sands et al., 2009). This opens up the question for researchers about how to address this sensitive topic in an ethical and careful manner in research.

Some general characteristics of the relationship of children in kinship care with their parents have been described in the literature. For instance, children in kinship care have more contact with parents compared with children in foster care (Farmer & Moyers, 2008). However, this relationship seems to be conflictual and ambivalent, and there seem to be two primary forms of keeping the bond with parents. On the one hand, the relationship is described as fun and a source of companionship; and it is based on spending time mainly in leisure activities with parents (Dolbin-MacNab & Keiley, 2009). Positive descriptions of parental contact have been mainly found in cases with informal arrangements where the visits are casually arranged and not imposed by court. It seems that informal and flexible visiting arrangements were favourable for children to keep a good relationship with their parents (Kiraly & Humphreys, 2013b). On the other hand, young people may establish a distant relationship with their parents, characterised by distrust, fear, sadness and anger. In these cases, the relationship is many times described as unhealthy, unsafe and unpredictable. In fact, studies show that there are some children that did not want to keep a close relationship with their mothers and did not want to go back to live with them, particularly when they had memories of difficult experiences while living with their parents (Burgess et al., 2010; Dolbin-MacNab & Keiley, 2009; Messing, 2006). An example of this is shown in Farmer et al.'s (2013) study in the UK where 41% (n=80) of children did not include their parents in their inner circle of people that were more important to them.

This dichotomous characterisation is made for analytical purposes, but it seems that in the relationship between these children and their parents, these two patterns overlap. The relationship may be described as ambivalent as children want to have a close relationship with their parents, but at the same time, they feel sad and angry because their parents cannot take care of them (Aldgate, 2009; Heptinstall et al., 2001; Iyer et al., 2020; Kiraly & Humphreys, 2013b; Messing, 2006). It is worth mentioning that, in research with children whose sole caregivers were grandparents, the relationship of children with their parents seems not to interfere with the quality of their bonds with their caregivers (Dolbin-MacNab & Keiley, 2009).

There are differences in the description of the relationship of these children with their mothers and fathers. Regarding the relationship with mothers, Messing (2006) shows that children were often let down by their mothers, mainly because they were not able to spend time with the child or were paying little attention to them when they spent time together. Similarly, Kiraly & Humphreys (2013b), presented the results of 16 individual interviews and two focus groups with young people (10-29 years) in kinship care in Australia and found that young people described some experiences about their contact with their mothers as hurtful.

Children tend to compare their mothers and their current caregivers, with the former described in more negative terms. Although children feel anger towards their mothers, they wished they could live with them at some point in the future (Messing, 2006). The relationship with their mothers was significant for these children, but most of them accepted the permanency of their current situation and preferred to live with their relatives (Altshuler, 1999; Dolbin-MacNab & Keiley, 2009). Thus, ambivalence in the relationship of children with their mothers seems to be a common feeling among children in kinship care.

Regarding the relationship with fathers, it has been found that there is a lower expectation about the relationship with fathers in comparison with mothers (Kiraly & Humphreys, 2013b; Messing, 2006). Research also shows that fathers are generally absent from children's lives, which generated sadness and anger among children (Kiraly & Humphreys, 2013b). The fathers' behaviour was generally described as erratic compared

with that of the mother (Messing, 2006). However, there is not much literature describing the relationship of children in kinship care with fathers.

Relationships with other family members appear to be important for children. Extended family members such as aunts, uncles and cousins were an essential part of children's support networks, representing people with whom children had a significant bond (Aldgate, 2009; Altshuler, 1999; Downie et al., 2010; Kiraly & Humphreys, 2013b). Additionally, children mention contact with siblings as a highly relevant issue. On many occasions, siblings are not placed together, but children keep regular contact with non-resident siblings. Siblings are an important part of children's social networks and a significant source of emotional support (Aldgate, 2009; Burgess et al., 2010; Downie et al., 2010; Farmer et al., 2013; Kiraly & Humphreys, 2013b). In other studies with foster children (including children in kinship care), siblings appear important because they seem to provide a sense of continuity for children who have faced many life changes (Heptinstall et al., 2001). In sum, the support given by other family members, particularly by siblings, seems to be a key issue in understanding grandchildren's experiences of being in kinship care.

2.3.3. Children's relationship with carers

Children have important emotional bonds with their caregivers, they feel loved and nurtured by this relationship. Children described their caregivers as people that made them feel loved, secure and wanted (Aldgate, 2009; Altshuler, 1999; Burgess et al., 2010; Dolbin-MacNab & Keiley, 2009; Downie et al., 2010). The majority of children considered their caregivers as people to whom they would go to when they were worried about something (Aldgate, 2009; Farmer et al., 2013). Farmer et al. (2013) interviewed and assessed 80 children and their caregivers in informal placements. They found that children in kinship care presented high levels of emotional or behavioural difficulties compared with those children in the general population. However, their overall attachment score to their primary carer was similar to that of children in the general population. This result seems significant because it is generally expected that, due to previous adverse experiences, children in care will present attachment issues.

Consequently, young people have a strong feeling of gratitude towards their caregivers. Children described their carers in favourable terms such as kind, thoughtful and available to fulfil their needs. This gratitude was expressed through young people's behaviours, for example, they tried to be cooperative with and considerate to the carers (Dolbin-MacNab & Keiley, 2009; Downie et al., 2010; Messing, 2006; Sands et al., 2009). In the specific case of children in grandparent care, Dolbin-MacNab and Keiley (2009) found that this feeling of gratitude seemed to be independent of the length of time the children had lived with their grandparents or the grandchildren's ages. Conversely, they found that the emotional bond that children had with their grandparents was influenced by the frequency of children's contact with their parents and the amount of time they had lived with the caregivers. When children had lived with grandparents from an early age, they described the relationship as a parent-child one; children who had lived with grandparents just for a short period of their lives and who were in contact with at least one parent did not see their grandparents as parents. However, all these children highlighted positive aspects of their relationship with their grandparents.

There are some studies conducted specifically with grandchildren that show difficulties in the child-carer relationship. For instance, Aldgate (2009) has pointed out how difficult it is for older children to adapt to living with their grandparents, particularly because of the difficulties posed by the big generational gap between grandparents and young grandchildren. Others like Backhouse and Graham (2012) found that raising teenagers in a modern world concerned grandparents. The difficulties of the generational gap seem to be particularly relevant in the context of grandparents' care.

2.3.4. Concerns about carers' health and age

Carers' health and age are mentioned as a problematic aspect of the relationship and a source of stress for children. In different studies, children expressed their worry about the health of their caregivers, especially when they were their grandparents, who were usually elderly. Children thought that the task of caring for them was an additional source of stress for grandparents, and it often resulted in the grandparents being tired. Many of the children were anxious about the possibility of their grandparents passing away and what their future would be in that case (Dolbin-MacNab & Keiley, 2009; Downie et al., 2010; Farmer et al., 2013; Messing, 2006). This anxiety may have been reinforced by the fact

that adults tend not to discuss the future with children; thus, they did not know what the plan was in case something happened to their carers (Aldgate, 2009).

The age and fragile health of grandparents seem to be also related to some difficulties in children's social lives. It has been found that children living with elderly carers had low participation in social activities; they tended to have limited contact with friends and smaller social networks (Farmer et al., 2013). This is reflected, for instance, in the research developed by Farmer et al. (2013) who found that as the age of the carer increased, the size of the children's inner circle of important people decreased. This happened because some of these children tended to spend time taking care of their grandparents and helping them with the household chores. In sum, the health and age of grandparents seem to be a significant source of stress for children, impacting different areas of their lives.

2.3.5. Improvement in children's life conditions

It is a common finding that children in kinship care report an improvement in their life conditions, not only materially but also emotionally compared with when they lived with their parents. Children highlight the importance of living in a safe environment. This seemed to be particularly relevant for children who remembered their lives with their parents as chaotic and violent. These young people were more likely to value their caregivers' efforts and recognise the positive impact of a stable environment on them (Dolbin-MacNab & Keiley, 2009; Downie et al., 2010; Farmer et al., 2013). Additionally, children recognised that living with kinship carers had provided them with physical security, because they were sure they were going to have food, shelter and clothing. Stable routines were highly valued as an expression of love and care (Aldgate, 2009; Dolbin-MacNab and Keiley, 2009).

This context of caring and stability may have a positive impact on different areas of children's lives. Children highlighted that now they could make and maintain friendships and do better in school. Many young people were succeeding at school, which gave them confidence and improved self-efficacy (Aldgate, 2009; Messing, 2006). Moreover, stability may help them to think about their future considering different pathways. For instance, the adolescents in Dolbin-MacNab and Keiley's study (2009) in the US

recognised that thanks to their grandparents' efforts, their life trajectories were improved because they were doing better at school and staying out of trouble. This literature shows that all these improvements in children's lives were directly related to the feeling of gratitude that they showed towards their caregivers.

2.3.6. Stigmatisation

The literature shows contradictory findings regarding children's feelings of being stigmatised because of their family situation. On the one hand, studies like Farmer et al.'s (2013) in the UK, found that a high percentage of children in their sample (36%, n=80) had received hurtful comments because of their family situation. Specifically, some children had been bullied because they were being brought up by kin; sometimes parents were known locally for their drug addiction or alcoholism, and this was a reason for bullying them. Other studies in the UK and the US (Aldgate, 2009; Downie et al., 2010; Messing, 2006) also found that children were teased or bullied because of their placement situation. It, however, seems to be limited to a small group of children.

On the other hand, other research has found that children feel that their families are similar to their friends' families; with the majority of them reporting that when they told their story to other children, these children took it naturally (Kiraly and Humphreys, 2013b; Messing, 2006). Children presented mixed feelings about their living arrangements, some feeling more comfortable than others about speaking of their families. Kiraly and Humphreys' (2013b) research in Australia found that children who feel uncomfortable talking about their placement, had developed different strategies to cope with this situation such as dismissing the issue, telling a cover story, etc. As can be seen, there are a variety of experiences around the issue of stigmatisation because of the living arrangements in this group of children.

Studies also highlight the importance of peers in normalising the kinship care experience (Burgess et al., 2010; Messing, 2006). Studies show that children who talked to their friends about their situations, found that many of their friends also were living in a foster home instead of with parents. Talking to these friends is a source of support and helped them cope with their problems (Downie et al., 2010; Kiraly & Humphreys, 2013b; Messing, 2006). Despite the children's positive approach reported by these authors, they

suggest that even in the cases in which children cope positively with the situation, they are aware of being 'kinship care children', which may mean they feel marked out as different. It is worth remembering that this feeling of stigma seems to be present in children in studies that were conducted in Western countries (the US, the UK and Australia), and it may be different in other societies.

2.3.7. Formal and informal support

Children identify their caregivers, family members and friends as a source of informal support (Aldgate, 2009; Burgess et al., 2010; Downie et al., 2010; Sands et al., 2009). Regarding formal support, the most frequently mentioned source of help was social workers. For instance, most children in Aldgate's study (2009), who were under local authority care in the UK, said they knew what a social worker was when they were asked. However, Burgess et al. (2010) found also in the UK that only four of twelve children in their research had on-going social work involvement. Only two children reported seeing their social worker on a regular basis and named the professionals as a source of support. The rest of the children reported mixed experiences in their relationships with their social worker.

2.3.8. Participation in decision-making

Research shows that children in kinship care feel their opinions are not adequately considered, either about the placement or during the fostering (Altshuler, 1999; Kiraly and Humphreys, 2013b). The results of these studies show that children feel they lack control regarding decisions about their life. Some children had parental contact against their will, feeling they did not have a choice. They had to take on people in power relationships such as caregivers, children's services and other authorities (Kiraly and Humphreys, 2013b). For instance, in Altshuler's study (1999) of the experience of African American children living in kinship care in the US, only one girl out of six explicitly reported that she had been asked her opinion before being placed with her kin. The other five young people in this study, aged 10 to 15, said they were not consulted about placement or did not receive any explanation about the changes in their lives. In this study, the participants highlight the importance of being asked for their opinion about their future and needs.

2.3.9. Children's expectations of their futures

When children were asked about their expectations about their living situation in the short term, they mainly thought they would be living with their current carers (Altshuler, 1999; Farmer et al., 2013). Although this may be an indicator of the stability of the placement, it does not mean that children see their current home as a permanent placement or as normative. The issue of future placement appeared problematic for children in the reviewed literature. They experienced a conflict of loyalties, meaning that they experience conflicted feelings of loyalty between their caregiver and their parent(s) and showed ambivalence when asked where they preferred to live (Altshuler, 1999; Messing, 2006). Messing (2006) describes a continuum going from those children who were hoping to live with their parents in the short term, to those children who did not want to go back to live with parents. Thus, in the latter case, they thought their placement was permanent.

2.4.   Research on Kinship Care in Chile

Specific research regarding kinship care in Chile is recent and scarce. The research on this topic is mainly framed in the context of research on foster care. In the current Chilean context, it seems difficult to make distinctions between these two types of care, mainly because there is a lack of conceptual clarity about the meaning of kinship care.

One of the first and few studies that have researched kinship care in the country was published in 2015. Zavala (2015) presented the results of this research in her doctoral thesis. She developed a quantitative study to investigate the characteristics of foster families such as family functioning, children's development, and children's psychological adjustment. She designed a cross-sectional study, with an ex-post facto[12] design. The participants were 158 families that were part of a SENAME's programme in Santiago, Chile during 2010. This means that all the families were in formal arrangements. In each family, she included the primary carer and one child as participants in her study. The sample included foster families (N=53) and kinship families (N=105) with children between 4 and 12 years of age (M: 8.5; DS: 2.71), with an even number of

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[12] Ex post facto study or after-the-fact research is a category of research design in which the investigation starts after the fact has occurred without interference from the researcher. The majority of social research, in contexts in which it is not possible or acceptable to manipulate the characteristics of human participants, is based on ex post facto research designs (Salkind, 2010).

boys and girls. To gather information, she applied a series of standardised instruments, to the caregivers and children. Some of the questionnaires were adapted to apply them to grandparents instead of parents, and to make them understandable for Chilean Spanish speakers.

The results of this study contribute interesting and novel information about the characteristics of children, their carers and parents. Regarding the children, their average age at the beginning of the fostering was 3.52 years. Children in kinship care were younger at the beginning of the fostering compared to those children in foster care. Almost half of children had previously lived in alternative care; children with more previous placements were currently found in a higher proportion in foster families. Before being placed in foster care, 95.8% of children had suffered some type of abuse.

The children's parents presented one or more risk factors such as substance abuse, mental health issues, previous incarceration, and criminal behaviour, among others. The most common causes for the care placements were abandonment and child abuse. The children had more contact with mothers (52.5%) than with fathers (25.9%), and parental contact was more common in kinship families. About the carers, Zavala (2015) found that the primary carers were mainly women (98.7%), mostly in bi-parental families (72.2%), and with an average age at the moment of the study of 54.3 years. On average the carers were in charge of 2.27 children. Particularly relevant for my research is the fact that most of the children were placed with extended family (66.5%). Within this group, grandparents were the most common carers (76.2%), followed by aunts or uncles (21%) and other family members (1.9%). Kinship carers showed higher levels of parental stress compared to foster parents. Consequently, kinship carers had a higher need for psychological support compared to foster carers but also had a higher level of satisfaction of that need.

Besides exploring and describing the main characteristics of the children, carers and family's functioning, the author created foster families' profiles. To do this, Zavala (2015) developed a statistical model in which the behavioural and psychological adjustment of the child depended on different variables of family functioning during the fostering and on the number of adverse experiences the child faced before the fostering. Based on a statistical analysis, Zavala (2015) found that the number of adverse experiences of the children previous to fostering had a direct relationship with the

parenting stress level and directly affected the psychological and behavioural adjustment of the child. In turn, parenting stress increased the child's psychological and behavioural adjustment problems. Parental stress affected other areas of the relationship, for instance, the higher the parental stress, the higher the grandparental rejection to the child, and the higher the grandparental rejection, the more psychological and behavioural problems the child had. With these findings, Zavala's research is the first to address kinship care in Chile, making an important contribution to our knowledge on the topic. As a quantitative study, it gives a general overview of the state of formal kinship care in the country.

2.5.   Summary

In this Chapter I have presented the literature available on kinship care and specifically on grandparent care, both in Western countries and in Chile. Research on kinship care consistently shows that these placements are more stable compared to foster care. Stability is referred as a desirable feature of 'alternative' placements for children. However, some research has shown that this is not always the case, as unsatisfactory kinship placements also tend to be more stable and last longer that unsatisfactory foster care arrangements. Here then arises the question about quality, and the meaning of a 'good' care arrangement. To try to assess such quality, much of the research on 'alternative care' is quantitative and outcome focused. I presented here some of the several studies that have examined the outcomes for children living in kinship care, in terms of mental health, wellbeing, school attainment and others. Qualitative research on kinship care, and especially on grandparent care, has been much rarer than quantitative studies. Specific research focusing on the feelings and meanings grandparents give to their parenting role is still lacking, leaving a gap in knowledge to explore in greater depth the nuances of kinship care.

This literature review shows that there are still significant gaps in the literature on the topic of kinship care. First, much of the research on this topic has been carried out on formal care arrangements. While there is some literature on informal care, this is rarely differentiated, with little on grandparent care. Second, most of the research is about countries such as the US, the UK and Australia, where currently kinship care is being increasingly used as the primary form of 'out-of-home' care. There is much less research in non-western countries. Indeed, there is little research in Chile (and Latin America) that

allows us to know more about these families, despite the importance of considering sociocultural differences between countries to develop policies to provide better care for children (Garcia & Hamilton-Giachritsis, 2014). Moreover, research on families need to acknowledge the social and cultural contexts in which family life is practiced. Kinship care is not a static category; it changes according to countries, cultures and in time. Research on kinship care in Chile is scarce and most of it is on formal care. There is even less on grandparent care. This gap is significant because these children represent the highest percentage within kinship care and is increasing especially in Chile where my study was carried out.

A third identified gap is that children's perspectives are under-researched. Most of the research use grandparent's accounts as proxies for children's experiences and outcomes. There are still few studies that have actually asked children about it. Given these points, my research will explore the care experiences of parenting grandparents and their grandchildren, in both formal and informal arrangements. This study adds to the sparse literature on the experiences of grandparents and grandchildren in formal and informal kinship care, particularly in the Chilean context. It also contributes to the understanding of kinship care as upbringing by family, and as a way of organising family life. It is necessary then to look at the main conceptual developments around family, kin ties and care that will help us to understand the findings of this study. I will turn to these in the next chapter.

Chapter 3: Conceptual framework

Y descubrió con gran alborozo que los hijos
no se quieren por ser hijos sino
por la amistad de la crianza

Gabriel García Márquez, El amor en los tiempos del cólera

She discovered with great delight that one does not love one's children
because they are one's children
but because of the friendship formed while raising them

Gabriel García Márquez, Love in the time of cholera

3.1.   Introduction

In this chapter I will discuss the theoretical concepts that have sensitised me, in Blumer's terms (1969), to ways in which I make sense of the data from my study. This study focuses on concepts relating to kin ties, family life and care. Drawing on anthropological and sociological literature, I will address kinship in relation to the idea that 'blood is thicker than water' (Finch, 1989). I will examine ideas in relation to close blood ties and some more recent approaches to kinship, such as relatedness and kinning. In understanding family life, I will draw on the idea of 'the' family as an ideological construct, conceptual distinctions between family, household and family forms, concepts of family practices and family as generational relations. In the last section of this chapter, I will consider the concept of care, narrowing it down to ideas around caring within the family context. All these concepts and ideas will be employed in the analysis that is carried out in Chapters 5 to 9.

3.2.   Kin ties, relationality and kinning

Grandparents and grandchildren share blood ties; they are biologically related. Not only that, but this is also a close blood tie. According to Finch (1989), despite theoretical and empirical evidence, ideas concerning the special status of biology have a strong common-sense appeal in the way relatedness is understood in families. Sexuality is associated with reproduction, which in turn is linked to heterosexual relations - and marriage and family.

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(Hetero) sexual reproduction creates strong links between people. Through the reproduction process people share the 'same blood'. Blood ties 'by and large are seen as having a stronger claim than relations acquired by marriage' (Firth, Hubert and Forge,1970, p. 89-92 cited in Finch 1989, p.220).

These blood ties are understood to create a kind of relationship that is exclusive and excluding in which an individual is the child of one man and one woman. This means there is *one* mother and *one* father. This may reflect the value given by Western societies to private property and possession, which in this case are manifest in the right that is given to the progenitors over 'their' descendants because they are born from their bodies (Rivas, 2015). However, as suggested by Finch (1989), blood ties cannot explain completely the character of kin relationships in a straightforward sense. As she points out, in some societies the main criterion to consider someone as the parent of a child is biological, but this is not the case everywhere. Social parenthood appears as important in many societies and circumstances, as it is the case in adoption, for example.

In anthropology, the concept of relatedeness emerged as a new focus of study, shifting away the study of structures of kinship (Smart, 2007). Janet Carsten (2000) has extensively employed the concept of relatedeness. With the idea of relatedeness, Carsten has tried to avoid Western ideas about kinship centred on the division between the biological and the cultural (Rivas, 2015). After analysing anthropological work carried out in different places (Africa, China, India, Madagascar, Alaska and Europe), Carsten concludes that unlike Western cultures, biology does not have a 'foundational function' in other cultures. Indeed, she suggests that the boundaries between the two categories – biology and social- are sometimes blurred (See also Morgan, 1975). In the introduction to 'Cultures of relatedeness' Carsten (2000, p. 4) points out that:

> *The authors in this volume use the term 'relatedness' in opposition to, or alongside, 'kinship' in order to signal an openness to indigenous idioms of being related rather than a reliance on pre-given definitions or previous versions. In this introduction I have also used 'relatedness' in a more specific way in order to suspend a particular set of assumptions about what is entailed by the terms social and biological. I use 'relatedness' to convey, however unsatisfactorily, a move*

away from a pre-given analytic opposition between the biological and the social on which much anthropological study of kinship has rested.

Therefore, she suggests that the use of the concept of relatedness allows cross-cultural comparison without relying on an arbitrary distinction between biology and culture, and without presupposing what constitutes kinship. Although, as Smart (2007) suggests, the new kinship studies in anthropology still give weight to the cultural and personal relevance of blood ties, it also gives importance to people who are not strictly 'kin' but are equally important in 'emotional, cultural, locational and personal senses' (p. 46) in the life of people. Therefore, in this conceptual understanding, what is relevant is 'what matters to people and how their lives unfold in specific contexts and places' (Smart, 2007, p. 47).

The concept of relatedness concerns the inclusion of those not genetically related, what Smart (2007) refers to as relationality. According to Smart, (2007), relatedness expresses two themes. First it suggests the closeness of some social ties, in particular those that foster and reproduce a sense of personhood. Second, relationality gives relevance to people to whom we are not necessarily connected via blood ties. This means that there is a broader range of others that we could see as formative in the lives of people.

In the same vein, Finch and Mason (2000) propose that kinship is fluid and dynamic and it works at the level of negotiated relations more than structures. In this sense, the concept of relationality seems more suitable to understand kin relations. To Finch and Mason (2000), kinship is constituted in relational practices. This means that relationality stresses the active aspect of 'relating', showing that relationships are not only given through positions in the genealogical tree. In this study the grandparents are persons who are blood related to the children but are not positioned as the 'normal' parents of children (procreators). However, they are deemed to be capable of providing the relevant 'quality' of relationships in emotional, cultural, locational and personal senses (Smart, 2007).

Signe Howell (2006) proposes the concept of kinning as an active process. In her research with Norwegian families who undertook transnational adoption, she uses the concept of kinning to capture the transubstantiation of the child's essence through the process of adoption (Howell, 2006, p. 8):

By kinning I mean the process by which a foetus or newborn child is brought into a significant and permanent relationship with a group of people, and the connection is expressed in a conventional kin idiom. Kinning need not apply only to a baby but to any previously unconnected person, such as those connected through marriage. One may identify three aspects of kinning: to kin by nature, to kin by nurture, to kin by law.

When she refers to transubstantiation, it means that whilst the outward appearance of a child remains unaltered, there is a fundamental change in the kinned person. In her example of the transnationally adopted children, 'their incorporation into their parents' kin transcends the constraints of the blood tie, while the outward appearance remains unchanged. The substance (biological body) remains; the social essence (being, self) is changed' (Howell, 2003, p.471). This is a process that happens over time in relationship with others.

At the time of being born, everybody goes into a process of kinning (Howell, 2006). In the case of Howell's study with adoptees, the absence of blood ties just makes the process more evident. Contrary to what happens in adoption or new reproductive technologies, when someone is biologically born from a mother, the filial status is given by biology or genetics and recognised by law, which makes the kinning process look 'natural' (Howell, 2006; Rivas, 2015).

3.3. Families: ideology, structures, practices and generations

Sociological studies of 'the family' developed in the US and Britain in the 1950s (Morgan 1975) reduced it largely to the concept of the nuclear family. 'The family' was understood as a 'universal human grouping' (Murdock, 1949 in Morgan, 1975, p. 5). The family was conceptualised in relation to its functions: sexual, reproductive, economic and educational (Morgan, 1975). As Morgan argued (1975), one of the major critiques of functionalism lay in its ideological conservatism with its over emphasis on families as systems in equilibrium; relatively little room was allowed for the potentiality of families and family relationships to change.

3.3.1. The family as ideology

Traditionally, in Western societies the idea of ´*the* family´ has been associated to a normative type of family, known sometimes as Standard North American family (Smith, 1993) or the Cornflakes packet image of family (Leach, 1968). This kind of family is formed by a married heterosexual couple, living with their biological children in a nuclear household (B. Powell et al., 2016). This idea of 'the family' is underpinned by social norms and values that reflect and perpetuate dominant ideologies and institutions. 'The family' as a single form is endowed with moral weight and labelling other family types as 'social problems'. Ideologies of what a family 'is' are translated into what a family 'ought to be' and thereby come to the model upon which policy makers develop legislation and regulations (Ribbens McCarthy & Edwards, 2015).

As suggested by Morgan (2013), despite huge changes in society in relation to divorce and partnering and sexual preferences and identities, much English Law is still premised on legal marriage. Something similar occurs in Chilean law where the Civil Matrimony Law establishes in its first article that: 'The family is the fundamental core of society. Matrimony is the main basis of the family' (Biblioteca del Congreso Nacional, 2019). Matrimony being a man and a woman's union. Only in 2015, a law for civil partnership (not matrimony) was introduced in Chile, which gave some rights to same sex couples.

Traditional gender roles are also evident in Chilean society, where the idea of 'the' family persists as an important bastion of social life. For instance, in a study carried out by the Pontificia Universidad Católica de Chile [PUC] (PUC, 2020), they found that gender stereotypes still have strong support from the public. The idea of the male breadwinner and the woman as a carer seems to be deeply rooted despite the increasing rate of women participating in the labour market (29,1% in 1986 to 41,9% in 2010) (INE, 2015). When consulted in a survey about gender roles, 38% of men and 39% of women agreed or strongly agreed with the statement 'the most suitable place for a woman is in her house with her family'. Similarly, 42% of men and 40% of women said that they agree with the idea that 'women are the ones who know best how to bring up their children'. On the other hand, 53% of men and 45% of women agreed that 'men should take responsibility for the expenses of the family and the household'. Although these last percentages were lower for the richest income groups, they were still high (PUC, 2020).

In the last thirty years there has been an increased interest in family studies, and a debate about the decline of 'the' family and its normative status has been in place (Smart, 2007). Therefore, in family studies the concept 'the family' has been abandoned as it seems to be inspired by stereotypes of what a family 'should be', disregarding the diversity of family lives (Ribbens McCarthy & Edwards, 2015). Instead, the word family is used as an adjective or as a verb, rather than as a noun. As Morgan (2011) points out using the concept of *the* family gives to family a thing-like quality, giving the idea of something static, failing to reflect the constant changes families go through. All of these reflections open up the question about what we can understand/define as family.

3.3.2. Family forms

The concept of household is sometimes used indistinctly from family. However, as pointed out by Brannen (2019), since the 1980s 'household' started to be seen as a more precise way of looking at families as living arrangements but without all the normative connotations of 'the family'. With the advent of feminist theories in the 1970s that criticised ideological issues around the family, the diversity of households gained recognition 'although new family forms were not necessarily seen as having equal merit in the mass media and government policy' (Brannen, 2019, p. 71).

To avoid the problem of normativity implied in the idea of 'the family', Cicerchia (1999) proposes the use of the concept 'family forms', which implies that families are social networks of blood and non-blood-related people. According to this author, family form refers to families as a social subject (influenced and influencing the context) and a historical subject (being object of class, gender and other social categories).

Increasingly, the concept of household is being used to make a distinction between the locations where family members reside and pool resources and wider kin relations (Ariza & Oliveira, 2004; Brannen, 2019). In the UK, for statistical purposes, household is defined as 'one person living alone, or a group of people (not necessarily related) living at the same address who share cooking facilities and share a living room, sitting room or dining area. A household can consist of a single family, more than one family or no families in the case of a group of unrelated people' (Office for National Statistics, 2019).

Similarly, in Chile a household is considered the group of people that share a home, whether they are kin or not, and that share a food budget (INE, 2017).

The two concepts, household and family form are complementary, and sometimes they overlap. However, it may be better to go beyond the perspective that considers them as synonyms, because family forms incorporate relationships between people who may or may not live together, as for example, it is the case of 'living apart together arrangements'[13] or shared parental care for children. In other words, the distinction is relevant for studying and analysing families because there may be practices in which the co-residency does not determine who is considered part of a family and who is not. Thus, what constitutes a family and a household is mediated by family practices.

3.3.3. Family practices

If we understand that family is not necessarily determined by co-residence (household) and/or by blood ties (kinship), there is a need for a different theoretical development. In 1996, David Morgan introduced the concept of family practices to avoid using the concept of 'the' family 'while acknowledging that family, however understood, remained an important feature of everyday life' (Morgan, 2011, p. 1). Morgan (2013) proposes that 'family practices' are what families 'do', how it is done and who counts as a family member. Thus, there is a relationship in which families are actors that 'do' family, and that family practices constitute family members. The word family here is used as an adjective to describe types or sets of practices. Therefore, family here represents a quality rather than a thing. In Morgan's words family 'is a particular, but not exclusive, lens through which to describe and to explore a set of social activities' (*ibid*, p.5).

Coupled with this understanding of family, it is relevant to analyse the implications of the use of the word *practices*. First, Morgan (1996) points out that the concept of practice gives a sense of the active, meaning that family is not static and gives way to a sense of doing and action. Second, 'practices' gives a sense of the everyday and are part of the normal taken-for-granted life of families. The everyday may also express the idea of life-events such as partnering and sickness and parenthood, that are experienced by the

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[13] Living apart together (LAT) is a new family form (Salkind, 2010), understood as 'being in an intimate relationship with a partner who lives somewhere else' (Duncan & Phillips, 2010, p.3).

majority of the population (Morgan, 1996, 2013). Third, practices in everyday life suggests a sense of regularity; practice is not a word used for one-off events but applies to routines and habits (Morgan, 1996). Fourth, practices imply a sense of fluidity. On the one hand, fluidity in the boundaries of family means who is included and who is excluded. On the other hand, fluidity concerns the boundaries of what are family and non-family practices, suggesting that different practices merge and overlap with each other. A family practice can also be described as a gendered practice, a consumption practice, etc; these are not mutually exclusive (Morgan, 1996; 2013). Fifth, the use of the concept of 'practices' implies a linking of history and biography, because individuals 'do not start from scratch as they are going about family living' (Morgan, 1996, p. 7), and practices are partly shaped by the context. Finally, using the concept opens up the possibility of movement between the perspectives of the observers (researchers) and the actors (families). Designating a practice as 'family' practice implies a negotiation between both perspectives.

A concept directly related to family practices is the one of kin work. It was developed by di Leonardo (1987, p. 443) who conceptualised it as:

> *The conception, maintenance, and ritual celebration of cross-household kin ties, including visits, letters, telephone calls, presents, and cards to kin; the organization of holiday gatherings; the creation and maintenance of quasi-kin relations; decisions to neglect or to intensify particular ties; the mental work of reflection about all these activities; and the creation and communication of altering images of family and kin vis-a-vis the images of others, both folk and mass media.*

In this way, kin work refers to a series of social practices carried out mainly by women, which produces kinship and collective identity (creating a sense of family). It is important to highlight here that kin work is not considered as 'work' by society at large because of the normalisation of these practices as 'feminine matters' (Gonzálvez, 2015).

3.3.4.   Families as multi-generational units and intergenerational transmission

Generation is a concept with multiple meanings. In the context of this research, I will be using it in the sense of biological or kin relations (Brannen, 2014), as I am looking at three -sometimes four - generation families. According to Bengtson (2001), multigenerational families are increasingly more common in Western societies. These societies have faced demographic changes in the last decades, such as the increase of divorce rates, a higher number of children living in a single-parent household and the increase of life expectancy. As I mentioned in Chapter 1, this is also the case of Chile. Bengtson (2001) suggests that these changes have led to a modification in the generational structures of families. Whereas before there were families with a pyramid form, that is, with several children in the youngest generation and few old people on the top, nowadays we can find what he calls 'beanpole families' (see also Brannen, 2003). This concept refers to families that are long and thin in form, with more generations alive but less members in each of them. Therefore, the changes on the macro level, such as demography, have had an impact on how families work and how its members relate to each other. For instance, there is a higher chance for the overlapping of several generations (Bengtson, 2001; Brannen, 2014), which changes the way in which each generation can support others. In this sense, Bengtson (2001) highlights the central role of grandparents in supporting younger generations. They provide economic support, but also, they help in the socialisation of grandchildren and contribute inter or cross generational support over time. Indeed, similar to what other authors have found (Finch & Mason, 1993), Bengtson points out that help across generations tends to flow downwards, especially financial help.

When studying multigenerational families, it becomes relevant to look at how resources are transmitted across generations. Resources do not only refer to material or economic assets, but it also means emotional, cultural and other means (Brannen, 2019). As Brannen (2014, p. 486) suggests, approaching families through an intergenerational lens informs us about 'what is transmitted across generations over time and the life course, covering a variety of phenomena including assets, values, political beliefs, social mobility and social status'. To look at what and how is transmitted across generations gives us an indication of change and continuities within families; this is, each generation may reproduce or innovate in terms of the values and practices that are transmitted (Brannen, 2003).

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Given the tension produced between change and continuity, intergenerational relations will imply dealing with ambivalences (Lüscher, 2002). According to Lüscher (2002, p. 587), in the case of 'sociological research on intergenerational relations it is useful to speak of ambivalence when polarized simultaneous emotions, thoughts, social relations, and structures that are considered relevant for the constitution of individual or collective identities are (or can be) interpreted as temporarily or even permanently irreconcilable'.

3.4. Care as a process

In her book Moral Boundaries, Joan Tronto (1993) develops a definition of care to rethink moral and political life. She argues for an understanding of care that positions it at the centre of human life. For the purposes of this thesis, Tronto's work is relevant to understand the sense of moral obligation of grandparents who parent. Fisher and Tronto (1990 in Tronto 1993, p.40) define care as:

> *A species activity that includes everything that we do to maintain, continue, and repair our 'world' so that we can live in it as well as possible. That world includes our bodies, ourselves, and our environment, all of which we seek to interweave in a complex, life-sustaining web.*

Given that care is a universal aspect of human life, in the literature, the conceptualisation of care seems to be broad and sometimes vague. However, this lack of clarity seems to be intrinsic to the concept. First, a universal definition would be inappropriate because caring is based on recognising and addressing needs, and needs can be perceived very differently by different people. Second, the meaning of giving and receiving care will vary according to the social context, culture and the relationship between caregiver and care receiver (Brannen & Moss, 2003; Cancian & Oliker, 2000; Tronto, 1993). Thus, the meaning of care will vary from one society to another and across time.

Care can be seen as an activity, or it can be described as a process. As a process, Tronto and Fisher (Tronto, 1993) describe four elements that, although analytically separate, are interconnected. These four elements are associated with ethical concerns. As the focus of this thesis is on caring in the context of family relations, I will be examining each phase in relation to that delimited realm.

3.4.1. Caring about: attentiveness to the need for care and its moral aspects

The element of attentiveness implies being alert to and recognising the needs of others, and as Tronto (1993) points out, being able to recognise the needs of people around us is a *moral* achievement.

Theoretical developments in care generally make the distinction between care about and care for. Care about is related to emotions and feelings and it is generally deemed as passive, whilst care for involves the actual task of looking after someone and it has been conceptualised as work, and as such is active in nature (Mason, 1996; Morgan, 2013). Indeed, caring about someone is understood as being fond of them or loving them (Mason, 1996)

Jennifer Mason (1996) offers a conceptualisation of care that goes beyond the dichotomy of care about/care for. She suggests that in the context of family relations, there is a particular way of caring that does not fit in the former dual conceptualisation. She proposes the concepts of sentient activity and active sensibility to rethink the distinctions between activity, thought, and feeling when conceptualising care.

In this theoretical development, Mason (1996) states that care is an activity that is multidimensional and relational, and that inextricably involves morality, feeling and thought. When she uses the concept of *sentient activity*, she is highlighting that thinking and feeling are indeed activities. In this sense, caring and responsibility for others in family relationships is not about labour or love, but about, for instance, noticing the behaviours of significant others or interpreting their moods. In this thesis I will show how grandparents and grandchildren are involved in sentient activities when caring for each other. Given that sentient activity is indeed activity, it is also important to recognise that it is skilled requiring training. Women generally participate in activities such as childcare, housework and others that provide such training. Indeed, this study will discuss how grandparent care is a gendered activity. However, this is only a partial explanation for the performance of sentient activity because it does not allow us to understand why only some women become sentient actors in relations with relatives, or why they do it with some relatives and not others.

To understand this, Mason (1996) suggests the concept of *active sensibility* which 'is the activity of feeling a responsibility for someone else or a commitment to someone else' (p.31). Sensibility refers here to a relational and socially constructed 'predisposition' that allows us to form a relation with a specific other and take on the responsibility to care. Therefore, similar to what she and Finch (Finch & Mason, 1993) proposed regarding family responsibilities, sentient activity and active sensibility are performed relationally with specific family members, in particular social and cultural contexts.

3.4.2. Taking care of: taking action to meet the need for care

Once the need is identified, taking care of means to recognise that one can take action to meet it. This element of care is linked to the moral category of responsibility.

When a need arises and it is identified as such, the obvious question that follows is how to respond to it. Taking care of involves notions of responsibility and agency, and the recognition that one can do something about the identified need (Tronto, 1993). Finch and Mason (1993) suggest that family is a relevant source of support in these cases. But do family relationships have special qualities compared to other social relations, such as a feeling of obligation and duty? Their answer is that there are no set rules that people follow in these circumstances. Family responsibilities are negotiated: they are based on procedural 'guidelines'[14] to decide who will assume the responsibility for a need that arises.

According to Finch and Mason (1993), whether support to a family member is offered is contingent on: first, what they call 'deserving cases', meaning that the need is seen as legitimate; second, the person offering care has the time for caring or the skills. Finally, and this is particularly relevant for my research, some care responsibilities depend upon the 'special status' of the relationship in question.

When children are young (non-adults), the parents have legal obligations towards them. This is the case in the UK and also in Chile. Parents are rightfully responsible for their

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[14] In the sense of considerations which it is appropriate to take into account in working out whether to offer assistance to a relative (Finch and Mason, 1993).

children, and children, especially young ones, cannot take care of themselves, so the parents are in an obligation to provide care. When children grow up and reach adulthood, parents are not legally responsible for them, although the support they offer generally goes on for a long time. Indeed, Finch and Mason (1993) found in their study in the UK that within families it was more common that support was given between parents and adult children than in other relationships, being the help provided by the former to the latter the most common. Even when this particular relationship seems to have a strong component of obligation, the authors found that responsibilities between parents and children also have space for negotiation. When children are adults, the support offered by parents is not automatic just because those in need are their children. In Chile, in the context of the V survey on quality of life during the old age (UC- Caja Los Andes, 2019), 42% of the elderly population surveyed thought it is the obligation of adult children to take care of their parents when they are not able to care for themselves anymore. On the other hand, 42% of them also think that it is the obligation of parents to allow their adult children to go back to live with them if they need it. Only 25% of the participants thought that it was the obligation of the grandparents to take care of their grandchildren if it is needed (UC- Caja Los Andes, 2019). In this study I will discuss how family obligations and responsibilities are negotiated by the grandparents in relation to the care of their grandchildren.

Negotiations do not take place in a vacuum; they occur in the context of the relationship between those negotiating. The outcome of a negotiation in families, and the specific responsibilities that stem from them can be understood by looking at the historical relationship between the people involved. A product of the negotiation process is *commitment*. As commitments are negotiated and not imposed by rules, this gives the individual agency - some latitude in decision-making. While people consider norms about family obligations when negotiating their responsibilities, they also devise their own course of action. In this equation people also consider their social and personal identities, and how they will be seen by others (Finch & Mason, 1993). In this sense, what is at stake is not only the provision of goods and services, but there is also a moral dimension to it.

Finch and Mason (1993) use the concept of *developing commitment* to argue that 'people become committed to accepting certain sorts of responsibilities, to particular individuals, over time' (p.62). Thus, commitment is consolidated over time. As these commitments

are developed through individuals' negotiation with others, it is likely that they will feel bound by them. Moreover, breaking them may compromise both relationships and reputation.

3.4.3. Caregiving and its meanings: meeting a need for care

According to Tronto (1993), caregiving is associated with competence. However, the criteria as to who has competence are contested. Caregiving involves physical work in caring for someone.

When it comes to caregiving, writers distinguish between what is and what is not caregiving. For instance, Cancian and Oliker (2000), suggest that caregiving includes physical and emotional care, as well as providing direct services to someone, such as driving someone to a store. Providing money seems to be out of the realm of caregiving. Money offers support for caregiving, but it does not solve human needs; money has to be converted into human services to satisfy needs and that process involves work that should not be overlooked (Tronto, 1993). Thus, providing money is more in the ambit of 'taking care of' than in the realm of 'giving care'.

The former distinctions between caregiving and providing money are relevant because they allow us to highlight that caregiving involves work. If we go back to the model of 'the' family discussed above (Section 3.2.1) the preserve of the (male) breadwinner is 'taking care of'; the carer is the one doing the care work, usually women (Brannen et al., 2004; Cancian & Oliker, 2000; Tronto, 1993). The gendering of care is based on an idea that women have a 'natural' or 'instinctive' tendency to care, given their reproductive capacity. As Graham (1983) points out, caring for someone has been socially constructed as a natural extension of women's caring psyche. These beliefs about women and care prevent us from seeing caring tasks as skilled work, undermining the value of care and contributing to gender inequalities. Indeed, as Tronto (1993) suggests, care is not only gendered, but also classed and raced; thus, those with more power outsource care to those that are least well off in society (See also England, 2005).

Feminist conceptualizations of care have long been important. The claiming of the term *labour* for informal unpaid caring has been central to feminist debates about the material

and ideological processes through which the relations of caring, and the division of labour which produced them, were played out (Cancian & Oliker, 2000). In the context of family relations, the labour of caring has been understood as the task of satisfying, in an intergenerational way, the material and non-material needs of children by their parents or others. This generational construction of caring is part of the patriarchal conventional idea of 'the family'. In this sense care is generational because parents or older generations have authority over children. However, in terms of intergenerational relations children exercise power in reciprocating or giving care to and caring about older generation (Brannen et al., 2000).

According to Cancian and Oliker (2000), the belief that caring is a 'woman's task' reinforces the idea that the nuclear family is the proper place for caregiving. Women's 'nature' is to take care of others and men's 'nature' is to provide for the family. Thus, 'good care' would be provided in this type of family when both men and women perform their 'proper' tasks.

In this way, care is commonly related to the private sphere of life. Only when the household cannot provide care, others intervene such as the state or the market (Tronto, 1993). When we want to talk about the provision of care for children, there are two important concepts to distinguish. Child care (two words) refers to provisions for 'out of home' care, including residential care and foster care, or any other for children 'in need' of care. Childcare (one word) refers to all the provisions, such as nurseries and childminders, to take care of the children usually when the parents are at work (Brannen & Moss, 2003). In this sense, kinship care, can be seen as childcare, as it is one way of providing care for children who are 'in need'.

3.4.4. Care-receiving and responsiveness to care

The last phase of the process acknowledges that the person cared for will respond to care. Care-receiving is related to the ethical element of responsiveness. As Tronto (1993) points out, the phase of care receiving is important because it lets the carer and others know if the caring needs have been met. However, the ways in which a perceived need is met is not unproblematic. Given that the care-receiver is seen as 'in need' of care and in

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consequence 'vulnerable' or 'dependent', there is a risk of the abuse of power from the caregiver. Responsiveness requires that we remain alert to that possibility.

As this thesis is about kinship care involving children 'in need' of care, it is important to highlight some issues relevant to this group, but that are not exclusive to them. When someone needs care, it means that they are not completely autonomous and self-sufficient; in Tronto's words 'to be in a situation where one needs care is to be in a position of some vulnerability' (1993, p. 134). In this sense, children are in a position of vulnerability because they need adults to meet their basic needs. This implies necessarily that there is a power imbalance in the relationship between an adult caregiver and a care-receiver child.

As Brannen and Moss (2003) highlight, power is a key part of care relationships. Power is always present in human relations; we are subjected to it and we exercise it. Although it is true that in a care relationship, as in kinship care, the adult exercises power and the child is subjected to it, it would be a mistake to understand the child as a vulnerable, passive care-receiver. Children are also caregivers for adults and other children (Brannen & Moss, 2003).

Responsiveness to care is not the same as reciprocity. While the former refers to reacting to something (care in this case), the latter refers to an exchange for mutual benefit. According to Finch and Mason (1993), reciprocity is a key concept in the negotiation of family responsibilities. It may be understood as 'the way in which people exchange goods and services as part of an ongoing and two-way process' (Finch & Mason, 1993, p.34). In the process of negotiating responsibilities, it is key to finding a balance between giving and receiving, not only in terms of material value of goods or services exchanged, but also their symbolic value. In terms of symbolic value, Finch and Mason (1993) highlight the importance of the balance between dependence and independence. When negotiating responsibilities in families, it is key that the duality between giving/receiving and dependence/independence is kept in balance.

3.5. Summary

In this section I have outlined the main sensitizing concepts (Blumer, 1969) that inform the overall research problem. These concepts are starting points in thinking about my data and suggested some lines of inquiry for the fieldwork and are used to navigate the data and interpret them.

In order to study parenting grandparents, it is important to reflect on these concepts. First, in relation to kinship and relationality, grandparents and grandchildren share a close blood tie, which has attached to it certain expectations with regards to family duty; grandparents take on the care of their grandchildren when parents cannot do it. However, family obligations and exchanges are not based merely on 'positions' within the family genealogy, but on negotiations and developing commitments. In this study, such negotiations did not happen in a vacuum; the grandparents had an ongoing significance in children's everyday lives before they went to live with them, they shared a history that is key in the development of children's personhood. Although grandparents and grandchildren are strictly kin, the affective ties between them develop through a history of interaction and reciprocity.

It is important also to look at caring as processual. First, grandparents recognised a need for care because of the grandchildren's distress [Chapter 5]. They assumed the responsibility to care for their grandchildren. Therefore, looking at the importance of generational support and the ways in which these families arranged their lives will be key [Chapter 6]. As caring is relational, I will look at how the grandchildren understand and narrate this phase of care and the fact that the grandparents assumed responsibility for them [Chapter 7]. When it comes to the phase of caregiving, here I draw on ideas around caregiving (Tronto, 1993; Cancian and Oliker, 2000) as a family practice conducted in the context of a multi-generation family to understand what it means for the grandparents to be carers in the present [Chapter 8]. Finally, I look at how grandchildren receive the care provided by the grandparents. This means how they respond and reciprocate the care [Chapter 9].

Chapter 4: Methodology

But learning to do research is not
like learning to ride a bike, the sort
of thing you learn once and never forget.

Wayne C. Booth, Gregory G. Colomb
and Joseph M. Williams, The Craft of Research

In this chapter, I will present the methodology of my study and the rationale for the decisions made during the research process. First, I will present the research objective and research questions that directed this study. Second, I will present the research design. Third, I will discuss different aspects of the sampling process, namely the sample size and selection criteria, the study sites and the recruiting process. Then, I will focus on the methods. I will look at those aspects of interviewing relevant for this research. Additionally, I will discuss the importance of including multiple perspectives in family research. Fourth, I will present the data analysis process, emphasising the transcription and translation of data. Finally, I will discuss ethical considerations of the research.

4.1.   Research objective and questions

The general objective of the study for my doctoral research was to explore how primary-carer grandparents and their live-in grandchildren experience formal and informal care in Chile, including how they understand their relationships and daily lives.

4.1.1. Research question and sub questions

How do parenting grandparents and their grandchildren experience grandparent (kinship) care in Chile in terms of their relationship and daily lives?

1. Under what conditions do grandparents take on responsibility for and the care of grandchildren?
2. How do grandparents narrate becoming the carers of their grandchildren?
3. How do grandparents experience being carers of their grandchildren in the present?

     a. How do grandparents understand being carers of their grandchildren?

     b. How do grandparents understand their current relationships with their grandchildren?

     c. How do the grandparents understand being a carer in the context of their daily life?

4. How do grandchildren narrate going into grandparent care?

5. How do grandchildren experience grandparent care?

     a. How do grandchildren understand living with their grandparents?

     b. How do grandchildren describe their relationship with their grandparents? And the relationship with their birth parents?

     c. How do grandchildren describe their daily life with their grandparents?

4.2.   Research design

The research questions posed aimed to understand in depth the richness of the experiences of (a) being a 'parenting grandparent' in Chile, that is a grandparent who was in sole charge of their grandchild(ren) and (b) their live-in grandchildren. The design sought to include children cared for either via a formal arrangement negotiated through SENAME or through a court order or an informal arrangement agreed with the child's parents. To reflect the range of spatial and socio-economic conditions in which a grandparent undertakes the care of their grandchildren, the study was carried out in the capital, Santiago, and in a town in the south of Chile. The sample of 18 households is small and of course not representative of families with this type of care arrangement. However, through the use of qualitative methods it seeks to provide an in-depth picture of both the experiences of these grandparents and the perspectives of their live-in grandchildren.

4.3.   Sample

4.3.1. Sample Size

The sample was formed by 18 families, which included at least one grandparent and one grandchild. For the purposes of this thesis, each family was considered a case, that is, one grandparent or couple of grandparents plus their grandchild(ren). I interviewed 20 grandparents – 13 grandmothers, 1 great grandmother, 1 great-aunt, 1 single grandfather,

and 2 couple grandparents (grandmother and grandfather). In parallel, I interviewed 21 grandchildren - 12 girls and 9 boys. In seven cases the grandparents were taking care of two siblings. From those seven cases, in two I interviewed only one child (in one case, according to the gatekeeper, the girl was not psychologically fit to be interviewed, and in the other case the boy was 21 years old). In four cases I carried out the interviews with both children, and in one case I interviewed the children separately. The decision to do the interviews in this way had to do with the availability of the participants. (See Table 3 for details of the sample).

Table 3: Characteristics of the sample

Case	Place	People living in the house	Age	People interviewed	Arrangement status	Maternal o paternal family	Time living together	Household income per month	Contact with parents
1	Yallel	Grandmother: Carmen Granddaughter: Flavia	55 10	Carmen and Flavia	Informal	Paternal	4 years	£600	Yes, frequent with both parents
2	Yallel	Grandmother: Noelia Grandson: Daniel	62 7	Noelia and Daniel	Formal with SENAME intervention	Maternal	7 years	£100	Sporadic with mother
3	Yallel	Grandparents: Berta Hernan Granddaughter: Barbara	57 61 15	Berta and Barbara	Informal	Maternal	13 years	£350	Yes, frequent with both parents
4	Yallel	Grandfather: José Granddaughters: Amelia Melissa	71 10 15	Jose and Amelia	Formal with SENAME intervention	Paternal	5 years	£350	Yes, frequent with both parents
5	Yallel	Grandparents: Adela Jacob Granddaughter: Camila	52 64 14	Adela and Jacob together	Informal	Maternal	14 years	£200	Yes, frequent with mother
6	Yallel	Grandmother: Dominga Granddaughter: Fabiola	51 8	Dominga and Fabiola	Informal	Maternal	7 years	£250	Yes, frequent with mother

7	Yallel	Grandparents: Eduardo Teresa Grandchildren: Victor Carlos Ema	60 58 8 3 7 m	Eduardo	Informal	Maternal	Victor: 5 years; Gabriel: 3 years; Ema: 7 months	£350	Yes, frequent with both parents
8	Yallel	Great-GM: Blanca Greatgrandsons: Baltazar Matias	78 12 9	Blanca; Baltazar and Matias together	Informal	Paternal	1.5 years (both children)	£180	Yes, frequent with both parents
9	Yallel	Grandparents: Marta Saul Granddaughter: Beatriz	73 73 15	Marta and Beatriz	Informal	Maternal	11 years	£250	Yes, frequent with mother
10	Yallel	Grandparents: Alba Beto Grandsons: Bastian Nano	55 66 15 20	Alba and Bastian	Informal	Maternal	10 years	£600	Sporadic with the mother
11	Yallel	Grandparents: Corina Francisco Grandsons: Marcos Tito	60 67 8 11	Corina; Marcos and Tito together	Informal	Paternal	5 years (both children)	£250	Yes, frequent with father

12	Santiago	Grandparents: Nora Rodrigo	58 55	Nora; Keyla and Erick together	Formal	Paternal	Erick: 10.5 years; Keyla: 9.5 years	£300	Yes, frequent with both parents
		Grandchildren: Keyla Erick	11 12						
13	Santiago	Grandparents: Helena Juan	68 74	Helena and Juan together; Claudia and Felix together	Informal	Maternal	4 years (both children)	£400	Yes, frequent with father
		Grandchildren: Claudia Felix	10 7						
		Children's aunt	41						
14	Kupal	Grandparents: Rosa Alfredo	64 65	Rosa and Cristina	Formal	Paternal	11 years	Unknown*	Sporadic with father
		Granddaughter: Cristina Rosa and Alfredo's daughter: Maira	14 41						
		Maira's daughter: Ana	11						
15	Kupal	Grandmother: Cecilia	68	Cecilia and Francia	Informal	Paternal	16 years	£900	Frequent with father
		Granddaughter: Francia	16						
		Grandmother's sister	72						

16	Kupal	Grandmother: Carla	53	Carla; Laura and Martin separately	Formal with SENAME intervention	Maternal	1.5 years (both children)	Over £1500	Frequent with mother
		Grandchildren: Laura Martin	8 10						
		Carla's son	18						
		Carla's mother	70						
17	Kupal	Great-aunt: Miriam	44	Miriam and Isabel	Formal with SENAME intervention	Maternal	4 years	Over £1000	None
		Great-uncle: Nicolas	41						
		Grandniece: Isabel	8 9						
		Miriam's daughter: Paloma							
		Miriam's daughter	26						
18	Kupal	Grandparents: Pamela Ismael	62 66	Pamela and Gemma	Formal	Paternal	13 years	£1000	Frequent with both parents
		Granddaughter: Gemma	13						
		Pamela's son	28						
		Pamela's mother	83						

In the literature, there are no clearly defined criteria for determining sample size when qualitative research is conducted (Brannen, 2012; Bryman, 2012). However, there are some common elements described as important to consider in deciding the sample size.

To determine a sample size, I considered the 'purpose of the research, the type of research question to be addressed and the methodology it is proposed to adopt' (Brannen, 2012, p.16). This study aimed to elicit narratives from children and grandparents about their experience of grandparent care, which means that it needed to explore the phenomenon in depth considering different circumstances and perspectives. According to (Mason, (2012) it is relevant to understand what the interviews can reveal about the researched phenomenon, so doing more interviews is relevant only if they help to extend the understanding of the phenomenon better. Thus, for these research purposes it was necessary to have a large enough sample that explored the phenomenon in its complexity (See Table 3).

Theoretical saturation is generally referred as one of the most used criteria to cease sampling in qualitative research. Glaser & Strauss (1973) explain that saturation occurs when during the analysis, there are no new data found to develop the properties of a category. However, saturation presents some difficulties for the researcher. First, to know when a category is saturated, the researcher needs to be doing data collection and analysis at the same time, which may be a highly demanding task (Bryman, 2012). Additionally, to achieve saturation, it may be necessary to gather a large amount of data, which is not always possible. For this research, due to time and financial constraints (e.g. travel expenses, scholarship constraints), I spent only six months doing fieldwork in Chile. It was also difficult to do the interviews and analyse them at the same time. Therefore, theoretical saturation was not a criterion to determine the sample size of my study.

Additionally, Bryman (2012) proposes that one of the factors to consider in deciding the sample size is the heterogeneity of the population from which the sample is drawn. This means that the number of interviews/interviewees needs to be enough to explore the variability of the characteristics of the phenomenon. In the case of this research, I explored grandparent care in different situations, taking account of location (Santiago, Bio-Bio), type of arrangement (formal/informal), who is the carer (grandmother, grandfather, both), children's age. In practice the sample included a range of families and

participants with differences in gender, family socioeconomic situation, number of children in their grandparents' care, contact (or not) with parents.

Finally, an important criterion for defining the sample size was related to my resources (Adler & Adler, 2012; Becker, 2012; Mason, 2012). It is important to consider that this is PhD research, which had to be carried out in a limited time, with a limited budget, by one student. Thus, the number of interviews was determined according to those restrictions.

4.3.2. Selection criteria

One criterion for selecting the families was the age of the child. The children and young people had to be between 5 and 18 years of age. The upper limit of 18 years coincides with the legal age for adulthood in Chile. For defining the lower limit, the reasons were methodological. Interviewing children younger than 5 years old requires using different ways of communication, and there are more methodological challenges to account for (Vogl, 2015). As suggested by Clark (2005), when interviewing young children the researcher needs to be creative in devising interviews. Although the lower limit age I proposed in my research project was five years, the youngest participant in this study was 7 years old, whilst the oldest was 16. Having a wide age range of children also provides the possibility to have access to diverse experiences. This is because probably the experience and the narrative of the experience are mediated by age. For instance, regarding cognitive development, the way in which children organise their knowledge about the world will become more complex and differentiated with age and experience (Docherty & Sandelowski, 1999; Vogl, 2015). Therefore, this somehow influenced the participants' accounts. Additionally, having this broad age range allowed flexibility for the sampling process. As I expected, finding participants willing to take part in this study was difficult; thus, selecting participants from a wide age group allowed me to recruit more families for the study.

To be part of this study the grandchildren had to be under the full-time care of their grandparents. The arrangement could be formal or informal as defined previously in the literature review (Chapter 2).

Finally, a criterion for inclusion in the study was that children had to be in their grandparents' care for at least six months. This was to ensure that this living arrangement was not a completely new experience (Heptinstall et al., 2001) and they had gone through an adaptation process. Indeed, in the case in which the children had been with the grandmother for the shortest time, they had moved in a year and a half before the interview, and the grandmother referred the first year as one of adjustment. Additionally, parents did not have to be in charge of the daily care of the child, and they had not to reside in the child's home.

4.3.3. Study sites

I recruited the sample from two different places in Chile. First, I gathered data in three boroughs of the Metropolitan Region of Santiago. Santiago is the capital city of Chile, with approximately 7 million residents concentrating 40,5% of the country's population (INE, 2017). Chile is a highly centralised country, economically and socially, with Santiago being the city in which most institutions, services and population are concentrated (Valenzuela, 2014). Accordingly, Santiago has the highest number of SENAME centres, and it is the city with the highest number of children admitted to them. Therefore, it seemed important to gather data from a sample from Santiago as it concentrates the highest percentage of children in formal care in the country.

Although I went to three boroughs in Santiago, I interviewed two families in two different boroughs, and the rest of the families were all from only one borough, which I am calling Kupal[15]. This borough is one of the richest of the country, and the two wealthier families in the sample lived there. However, the other families from Kupal lived in the only deprived area of the borough (See Figure 2 to Figure 7).

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[15] Kupal is a word in mapudungun (language of Mapuche people, indigenous people in Chile) that means family or tribe.

Figure 2: A building of houses, deprived area of Kupal

Figure 3: A street in the deprived neighbourhood in Kupal

Figure 4: A building of council houses in Kupal
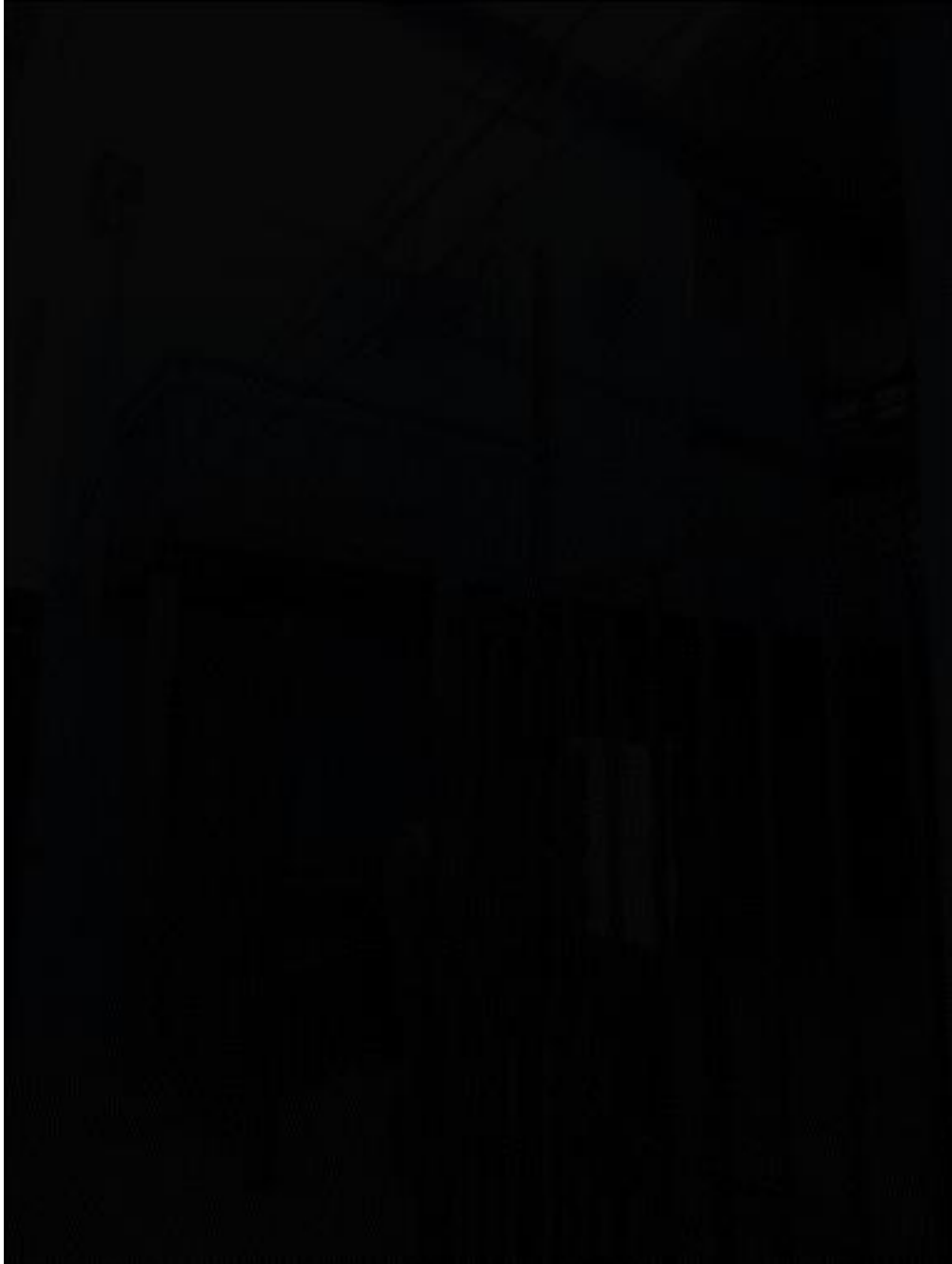
Figure 5: Park in the wealthy area of Kupal
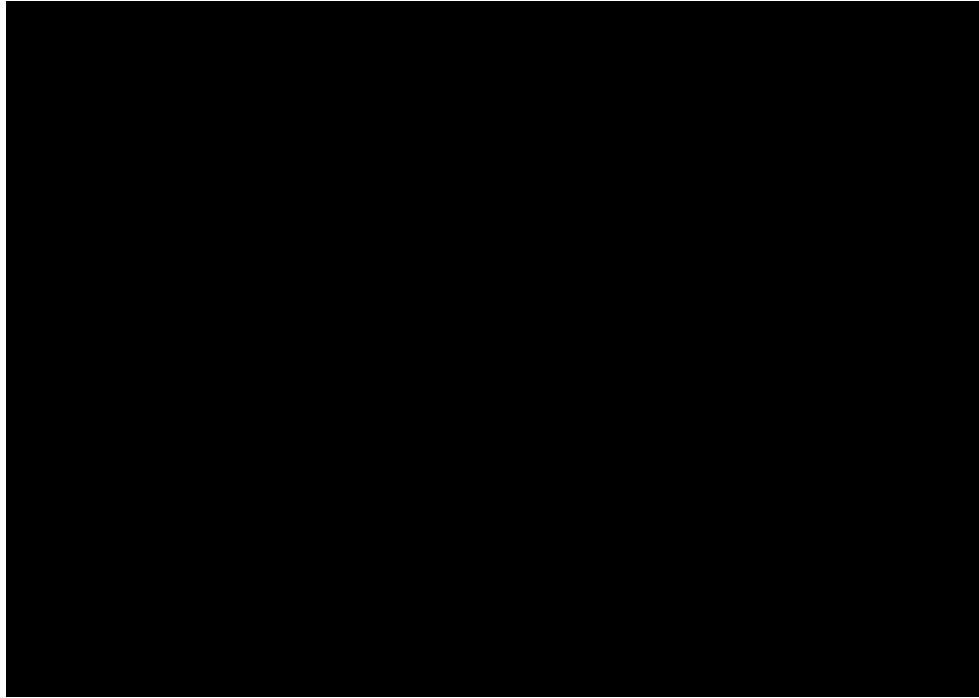
Figure 6: Street in the wealthy area of Kupal
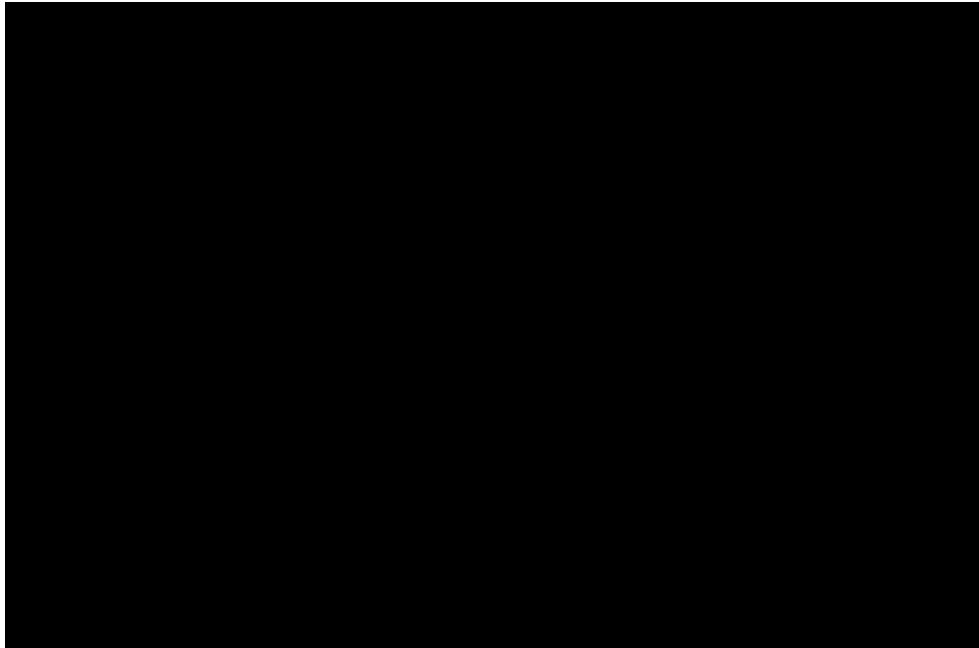
Figure 7: Street in the wealthy area of Kupal
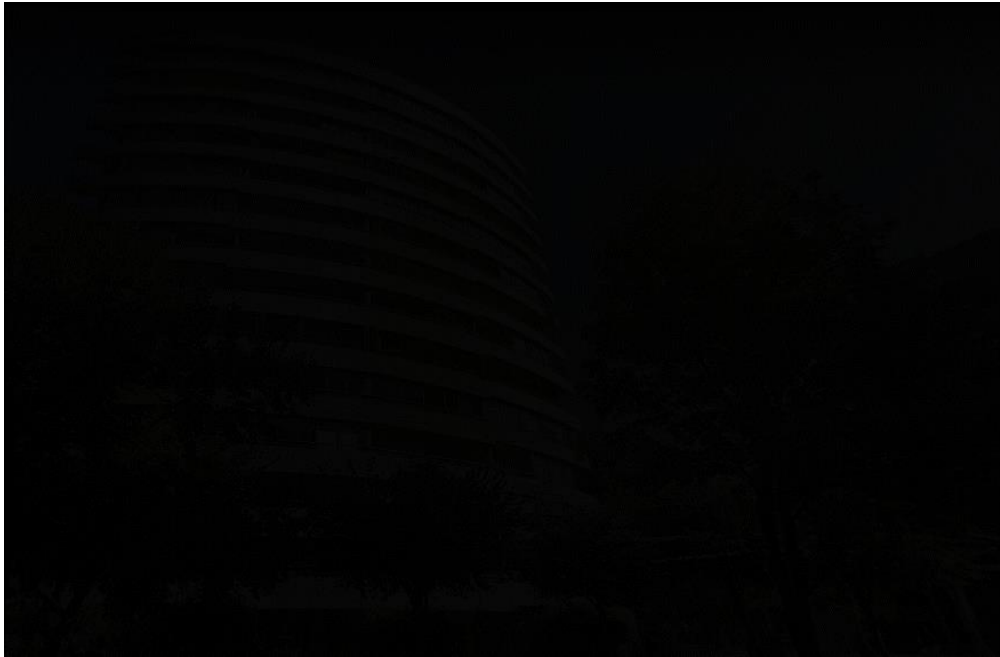
Second, I carried out fieldwork in one borough of the Bio-Bio region. This region in the south of Chile is the second largest region in the country with approximately 2 million residents (INE, 2017) (See Appendix 2). This region is one of the poorest in Chile, with children reaching higher levels of poverty compared to the rest of the country. The number of people per household is higher than the national median, with a high rate of elderly and female-headed households (Ministerio de Desarrollo Social, 2013). All of these characteristics suggested that families here might have different life experiences compared to those in the capital. In this socioeconomic context, this region has the third highest number of children admitted to foster care in Chile. Additionally, this is one of the three regions in the country that has SENAME's foster families' programmes, and it has the highest number of children admitted to them (SENAME, 2015). Due to its socioeconomic characteristics, it was likely that Bio-Bio also had a high rate of children in informal kinship care. All these characteristics made Bio-Bio a highly interesting place to carry out research.

Additionally, Bio-Bio is an under-researched location. As mentioned before, Chile is a highly centralised country, and research tends to concentrate on Santiago. ANID (National Agency for Research and Development) is the leading state institution funding research in Chile. In 2015, 54% of the total of projects funded that year were carried out in Santiago. Thus, it seemed crucial to do research in places other than the capital city.

Within Biobio region I interviewed participants that lived in one specific borough, that I will name here as Yallel[16] (See Figure 8 to Figure 13). In this place live approximately 20,000 people, with the biggest age groups being children from 0 to 14 years of age, and adults from 45 to 64. It has a multidimensional poverty rate of 26,7%; 18,4% of the population live in overcrowded conditions, and 20,3% of households lack basic services. All the families that I interviewed were low-income families, some of which lived in precarious conditions. For example, my fieldnotes of case 2 illustrate this. I agreed with the grandmother to visit her at her house at 9 am, this is a brief extract of that day:

> 13.06.2018: It is a very cold day; everything is covered with frost. I'm on time for the interview and she lets me in to the living room. She has a tray ready with coffee, sugar, and a cup. She's having mate[17]. She invites me to sit down and to have a coffee. The house outside looks old and neglected. Inside, the furniture looks worn, but the house looks clean and tidy. There is a big and a small sofa, and a bench. On one wall there are shelves full of books, on the other a whiteboard with maths exercises. There are photos of the child. There is a woodstove on, but the house is still very cold. The walls are lined with brown kraft wrapping paper.

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[16] Yallel is a mapuche word that means descendants, generations.

[17] Yerba mate is an herbal tea. The leaves are typically dried over a fire, then steeped in hot water to make the tea. Yerba mate is traditionally consumed from a container called a gourd and sipped with a metal straw that has a filter at its lower end to strain out the leaf fragments.

Figure 8: Stand of seafood on the street, Yallel

Figure 9: Yallel's main street

Figure 10: Yallel's main square

Figure 11: Street 1 in Yallel, typical houses made of wood

Figure 12: Street 2 in Yallel, typical houses made of wood

Figure 13: Traditional way of serving mate: cup with metal straw, kettle and sugar and yerba mate bowl

On the back a woodstove used for cooking, very common in the houses of Yallel. On the front traditional way of serving mate: gourd with metal straw, kettle, and sugar and yerba mate bowl.

4.3.4. Recruiting participants

During the months of March and April 2018, I approached gatekeepers in different settings to ask for their help in the recruiting process. First, I contacted the Director of a SENAME Centre in Santiago, where I had previously worked. At this centre the team was willing to help me find participants. However, the managerial staff put a series of obstacles that did not allow me to access families there.

In parallel, I contacted two gatekeepers from two different schools in Yallel, a town in Bio-Bio, who set up meetings with the headmasters for me to explain my research and ask for their collaboration. In school A, I met the headmaster and she agreed to take part in the recruiting process; she offered to talk to some grandparents whose grandchildren were students in the school, show them the information sheet (see Appendix 3) and explain roughly what the interview was about. If they agreed to participate, she gave me their contact number. After that I contacted them to schedule an interview. The headmaster talked to nine grandparents, six of which agreed to participate in the study.

In school B, I had a meeting with the headmaster who authorised me to recruit participants from the school. Then, I had a meeting with the Director of the Teaching and Learning unit who in turn, set up a meeting with an administrative assistant so he could help me identify the students whose carers [apoderado[18]] were their grandparents. After that, I wrote invitations to the grandparents asking them to attend a meeting to present the research and ask for their collaboration. I sent 31 invitations, but only five grandparents showed up to the meeting. I gave them a form to write down their name and phone number if they wanted to be interviewed. They could leave the paper on their table when they left - so they did not feel the pressure to say yes. Five of them agreed to participate.

During the time I spent in the town, I tried to contact other grandparents through snowballing. I found four potential participants this way, but they refused to take part. In three cases this was because the parents of the child disagreed about the child's participation, and in the remaining case I went to their home, but the grandparents were

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[18] In Chile the 'apoderado' of a child is something like the 'representative' (guardian) of the child in the school. The adult responsible for the child in that setting, which is not necessarily the legal guardian of the child.

suspicious and ended up refusing. In sum, I recruited 11 families in this town, from two different schools.

In Santiago, given the difficulties with the access to the SENAME centre, I contacted other colleagues working in other centres. However, the protocol was extremely bureaucratic, and it was not possible to access people through them. In a school in Santiago I found another gatekeeper (a teacher) who set up a meeting with the headmaster for me to explain the research. I attended the meeting and we agreed that the school was going to contact the potential participants, and that if they agreed to take part, the school was going to share the contact information with me. In this way I contacted five families from this school who took part in my study. In addition, I recruited two more families in two different boroughs of Santiago. I contacted another gatekeeper (a teacher) in a school in another borough in Santiago. She set up a meeting with the headmaster of the school who agreed to help me with the recruiting process, and we discussed strategies to carry out the interviews. After the meeting, I contacted her again and she said she had recruited two families. However, after that she stopped replying to my emails and phone calls. Thus, I never got to meet those families. Altogether there are 7 families in the sample from Santiago.

Recruitment of children

Given that the children were under the care of their grandparents, access to them was contingent on the grandparents' permission to let the children take part in the study. Thus, to reach the children, I had to go through several gatekeepers, personal contacts, schools and the grandparents. In the selection of the participant children, gatekeepers may generate bias in the sampling. For example, it is possible that the children approached by the schools were those more settled in their families. However, as mentioned by Kiraly and Humphreys (2013b), this selection bias is a cost that may ensure an ethical and sensitive approach to the research.

When I had discussed the study with the grandparents, I reiterated my intention to talk to their grandchildren. I gave them an information sheet designed for children and young people (See Appendix 4) and asked them to talk to their grandchildren about the possibility of being interviewed. Some days after the grandparents' interviews, I

contacted the grandparents again to ask if the grandchildren were willing to take part. Out of the 18 families, in two cases the grandchildren refused.

Once I had the consent of the children, I scheduled an interview with them through the grandparents. This meant that in most of the cases where there were siblings, I managed to interview them together as decided by the grandparents. Although my initial plan was to interview each child alone, I did not want to put pressure on the grandparents, thus I accepted their terms.

4.4.   Methods

4.4.1.   Multiple perspectives in family research

In this research I incorporated the perspectives of two actors in order to be able to look at the studied phenomenon from different standpoints. Moreover, as I mentioned in the literature review, research about kinship care that includes children's perspectives is scarce. Most of the research studying this topic accesses the experiences of children via adults. Thus, for this research it was also relevant to ensure that the children's voices were heard.

Incorporating multiple perspectives in research with families allows us to be versatile and creative in the way in which we analyse the stories. For instance, (Mccarthy et al., 2003) propose that we can approach the data looking at the perspective of each individual in a family or we can establish comparisons between families, between standpoints of gender and generations; and we can use different epistemologies to compare the accounts of different participants within a case, group or family among other possibilities.

Considering the epistemological positions, McCarthy et al. (2003) argue that the researcher can take an objective approach, that is they can look at the material from different family members, to compare them and try to obtain a picture of what is 'really' happening in their relationships. Or the researcher can take an interpretive approach to the data, considering each account as indicative of the subjective reality of each family member. These authors suggest a typology by cross-cutting these two approaches,

objectivist and interpretive, showing similarities and differences between family accounts (see Table 4).

Table 4: Analysis interviews from related individuals

	Objectivist reality	*Interpretationist constructions*
Difference	Contradicting the picture	Different themes and concepts
	Same story: different versions	
Similarity	Rounding out and confirming the picture	Similar themes and concepts

Adapted from McCarthy et al., 2003.

I took account of confirmation or contradictions of 'facts', for example events or biographical details, in the participants' accounts. This is, I took seriously their accounts of the realities of their lives. But also, I was looking at the ways in which each person constructed a particular way of making sense of the world. Additionally, I analysed the stories from what McCarthy et al (2003) call 'standpoint analyses'. This means that I compared the stories from the standpoint of generation, thus a part of the analysis was based on understanding the participants' experience of grandparent care from their positions of each family generation - the grandparent and grandchildren. I carried out both an analysis across the families as well as analysis within families.

4.4.2. Interviews

The main method for data collection in this research was qualitative interview. As defined by Riessman (1993, p. 55), 'interviews are conversations in which both participants, teller and listener/questioner, develop meaning together a stance requiring interview practices that give considerable freedom to both'. I understand interviews as the process through which the participant creates meaning and makes sense of their experience (Esin et al., 2014). The meanings and narratives are co-created in the context of the researcher-participant relationship (see section 4.5. Analysis).

I first created a form to collect information about the persons in the household (see Appendix 5). To begin the conversation with the grandparents, I used this form and asked

them a set of questions related to their household in order to contextualise the family situation. I asked the age and occupation of each person living in the house, their material conditions and any type of material support received. Once I had that information, I moved to the interview. As I was trying to elicit narratives, I began with an open-ended question asking the grandparents if they could tell me how they became their grandchildren's carers. This question encouraged long narratives from most of the participants, which I let develop without much interruption, except for some clarifying questions that allowed me to follow the story.

The interview schedule (See Appendix 6) also had questions that were organised thematically, with a series of prompts to elicit narratives from the grandparents about topics pertinent to the study, and that they might have not addressed in their accounts. The interviews with the grandparents lasted between one hour and three and a half hours, with a total of 31 hours of voice recordings.

For the interviews with the children, I also developed an interview schedule (See Appendix 7), but this was more structured than the one for the grandparents. I also developed visual aids to elicit storytelling (See details under section 4.4.4. Interviews and other methods with grandchildren). The interviews with the children and young people were shorter than the interviews with the grandparents. They lasted between 50 minutes and an hour and 50 minutes, with a total of 21.5 hours of voice recordings. The longest interviews lasted between one hour 20 and one hour and 55 minutes, and were the interviews with siblings together.

Once I had finished each interview, I wrote field notes. These allowed me to create a record of the environment of the interview, relevant events or behaviours that were not captured in the voice recording. Field notes are 'a kind of evidence on which inquirers base claims about meaning and understanding (Schwandt, 2007, p. 115). I used these notes as supplementary data to the interview data.

4.4.3. Interviewing grandparents

To examine grandparents' experiences, I carried out in-depth semi-structured interviews. Once I had the phone numbers of the grandparents - through the processes previously

described - I called each of them to introduce myself and set up a date and time for the interview. I tried to establish good rapport with them during that first contact. The plan was to have one interview with the grandparents at their home and then ask them to introduce me to their grandchildren. This happened in most of the cases (13/18). However, in some cases I had to do more than one interview due to different circumstances, such as grandparents' lack of time, or unexpected interruptions. For instance, one grandmother thought the interview was short and made an appointment at a time when we could not talk for long. This meant that I did one part of the interview one day and the second half on a different day. In another case, I was interviewing the grandmother and the internet company paid a visit, so we had to interrupt the interview, and schedule another meeting. I carried out interviews in other settings, such as church (2 interviews with 2 participants), the child's school (2 interviews with two participants) and at a grandmother's workplace.

The decision to have only one interview with the grandparents was a practical one. First, I expected there were going to be time constraints, and the grandparents might not be available for a second interview. Indeed, half of the grandparents had jobs; their time was constrained by this. Additionally, having two interviews would have meant a total of 36 interviews to analyse (excluding the grandchildren), an excessive number for the time and budget available for this project.

As expected, based on the findings of my literature review, most of the carers were grandmothers. And even when the grandfathers lived with the children, the grandmothers took charge of the grandchildren on a daily basis. As shown in Table 3 in all but two cases I interviewed grandmothers, either alone or in the company of the grandfather. When I only interviewed the grandfathers, this was because, in one case, the grandmother was taking care of the children and, in the other case, the grandfather was the only one in the sample bringing up his grandchildren on his own.

During the interviews, I realised several grandparents did not fully understand what I was doing and why. The position of a researcher at a university seemed to be too alien to them. This forced me to reflect on my own work and how could I explain it in a way that made sense to the participants. Consequently, issues of distrust and suspicion arose. First, I had to explain that I did not work for the schools that helped me recruit them and that the

information they shared with me was confidential. Second, I had to spell out that I did not work for SENAME, and that this was not an assessment of their care and so would not have negative consequences for them. This was a particularly important issue to address because SENAME was at the moment one of the worst rated public institutions in the country[19] (Plaza Pública Cadem, 2018). Besides assuring the participants about confidentiality and my independence from institutions, it was difficult to build a relationship with them and gain their trust in one visit, but I tried hard to reassure the grandparents. Therefore, these issues should be considered in the analysis of the data.

Talking about parenting their grandchildren was difficult for some of the grandparents. They also wanted to talk about their own children's life stories, and their own stories as parents. Some grandmothers were emotional as they recounted their stories and some cried. In those occasions, I tried to be respectful of their feelings and offer them the opportunity to stop the conversation. However, all the grandparents were willing to keep talking despite the difficult topics.

Also, the grandparents were in a conflictual position. They were assuming an important role in their grandchildren's lives, a role that their own adult children would normally be playing. Thus, they experienced divided loyalties in talking to me about these matters. As I mentioned before, some potential participants declined to take part because the grandchildren's parents did not want them to.

4.4.4.   Interviews and other methods with grandchildren

As I mentioned in the literature review (Chapter 2) there are few studies examining the care of grandparents who bring them up from the children's perspectives. Involving children in research has the aim of positioning them as active subjects, who are experts on their own lives. Therefore, it means recognising their worth as persons (Alderson, 2008; Roberts, 2008).   At the same time, allowing children to take part in research positions them as social actors who in consequence can have an active role influencing social, political, cultural and economic structures (Christensen & James, 2008).

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[19] Plaza Publica Cadem is a survey carried out weekly that aims to assess the public opinion on politics, economic and other socially relevant events. They incorporate a question to assess some of the country's institutions, such as SENAME, police, army, central bank, public prosecutor's office, political parties, unions, courts, church, parliament, among others (Cadem, n.d.).

Consequently, children's perspectives and their accounts of different experiences should be incorporated as a fundamental part for developing child-centred policies (Woodhead & Faulkner, 2008). However, Mayall (2008) argues that using concepts such as 'perspective', 'opinion' or 'view' suggests that what children have to say is weak and unconvincing, something that will not last in time. Instead, the author suggests using the concept of children's knowledge. Having knowledge about life implies that children have reflected on their experiences and built on these and that they are constantly revising their understandings of the world. In this sense children's knowledge suggests greater agency in comparison to having an opinion about something (See also Moss and Cameron, 2020). Hence, what this research aims to do is to learn from children's knowledge about what it means to be brought up by a grandfather/grandmother.

Issues in interviewing children

I interviewed the grandparents before interviewing the grandchildren. This meant that at the moment of interviewing the grandchildren I had knowledge about their lives and information about their circumstances, I even knew things that according to the grandparents the children did not know about their lives. Although I was aware of the possibility of this situation impacting the conversation with grandchildren, bias crept in at the moment of the interviews with the children. With this I mean that sometimes what I learnt interviewing the grandparents may have affected the way I asked things to the grandchildren, guiding the interview in one direction rather than it being open to whatever the children had to say.

I carried out most of the interviews (13 cases) with grandchildren at their home. There are a series of considerations to keep in mind when developing interviews at home. As Mayall (2008) suggests, when interviewing participants at home, the researcher's social position needs to be negotiated. The researcher is a guest of both, the grandparent and the child, and as such he/she should take into account the needs and requirements of both of them. Additionally, the child and the grandparent may also negotiate between them the conditions for the interview.

Issues about respect for elders and authority are particularly important in the Chilean context, especially in places like the small town in the south. This meant that the

grandparents strongly influenced the conditions for carrying out the interviews. In this context, I was aware of trying not to side with the adults and disregard children's opinions and needs. However, this was not an easy task. Some grandparents were constantly interrupting or trying to join in the children's interviews. Most were interested in knowing what the children were going to say about their lives together. On top of this, in some cases the families lived in small houses, which made difficult to find a space that gave the children the privacy they might have needed.

Although I highlighted with the adults that I wanted to talk to the grandchildren in a setting that gave them privacy and that made them feel comfortable, it was difficult to respect the grandchildren's space. During some interviews, I realised that the grandparents were trying to listen to the conversations; in some cases, they sat down with us straight away. In one case the grandmother was in and out the room where I was talking to the children and every time she entered the room she was asking me things about me and my research. In these situations, I tried to remind the grandparents about the need for privacy in a polite manner and told the children that it was fine if there were things they did not want to talk about in front of others. However, it was a tricky situation, because I was in the grandparent's house and it was they who granted me access to the children; they were in a powerful position that made it difficult for me to resist. As a lesson for the future, I would say that it is highly important to devise mechanisms to ensure that the children are comfortable with the interview arrangements. Perhaps some of them preferred the grandparents to be there, so that they felt more comfortable with me, a stranger. But maybe some of them felt that they could not express themselves freely due to the presence of the grandparents in the house.

At the beginning of the interviews with most of the children, there was an issue that drew my attention: this is the lack of information they had regarding the study at the moment of the interview. I realised that even when I had talked to the grandparents and given them the information sheet, most of the time they did not explain much to the grandchildren about my visit. Some of them did not give the information sheet to the children, so I had to go over it with them. Thus, I found myself having to explain everything to the children and give them the option to withdraw from the study, explaining that there were no negative consequences if they decided to do so. After I was sure they fully understood the terms of the interview I asked for their consent, and they all agreed to take part. I also

found that some grandparents gave wrong information to the grandchildren, because they themselves did not clearly understand what I was doing. For example, one of them told the girl that I was going to talk to her to assess her and her life with the grandparents, as if I was part of SENAME. Of course, this made the child very anxious, and I had to spend time at the beginning of the conversation explaining that I was not related to children's services and that talking to me was not going to have any negative impact in her life. From these situations, I concluded that my position as researcher was difficult to understand for the grandparents and in consequence, they were not able to explain it to the children. However, this was an unavoidable problem in accessing the children through gatekeepers. I surmounted this issue by explaining to the children who I was (a researcher for a university) and assuring them that I was not linked to their schools or children's services.

All the issues mentioned had an impact on the interviews and the stories the children told. Thinking that I was part of SENAME or that the grandparents were listening to our conversation might have shaped what children said or felt they could say. Although I explained to them what the situation was, these fears may have settled in their minds. This may have caused the children to tell different stories in which they downplayed some negative issues about their lives with the grandparents in order to protect them and their life together. Although I cannot know whether this happened or not, these are factors that need to be considered when analysing and interpreting the data.

I interviewed four children at their school, one in a private room in the local library, and a couple of siblings in their church. The main advantage of interviewing children in these locations was that we had a private space to talk, so they might have felt free to talk about whatever they wanted. Also, as Harden et al. (2010) point out, children might act differently in these contexts than in their homes because talking to a strange adult in the school - or library or church - is not unusual, but at home it is more evident that the researcher is unfamiliar. Although I assumed that it was important for the children to have a private space to express their opinions and tell their stories, it is important to take into consideration that children are used to being with the adults at home and that the presence of the grandparents there during the interviews might have made them feel comfortable and supported, allowing them to express themselves (Harden et al., 2010).

Methods for researching with children

In terms of methods, conducting research with children is sometimes controversial. In the literature, it is possible to see that the methods used in research with children are related to the researcher's representations of childhood (Christensen & James, 2008; Clark, 2005; Punch, 2002). This means that if the researcher understands children as rights-bearing subjects and active social actors, they will probably approach the study in a more participative way, researching with children instead of researching on them.

In this study, I consider children as active subjects able to interpret the world and as competent beings in their own right. This approach to childhood opened up the question about the need for using special methods when researching with children. Christensen and James (2008) suggest that researching with children does not necessarily imply that we should use specific methods. As the authors state, children can and do take part in studies with traditional research techniques, such as interviews. Therefore, the selection of methods for a research project should be based on the type of research question, rather than be based only on age distinctions.

This is not to say that there are no developmental differences between adults and children. I argue that children have particular ways of experiencing the world. The problem is that developmental distinctions may lead us to see children as immature when they are compared to adults in terms of ways of thinking and reasoning. This means that the differences between adults and children should not be neglected, but the researcher needs to be aware that children are 'becomings' and 'beings' at the same time (Woodhead & Faulkner, 2008).

Finally, it is worth noting that when researching with children the main challenge for researchers is the difference of power and status between children and adults. Power differences between researcher and researched are added to this power imbalance. Bearing this in mind, the challenge for the researcher is to find ways to bridge the power gap and generate space for children to have a say (O'Kane, 2008).

Researchers have increased the use of visual methods and interactive approaches when researching with children, arguing that they may feel more comfortable with these types of methods and, in consequence, participate more actively in research (O'Connell, 2013).

In line with this argument, I offered the children and young people participating in the study some activities (methods) different from talking. In this way the research became more responsive to the participants, giving them some control over the research agenda. Despite this, it is worth noting that this was not participatory research because children were not involved in the development or analysis of the research project. Instead of participatory methods, I will use the term interactive approaches, which as referred by O'Connell (2013) involve a higher degree of participation than other traditional methods, but they do not necessarily address power asymmetries in research relations.

Children are in a disadvantaged power position in relation to adults, which means that adults need to spend time with children to establish a relationship with them and gain their trust. Due to these power differences, I anticipated that it might be difficult for children to refuse to answer some questions that were uncomfortable for them. To try to give them some control over that, they got a red card (Aldgate, 2009) before the interview, which they could hold up if there was something they did not want to talk about. The participants did not make much use of the red card. However, as an interviewer (and trained psychologist) I could see when some topics caused anxiety to the children, and I offered them a way out. Most of the participants felt free to say that they did not want to talk about these issues.

To facilitate the interview with children and young people, I suggested that they bring to the interview some object that they were very fond of, a favourite object, and asked them to tell me something about it (See Appendix 8). This helped to make the interviews easier for the participants in two ways. First, bringing an object of their choice provided them with a feeling of comfort and security. Second, asking them to talk about their favourite object was an icebreaker and made the participants feel comfortable. However, using this method was not possible in all interviews, because some of them took place in locations different to the children's home, leaving them without access to such objects.

Other strategies that I used during the interviews to facilitate the communication with children were:

a)   Want to know me?

As an icebreaker I asked the children about themselves and general aspects of life. To facilitate this conversation with the youngest participants, I offered them a sheet with different drawings and questions. They wrote and drew in this sheet, and talked about themselves and their daily life (See Appendix 9)

b)   Five field map

To get to know the participants' social networks and relationships I used the Five Field map. This method was developed by Samuelsson and Thernlund (1990 in Samuelsson et al., 1996) , and it measures the structure (size and composition) of the children's social network as well as functional aspects of it, such as closeness and conflicts with people. Thus, this method was useful to explore the quality of the relationship that the participants had with their grandparents and parents and to compare them.

This map consisted of six concentric circles divided into five areas. A blank map form is presented in Figure 14.

Figure 14: Blank Five Field Map
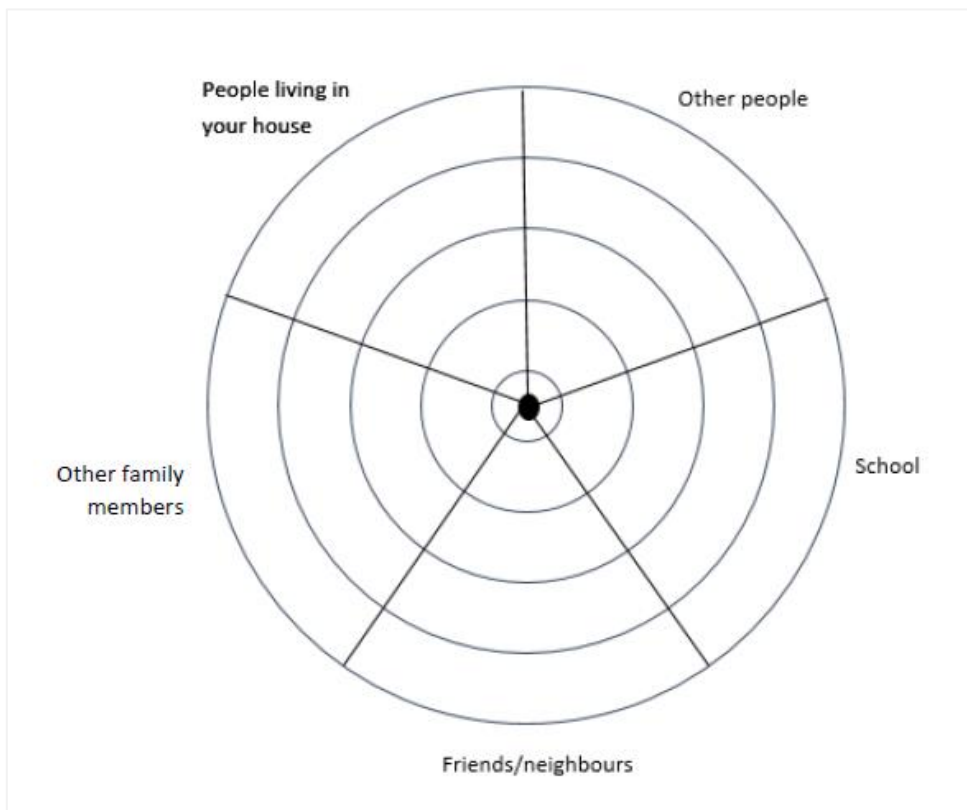
Adapted from Samuelsson and Thernlund, 1990

The participants were asked to write in the names of the people they considered in their social network in each field. I explained that they (children) were represented by the dot in the middle, so the closest to the centre they placed a name, the closest or more important that person was. Once they filled in the map, I explored the contents with them. By using an activity where the participant talked about different areas of their lives, it was less threatening to explore complex relationships than asking them about their parents and grandparents in a more straightforward way.

Additional art and craft material (stickers, colouring pencils, etc.) were handed to the children to fill in the map, especially for those that did not know how to write or felt more comfortable with drawing.

In this way children's interviews were structured thematically and around tasks. The methods used varied according to the participants' interests and abilities. This led me to use different methods to gather information. As a consequence, there is some discrepancy in the way the data were collected. However, this is a way of ensuring that interviews with children and young people are sensitive. It may be that different kinds of data and less verbal information may lead to less weight being given to children's voices in the study (Harden et al., 2010).

Interviewing siblings together: difficulties and benefits

The situation regarding groups of siblings in the sample was complex (See Table 5). In seven cases there were two grandchildren living with the grandparents, and of those only in two cases were there no more siblings living elsewhere. In the other five cases the grandchildren had siblings or half-siblings living somewhere else. Only in one case the grandparents were in charge of three children (who did not have more siblings). In the rest of the cases (10), only one grandchild was placed under the care of their grandparents. From them, only two children were only children.

Table 5: Distribution of siblings living with grandparents and siblings living somewhere else.

	No siblings living elsewhere	Some siblings living elsewhere	Some half-siblings living elsewhere	Total cases
One child living with GPs	2	1	7	10
Two siblings living with GPs	2	2	3	7
More than two siblings with the GPs	1	0	0	1

Where there were two grandchildren in grandparents' care (seven cases) living together, I interviewed siblings in pairs in four of the cases. In one household I interviewed the siblings separately. In one case, the child's sister was not considered well enough to be interviewed; and in the last case, the child's brother was older than 18. In the case where there were more than two children living with the grandparents, one was a baby, the other was 2 years old and the last one was 7, but he refused the interview with me.

From the experience of having interviewed siblings together, I can draw some lessons about the difficulties and benefits of this practice. On the one hand, being with a brother or sister, may have helped the participants feel more at ease with the interview situation. The children did not know me, so the fact of being together facing a strange person in an uncommon situation may have helped to lower their anxiety levels. On the other hand, being with a sibling may have limited the possibility of each participant presenting their own perspectives.

The most common situation was that the older sibling knew more about their care situation and how they came into the grandparents' care, so they tended to share more information and to reflect more on the questions I asked. Also, by being older, they had more language resources to explain situations in a way that was clear to me. In these cases, the younger sibling tended to replicate the answers of the other, and the older tended to try to help their sibling if he or she struggled with an answer.

In one case, the siblings were close in age (only one year apart). In the conversation with these young people, they had different perspectives on some situations; they were able to give their opinions independent of the answers of the other. This may have been due to

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their similar age and the fact that they had clear positions within the family dynamic. For instance, the girl identified herself as 'nosy' so she had information her brother did not have.

4.5. Analysis

4.5.1. Transcription and translation

As I carried out the interviews, I started to transcribe them verbatim in Spanish and began some preliminary analysis. The transcription process ended around four months after the fieldwork was completed. To carry out this task I used a software called Transcribe. Once I had the transcription of an interview, I created a kind of research portrait/ summary of each interview in English, which is a 'written narrative- for example, about an interviewee [or an interview]– which aims to 'capture the richness, complexity, and dimensionality of human experience in social and cultural context' (Golsteijn & Wright, 2013, p. 5). Throughout this process, I obtained an overview of each story told and about each participant, and also it allowed me to see some themes that were repeating through the cases. Moreover, creating summaries allowed me to re-familiarise with the data once I had finished the whole process of transcribing and summarising.

Language is a main means by which we access people's experiences (Polkinghorne, 2005). Thus, issues related to language during transcribing and reporting results must be addressed in the analysis. First, in transcription it is important to be aware that nuances of the oral interviews can be lost. In transcribing the interviews, I was also translating them, in the sense that an audio record was transformed into text, with speech nuances left out (Duranti, 2006). As Riessman (1993) points out, the process of transforming a spoken narration into text is one of representation, thus it is selective and reductive. As a first step, I transcribed a rough draft of the interviews into text. Then I identified which part of the interviews I was going to analyse in depth. I listened to the voice recordings again and added details to the transcripts. For the purposes of this thesis, I did not need to transcribe phonetics, for example. However, I did transcribe pauses, silences, interruptions in sentences or words, and changes in tone of voice or emphases. All these features in the transcript were part of the analysis.

Second, as Ochs (1979 in Davidson, 2009) stated, 'transcription is a selective process reflecting theoretical goals and definitions' (p. 44). In this sense, the transcripts of the interviews I carried out are not a straight reflection of 'what happened' in the interview, but they are a product of decisions I made. In the transcription process I was selective and interpretive, and the choices made were in relation to theoretical and epistemological positions (Davidson, 2009).

Additionally, there is the issue of language as the set of symbols, signs and sounds used to communicate. I am a Spanish native speaker, and the interviews were carried out in this language and in my home country; hence I had a cultural proximity to the interviewees. However, the findings were discussed with my supervisors in English and this thesis was written in that language; thus, it is relevant to be aware of the issue of meaning lost in translation. To write this thesis, chunks of interviews were subjected to a second translation (the first being transcription) from Spanish to English. As a competent English speaker, I did the translation. The challenges of having to use translation at different points of the research process have been discussed in the literature: whether the researcher and the interviewees do not speak the same language (Fersch, 2013; C. K. Riessman, 2008), and whether the findings are written in a different language (Van Nes et al., 2010).

Language is used to express meaning. Language also influences the way in which meaning is constructed (Van Nes et al, 2010). Translating the transcripts of narratives about care experience was a difficult task. Most of the interviewees used informal and colloquial language, and they often used popular expressions and metaphors to communicate their ideas; all these means of expression are culture and language specific (Van Nes et al, 2010). Thus, there was a process of interpretation involved, where I, as translator, had to interpret the accounts into English in a way that the readers of my findings may understand. One specific challenge in terms of this research was translating quotes from interviews. As noted by Denzin and Lincoln (2011), when translating quotes, we may add words in order to keep the meaning of the sentence, but this may cause changes in the voice of the interviewee; their words are literally not their words anymore.

Qualitative research is an interpretive process; hence the issues previously raised are unavoidable. However, it is important to address them because they are part of the analysis, and the researcher needs to be aware of them throughout the research process.

4.5.2. Methods for data analysis

For the data analysis I used a combination of two approaches: thematic analysis and narrative analysis. These two approaches, one category-centred and the other in-depth analysis of individual cases, provided different ways of knowing the phenomena (C. K. Riessman, 2008). Using both allows a complementary way of exploring the data.

<u>Thematic Analysis</u>

Braun & Clarke (2012, p.57) defined Thematic Analysis (TA) as a 'method for identifying, analysing and interpreting patterns of meaning ("themes") across a data set'. Doing TA meant that I did a cross-sectional indexing of the data (Mason, 2002). This means that I created a consistent system for coding the whole of the data set according to a set of categories. The use of this type of analysis allowed me to get an overview of the data and have an idea of its scope. Despite the fact that many patterns can be found in a data set, TA aims to identify themes that are relevant to answer the research questions. This analysis method allowed me to find and make sense of commonalities in meanings and experiences in the accounts of the participants. As I mentioned before, I looked at the themes from the standpoint of generations in a cross-sectional way.

I coded all the interviews, those of the grandparents and grandchildren (See Appendix 10). The analysis was both inductive and deductive. It was inductive as I coded new themes that arose from the data, thus taking account of the participants' specific experiences. It was deductive, as I drew on hypotheses (from the literature and my own) that informed the questions that I asked. The themes that I developed during the analysis were used to answer the research questions and frame the findings chapters. For instance, the theme 'reasons for the placement with grandparents', 'the legal aspects of the placement', and 'the involvement of SENAME' were used to address the question: under what circumstances do grandchildren go into their grandparents' care? (Chapter 5). To answer the question - how do grandparents experience being the carer now - I drew on themes such as grandparents' reflections on parenting and grandparenting, which

included as sub themes namely 'differences and similarities with their previous parenting', and 'not repeating the same mistakes', among others. I also used the theme of the 'resources' available to being the carer, which included economic resources, parenting skills, support networks and time. To approach the question concerning the current experience of the grandchildren living with their grandparents, I also used TA. I drew on the theme 'living with the grandparents now', that included sub-themes like 'being thankful to the grandparents', 'feeling happy', and 'it's like living with my parents' (in vivo code) among others.

The coding process was facilitated by the use of computer-aided qualitative data analysis. I used the software QSR NVivo which allowed me to index a large number of codes in an efficient and organised way. Having the codes in the software allowed me to select and retrieve elements of my data easily.

Additionally, I took an individual case-based approach and carried out narrative analysis of the grandparents' and grandchildren's interviews. The aim was to look at particular cases within the dataset to understand the processes of becoming a grandparent carer. The cases were complex and to understand this process in depth an analysis that went beyond coding and cross-sectional analysis was required. In this sense, I was looking for 'both the *particular in context* rather than the common or consistent, and the *holistic* rather than the cross-sectional' (Mason, 2002, p. 165). To answer the questions on how the grandparents recount their experience of becoming a carer, I narratively analysed their stories which were prompted by the question of 'can you tell me how you became your grandchildren's carer?' Through this analysis I was able to identify particularities of the cases but also to create some ideal types of stories (Chapter 6). I also used narrative analysis for the stories of the grandchildren about going to live with their grandparents. Although the children's narratives looked different than those of the grandparents (see below section on narrative analysis), it allowed me to identify the ways in which the grandchildren storied their life and gave meaning to their family situation.

Narrative Analysis

Narrative inquiry allows the researcher to explore how people story their lives (Esin et al., 2014). When undertaking narrative inquiry, it is relevant to make a distinction

between the 'practice of storytelling', narrative data and narrative analysis. Storytelling is a relational and collaborative activity; as explained by Riessman (2008) it is the narrative impulse or a universal way of knowing and communicating. Narrative data are the empirical materials that we obtain from the inquiry. Narrative analysis is the systematic study of narrative data (Riessman, 2008), which is an analytical method encompassing diverse approaches.

Defining narratives and narrative data

There are multiple and complex definitions of narrative, but they share certain common elements. One of the most relevant is that in a narration order and sequencing are discerned. Narrative definitions include the idea of contingent sequences, meaning that the narrator creates a plot in which one action is consequential for the next. In this sense, stories are structured temporally and spatially, giving to the narrative a time-ordering function. This selection and connection of events to create a plot are done according to what the narrator evaluates as meaningful for a particular audience (Riessman, 2001, 2008). Here I will use the words narrative and story interchangeably.

When telling their stories, the participants and the researchers are positioned as tellers and listeners, each with their own context (personal, social, cultural). If the narrative is understood to be co-constructed during the interview, then it is necessary to pay attention to these contexts to understand the data produced. Moreover, it is relevant to look at the role of the 'audience' in this process. By audience here, I am not referring only to me as interviewer, but also to other audiences such as people that will read the story later and hypothetical audiences. For instance, if the participants thought I was working for the schools, participants may have thought that their story might reach the child's teacher or the headmaster. Or if I was working for SENAME, the story might go to a social worker or even a family judge.

Analysis of narratives

The aim of carrying out narrative analysis was to understand the stories narrated by the participants in all their diversity and complexity, to understand their different meanings and the contradictions that might arise from them. The analysis of the narratives allowed

me to think about experience; why a story was told in a certain way, rather than only focussing on the events and content to which the story referred (Esin et al., 2014). In other words, narrative analysis allowed me to explore how grandparents storied their lives about how they came to take on the care of their grandchildren.

According to Riessman (2008), narrative analysis allows for the systematic study of personal experience and meaning from a social constructionist approach including relations of power between interviewer and interviewee (Esin et al., 2014; Phoenix, 2008). In the analysis I considered aspects of the research process, understanding it as one of the contexts influencing the co-construction of the narratives.

Narrative analysis should also (but does not always) pay attention to the context in which lives are lived. Therefore, from this perspective participants were not only sources of information, but during the interview they constructed and expressed their understanding of the social world and I, as the researcher, made sense of or contextualised these within the knowledge available to me. I considered elements of the cultural and structural contexts that influence the storytelling and the narratives. As a member of Chilean society and as a social scientist I was able to fill in the structural and cultural contexts in which lives of my participants unfolded (Brannen & Nilsen, 2012).

One of the difficulties with this approach for my research is related to the possibility of obtaining narratives from children, particularly young ones. From a traditional perspective, narratives can be understood as retrospective meaning-making, and they are related to the possibility of ordering past experience (Brannen, 2013; Chase, 2011). These types of stories, named as life stories, are what Bamberg and Georgakopoulou (2008) call 'big stories' or 'canonical narratives'. Narrative inquiry has mainly focused on big stories, which are about non-shared, personal experiences and are expected to be a coherent whole about past events. According to Puroila & Estola (2014), the traditional conception of a story is about a linear and chronological progression, with a temporal and causal connection between events. Thus, it seems to be inherently linked to cognitive functions, such as memory and language, which in young children work differently from adults. This means that some children are unable to produce this type of story. In contrast, it seems more appropriate to use the concept of small stories for children's narrations. This concept was coined by Bamberg & Georgakopoulou (2008) to refer literally to brief

stories, in contrast to long life-stories; but also, to a series of narratives that are underrepresented in research, such as future or hypothetical events, stories about ongoing, recent or still-unfolding events. By focusing on these small stories, they look at 'how people actually use stories in everyday, mundane situations in order to create (and perpetuate) a sense of who they are' (Bamberg and Georgakopoulou, 2008, p. 379). The use of the concept of small stories allowed me to see children's stories as narratives that are contextually and collaborative constructed. Additionally, as in other research on children's narratives (Puroila & Estola, 2014), I assumed that children narrate stories not only through verbal language but also through visual images, play, body language, among others, including the visual and interactive methods I used with them to generate data. Therefore, the lack of a traditional 'big story' from children about their lives did not limit my understanding of their experience of being brought up by grandparents.

The aim of doing narrative analysis was to understand how grandparents and grandchildren storied their pathways into grandparent care. Thus, to carry out this analysis, I selected the narratives related to the time when the grandparents became the carers of their grandchildren. And in the case of children, the stories of the times when they went to live with their grandparents permanently. These times were more difficult to ask children about; several children did not remember that time, and those that remembered did not always want to talk about it. This issue is discussed more in depth in Chapter 7.

Together with the written transcripts, I obtained visual data from the interactive methods with children and young people. However, this material was used as a way of facilitating children's engagement with the interview and in the elicitation of narrative rather than being analysed as visual data in this thesis.

4.6. Ethical considerations

As stated by Alderson (2014), researchers should continuously reflect on the ethics of their practice. This means that ethical questions should not be raised exclusively for an ethics committee review, but they should constantly be considered during the research process. A first general ethical issue that I considered when designing this research was about the relevance of doing it. As I have argued in the literature review, this is a relevant

topic to research because there is a gap in the knowledge we have about the phenomenon of kinship care in Chile. However, the research is not only relevant because it fills a knowledge gap, but also because it may bring benefits for the researched group. As no study explores the experiences of grandparent care in Chile, the findings of this research may inform the practice of professionals working in child welfare services with the consequent improvement of the services for these families, both grandparents and grandchildren.

This research explored some sensitive issues for both children and grandparents. However, different measures were taken to avoid any harm to the participants. For instance, I aimed to explore the relationship of these children with their birth parents. To do this, I used the five-field map. If a child did not speak about the relationship with their parents while completing the map, I did not address the issue with that child. Thus, the methods need to be responsive to the participants' needs, rather than to the researcher's agenda. This approach may help to avoid distressing situations for the participants during the interviews.

I have experience of working with children, which was helpful in cases where complications arose during the interviews. I worked for three years as a child psychotherapist, particularly with children who had been sexually abused. Hence, I have experience in addressing sensitive and distressing issues in interviews with children. Moreover, I worked for two years as a research assistant, conducting semi-structured interviews with children and adults as part of a research project on healing processes following child sexual abuse.

Access to participants was gained through gatekeepers. This may have meant that participants felt obliged to take part in the study. However, they received an information sheet (See Appendices 3 and 4), and they had the chance of discussing any questions they may had with the researcher before they gave their consent to the interview (See Appendices 11 and 12). In the information sheet, participants were informed that their participation in the study was voluntary and that they could withdraw from taking part in it at any time and without having to explain why. Discussing the participants' questions and explicitly stating that they could withdraw at any time allowed me to ensure that obtaining informed consent was an on-going process, rather than a one-off event.

Although none of the participants withdrew from the study[20], a couple of children refused to take part.

Issues of privacy and confidentiality were discussed with the participants. To assure privacy and confidentiality, only I had access to the identifying information of the participants, which was stored on a password-protected laptop. All information used to disseminate the findings of the research has been or will be anonymised. Confidentiality was assured to the participants, but I made clear to them that confidentiality was not possible if information revealed that someone may be seriously harmed. This is something that I explained to the grandparents and the grandchildren. In only one case a girl said during the interview that sometimes she was smacked by her carer. This girl was already in therapy in a SENAME's centre, and she said she had talked to her therapist about this situation. Nevertheless, I asked for her permission to inform her teacher about it, which she granted (I contacted this family through the school). The teacher was informed, and she contacted the therapist to address the problem.

The grandparents were asked for informed consent, and they had to authorise the researcher to have access to the child(ren). Once they had given their authorisation, children were asked for their consent to take part in the study. Once all this process was done, it was possible to start the interviews with the participants.

So far, I have presented the research problem and my motivations to carry out this study. I have established the knowledge gaps this study aims to address, and the methodology I used to answer the research questions. In the next five chapters I will be presenting the main findings of this research, which are organised around the phases of care (Tronto, 1993).

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[20] One participant, a young person, was emotional during the interview. It was hard for him to talk about his family situation and he cried. I set up a second interview with him for a follow up and to be sure that he was fine. However, before the second interview took place, I received a call from the grandmother telling me that he did not want to have a new meeting. I talked to the young person on the phone and explained that I only wanted to know if he was fine and if he needed any help. He said that he was alright, but he did not want to talk about his story anymore.

Chapter 5: The pathways of children into their grandparents' care

Stories matter. Many stories matter.
Stories have been used to dispossess and to malign.
But stories can also be used to empower, and to humanize.
Stories can break the dignity of a people.
But stories can also repair that broken dignity

Chimamanda Ngozi Adichie, The danger of a single story

5.1.   Introduction

In order to understand the experiences of the grandparents and the grandchildren they look after, it is necessary first to know the context and circumstances that led them to live together. The literature available shows that generally in Western countries (such as the US, the UK and Australia as seen in Chapter 2) there are social factors influencing children going into care (Backhouse & Graham, 2013; Crewe, 2006; Harnett et al., 2014; Purcal et al., 2014; Sprang et al., 2015). The most common reasons reported in literature for grandchildren going into their grandparents' care were related to alcohol and drug misuse, mental health problems, incarceration, child abuse or neglect and parental death. These reasons emerge mainly from sources such as research with grandparents, official data, and studies by NGOs. Additionally, some researchers mention that one important reason for the increasing number of children under grandparent care is that current policies on 'alternative care' in the above-mentioned countries favour the placement of children in kinship care over foster care, mainly due to the evidence showing that children placed with kin do better (in terms of mental health and school attainment for instance) than those placed in foster care (Harnett et al., 2014). For instance, in the UK when a child must be placed in 'alternative care' the local authority must consider a placement with a connected person, such as a family friend, relative, or other person connected to the child (Children Act 1989, section 22c (7)) (Legislation.gov.uk, 2018). The priority to this kind of arrangements reflects the principle that the children should, wherever possible, be brought up by their families and communities.

Despite being well documented internationally, in Chile we do not have detailed and clear data about the reasons why children go into grandparent care. Zavala's research (2015) sheds some light on this issue, being the first that aimed to describe the characteristics of children and their foster families. Most of her sample was indeed formal kinship carers (105 families out of 158) of which 76.2% (n=80) were grandparents. However, she studied kinship care as a general practice; thus, her study does not provide specific information about grandparents as kinship carers. Zavala found that generally there were multiple overlapping causes that led to the placement of the children in 'alternative care'[21]. The most common reasons were: parents' abandonment (55.3%) and child abuse (52.6%), followed by parents giving up their rights (38.9%), imprisonment (13.2%), death (6.6%) and illness (4.6%). Albeit this information is relevant and useful, it does not reveal the pathways leading to the placements. Moreover, Zavala's study only included children in formal care[22] and did not consider children in informal care who may have different life stories.

This chapter identifies the reasons the grandparents gave for their grandchildren coming into their care and the circumstances surrounding the placement. As I mentioned in Chapter 4, at the beginning of the interview, I asked the grandparents to tell me how they became their grandchildren's carer. When telling this story, the grandparents mentioned the circumstances that led their grandchildren into their care. Therefore, this chapter will address the following research question: Under what circumstances do the grandparents take on responsibility for and the care of their grandchildren? To answer this question, I will first examine the events in the families and the social conditions, especially concerning the children's parents, that led to the grandparents taking sole charge of their grandchildren. In order to achieve this, I analysed the main reasons grandparents gave for the grandchildren coming into their care. I next grouped the reasons into five categories. These categories are parental use of drugs, child abuse and neglect, parental abandonment, parents working away, and parental death. I will provide an exemplar case of a grandparent and grandchild for each of these five main reasons.

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[21] The percentages make more than 100 because for each case there was generally more than one reason
[22] As discussed in chapter 2, formal care refers to placements formalised through a court order or by the intervention of an administrative body such as SENAME. In informal care, these interventions by state bodies are not present but they are unofficial and usually organised between parents and members of their kin, typically grandparents.

Second, I will examine the legal context in which the grandparents took on responsibility for their grandchildren. I will present the type of arrangements that resulted and the pathways into care that these children went through. Here I will present the stories of the placements, focusing mainly on the sequences or temporal ordering of events as narrated by the grandparents. This means I will analyse 'what' the grandparents said happened. In the literature on kinship care, most researchers are concerned with how the children come into grandparent care. By contrast in this thesis I am concerned with (a) this issue as narrated by the grandparents, and (b) the stories told by the grandparents about why and how they took on the care of their grandchildren. The stories the grandparents told about the 'how' of becoming parents to their grandchildren and their feelings about being kinship carers will be the focus of Chapters 6 and 8.

5.2. Placement stories

Each grandparent told their own story of the placement with its particularities. However, there are commonalities regarding the reasons for the placements. Similar to the findings of Zavala (2015), in most of the cases several events or conditions led the grandparents to take their grandchildren into their care. Yet, there was generally one reason that stood out or that the grandparents identified as the main trigger. Through the analysis of the data, I clustered the reasons for the placement into five groups. First, there are stories of parental drug addiction which are all related to teenage pregnancy and child abuse and neglect. Second, there is a group where the trigger for the placement was child abuse and neglect, which generally was related to the involvement of child services. It is worth noting that child abuse and neglect are an underlying theme in most of the stories. But, in some cases, it became the main reason for the intervention of SENAME and the removal of the children from their parents' care. Third, there is a group of stories of children being abandoned by one or both parents. Fourth, there is a specific group of stories told exclusively by grandparents in the sample in the south of Chile, where the main reason given for taking care of grandchildren is that the parents are working away, generally in Santiago (the capital that is 630 km distance from the town in South), due to the lack of job opportunities in their hometown. Finally, there is one story of a mother having died. Interestingly, in contrast with what is shown in the literature, in my sample there were no cases of placements related to parents being imprisoned. Figure 15 shows the complex of reasons/ stories that lead to children being placed in their grandparents' care.

Figure 15: Main reason for the placement on each case and other associated factors
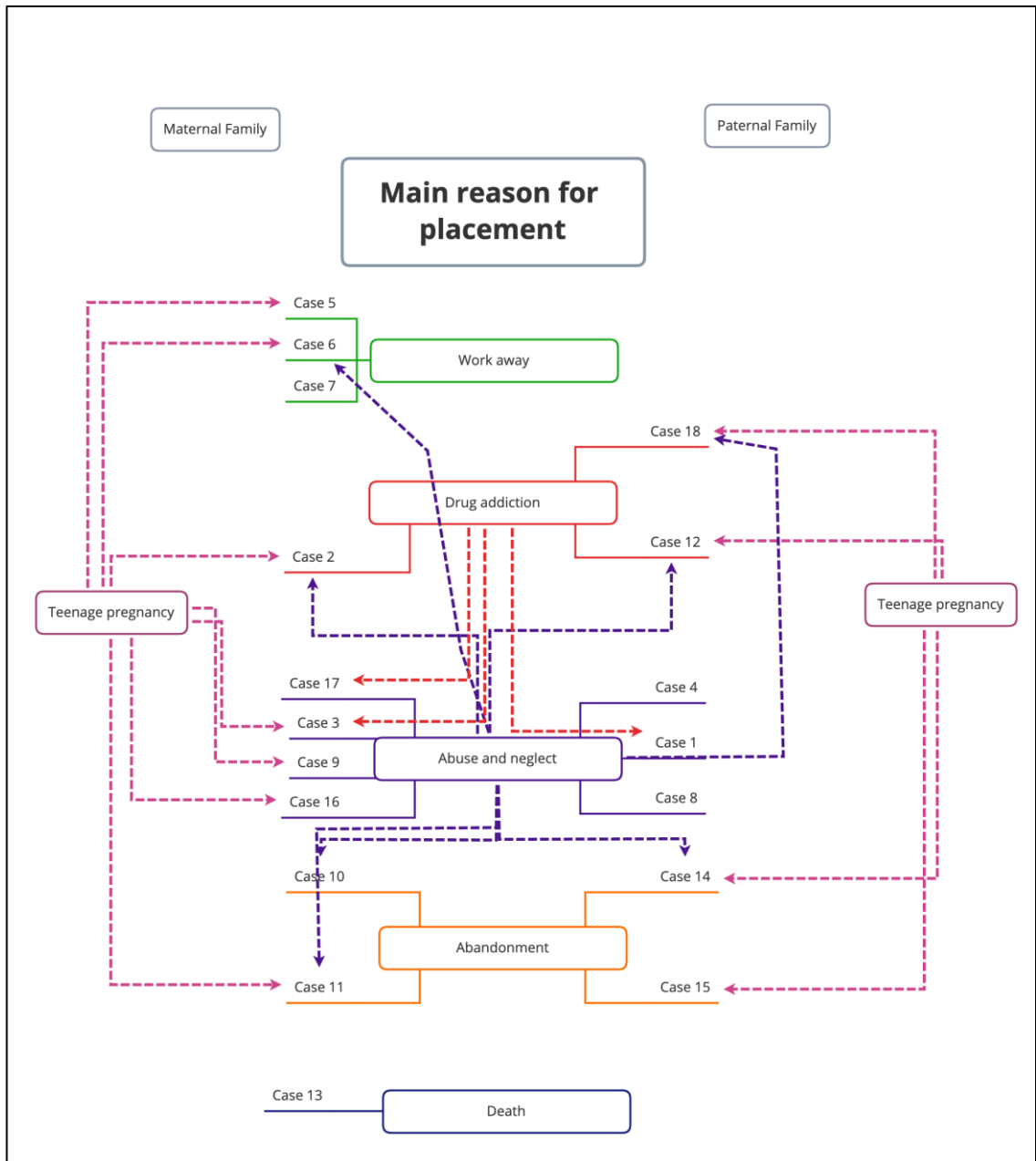
Note: The dotted lines show when each factor was present in each case, but was not pointed out as the main reason for the children's placement with grandparents

All these five types of reason are antecedent factors for, that is, they precede the kinship care arrangements. In the next sub sections, I will describe each of the cases according to each of these main types of reason, placing the stories in the Chilean context and exemplifying them with the summary of one case per group.

5.2.1. Stories of drug addiction [cases 2, 12 and 18]

The use and abuse of alcohol and drugs by teenage parents was an issue commonly mentioned by grandparents when telling their stories. Eight grandparents mentioned some type of substance misuse by the grandchildren's parents, referring mainly to excessive alcohol consumption. Six grandparents mentioned drugs use by the parents (As seen in Figure 15), but only in three cases the grandparents talked explicitly about the grandchildren's parents drug addiction as the main reason for them to take on the care of their grandchildren. Before giving an example of these cases and going deeper into one case, it is necessary to know the social context in which the alcohol and drug abuse of young people occurs in Chile.

In Chile, the use of drugs among young people is a hot topic in the public domain. Indeed, different prevention campaigns have been launched in the last years to prevent drug use in this age group. For instance, in July 2018, Carabineros (Chilean police) launched a campaign called "Estudia sin drogas, Carabineros + cerca" (Study without drugs, Carabineros closer) to prevent distribution and selling of drugs near to schools. Later, in April 2019, the government established a new programme to help prevent the use of alcohol and drugs in school-aged youths (*Choose to live without drugs* Plan, Plan Elige vivir sin drogas in Spanish). This concern is not recent; in the early 2000s when the parents from my sample were children or teenagers, there was a popular campaign in Chile to prevent victimisation and drugs use among young people. Fundación Paz Ciudadana (Civic Peace Foundation) adapted an animated campaign from the USA with a dog that gave advice to children about different victimisation situations. This was a national campaign screened on TV, and it became part of the popular culture in Chile. Therefore, prevention of drug consumption among young people has been the focus of public policies over the last 20 years.

The concern of the authorities emerges from official data showing that the drug use in school-aged children is high. For instance, the 13th National Study of drugs in school-aged population (Observatorio Chileno de Drogas, 2020) carried out in 2019, showed that Chilean school-age students are in the first place in Latin America regarding the

consumption of tobacco, marihuana, cocaine, cocaine base paste[23] and non-prescribed tranquilisers. It is not only illegal drugs that are consumed in high amounts; alcohol is also a substance often used by high school students. The same national study showed that 1 in 3 students said they had had alcohol in the last month, and within that group, 64% had had at least one episode of drunkenness (Observatorio Chileno de Drogas, 2020).

Apart from the statistics, there was a study carried out by the government in 2008, which explored the social representations[24] of drugs use among young people (18-29 years of age) (CONACE, 2008). The participants were from different socioeconomic backgrounds and from three cities in Chile, namely Santiago, Concepción (near the town I studied in the south) and Valparaíso - the three biggest cities in the country. They found that alcohol and marihuana were an important component of the '*partying* culture' for young people. Marihuana appeared as an important part of the social inclusion within the peer group; it had some level of social legitimation and it had a more positive assessment compared to other drugs because it was seen as resulting in a lower level of addiction and it is relatively easy to obtain. Similarly, alcohol was considered as an essential part of '*partying*' for all the young people regardless of their socio-economic background. Alcohol and marihuana are considered an initiation drug (gateway drug); this means that they are the first drugs people try when they begin to use substances and may lead to the use of harder drugs. In contrast, cocaine base paste was deemed as the most dangerous drug because it is highly addictive and damaging and because it generates social stigma. This drug was mainly associated with poverty, because it is cheap, and it is thought to cause family disintegration and crime. In sum, there is high substance abuse in Chile's school-age population, especially of marihuana and alcohol, that seems to be part of the 'partying culture' and the inclusion in the peer group. But also, there is a high consumption of cocaine paste base, that seems to be related to socioeconomic conditions.

In this context, three of the grandparents in this research told stories about how their own children started partying with friends when they were teenagers, drinking and using drugs.

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[23] Cocaine base paste (CBP) is an illegal drug of abuse that is mostly consumed in several Latin American countries. CBP is a non-purified extract of coca leaves with a variable content of cocaine base, mixed with other alkaloids which occur as a natural result of the extraction process (Berardino et al., 2019).

[24] The authors use the work of (Moscovici, 1979) to approach to social representations. According to (Höijer, 2011, p.3), "shortly speaking, social representations are about processes of collective meaning making resulting in common cognitions which produce social bonds uniting societies, organisations and groups"

Under these circumstances of rebellious behaviour, their daughters or their sons' girlfriends got pregnant. They narrated how after the babies were born, the young parents (mother, father or both) did not take care properly of their child. Consequently, the grandmothers took care of their grandchildren since they were babies. In these three cases the parents became drug addicts, a situation that persisted up until the moment of the interview. Two of the cases were of grandmothers' sons (cases 12 and 18), who were still together as a couple with the grandchildren's mothers (after more than 10 years) and were still using drugs. The other case (number 2) was the one of a grandmother who described her daughter's addiction since she was 15 years old, and that had lasted until the time of the interview. As I mentioned before, there are three other cases where the parents had drug issues (See Figure 15). In cases 1 and 3, the girls shared the same mother, but they lived with different grandmothers. According to the narratives of the grandmother from case 1, this mother's addiction started after the grandchildren's placement. In the other case (case 17) the relation of the mother to drugs is unclear, but according to the story told by the great-aunt the girl was placed in care because of the mother's neglect.

The following case (number 18) exemplifies how drug use affected the families' lives and was the key factor in the children's pathway into care.

> Pamela (grandmother) is 62 years old; she works serving food in a school and lives in Santiago with her partner Ismael, her youngest son Cesar, her mother and her 13-year-old granddaughter Gemma. The family lives in a council flat owned by the great-grandmother. Pamela also owns a council flat that she rents to pay her son's university fees. The family lives with an average of more than £1000 per month, which is above the national average. They get their income from Pamela's wage, Ismael's pension and the money he gets driving an Uber taxi. On top of that, Pamela sells different items to make more money. Also, on Sundays, she sells food at farmer's market. Although the income of this family is above the national median income, if we consider a budget of £200 per person in Santiago, it is not that much above the median[25].

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[25] In 60% of the poorest households in Chile, people live with less than 216.000 CLP (£208) per capita per month. Which is similar to the GDP of countries such as Nicaragua, Ghana or Irak (Fundación Sol) https://www.fundacionsol.cl/blog/actualidad-1/post/pib-per-capita-de-16-mil-dolares-nos-quejamos-de-llenos-5079

They live in one of the wealthiest boroughs in Santiago (and Chile), Kupal. However, this family lives in an area that is the only deprived area in that borough. This is a neighbourhood of council houses, and it has remained a low-income area surrounded by the richest families in the city. This is the neighbourhood with the highest number of reports for drug dealing and consumption within the borough (Potocnjak, 2009).

Gemma is Omar's daughter, Pamela's oldest son. When Omar was a teenager, he was a juvenile football player for a famous Chilean team and his mother had great expectations for him. When he was 16, he started a relationship with Sabrina; they started going out with friends, partying and doing drugs, and a few months later Sabrina got pregnant.

When they learnt about the pregnancy, Omar dropped out of school and went to live at Sabrina's family house. According to Pamela, this house was a poor household and Sabrina's family was involved in drug dealing. Once Gemma was born, her parents kept partying, doing drugs (cocaine base paste) and were in an unstable relationship. Omar even got involved in selling drugs. Three months after Gemma's birth, Omar went back to his mother's house with the baby. Pamela took him back, under the condition that he was going to take care of his daughter during the night, which he did for a couple of months. However, after that, he started to go out again leaving the baby at his mother's house.

> *So, one day he (Omar) was like I'll just go and come back; yeah right go and come back… and suddenly the baby was up. And Ismael was upset: 'and this guy doesn't come back and he knows he has to take care of his baby!'*

As time passed, Pamela and Ismael grew fond of Gemma. Then, Omar started to manipulate them saying that he was going to take the baby away. This situation became unbearable for Pamela, and she told his son to leave with the baby. He went back to Sabrina's house, which was overcrowded and whose family did not have enough money to live. Gemma's maternal grandmother talked to the paternal

family asking for help. Her sisters talked to Pamela and finally she and Ismael took Gemma into their care.

In this case, as in the two others, the grandmother described how things were going fine with her son until he reached adolescence. This life course stage is a crucial moment in which their children's lives changed direction. In all the three cases of parental substance abuse, the teenagers followed similar paths, that is, they started going out with friends and partying, using drugs and alcohol. They dropped out from school and became parents at a young age. These stories happened in a context of poverty and young people's exposure to drug abuse as well as lack of job or school opportunities, difficulties in the access to services and lack of family or community support (Arriagada & Hopenhayn, Martín, 2000). Indeed, Pamela said how her son used cocaine paste base, which as I mentioned before is highly addictive and it is related with poverty and stigma.

Pamela's son got involved in drugs and he has used them throughout his daughter's life. Similarly, in the other cases with parental drug use, the parents remained addicted years after their children's births. Therefore, the grandparents have brought up their grandchildren whilst dealing with the addiction of the parent(s).

In other cases in the study, the grandparents also related how their children acted rebelliously and went out partying when they were teenagers. One grandmother said how she discovered that her daughter was using marihuana. Some of those teenagers were very young parents too. However, drug taking or addiction were not the main triggers for the children's placements with their grandparents and their stories have been categorised in the other four groups below.

5.2.2. Stories of child abuse and neglect [cases 1, 3, 4, 8, 9, 16 and 17]

The second group of stories that I identified are those of children going into grandparent care due to experiences of abuse and/or neglect (7 cases). Although child abuse and neglect were present in other cases, in these cases it was said to be the main reason for the placement (a total of 14 grandparents reported some type of abuse or neglect. See fig. 15). Before looking at the stories within this group, it is necessary to define child abuse and neglect and take a look at the situation of child maltreatment in Chile.

The Ministry of Social Development in Chile defines maltreatment as the occasional or regular acts of physical, sexual or emotional violence against a child, either at home or within institutions. It is also considered maltreatment when the children do not receive the care they need for their development (Chile Crece Contigo, n.d. [Chile grows up with you]). There are several types of child abuse. Here I will briefly define only those that were present in the grandparents' stories (according to Chile crece contigo, Chilean Ministry of Social Development):

- Parental neglect is the ongoing failure to meet a child's basic needs. It occurs when the parents or carers deprive the children of the care, protection and affection they need to grow up.
- Physical abuse refers to deliberately hurting children causing them injuries.
- Emotional abuse is understood as the ongoing hostility towards a child. It can involve constant criticism, humiliation, threatening, isolating or ignoring a child.
- Children can be witnesses of domestic abuse in their parents' relationships, which is also considered child abuse.

In Chile, according to UNICEF data (2018) the situation concerning child abuse is grave; 71% of children say they have been victims of some type of violence by one or both parents: 25.9% suffered serious physical violence, 25.6% mild physical violence and 19.5% were victims of psychological violence (UNICEF, 2018). Additionally, the Under Secretary for Crime Prevention (Gobierno de Chile, 2017) carried out a study with 19,867 students between 7th grade (13 years old) and 3rd year of high school (17 years old) along the country. They found that 34% declared they have suffered at least one episode of abuse from their carers in the past year.

In the next extract, I describe a case in which the girl was a victim of emotional abuse and neglect, which led to her moving into grandparent care.

Marta is 73 years old; she lives in Yallel with her husband Saul (73) and her granddaughter Beatriz who is 15 years old. They live off the grandparents' pensions in their own house in the town. The grandmother only studied until year

two of primary school, and she worked her whole life as a *nana*[26] (maid), thus her pension is low. This family lives on average income of £90 per person per month, which leaves them in the second poorest income quintile. However, the grandmother says that they live 'fine' with what they have.

Paula, one of Marta's daughters, is Beatriz's mother. When Paula was 19, she was in a relationship and she got pregnant. When her boyfriend found out, he said that the baby was not his and he broke up with Paula. After that, the father started a new relationship; he got married and started a family. Given that she was alone with her daughter, Paula stayed living with her parents.

When Beatriz was 4 years old, Paula was in a new relationship, and she decided to get married. Marta advised her to stay with them at home, not to get married, and work for her and her daughter. However, Paula married her fiancée and after the wedding, she and Beatriz moved with the new husband to the house of Paula's mother-in law.

Marta narrates how she saw that her granddaughter was living in bad conditions in this new house. She was always dirty; the adults in the house were always scolding her and yelling at her. One day, Marta was passing by her daughter's house and she saw Beatriz playing in the yard with other children. The girl had wet herself and she was dirty, thus Marta called her, took her out, and brought her to her house. She bathed her and put clean clothes on her. The other girls that were playing with Beatriz told her mother that the grandmother took her. That evening, Paula went to her mother's house to ask her why she had taken Beatriz. The grandmother said that she would not permit her granddaughter to be neglected, so she was going to take care of her from now on, and the mother accepted. Since then, Beatriz has lived with her grandparents.

Similar to Marta's story is the seven cases in this group where the grandparents were witnesses to the abuse and neglect of their grandchildren. Four of the grandparents took action and solved the situation by making informal arrangements with their children about

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[26] A nana is a woman working as a maid who is in charge of the household chores (cleaning, cooking, doing the laundry, etc) and assumes the role of nanny, taking care of the children.

taking on their grandchildren's care. In other cases (3), SENAME got involved in order to stop the maltreatment. I will discuss the intervention of child services in the next section.

A story of parental mental illness [case 16]

Within the stories of child abuse and neglect, there is one story of a family in Santiago in which the grandmother explains that the negligent behaviour of her daughter is due to a mental health disorder. The grandmother points out that the carelessness of the mother is not because of lack of love, but because she cannot make it any better due to her illness. This was the only case with an official diagnosis of a mental health disorder in the sample, and although it could form a different group, I decided to include it in the *child abuse and neglect* category because that was the final reason that appeared to precipitate the children into care. The following is the summary of the story.

> Carla is 53 years old, lives in Santiago with her grandchildren Laura who is 8 and Martin who is 10. They also live with their great-grandmother, and a son of Carla who is 16. Laura and Martin are Camila's children, one of Carla's 3 children from her first marriage. Carla studied in higher education, and she works as a bank executive; she has the highest income in the sample. Carla's mother also works, contributing to the household income. Additionally, Carla receives economic support from her ex-husband and grandfather of the children. They rent a flat in an affluent area in one of the wealthiest boroughs of Santiago, Kupal.

> According to Carla, Camila has mental health issues. When she was 12, she started to present with disruptive behaviours; she was in psychological and psychiatric treatment, and she spent time hospitalised. When she was 14, she dropped out from school, ran away from home several times, and once she came back home with a gun. At that time Carla lived with her son who was 7 years old, and she felt that Camila was putting them in danger. So Carla decided to take Camila to Argentina where her father and paternal grandmother lived. In Argentina, when Camila was 16, she got pregnant; she came back to Chile and gave birth to Martin. They lived with Carla until Martin was 5 months old. Then Camila went back to live with Martin's father in Argentina, taking Martin with her. Two years later,

she got pregnant with Laura. They stayed in Argentina where, according to Carla, the children lived in a violent environment and were neglected by Camila. Carla visited them frequently and gave them money to live.

When Laura was 7 months, she suffered serious burns in her legs. The explanation that the mother gave for how it happened was at odds with the seriousness of the burns, so the hospital reported the situation to the police. Consequently, children's services were going to take the children away from the mother. However, Camila's paternal grandfather was a judge in Argentina. Thus, Carla could talk to lawyers and social workers, and she took the responsibility for her daughter and the children. She brought the three of them back to Chile, when Martin was 3 years old and Laura 1. Carla rented a flat for them and gave them money to live. She noticed how the children were neglected by Camila - they were dirty, unattended, did not have a routine and so on. Time passed and the children started going to school and Camila started a new relationship and had another child, Adriana. During that time, the grandmother took the children to her house every other weekend and did fun activities with them. Time passed and the school started calling the grandmother because the children were not going to school every day, they were always asking for food, they were late and never brought the things they were asked for. The school reported the mother to the authorities alleging child neglect. Camila was sent to a treatment to develop parenting skills, which she never attended. In May 2017, the headmistress of the school called Carla to tell her that Laura had a serious burn in her arm. The school reported the situation again to the authorities and on that occasion, the alternatives were to take the children to a SENAME home or to send them to live with the grandmother, and as Carla put it *'there was no chance of me saying: no, take them to SENAME'*. Hence, Family Court decided to give the grandmother the provisional guardianship of Laura. The next month she got the guardianship of Martin too. Adriana remained under her mother's care.

In this case, the mother had suffered from mental health issues since adolescence. Although she lived separately from her mother since she was 16, Camila had never been completely independent; the grandmother had always been there to support her economically and emotionally. According to the grandmother's narrative, the children's

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placement with herself was supposed to be provisional until the mother went into treatment and learnt new parenting skills. However, she thinks that she will keep the children until they are grown-ups due to the mother's difficulties.

5.2.3. Stories of abandonment [cases 10, 11, 14 and 15]

A third reason for placement was parental abandonment, more precisely by the mother. In this study, there were four children in this situation; they were abandoned by their mothers and ended up living with the grandparents. In three of these cases (11, 14 and 15) the mothers left their babies under the care of the fathers, who looked for the support of their own mothers to bring up their children. In the other case (10) the mother abandoned the children, and the maternal grandmother took them into her care. Within these four cases, there are two in which the girls do not know their mothers (14 and 15). In cases 10 and 11 the children were abandoned by the mother but still have some contact with her. The next case exemplifies the group.

> Rosa is 64 years old. She is a homemaker living in Santiago. Rosa lives with her husband, Alfredo (65); her daughter, Maira (41) who has a child, Ana (11); and her granddaughter Cristina who is 13 years old. Cristina is the daughter of Rosa's son, Jaime (38). They live in their own house and their income comes from Alfredo's wage, a gardener, and Maira, a supermarket sales supervisor. In this case, the grandmother said that she did not know what the family income was, but that they do fine[27].

> When Jaime was in high school, he had a relationship with Cristina's mother. After they finished school, she got pregnant. They had the baby and went to live in Rosa's house. However, the parents broke up, and the mother left the baby under the father's care. She used to leave Cristina there for a week, came back to take the baby with her for a couple of days, brought her back to Rosa's house and so on. When Cristina was at Rosa's house, Jaime took care of her. He changed her nappies, gave her milk, etc. According to Rosa, one night the baby was crying

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[27] The grandmother refused to tell me the range of income of their household. However, the job her daughter does pays around £900- 1000 per month, and the husband probably earns the minimum wage which is around £300. Thus, similar to the case of Pamela, they live with an income of around £260 per person, which considering the cost of living in Santiago is not high.

inconsolably, and Rosa went to see what was happening; she took the baby in her arms and brought her to sleep with her, and since then Cristina sleeps in the same room as her grandmother, who has taken care of her ever since.

When Cristina was a few months old, her mother stopped visiting, and they did not hear from her for about a year. After that she came back to visit intermittently. When Cristina was around 3 years old, the grandmother wanted to secure her granddaughter's future by leaving her some goods as inheritance; however, she did not want to do it if the girl was legally under the care of her parents. Thus, she talked to the mother and explained the situation, and the mother agreed to give up her parental rights. The grandmother did the paperwork, and they went to court. According to Rosa, both parents went to the hearing in Family Court, but only the mother signed the documents. However, as the father was there as well, it was assumed by the court that he also gave up his parental rights, and Rosa obtained the guardianship of Cristina[28]. After some months, the mother stopped visiting again and never came back. Cristina does not remember her mother. Her father kept taking care of her, but later he started a new relationship and moved out to start a new family; he moved to a different city, leaving Cristina under the care of her grandparents.

In this case, as in other two cases in this group where the children live with the paternal grandparents, the mother abandoned the child and the fathers stayed in charge of their children, at least for some time. However, they depended largely on the care of their own mothers. As time passed these fathers formed new families and their children stayed under the care of their grandmothers. The level of involvement of these fathers in their children's lives varies, but all of them have kept in touch. This situation in which the fathers are not able to look after their children and leave them under the care of their own mothers may be a reflection of how gendered the work of caring is.

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[28] I do not think this is accurate in terms of how the proceeding of guardianship occurs, but this is the way the grandmother told her story.

5.2.4. Stories of parents working away [cases 5, 6 and 7]

A fourth reason for going into grandparent care was that parents had to find employment in a city far away from where they lived. There are three cases in this group and the three of them are from Yallel. Some socioeconomic and geographic issues allow understanding why this phenomenon appears exclusively in the families living in the south of Chile.

All of the parents that were working away were from Yallel, which is not surprising considering that the Bio Bio region, where Yallel is, has high unemployment rates. Moreover, employment opportunities are gender biased and women have lower employment rates than men. Chile in general has a low position on international rankings regarding gender equality in the labour market. Indeed, the gender gap starts to widen from the age of 20 when men participate in the job market more than women. Women's participation in the labour market increases with education level and socioeconomic level. Importantly, the phenomenon of NEETs (Not in Education, Employment or Training) has a gender and class bias. In Chile, in the poorest quintile, 55% of women between 18 and 24 years of age are NEETs. This is related to pregnancy as 53% of those women are mothers (Piras & Rucci, 2014). In the case of the parents in this study, they had all moved to Santiago, a city with the highest rate of labour market participation in Chile, and with more women employed than men (Bentancor, 2013). The next story exemplifies these cases.

> Adela is a 52-year-old unemployed grandmother living in a rural area near Yallel. She lives with her husband Jacob (64) and her 14-year-old granddaughter, Camila. Camila is the daughter of Francisca, who is Adela's biological daughter, but not Jacob's. A year before the interview, the grandparents built a house on a piece of land belonging to Francisca, where they currently live. They live off Jacob's pension and their farm work: their income is low, around £120 per month in total.
>
> Francisca, was 16 years old when she started dating Camila's father. They started living together and they wanted to have a child. They were together for two years and they could not have a baby, and then they broke up. A month after they broke up, Francisca realised she was pregnant. She gave the news to the father, and they made up. After some months they broke up again and Francisca went back to live with her mother just before giving birth. She spent the last month of pregnancy

with her mother and Jacob, who told her that she could give them the baby and they could register her as their daughter. However, Francisca started dating the father again and refused Jacob's offer. After Camila was born, mother and baby kept living at the grandparents' house. The parents' relationship lasted a couple of months, after which they broke up again, and the father took distance from Camila. He has not contact with his daughter anymore.

When Camila was little, Francisca started working in the town, so the grandparents took care of the baby while she worked. However, the money Francisca was earning was not enough and the grandparents could not provide for Francisca and the baby. Thus, Adela told her daughter to go to work to Santiago and leave the baby with them. Francisca did so and started working as a maid (*nana*). From time-to-time Francisca returns to Yallel to visit, but Camila has not left her grandparents' house again.

In this case the main reason for the child to stay under her grandparents' care was that the mother was working, first in the local town and later much further away in the capital. However, the lack of job opportunities in her hometown happens on top of other circumstances such as teenage pregnancy, poverty and dropping out from school, all of which shaped the child's pathways into grandparent care. This story of young parents going away in search of job opportunities repeats among some of the participants in this small town. As I mentioned before, the cases in which the placement occurred because the parents went to work away are only three in number. However, there are some other parents in the study (cases 1, 10 and 11) from Yallel that are currently working in Santiago, because of the lack of job opportunities in their hometown. Nevertheless, their move to the capital occurred after the children's placement was settled.

5.2.5. Story of death [case 13]

In this research, I found one case in which the grandparents took the grandchildren into their care because of a parent's death. In this case the children had lived with their parents, but they lost their mother at an early age.

Elena is 68 years old, and Juan is 74. They are married and live in Santiago with one of their daughters Sara (41), their two grandchildren Felix (7) and Claudia (10). They live in their own house in a middle-class neighbourhood. They live from Juan's pension and Sara's wage. The grandparents have an income of around £400 a month, however they do receive support from their adult children, and the father pays for most of the children expenses (food, health, clothes) thus they live comfortably according to the narration of the grandparents.

Connie was Elena and Juan's daughter. She got married to Pedro and they are the parents of Felix and Claudia. After Claudia was born, her mother had to go out to work, so Elena offered to take care of the baby while Connie worked. Time passed and Felix was born. After that, the two children were under the care of the grandparents to allow the parents to work locally. Thus, the children did not live there but they spent a good part of the week with their grandparents. Every working day Connie dropped the children at her parents' house at 7 am and picked them up at 8 pm to go home. They did so up until 5 years ago when Connie was diagnosed with oesophageal cancer. At the beginning, the family thought that she was going to overcome the illness; she had treatment and surgery, but after some months, the doctor told Pedro that there was nothing else they could do, and that Connie, aged 35, was going to die. When this happened, Pedro talked to his parents-in-law and asked them to help him with the children, which they committed to do. During the time Connie was ill, Elena talked with her; Connie was very worried about what was going to happen to her children. Elena said:

> *And I told her that she shouldn't worry about it, because the children were going to be fine with us, I mean what could be better than the maternal grandmother taking care of them? And the children were used to this home*

During the time Connie was ill, she was either at the hospital or at her parents' house where Elena took care of her. Thus, the children were living at Elena's house. After fighting cancer for 9 months, Connie passed away. The children stayed at the grandparents' house. Pedro kept living close to them but the children, did not want to go to live with him. Pedro visits the children every day; he spends a large amount of time at Elena's house and they consider him part of the family.

The first thing to point out about this story is that the grandparents were the children's carers from the time they were babies. Like many grandparents in Chile, they looked after the grandchildren while the parents worked[29]. Thus, they had a close relationship with their grandchildren before they went to live with them, which may have facilitated the transition for both grandparents and grandchildren.

A second feature of this case is that these children lived with their two parents and had a regular life before the mother became ill; thus, they would probably not have gone to live with the grandparents if the mother had not died. However, even when the mother's death is the main event in the story of the placement, the real turning point seems to be the mother's diagnosis, when their pathway into care started.

Finally, also interesting is that the children have a father who is alive and present in their lives; he is legally in charge of them, and he plays his fatherly role responsibly. However, the children are under the care mainly of the grandmother on a daily basis. Similar to the cases of mother abandonment where the father is not the main carer of the children, this case confirms the highly gendered basis of caring for children in Chile (as elsewhere).

5.3.   Types of arrangement and trajectories

The previous section showed the main reasons grandparents gave for their grandchildren being placed in their care. All the family situations described above led to arrangements that can be designated formal or informal, as previously discussed in Chapter 2. In this study 7 out of 18 cases were formal arrangements (see Table 3, Chapter 4), that is, 7 grandparents had the legal guardianship of their grandchildren. However, within this group the paths that children and grandparents went through are more complex and may, or may not, involve the intervention of SENAME at different stages of the process. In the next subsections, I will describe both formal and informal arrangements, highlighting some common trajectories that I found through the data analysis. Figure 16 shows the pathways that the grandparents and their grandchildren have gone through up until now.

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[29] According to the 5th National survey on quality of life at the old age (PUC- Caja Los Andes, 2019), 25,5% of senior citizens live with a grandchild, and 1 in 5 senior citizen that are grandparents are in charge of their grandchildren every day.

Figure 16: Summary of pathways into care
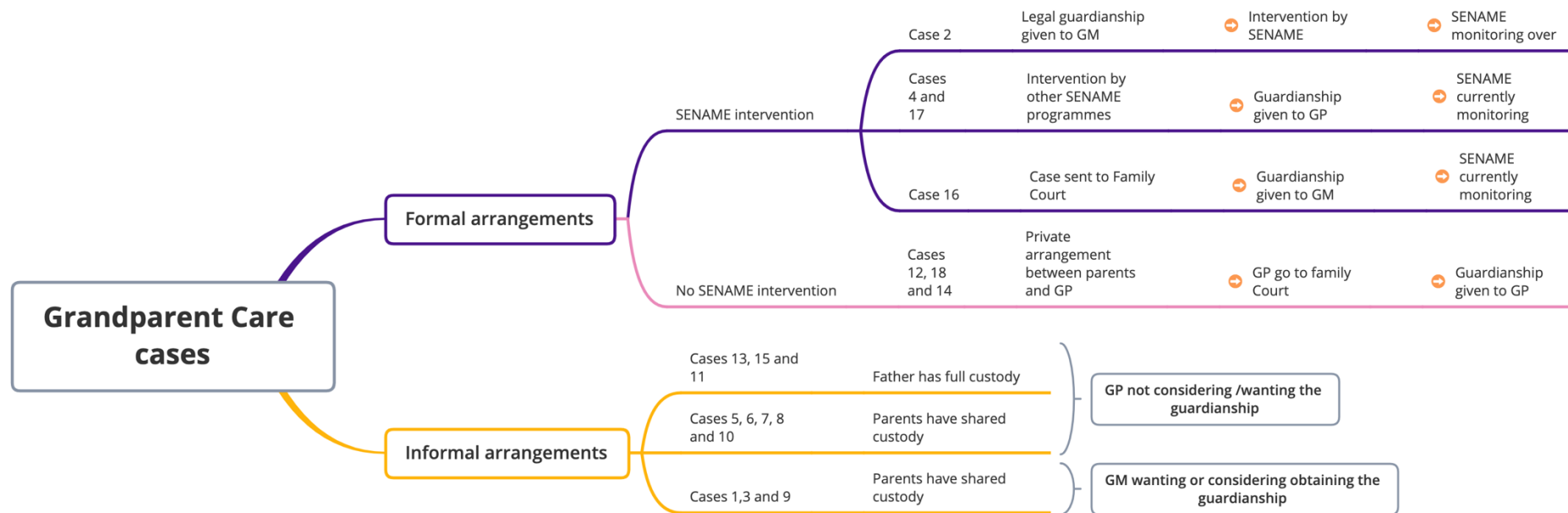
5.3.1. Formal arrangements through SENAME

As I mentioned earlier, there were seven formal arrangements within my sample where the grandparents had the legal guardianship of their grandchildren. However, only in four of the cases SENAME had intervened, and all four navigated the system in a different way. In the next two sub-sections I will present the cases with and without children's services intervention.

<u>Cases with SENAME intervention</u>

SENAME has 16 different types of programmes aimed to protect children's rights. The programmes are organised to respond to the different levels of complexity of the cases; they work with children and families with a range of problems, not just issues relating to kinship care. When I refer to the cases in which SENAME intervened, it means that these families have been part of a SENAME's programme at different stages of the child's journey into grandparent care and not necessarily that they have been part of a programme dedicated to kinship care. Indeed, no case in my sample was targeted by the kinship care programmes. Only four of the 18 families in the sample had been under SENAME's intervention. One family was discharged from the programme successfully around four years ago. The other three were still under SENAME's supervision at the moment of the interviews and share some characteristics in their pathways into care.

The first case (case 2) that was no longer under SENAME's intervention, was from Yallel. A grandmother, Noelia, was looking after her 7-year-old grandson. The boy's mother was 16 years old when she got pregnant and was doing drugs and misusing alcohol at the time. She was a single mother, and the father was never involved in the baby's life. A month after she gave birth, she and the baby were living with the grandparents, but the mother was using drugs again. At that moment, the grandmother proposed to her daughter to pass the guardianship of the baby to her. The mother agreed, and the grandmother obtained the guardianship from the authorities. When the baby was two months old, the mother left home, leaving the baby at his grandparents' house. The grandmother was scared that her daughter could come back and take the baby with her. Thus, she decided to report the mother's disappearance to the police. After that, SENAME's professionals went to the grandmother's house. In that time, the grandmother was working all day; her husband was unemployed and offered to take care of the baby. SENAME's professionals kept

them under observation, and when the child went to nursery when he was three years old, the intervention ended. In this case the grandmother has been looking after the grandson since he was a baby, and it is the only case in which SENAME intervened after the guardianship was settled.

The remaining three cases were still under SENAME's intervention at the time of the interviews. In two of them (cases 4 and 17), the children had been in different programmes throughout their lives, including residential care. SENAME intervened several times, but the children kept being at risk of harm. Thus, the Family Court decided to send the children to residential care. The children were all aged five or over when they went into state care and spent approximately two years living there. After that, their guardianship was given to the grandfather in one case and to a great aunt in the other.

The fourth case with SENAME's intervention, is the case of Carla, the grandmother from case 16, previously featured (Section 5.2.2.1). As explained before, the mother's negligence was reported to the authorities several times, and things escalated until the grandmother decided to take the children to live with her. After that, the children were referred to a SENAME's programme to help them to overcome the previous adverse experiences they had been through when living with the mother. In these cases, we can see early detection of parental abuse and neglect by the authorities. However, the first interventions failed to improve the children's situation and led to further interventions until the children were removed from their parent's care. After that, the role of SENAME seems to have turned to one of monitoring, rather than one of supporting the transition of children to their grandparents' home.

In sum, these families went through similar steps. In the last three cases the families experienced social services interventions several times while the children were living with their parents, interventions that failed to improve the children's life conditions. Due to these series of failed interventions during the early years of the children's lives, the grandchildren were of school age when they went into grandparent care. Indeed, these cases are the only ones in which the grandparents took on the care of children of school age. The children in this group have been living with their grandparents from times ranging between 1 and 7 years.

Cases without SENAME intervention

In the remaining three cases with formal arrangements, the grandmothers had obtained the legal guardianship of their grandchildren but none of them had gone through any SENAME intervention. In these three cases, the grandmothers took the children into their care when they were babies or very young toddlers. After they were living together, they decided that they wanted the legal guardianship.

In two of these cases (cases 12 and 18), the children's parents were drug users and were neglecting their children. Given this situation, the grandmothers decided to take their grandchildren into their care to protect them. However, they did not want to do it without a legal arrangement, because they felt it was the only way of being sure that the children would remain with them. Thus, they reached agreements with their adult children, and went to court to do all the paperwork to obtain their grandchildren's guardianship. After going to court a couple of times, these two grandmothers obtained the guardianship. In the third case (case 14), described in Section 5.2.3, the mother abandoned her daughter and when the grandmother asked her to give up her parental rights, she did.

In these three cases, the grandmothers became the carers of their grandchildren through informal arrangements with their adult children. Once the grandchildren were living with the grandparents, they tried to secure the arrangement through a Court order. The reasons they give to look for the Court order are related to giving stability to their grandchildren and protecting them. Obtaining the guardianship was an important step for the grandmothers, giving them a feeling of reassurance and safety. Although these cases involved legal agreements, SENAME was not involved. Additionally, despite being the legal guardians of their grandchildren, they were not entitled to any state support.

5.3.2. Informal arrangements.

As I mentioned before, informal arrangements are understood as those where there is no involvement of SENAME or a Family Court order, neither to set up the placement nor afterwards. In this research, there were 11 cases of informal grandparent care. In all of them, the grandparents took the children into their care when they were babies or toddlers. Given that the children who took part in the study were over the age of 7, they had been

in their grandparents' care for a long time (between 5 and 16 years, except in cases 8 and 16 that the time was shorter, only around one and a half years).

Out of the 11 informal arrangements, nine were in Yallel and two in Santiago. It is interesting that all the three cases of the parents who were working away are informal arrangements, in the same way the case of maternal death is an informal arrangement with the children's father. In all these cases, the circumstances that led to grandparent care are not related to the parents' capacity to look after their children, but as ways of solving life circumstances.

These cases of informal arrangements can be grouped into those in which the possibility of grandparents becoming legal guardians has not been considered, or it is thought unnecessary. The second group is formed by those grandparents who have considered going to court or have indeed done so but have not persisted for a variety of reasons (See Figure 16)

5.4.   Conclusions

In this chapter I have addressed the research question about the conditions under which the children came into the care of their grandparents, as narrated by the grandparents. This last point is key in understanding the rest of this thesis. It was the grandparents who were narrating the circumstances to me; thus, it is important to keep this in mind when looking at the way they engaged with the care of their grandchildren and how they gave meaning to their role as carers.

I have described the main reasons that grandparents gave for the children being placed with them and the pathways that the children went through before being cared for by their grandparents. Five main reasons were identified: drug addiction, child abuse and neglect, parents working in a city distant from their home, parental abandonment, and parental death. Fourteen out of 18 cases in this sample reported child abuse and neglect by the parents with different levels of severity. Although abuse and neglect were the main reason for the placement only in seven cases, it seems to be an important factor in the grandchildren pathways into care.

These are stories about the parents' lack of capacity to care for their children that relate to lack of maturity (being a parent at a young age), lifestyles (drugs and alcohol, abuse, etc), lack of economic resources (working away and poverty) and the social determinants of health (mother's death). Although I grouped the cases around these factors for analytical reasons, it is difficult to categorise them within only one group because going into grandparent care is a multifactorial phenomenon. As I showed with the examples in this chapter, there are cases in which there were a complex of reasons to do with teenage pregnancy, drug use, negligence and abandonment.

The pathways to grandparent care are far from simple and linear. They are more like spiderwebs (as shown in Figure 15) where different factors intertwine in intricate ways. However, it is also useful to have a schematic overview of the cases as it allows us to see commonalities and compare and contrast cases. Moreover, it is useful to categorise the cases into main reasons for the placement as this allows comparison of my study with the international literature. Despite my sample's small size, my findings confirm this literature.

These intricate stories reveal the often highly disadvantaged social contexts of the children's and their families' lives, and this chapter shows the importance of intergenerational support in this context. Many of the parents in this study were young when their children were born, they lived in a context of poverty and they did not receive any extra support such as lone parenthood benefits (which do not exist in Chile). Thus, they had to draw on grandparents' support to survive. The stories in this chapter show us the ways in which the beginnings of many of these children's lives are shaped by young parenthood.

Going back to the concepts that guide this thesis, it is important to note the significance of different family forms, in particular the ways in which three generations come together at different points in the life course to provide housing and care for both adult children as well as the grandchildren. The grandparents as parents, step in and help their adult children, and they also protect their grandchildren. This support provided by the grandparents highlights the importance not just of blood ties but of close family ties of relatedness. As Smart (2007) points out, in addition to being blood ties, what is important to understand the grandparents- grandchildren relationship is what matters to them and

how their lives unfold in specific context and places. This chapter gives us the context in which the tie of the grandparents and their grandchildren has developed over time.

In my study, the majority of the cases are informal arrangements. Additionally, most of the families (14/18) had never been in receipt of intervention by SENAME. For the cases that had been under SENAME's intervention, in three cases children's services were involved in securing the placements and monitoring the family afterwards. In one case, they only monitored the child. However, none of the cases was part of a specialised foster/kinship care programme. Moreover, none of the grandparents in this sample was receiving any state support as carers of their grandchildren. This point is particularly important, because it may be a sign that in the Chilean context kinship care is a way of arranging family life when a need for care emerges rather than it being only an issue of child protection as it is understood by SENAME.

To summarise, the reasons the grandparents gave for taking their grandchildren into their care are multifactorial and the pathways of the children are diverse. Most grandparents sorted out the situations privately, reaching agreements with their adult children, without any type of social services or state intervention. In this chapter I set out the context in which the grandparents said the moving in of their grandchildren happened. In the next chapter I will examine the ways in which the grandparents narrate the experience of why and how they, the grandparents, came to take on the responsibility for becoming their grandchildren's main carers.

Chapter 6: Narratives of becoming a carer

Some are born great, some achieve greatness,
and some have greatness thrust upon them
Malvolio, Twelfth Night, Act II, Scene V

6.1.   Introduction

In the previous chapter, I examined the circumstances under which the grandparents became carers of their grandchildren. This means that I focussed on the temporal ordering of events or the 'what' of the stories (Squire et al., 2014)[30] about how their grandchildren left the care of their parents, as told by the grandparents. The current chapter looks at how the grandparents narrate the process of becoming a carer - the 'how and why' of the process. This chapter answers the question, how do grandparents narrate becoming their grandchildren's carers? The aim is to explore how grandparents story their lives and make sense of the experience of becoming a carer for their grandchildren.

As I mentioned in Chapter 4, I used narrative analysis to understand how the grandparents storied becoming their grandchildren's carers. This type of analysis in meaningful for this thesis as it allows us to focus on people's own accounts and at the same time, to situate individual meaning in social context, so enabling micro and macro-analyses (Phoenix, 2008). The grandparents' stories will 'tell us about their lives and the context shaping (and shaped by) them' (Phoenix et al., 2021, p. 6).

A narrative here will be understood as an account (written, verbal, visually acted) of past experiences that conveys meaning. This account moves across time, and the narrator builds up meaning as it goes. Thus, a narrative is not only a description of facts or temporarily ordered events. The meanings the narrative carries are particular, they are specific to a historical and social context. The latter means that there will be limitations to where, when and by whom a narrative can be understood (Squire et al., 2014).

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[30] In narrative inquiry, there are some researchers that distinguish between 'story' and 'narrative'. The former being a sequence of events, and the latter being the discursive organisation of events (Squire et al., 2014). However, there are ambiguities in the distinction, and it ends up not being helpful. Thus, in this thesis, I will be using 'story' and 'narrative' to mean the same. In spite of this, the distinction can be analytically helpful to contrast the 'what' of the stories (its content) with the 'how and why' of them (structure, context).

As suggested by Kupferberg (2012), biographical narratives are an interesting subject of study because they tell what happened (facts) and at the same time they tell how the agents made sense of what happened. This sense-making represents both personal constructions and those communicated through cultural narratives. According to (Bruner, 2004), this cognitive and linguistic process of telling about our lives, 'achieve[s] the power to structure perceptual experiences, to organize memory, to segment and purpose-build the very "events" of a life. In the end, we become the autobiographical narratives by which we "tell about" our lives' (p. 15).

To analyse the grandparents' narratives, I used a combination of realistic and constructivist approaches. This means that I understand that there is material reality to which the narratives refer, for example, family background, economic situation, housing situation, etc (As shown in Chapers 1 and 5). However, when analysing narratives, we are also dealing with a co-constructed account of how that reality was or is experienced. Some authors suggest that those in the biographical tradition of research should aim to alternate between these two levels (Wengraf, 2001)

Moreover, as highlighted by Kupferberg (2012), the combination of these two levels of analysis, objective and subjective (or realistic and constructivist), help us to argue in favour of the validity of the empirical material produced by biography research. It is a common critique of this kind of research that the material produced is not reliable because how can we be sure that what people narrate are facts and not just fictional stories? 'What we tend to forget is that fiction is also a kind of reality in the sense that it provides the overall structures through which individuals establish meaning in life, and become who they are' (Kupferberg, 2012, p. 234). Therefore, in this chapter I am presenting the analysis that looked at how the stories were told and what structured such storytelling.

The first thing to keep in mind is that the stories the grandparents told were elicited by my question: *can you tell me how it is that you became the carer of your grandchild?* This has several implications. I was explicitly inviting them to talk about a particular topic, in the context of a research interview. This means that they were producing a story with a particular purpose; all of this was influenced by how they understood my research and interpreted the question (Riessman, 1993).

Second, I asked them to narrate an experience that happened in the past; thus, they were looking back and reconstructing what happened. As proposed by the German School, narratives are subjective attempts to make sense of actual, lived experiences. There is a time gap between the 'lived life' and the 'told life', this is how that lived life is retold in the present, and often from the point of view of the present (Wengraf, 2001). Therefore, what the grandparents narrated is not an account of facts about the past, but an account of the experiences of the past told from the perspective of the present. This means that their stories are full of tensions as they try to make sense of often conflicting feelings and experiences while they were being narrated to me.

Third, not all of the interviewees produced narratives in the sense I understand the term here[31]. In most of the cases, the grandparents told stories that had a plot, that moved across time, and that accounted for experiences of the past. However, a few of them did not produce narratives and, consequently, the interviews were more in a question-answer format.

Having in mind that all stories are unique and that they are shaped by particular events and experiences, there are particular features that one can observe in all of them. My starting point as a researcher, was that becoming the main carer of their grandchildren is a turning point in the grandparents' life. Turning points 'occur when a life event or transition results in a lasting shift in the overall life course trajectory' (Brady & Gilligan, 2018, p. 71; Denzin, 1989; Hareven & Masaoka, 1988; Kupferberg, 2012). However, as I shall show, not all of the grandparents narrated their stories in ways that suggest becoming a grandparent was a turning point for them.

One feature of the stories that I considered relevant to my analysis is how the grandparents position themselves in relation to becoming a carer for their grandchildren, this in relation to the degree of control they had over this life transition (Glaser & Strauss, 1971). At one extreme there are grandparents who narrated their story of becoming a carer as a clear decision. They explained how they saw the situation their grandchildren were in, and they consciously made the decision to take them into their care. This is tightly related to the

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[31] Broadly a narrative can be defined as 'a set of signs, which may involve writing, verbal or [other] elements that similarly convey meaning… there's need to be movement between signs […] that generates meaning. Because a narrative progresses in this way, it does not only expound, but explains; it is therefore distinct from description' (Squire et al., 2014, p. 5).

idea of family duty, as this 'decision' was constrained by the notion of family duty and because of close blood ties. At the other extreme of this continuum, I found instances where the grandparents told stories in which a series of events seemed to 'just happen' and they ended up taking care of their grandchildren. These grandparents tended to normalise the fact that they took care of their grandchildren, and they did not reflect upon the circumstances or decisions that led to this outcome. In the middle of the continuum there are nuances, for instance, grandparents who feel that becoming a carer 'just happened' to them, but who also reflect on how they made decisions that created the situation. Consequently, how grandparents position themselves in relation to events differs. Moreover, there is no one clear position for each grandparent; some stories shade into each other suggesting tensions and contradictions.

The views regarding the level of control they had over the situation were related to the grandparents' sense of family duty. This is the idea of a 'duty to care' that is associated with having a close blood tie to the grandchildren. The relationship to the grandchildren is premised on being very close kin. This kin relationship in the Chilean culture means that grandparents- especially grandmothers- are expected, or have a duty, to become carers of their grandchildren when the parents were not able to do it. However, not all the grandparents, and not all the time, position themselves as carers propelled by a sense of duty. As expected, they express other motivations; they explain that they took care of their grandchildren because they care about them and wanted to do it. In this way, grandparents navigate this experience of becoming a carer, going back and forth from the duty they feel they have to care for their grandchildren and the desire to take care of them.

A second feature of the stories is related to how grandparents situate becoming a carer in the life course, and the centrality they gave to this situation in their life (Glaser and Strauss, 1971). Here I mean whether they talk about their experiences of becoming a carer as a normative life course transition or as non-normative one (Elder & Shanahan, 2007; Hareven, 1977). To understand this point it is necessary to take a look at the life course theory, which offers a framework to understand life trajectories and life transitions.

The life course perspective focuses on the ways in which chronological age, life transitions, relationships, and social change shape our lives from birth to death (Hutchison, 2005). In the life course perspective (Elder, 1994, 1998; Shanahan, 2000), initially there were four main interrelated themes, namely, the interplay of human lives

and historical time, the timing of lives, linked/independent lives and human agency. Later two themes were added, these are diversity in life course trajectories and developmental risk and protection. For the purposes of this section, I would like to highlight the timing of lives, which refers to the ages at which life events and transitions take place, which are linked to social norms and expectations of a period. The life course, according to this theory, is actively constructed by the individuals (human agency) who make choices and act according to the opportunities and constraints of their historical, cultural, and social context. People play an active role in shaping their lives. However, there are structural inequalities that impact the exercise of such agency.

Going back to the idea of becoming a carer as a turning point, in contemporary western societies, grandparents taking on the role of carer of their grandchildren is an unpredicted circumstance in their lives. Life transitions can be divided into two groups. First, those called life cycle events (Kupferberg, 2012) such as being born, starting school and dying, which are somehow related to the process of aging and are highly predictable. Turning points are also life transitions, however their main characteristic is that they are something for which we are not prepared. Thus, some grandparents may understand becoming the carer of their grandchildren as points of disruption in their normative life course or a change in the timing of their lives. Moreover, within their stories, becoming a carer is not the only life changing event the grandparents experience and narrate. For instance, the interviewees whose own children were teenage parents told stories of how they became grandparents as a non-normative transition in their life course - often expressed as 'too young to become a grandparent'. As proposed by Hareven and Masaoka (1988), a normative transition -in this case becoming a grandparent- could become a turning point when it is 'off-time'. The grandparents explained how this generally was an unexpected event and how for most of them, it was a difficult situation.

These features of the process of becoming a carer of their grandchildren - a decision, a sense of duty, and a non-normative life course event- combine in complex ways, providing a rich diversity of stories. As pointed out in the life course theory, diversity in life course trajectories is expected, as they are influenced by people's relationships and the socio-cultural and historical context in which they live (Brady & Gilligan, 2018).

Through the analysis of the cases, I constructed three main story types that represent how the grandparents narrate the way in which they assumed the responsibility for their

grandchildren. These story types are based on Shakespeare's quote at the beginning of this chapter. First there was a group of grandparents that narrated becoming a carer as a responsibility that was 'thrust upon' them. Without much control over the situation and facing the duty imposed by blood ties, they assumed the care of their grandchildren. The cases that fit into this category were five, namely, cases 4, 12, 15, 17 and 18. I decided to present here the story of José (case 4). He was a grandfather from the town in the south, Yallel, who was raising his two granddaughters on his own. I will show how José narrated his becoming a carer as a situation over which he did not have much control, where he thought it was his duty to step up and he did not have any alternative. To José, becoming a carer was a non-normative life transition. This case is particularly interesting to look at because José was the only male participant taking care of his grandchildren alone.

As in the initial quote some 'are born great', there were grandparents that narrate becoming a carer as something that 'just happened'. In this group, I categorised seven cases, cases 3, 5, 6, 7, 8, 9, 14, but here I will be presenting the case of Dominga (case 6), a grandmother living in Yallel and raising her granddaughter on her own. Dominga's story is particularly interesting because it is the story of four generations of women, where being raised by a grandmother has repeated over time. Although Dominga states that becoming a grandmother was an 'off-time' life transition for her, becoming the carer of that grandchild was accepted as a matter of life's course.

Finally, there was a group of six cases (cases 1, 2, 10, 11, 13 and 16) where -like those who 'achieve greatness'- the grandparents took action to ensure that the grandchildren came into or remained under their care. Here I will present the story of Carla. This grandmother was living in Santiago, in Kupal, and taking care of her two grandchildren. This story represents those grandparents that narrated becoming a carer as a decision, this is in an active way. The story of this grandmother also stands out because she is one of the two carers who were well off and had been through higher education, offering a different socio-economic context from the rest of the families in the sample.

6.2. Stories of becoming a grandparent carer

6.2.1. Case 1, José: Becoming a grandparent carer: a family duty

First, it wasn't emotional to me. It was an obligation. I felt obliged for being the grandfather to take them out from the residence and take the role of mother and father. And now, I've grown fond of them

Figure 17: José's family tree
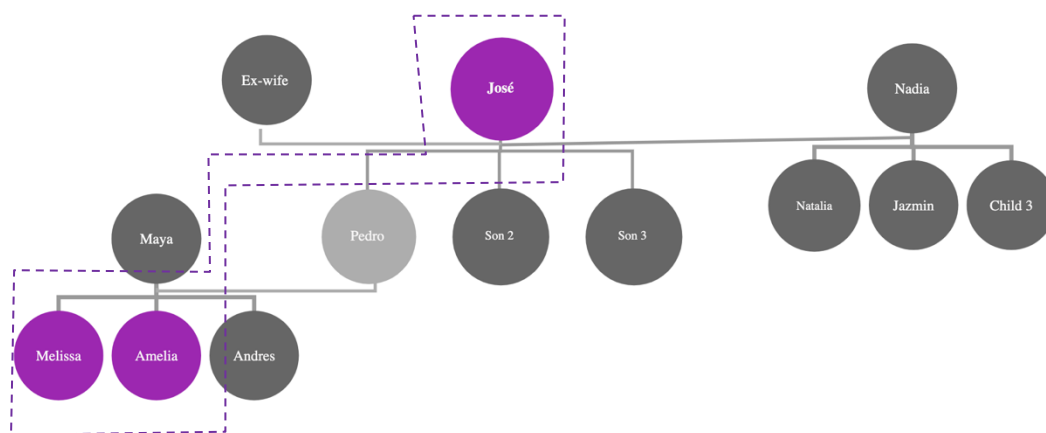
I contacted José through the school of his eldest granddaughter, Melissa. When I called him to arrange the first interview, he told me that he was not living in his house anymore, thus it would be better if we met somewhere else. I agreed and we met at the school. He later explained to me that he had separated from his partner a few weeks earlier and he was temporarily living with his two granddaughters at one of his nephews' house in Yallel. He left his house because his partner, Nadia, had problems with the oldest granddaughter, Melissa. Two weeks before the interview, Melissa had made a suicide attempt and to protect her and avoid more conflicts with his partner, José decided to move out with his granddaughters.

José was 71 years old. He had been taking care of his two granddaughters, aged 10 and 15, for the last five years. I first asked him some of his personal information, and he told me his own story before telling me about his story as a grandfather- carer. He said he was born in a town near Yallel, and then he and his family moved to another city nearby where he grew up. He studied up to third grade of primary school (when he was around 8 years old). He explained how his parents were good parents, but they were not very concerned about the children going to school. Indeed, none of his siblings finished primary school.

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José told me how when he was an adult, he went back to school and finished his primary education (he studied until eight grade, completed generally when children are 14 years old). Then he jumped in time to tell me that when he was 26 years old, he got married. They had three children and after 9 years they annulled the marriage[32]. Every time he talked about his ex-wife, José expressed how theirs was a very difficult relationship. He said his ex-wife was a '*mythomaniac*' (compulsive liar) and that caused several problems between them. To exemplify his point, he recalls how on one occasion she said that José wanted to kill her, she reported him to the police, and he spent two nights in jail. After that, the judge set him free because '*she (the judge) realised that it was all lies'*. He remembers how once he was released from jail, he decided that he could not stay in that relationship. However, he was in a difficult position because his children were little, and he did not want to leave them. He then decided to talk to his wife and '*start all over with a clean slate'*. José and his family moved to a bigger city, to make a fresh start. However, things did not go as planned, his wife was behaving recklessly so José decided to break up with her and he moved out. He stayed in the city to stay close to his children; he rented a room, and he visited his children every day. José reflects now about how all these problems affected him at work, and he told me how a few days after he moved out from the family house he was fired. José explained to me that he was worried about his children, so he decided that with the money from the compensation (from being fired), he was going to buy a house for his ex-wife to secure a place to live for his children, given that he was not working, and he was not receiving a monthly income. As he did not have work or money, he started to sell potatoes to provide for his children. He travelled between the surrounding towns to buy and sell potatoes. Sometimes he stayed in Town A (a nearby town), where his family was and during weekends, he used to go out with his cousin to parties, where he met Nadia, his current partner. When telling this story, José pointed out that he was only 35 years old; he now thinks he was young and that allowed him to do all these things.

After he met Nadia, they became friends first and then a couple. In his narration, José warned me that Nadia knew that he had three children and that he wanted to bring them home with him. He said that during all that time, he kept visiting his children. They were little, and sometimes their mother left them alone. José went back on his story to tell me that at some point before he met Nadia, he took his youngest child to live with one of his

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[32] In Chile civil marriages had to be annulled, there was not divorce law until 2004.

sisters because his ex-wife was not taking proper care of the child, so he just took him away. After they settled down as a couple, Jose talked to Nadia to bring his children to live with them. This time he said he talked to his ex-wife and they agreed that he was going to bring up the children. José and Nadia had a relationship for 36 years, but they were not married, and they had three children together.

José told me all of this before I asked him about '*how did you become the carer of your granddaughters?*'. Looking at the interview for the analysis, it seems to me that he was 'setting up' characters of the people involved in his story; he was giving a posteriori justification in terms of judgment about good and bad persons. He appeared here as a good father, in the sense that he took care of the children and provided for them, whereas his ex-wife was presented as a negligent mother and a bad wife. As we will see later in his story, this is an important antecedent to explain why he, a man, is taking care of his granddaughters.

At the time of the interview, José was taking care of two granddaughters who were children of a son from José's first marriage. When I asked him about how he ended up taking care of his granddaughters, José told a story that had a clear beginning and end. He started his story saying that he had never liked the idea of grandparents taking care of their grandchildren:

> *Let's see, I've never been in favour of taking care of grandchildren, because I feel that the parents have to take care of their children. And I always said so, I'm ok with them visiting, every weekend if they want to, but living with them no. However, the guy from up there (God) said something different / and my son, the girls' dad, he fights a lot with his partner, but none of them, they're not drug addicts or drinkers.*

By beginning his narration stating that parents should be the ones taking care of their own children, he positions himself in a normative stance regarding the idea of a traditional nuclear family. However, in his life story, things have not gone according to those normative standards. Indeed, he separated from his wife and then he took his children to live with him and his new partner, Nadia, so they brought them up. This meant that he went against traditional gender roles, as it is generally the mother who keeps the children after a divorce.

José explained the non-normativity of caring for his granddaughters through externalising responsibility, a mechanism that he used in his narration. He said that even when he did not want to do it, an external power (God) 'decided' that he had to be in charge of his granddaughters, so it seems that he felt he had no other option; taking his grandchildren into care is narrated as something that 'happened' without him having any control over it. Indeed, after telling how becoming a carer happened to him, he broke off and tried to explain the situation saying that his son was in a complicated relationship. However, it seems that he could not make complete sense of it, as he pointed out that the parents were not drug addicts or drinkers; thus, he cannot completely explain why his son's marriage is so conflicted. This lack of excuses for his son and the partner seem to make the problem more difficult for José.

José continued his narration saying that he, his partner Nadia, and their children all lived in Town A. His son Pedro, and his wife also lived in the town. They had three children, Melissa, Andres and Amelia. José explained to me how, since its beginning, his son's relationship was very complicated; the couple argued and fought all the time. He said that because of this, the neighbours started to call the police saying they could hear the children crying. The police went to the house, everybody calmed down, but the same story repeated soon. At some point, Pedro and his wife went to live at José's house. However, José had to chase them out because they were constantly arguing. He narrated:

> *It was so bad, that one day my daughter-in-law, after so many fights/ my son even went to live to my house with his wife in town A. And it came a moment when we had to ask them to leave because they fought all the time. So, we had to ask them to leave, with sorrow in my heart, because Melissa was very little, she was a baby, she couldn't even walk. And the middle child, the one that isn't with me now, the little man, he was a baby. So, I had to tell them to leave anyway. They kept fighting, my son worked rarely, if ever. Eh the fights and the economic problems were commonplace. Everywhere where he rented, they kicked them out with Carabineros (police). And they left without having paid water and light bills or the rent.*

When he told how he had to kick his son's family out of his house, this is the first time José expressed emotion, and it was interesting that he did so in relation to his

granddaughter, who was a baby. He was repeatedly moved in the interview when he reflected that his little grandchildren had gone through such a difficult life; he was able to express his emotions only when talking about them. Although José narrates the story as a responsibility thrust upon him, at this point he is agentic in recognising his responsibility for the grandchildren.

Jose was a good narrator; he plotted his story using expressions like '*and it came a day*' to introduce the listener to a climax and keep the attention of the listener. Although he had considerable linguistic competencies to create an interesting story, he did not generally use people's names at any point. This may be seen as a way of detaching himself emotionally from the story; this explanation is supported by the observation that he only mentioned the names of his granddaughters and it was only in relation to them that he expressed his feelings. But not naming the characters of his story could also be a way of externalising responsibility, to make clear that there were powers outside his own control that made things happen in his family. For instance, to exemplify how bad the relationship of his son was, he told me a bizarre story about violence in the couple where the mother of the grandchildren tried to poison the father. He said '*[At the hospital] **they** realised it was poisoning*' or '*and **they** took her with the three children and put her in a residence*', He talks about *they* probably referring to doctors or social workers that took action to address the situation of the family. However, he did not mention the authorities by name; he just alluded to them as a powerful external force out there. By telling this story, he synthetised something that he had been telling along this narration: that is, his son and his partner have an addictive conflictual relationship that not even these external forces can break down. Indeed, they were together as a couple at the moment of the interview.

He continued his story saying that once again, the neighbours started reporting domestic abuse. The parents and the children had to go often to Family Court; Pedro and his wife, to defend themselves, were reporting abuse to the children from teachers and other people. José temporally situated these facts in 2011 and explained how the judge decided to give the guardianship of the children to the paternal grandmother (whom had been defined by him as his *mythomaniac* ex-wife), to prevent the children to live in this harmful environment. However, José pointed out that the grandmother was always irresponsible. Consequently, she took the children back to live to the parents' house. Thus, when the Family Court realised that the children were still living with the parents, they decided to remove the children from the parents' house and put them in a residence in Town N, a

town 28 kms south from Yallel. In that time, José said that he had already moved to Yallel, and he started visiting the children in the residence. Pedro did not want his father visiting the children, but José said '*we went anyway, **I** went… I'm the grandfather'*. Therefore, although sometimes José positioned himself as if he had no power over what happened with his grandchildren, suddenly he switched to exercise agency, '*I went… I'm the grandfather'*. In this brief but strong sentence, he stated that being the grandfather of the girls gave him rights, rights that allowed him to go even against the will of their father. It seems that for José, there are blood-related rights that are not negotiable.

At some point, the residence prohibited José from seeing the children because their parents made accusations against José. However, after around 10 months of being banned, José started calling the residence to ask for permission to visit the children again.

> *And it was December, and it was December, and it was going to be like 10 months without seeing the kids for me. Why do I say December? because Christmas is coming. And I was feeling nostalgic because I was used to bring them something, to the children that were babies, and all that. So… I took the phone and I started calling, at the beginning they were resistant to let me visit, but I insisted **until I made them** authorise me to go. We went with the missus, they wanted to only receive me first, not the missus but I said that I was going with my partner anyway. Why was I insisting? Because women, you're more, with just a look you know what a child needs, the clothes size and all that, the t-shirts, and those things. And in doing that she is very knowledgeable, my partner [compañera]*

In this excerpt, Jose admitted how much it affected him being away from his grandchildren. He told his story in a very emotionally detached manner. This lack of emotional expression may be related to José positioning himself as 'man'. In the same vein, he told how he went to visit the children with his partner because she, as a 'woman', knew how to take care of children. He even used rhetorical resources to make his point. He addressed me when he said, *'you women'* to persuade me, the interviewer, and make me understand his point.

It is also interesting how in this extract, José jumped from the use of 'me' to 'we', to refer to himself and his partner. As the biological grandfather of the children, he was the one with the rights over them. Indeed, he explained how he took care of all the things related

to the girls, such as taking them to the doctor, going to parents' meetings, helping them with schoolwork, and so on. He explained to me later that he could not ask his partner to do it because she was not the biological grandmother. This meant a change in José's life; he had to stop working and had to learn how to take care of two little girls. Even though he assumed most of the responsibility for the girls, he was not in this task alone; he had the support of his partner. It is remarkable the language that he uses to refer to his partner; in Spanish he uses the word *compañera*, which means companion and it is an uncommon word used to refer to a romantic partner. He had a partner who was helping him to bring up the children, a partner who as a woman '*knew*' how to take care of the girls. However, at the moment of the interview he was separated from her; he had to navigate being a carer of two girls, a very challenging role for a man with traditional masculine views.

Finally, it is also interesting how in this account José moved away from his positioning of externalising authorities to taking an active role. When he said *'but I insisted until I made them authorise me to go'*, he showed that he made a decision of keeping in touch with his grandchildren, but also, he presented himself as an active agent to make that happen. It seems that at this point he shows his agency in recognising his responsibility for his grandchildren.

After José resumed the visits with his grandchildren in the residence, he said how he went through interviews with different professionals to assess him as a potential carer for the grandchildren.

> *Until at some point I started being interviewed by psychologists, psychiatrist, doctors, lawyers.* **Well, they were driving me crazy, crazy, because before giving me… It's a saying you know? Crazy.** *I was worn out with everything, but well I had to do it, because it was obvious that the person getting the guardianship of the children had to be healthy.*

One thing that stands out from this brief quote is that he felt the need to explain, saying they were 'driving me crazy *it's a saying*', meaning that he was not crazy and did not want me to think so. The whole story told by José, impressed me as full of bizarre events, and made me think, maybe due to my counselling background, of the possibility of a history of mental health issues running in the family. Indeed, later on, I found out that Melissa, the 15-year-old granddaughter had made a suicide attempt and had had

hallucinations. It is interesting how in the interaction with me, he felt the need to clarify that he never actually went crazy, indeed he explicitly said that he *is healthy*. All these explanations may be related to the fact that he was going through some psychosocial assessments from SENAME at the time of the interview; thus, he felt the need to present himself as a good carer. At some point during our different interactions, he had to ask me if I was working for some children's services agency. Even when I explained at the beginning that I was not, this may explain his need to present himself as a good and adequate carer. But also, it might have been a way to prove himself to be a good carer in contrast to his ex-wife because generally the care of children is given to the female figures. However, in this case, the paternal grandmother, José's ex-wife, was depicted as a 'mythomaniac' by him, which may explain why he -a mentally healthy man, as he described himself- is taking care of his granddaughters, going against the norm.

After several visits to the Family Court, José said how in August 2013, he obtained the guardianship of his grandchildren. At the beginning, he took the three children with him, but he said it was too much for him. He told me how the judge asked him to take the three children, but he said he only could take two of them; thus, the boy went to the paternal grandmother's house. José said that the boy was a very difficult child *'he was the more affected, he used to break the windows at school, he was very complicated'*. Until the moment of the interview, the child lived in City C with the grandmother (and the parents), and apparently, he still had serious behavioural problems. José, as the good narrator that he is, finished his story with a closing statement:

> *So… that's how I definitely became the person in charge on the 14th of August 2013 and I registered the two of them in the [name] school. One started 4th grade and the other one kindergarten. And now it'll be five years that they've been with me.*

In sum, this story shows how first and foremost the grandfather explains how taking on his grandchildren's care was presented by him as a 'family duty' that derived from being a close blood tie to the grandchildren. He showed me with his story that the grandmother, who would normally be favoured by courts to take care of the children was unsuited to the role. It was also a story about how his bond with his granddaughters strengthened with time. As to the process of becoming their carer, when his life course did not go as he expected he attributed this to fate: it was God who decided that he was going to take care

of his grandchildren. In this sense we can say that the responsibility was 'thrust upon' him. As he said: *'the girls were under my care and I had to know a hundred percent what they were doing and what could happen to them because I'm responsible for them […] because they…. They're nothing from my partner. So the blood must come first I think because… when you're granddaughter of your biological grandmother, they say that* [la sangre tira[33]] *blood is thicker than water'.* However, his sense of duty also meant that he exercised considerable agency in fighting for his granddaughters' care, even when this meant losing his partner and companion [compañera].

6.2.2. Case 2, Dominga: Acceptance of the responsibility as a matter of life's course

I hope Fabiola doesn't, she doesn't repeat the same story as us, that her life is different. Different to mine

Figure 18: Dominga's family tree

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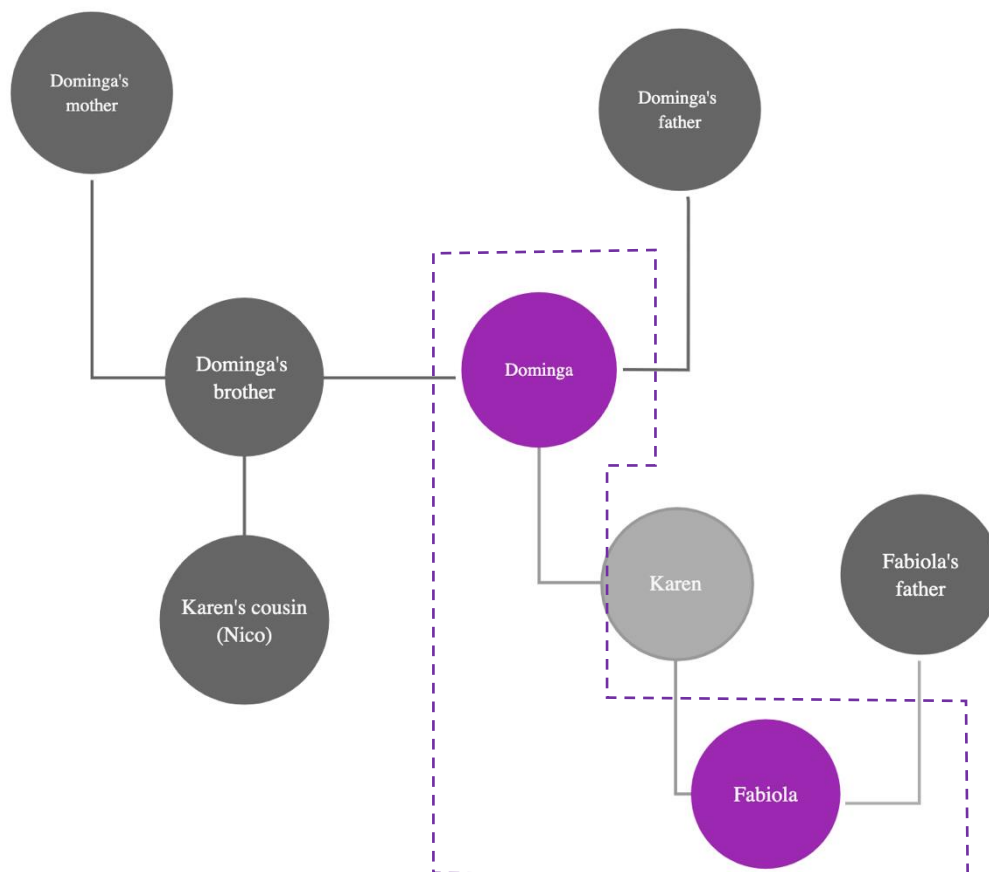
[33] He literally said: blood pulls, which is the way of saying in Spanish that blood ties take precedence over any other kind of relationship.

I contacted Dominga through her granddaughter's school in Yallel. Dominga told me that she was 51 years old, single, and living with her 8-year-old granddaughter Fabiola. Fabiola was the only daughter of Dominga's only daughter, Karen (25). Dominga lived in a neighbourhood of council houses, in a relatively new house which belonged to her. She lived with Fabiola, while Karen lived in Santiago where she worked as a promotional model at events. Dominga was a housewife, and she and Fabiola lived from the money Karen sent them.

At the beginning of the interview, when I was asking her about some personal information such as place of birth and so on, Dominga told me a bit about her own life. She said she was born in a town near Yallel where she grew up and finished school.

> *D: With my friend we finished high school and then I worked in City C (big city near Yallel), we met again in City C and I told her let's go to City S (city in the north of Chile). I'd been in City S and I liked City S. Yes, but City S is not the same now than when I was there.*
> *I: and what did you do there?*
> *D: work*
> *I: but in what?*
> *D: I worked as a maid (nana). Besides, people paid better, so it was better.*

Dominga was 25 when she got pregnant with Karen. She was a single mother, and she was living in City S when Karen was born. Since then, Dominga and Karen went back and forth to Yallel, and when Karen was 4 years old, Dominga's mother told her to bring Karen back home and she offered to help raise her.

> *We lived here (Yallel) with my daughter like for two years. Then I left again, and I took my daughter with me, I worked in S with my daughter (pause) and then I worked for a year with my daughter, and my mum sent word for me to bring her back. I brought her back and she helped me with my daughter.*

Dominga explained that she had to go to work away, because there was no work in their town, so she tried to do both, work away from home and raise her child. However, her mother got involved and offered to take care of Karen while Dominga was working, which Dominga accepted. She said that during her daughter's childhood and adolescence,

she worked and saved money and then went back home to spend a season with Karen. However, sometimes she did not have permission from her bosses to go away; thus, she spent long periods of time far from Karen.

When asked how her granddaughter, Fabiola, came into her care, she said:

> *I: and, how was it… can you tell me how is that you started to take care of Fabiola, how did that happen?*
>
> *D: Because Karen was **just a girl** when she had her daughter, Karen was 17 years old when she had her. It was very sad to me, because Karen is my only child and I always wanted for my daughter to study. I even worked, I saved money to give education to my daughter. And Karen started to misbehave, the rebellion of the children when they start with / and she started a relationship with this youngster, Fabiola's dad. And… so, then my mum, she was with my mum and my parents are old now, and she was giving too much trouble to my parents. I said/ my mum said that she couldn't have her there anymore, because Karen did not listen to her, she used to go out. I had to quit my job to take care of her. So, I rented a house, it had like three rooms, it was like half of the size of this [house] and I lived there with Karen. And I couldn't find a job and I had to go to work away and Karen stayed alone. She stayed alone, I made a mistake, that was a big mistake (pause)"*

She started her narration saying how sad she felt about her daughter's teenage pregnancy. During the interview, sadness was an emotion that constantly emerged when Dominga talked about this part of her own and her daughter's lives. As she did in this excerpt, throughout the interview she highlighted how her daughter was *'just a girl'* when she had her baby. This expression could be interpreted in different ways. First, at the age of 17, Karen was not expected to have to take care of a baby. In terms of the 'normative' biography, this was an off-schedule event. Second, it may suggest that by being *'just a girl'* Karen was not fully able to care for a child, which in a way excuses her for her behaviour when Fabiola was a baby. Finally, one could think that if the mother was *'just a girl'* this baby needed a 'proper mother', which in a way gave Dominga a justification for taking care of her granddaughter and being her 'mother'.

Moreover, she explained that her sadness is not only related to the pregnancy but also her own expectations for her daughter's life were not going to be fulfilled. In a way there was

a feeling of disappointment. Indeed, when she said, '*because Karen is my only child',* she might have been highlighting how this was her only opportunity of mothering in the way she expected to do it. There was an underlying sense of failure and guilt about the course of her daughter's life that is traceable in the interview. Although, she attributed responsibility to her daughter when she said that she started to misbehave, she phrases this as something that happens to children in general, avoiding directly blaming her daughter.

With hindsight, Dominga saw some of her actions as big mistakes. She blamed herself for leaving her daughter alone and this feeling of guilt keeps surfacing in her interview. She later explained that she '*knew she was in a relationship with this guy, but like one is so blind, I never thought she was going to sleep with him. Because she was just a girl'.* In this sentence, she situated the blame for the pregnancy on herself; it was *her* who 'failed' in her duty as a 'good' mother, she was blinded by the idea that her daughter was still an innocent girl incapable of having sex even though she was in a relationship. When Dominga narrated this story, she connected with her emotions; she relived the suffering that her daughter's pregnancy caused her. Indeed, when she said that she found out about the pregnancy she cried and said how terrible that moment was for her.

After finding out about the pregnancy, Dominga decided that her daughter was not going to have the baby in Yallel. Thus, Dominga sent Karen to a different city, City R, to live with her paternal grandmother. She first explained to me the decision of sending her daughter away by saying that Karen was pretty, the other girls were jealous of her, and she was always in the spotlight. Dominga said that she did this so that people would not talk about her daughter, but also it might have been a way of avoiding gossip about herself, a way of protecting her own reputation, or a way of denying what was happening and hiding her 'failure' as a mother. However, when I directly asked her about the reasons for her decision, she explained it in relation to her daughter's needs. She explained how going to her grandmother's was a good way of taking care of Karen and avoiding her spending too much time alone. However, it was also a way of gaining control over the situation for Dominga; if Karen was away, she was avoiding gossip and further misbehaviour.

Dominga continued her story by saying that she lived in City C in that time, where she had a job. She explained how she visited her daughter every weekend in City R (a 5-hour

trip by bus) until the baby was born. After Fabiola was born, Karen went back to Yallel to live with the maternal grandmother. Dominga reflected on her daughter's behaviour at the time, saying how she acted in an immature way:

> *And then Karen came back, she came to live with my parents. And she started with friendships, because she had some friends that took her out, and she was immature, so she wanted to go out to fool around with her friends*
> *I: she was like 16 or 17 then?*
> *D: yes, 17. She wanted to go out with the friends, and my mum started to tell me that Karen was going out and she was leaving the baby alone. 'She goes out' she told me, sometimes she just went out with her friends and then the friends' mums brought the baby to my mum's house, because Karen went out and left the baby with the friend's mum, she wasn't taking care of the little baby. And once I went/ ok, and once Karen brought the baby to the dad's house. I was working and Fabiola's grandmother called me, she told me: 'you know what, I have a huge problem, your granddaughter is here'. And I was like 'what granddaughter?' 'Fabiola', she said. 'And Karen, I don't know where is she, she brought her here, and I don't know what to do'. And I told her, 'but she's also your granddaughter, she's also your granddaughter' […] So ok, then I/ after Karen/ after she told me that Karen left the baby with her,* **then, I came here from work and picked up Fabiola. And I said to Karen, I talked to her, I told her 'I'll get the baby, I'll take care of her and I want you to study***. That you stay here with your grandparents, studying'. And she didn't want to keep studying. I took the baby, and it was very sad too because I was leaving her and taking my granddaughter.*

In her account, Dominga explained how her 'immature' daughter (who was 'just a girl') was behaving as a teenager after giving birth, this is, going out with her friends and having fun. Consequently, she was neglecting her baby. In this context, Dominga, as her own mother did with her, stepped up and took care of her granddaughter, narrating this decision as if it was the 'natural thing to do'. Grandmothers assuming the responsibility for the babies of their single daughters seemed to be part of the life course in this family. This seems especially true when her own mother and Fabiola's paternal grandmother were holding her responsible for the care of the baby.

Dominga wanted her daughter to finish her education. As she mentioned on other occasions, she expected more for her daughter in that regard. However, Karen had different plans. Dominga narrated how she could not take care of her daughter and granddaughter at the same time. In this part of her story, she reconnected with her sadness, as she felt guilty about taking care of the granddaughter and leaving Karen alone, again. It seems that she interpreted this as an abandonment of her daughter.

Dominga kept sharing her story, saying that while she looked after Fabiola, Karen decided to go to Santiago to work.

> *And she told me: 'mum I'm going to work'. I told her 'and what are you gonna do?' she was just a girl. She said 'no, because I found a job, my friend found me a job'. One day she said 'no, I won't / I've got nothing to do here, I have to work for Fabiola.'*

Here, Dominga again highlighted how young her daughter was, as if that was something that made her unable to take care of herself or others. However, at that moment she was assuming the responsibility to provide for her daughter, which she has been doing up until now. At the interview, after years of this moment, Dominga was able to say how her daughter was a good mother for Fabiola, as she provided for her and was affectionate to her.

In sum, in this case taking care of her daughter's daughter appears to be 'the normal thing to do' and to some extent fits with a pattern that has occurred over generations in this family. The responsibility for her granddaughter seemed to have fallen onto her; she took it and tried to carry on with her life. Albeit Dominga does not question the normalisation of raising a grandchild, she does reflect on how after her daughter got pregnant her life went in a direction that was not the one she wanted for her daughter. While reconstructing her story in the interview, she explained how she wished things were different for her granddaughter, and how she hopes that the family story of single mothers leaving their children under the care of grandmothers, does not repeat anymore.

6.2.3. Case 16, Carla: becoming a grandparent carer: a decision

What grandparents do for their grandchildren is not the same as parents do for their children. Because parents have to raise their children. It is not a choice. But the grandparents choose to bring up their grandchildren. It is a decision

Figure 19: Carla's family tree
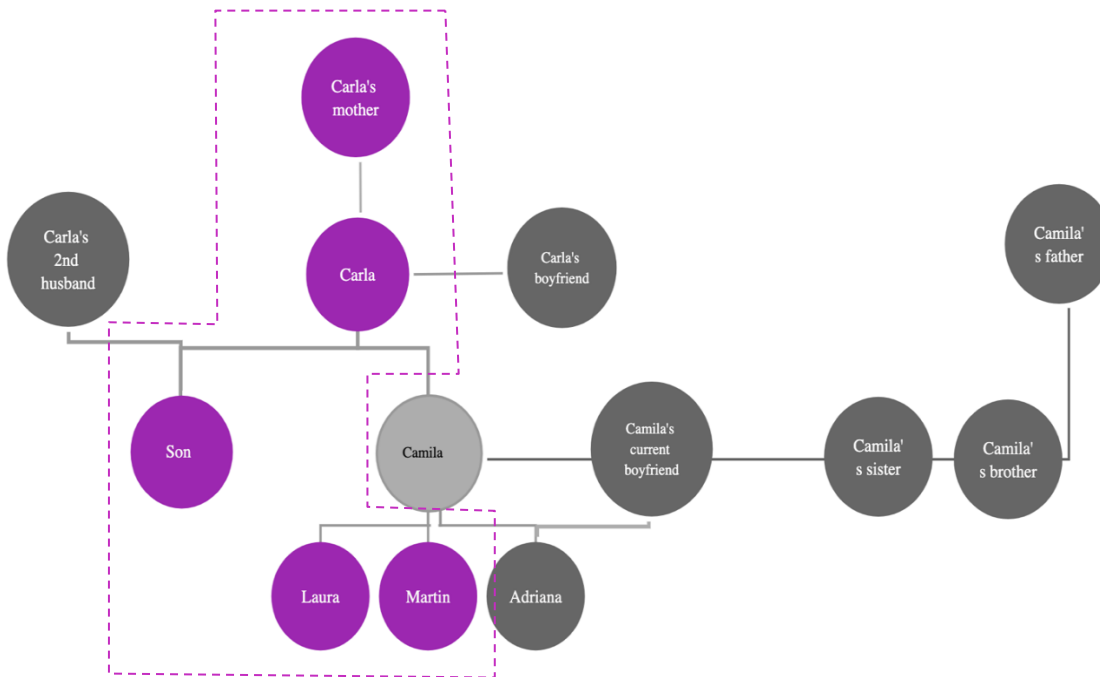
I briefly described Carla's family situation in Chapter 5, under the section 'a story of parental mental illness'. Here I will present a more in-depth analysis of her story, particularly the way in which Carla narrated becoming the carer of her grandchildren as a decision.

I contacted Carla through her grandchildren's school in Santiago. After our first conversation over the phone, Carla agreed to do an interview at her house. She lived in one of the wealthiest boroughs of Santiago, in a flat that she said she rented. Carla worked as a bank personal accountant and she had a higher education degree, receiving an income at the higher end of the distribution of the sample. Carla was 53 when I interviewed her. She lived with her grandchildren Laura (8) and Martin (10), plus her son from her second marriage, and her own mother. Laura and Martin were the children of Camila, one of Carla's three children from her first marriage. When I arrived for the interview, Carla's boyfriend was present. He asked me if he could stay there for a bit. Carla did not have issues with this, so he stayed for around 20 minutes, after which he had to leave.

At the beginning of our conversation, when I was asking her for demographic information, Carla told me spontaneously that when she was one year old, her parents divorced, and she and her mother went to live with her maternal grandmother, who raised her. She said *'my mum worked, and my grandmother was like my mother, let's say. And my mum was like my dad, and I'm an only child'.* This sentence suggests traditional gender roles: that is, the grandmother *'was like her mother',* the one staying home and doing the care work, whilst the mother that *'was like the dad',* the breadwinner who provided for the family. This reference to traditional values is interwoven throughout Carla's story, and it contrasts with her not-so-traditional life, where she has been married twice, divorced twice, and has a boyfriend in her 50s. But more importantly, when looking at the full interview, this initial mention of her own grandmother seems to be about setting a precedent to explain why she became the carer of her grandchildren. Now that she is raising her grandchildren, Carla looks back at her own story with her grandmother and gives a different meaning to it.

When asked about how she became the carer of her grandchildren, Carla said *'well, the truth is that my daughter ehm she became a mum when she was very young, at 16',* and then, in a concise and emotionally detached way, she described the events that followed until Laura was born (See Chapter 5, section 5.2.2.1). The fact that her daughter was a young mother, as an 'off-schedule event' seems to be an explanation of why things in their lives went the way they did; that is, the mother was not taking care of her children and the grandmother had to step in.

After her first brief summary of the grandchildren's story, and in answer to another question, Carla started a full account from the moment her daughter became a mother until she brought the grandchildren to live with her. Carla told me how her daughter, Camila, got pregnant at 16 when she was living in Argentina. Camila went back to Chile to have her baby and was living with her mother, but when Martin was around 5 months old, Camila decided to go back to Argentina to be with the father of the baby, and two years later Laura was born. Carla said that she visited sometimes, and she interrupted her narration to explain to me:

> But **she (Camila) always had problems** *because she has/ she suffers of a personality disorder, borderline. So there was a lot of / there was helplessness*

> *with the children, there was disorder, lack of discipline, fights between her (Camila) and her partner, domestic violence.*

At this point in the interview, Carla mentioned Camila's mental health issues. However, when she said that '*she always had problems'* because of her personality disorder she was letting me know that there was a good explanation for how events had developed in their lives. During the interview, Carla added more details about her daughter's situation. Not much further into the narrative, she told me how since she was 12 years old, Camila was presenting with '*disruptive behaviour'*. Without specifying the behaviours, Carla continued saying that her daughter was on treatment with psychologists and psychiatrists and was hospitalised. Then, she added that Camila dropped out of school, ran away from home and one day she went home with a gun. At that point, Carla felt that '*she was a danger'*, especially because Carla's younger son was still a little child. So, she decided to '*bring her to her father'* who lived in Argentina, '*where she got pregnant from a guy that worked washing cars outside of a supermarket and that, let's say, only finished 5th grade'*. This last remark was said in a condescending tone, maybe to highlight the bad decision of her daughter or that nothing good could result from that relationship; or maybe simply to say that these events were not what she expected from her daughter.

Carla mentioned her daughter's mental health problems and a scenario where the grandchildren were living in an abusive family. At this point I wanted to ask her 'why did she not take care of them then?'. I was aware that this thought was related to my own values and understandings of family responsibilities, and that it sounded judgemental. Thus, I never posed the question. However, almost immediately after telling me about the negligence and violence in which the grandchildren lived, Carla said that in any case she was always supervising and supporting her daughter economically. It seems that the question I had about why she did not intervene before is something she had been asked previously, maybe by SENAME, and she felt that she had to show me how she had done good things for her grandchildren.

Carla continued her story narrating an event of great significance but in an emotionally detached way. She told me how when Laura was around 7 months old, she suffered serious burns in her legs. She said:

*There was an episode where I had to urgently travel to Argentina, when they tell me that Laura at 6 or 7 months, she had burned her legs. She (Camila) takes her to the hospital, the situation was never clear, because **Camila never told/ we felt that she never told the total truth** of what really happened, how she got burned. The explanation that she gave was at odds with the seriousness of the burns ... [that happened to] Laura.*

She added that the hospital reported the situation to the police and children's services were going to take the children away from Camila. However, Camila's paternal grandfather was a judge in Argentina, so Carla could talk to lawyers and social workers. She took the responsibility for her daughter and the children and brought them back to Chile when Martin was three years old and Laura one. The grandmother rented a flat for them and kept giving them money to live.

In the above quote, Carla refrained from blaming or judging her daughter. When she said '*Camila never told/we felt that she never told the total truth*' she interrupted herself, to clarify that this was a feeling she had and not a certainty about her daughter lying about hurting her own daughter. Indeed, during the interview, Carla was never judgemental about her daughter. She presented her as troubled by a personality disorder. This allowed her to show empathy towards her daughter.

Here again I wondered what it would take for her to do something about her grandchildren's situation. And once again, she highlighted how she *was doing* something about it, this is visiting and supervising the situation. Although difficult for me to understand, she was doing what she thought was the right thing at that moment, according to what she believed a mother or grandmother should do. However, later in the interview she told me that when the children lived with the mother, Martin took responsibility for Laura and when asked about it she said:

Because sometimes let's say I went to Camila's flat and Camila, I don't know it was 3 pm and she was sleeping because she had had a party and the kids, babies, they were in their pyjamas, all wet with pee, they hadn't eaten, and Martin went to the fridge and invented some meal for Laura. Or they ate the leftovers from the previous night.

Because this story made me feel perplexed, I decided to ask Carla how she felt about this. She replied:

> *Bad, very bad. Look, ehm it's true that I felt bad, but I didn't feel capable/ I mean with the ability to say you know what? I'm taking the kids. Because it wasn't an extreme extreme, it was some situations but then I saw them fine [...] Ok,* **but it wasn't that I saw them with a black eye, you see?** *So it was like a bit of* **a borderline situation**. *And also, at the moment I was married for the second time, and my second husband couldn't put up with Camila, and the kids were a nuisance for him, so there wasn't an alternative where I could say, I'm going to bring my grandchildren to live with me, you see?*

In this interaction, Carla responded to the question I had been asking myself. She justified herself for not taking responsibility for her grandchildren before. First, she argued that the situation was bad, but it was not *extreme*. When she said '*it wasn't that I saw them with a black eye*' it seems to me that she was somehow normalising her daughter's negligence; she was not seeing it as 'proper' abuse because it was not physical abuse. It is interesting to look at the words she chose to describe the situation they were living in; she said it was a *borderline* situation. Similar to her daughter's personality disorder, Carla was trapped between competing concerns; those related to her second husband and her daughter's negligence. The problem was to establish the limit of what was tolerable for a mother to do (or not to do) regarding her children and what can be considered a 'good' or 'fit-to-care' mother. As Carla said, '*Despite all, the thing with Camila is that she has a personality disorder, but she loves her kids. I mean it's not that she hurt them on purpose, but because of the lack of awareness about her carelessness*'.

Carla continued by relating how the children started going to school, and Camila started a new relationship and had another child, Adriana. According to Carla, at the school, they noticed that the children did not attend regularly, and when they did, they did not bring their schoolwork and they were always asking for food. The school reported the situation to the authorities, and SENAME intervened. Camila had to attend a treatment to improve her parenting skills, but she did not do it.

> *Until one day they called me, this was May last year (in 2017, a year and a half before the interview), the headmistress calls and tells me that Laura had a burn*

on her hand with toilet paper stuck on top of it. And that the burn was days old. Well, the headmistress called the police, the police made the report, and the Family judge ordered that, ehm, they immediately gave me the provisional guardianship of Laura. So that same day with the police and everything, I had to bring her here. And the next month they gave me the guardianship of Martin [...] and since then they're here with me.

Here Carla comes to the climax of her story. When she said *'until one day'* she was warning me that something important was coming. Indeed, what she narrated here was from my perspective a turning point in her story. It was from this moment that her life changed unexpectedly. Making use of narrative resources again, she lets me know that that was the end of her story.

Later on, Carla told me a bit more about the moment when she took the grandchildren into care, saying that the options were that she took them, or the judge was sending them to a SENAME's residence. This meant she had to make a decision: she decided to take the grandchildren into her care. At the end of the interview, she reflected on bringing up her grandchildren as a decision – a deliberate 'choice'. She compared herself to her grandmother, who raised her, and she said that now she understood her better. She said:

*And she, all her life while she was raising me, she dedicated her life to me. So, while it's true that she wasn't affectionate, like hugging and kissing and that, she showed me her love in other things, that when you're older you realise/ because to bring up a grandchild and spend your life on a grandchild, you have to love them. You have to love them. Because as I said, it's a choice, you know? You **choose** to spend your life on your grandchildren.*

6.3.   Conclusions

In this chapter I have analysed the narratives of grandparents about how they became the main carers of their grandchildren. Through this analysis, I created three 'story types' that represent the ways in which the grandparents storied their lives as carers. First, I presented the story of José, a grandfather from Yallel, who was bringing up his granddaughters on his own. The story of José represented a group of grandparents who felt that the responsibility of taking care of their grandchildren was 'thrust upon' them. In terms of

caring as a process (Chapter 3, section 3.4), José identified a need for care, when he saw their granddaughters going into residential care. It was then that he felt it was his duty, as a close blood relative, to take care of these girls. At the beginning he attributed his taking care of the granddaughters as a consequence of fate where external forces led to it (God, for example) and he did not have much control over the matter. However, in the process he became agentic in taking on the care of his granddaughters, and emotionally moved by his growing love for them. To Jose, taking on the care of his granddaughters was a non-normative life event, that I as a researcher see as a turning point in his life.

Second, I presented the story of Dominga, a grandmother from Yallel who was taking care of her only granddaughter on her own. The story of Dominga was one of repetition: the way life course events occur across generations. She had been a single mother who had to go away to work to a big city because of the lack of job opportunities in her hometown, leaving her daughter behind under the care of the grandmother. Then, Dominga's daughter became a single mother, who had to go to work away and leave her daughter under the care of her mother. Dominga's narration was full of regrets and guilt, but also of the hope that her granddaughter will not repeat the same story. In Dominga's family, grandmothers taking on the care of their grandchildren was normalised. Although for this grandmother becoming a grandmother was something seen as an 'off-time' event that caused her sadness, becoming her granddaughter carer was also seen as something that 'just happened'.

Finally, I presented the story of Carla. She was a grandmother from Santiago, who represented the stories of those grandparents who had to take action to take on the care of their grandchildren. They saw becoming carers as an active, voluntary decision. After a series of incidents of negligent behaviours by the grandchildren's mother, and the involvement of SENAME and family courts, Carla decided that she was going to take care of her grandchildren and saw this as an act of love. To her bringing up her grandchildren was a non-normative situation, and she saw it as her choice.

In terms of care as a process, as described by Tronto (1993), these grandparents narrated the process in terms of the two first stages: care about and taking care of. These grandparents were attentive to and identified a need for care. Their grandchildren were in situations where the parents who, in normal circumstances, would have taken care of them, could not do it or could not do it 'properly'. The grandparents recognised that they

could take action to meet such need for care and assumed the responsibility for their grandchildren. These narratives suggest the ways in which the grandparents recognised this need and met it. To José, it was related to the duty imposed by close blood ties. To Dominga, it was what grandmothers 'do' in her family, as a matter of life course. To Carla, it was a conscious and voluntary decision, a choice.

It is important to bear in mind that the parent-child relationship, and the commitments assumed by parents to their children, are stronger than other commitments between kin (Finch and Mason, 1993). When children are young, parents have the (legal) responsibility to take care of their material and emotional needs. Finch and Mason (1993, p. 168), suggest that 'the effect of this may flow into adult life, making parent-child relationships down the generations the only relationships in which someone can be held morally 'accountable' for how someone else 'turns out' in adult life. In a sense then, the conditions conducive to developing commitments are set from childhood'. Even in the cases where the grandparents saw becoming the carers of their grandchildren as a choice, in their stories they suggest a strong component of duty, as they feel morally accountable for their adult children and, in consequence, had to assume the responsibility for the things they (their adult children) were failing to do for their own children. Although there is a sense of duty (explicit or not) the stories in this Chapter show the importance of the relational aspects of the situation. The grandparents did not assume the responsibility for their grandchildren in a vacuum, they did it in the context of the relationship they had with their children and grandchildren.

Having looked at the ways in which the grandparents narrated becoming the carers of their grandchildren, I will now examine how children tell stories of coming to live with their grandparents.

Chapter 7: Children going to live with grandparents

I walked out of his house that day an inch taller.
Seeing him had reaffirmed his choosing me.
He chose to have me in his life.
He chose to answer my letter.
I was wanted. Being chosen is the greatest gift
you can give to another human being

Trevor Noah, Born a Crime:

Stories from a South African childhood

7.1.   Introduction

So far in this thesis I have analysed the interviews of grandparents, describing their perspectives and stories regarding their grandchildren moving into their care. The present chapter will address the grandchildren's interviews to understand how they narrate the experience of going into their grandparents' care. This means that it addresses the understandings and knowledge grandchildren have about the second phase of the caring process, 'taking care of'. In this chapter I will be answering the research question: what are the grandchildren's stories of going into their grandparents' care?

One of the first things to bear in mind is that these matters involve memory. What the grandchildren said to me was constrained by the capacity to remember the past. Most of the children were very young when they went into their grandparents' care; thus, they had few memories about their lives with their parents. However, the grandchildren's narratives of the past are not only formed by their memories. Since they were born, the grandchildren, like all children, were surrounded by stories, stories that others told about them, stories about others, as well as their own stories (Miller, 1994). Thus, as in all narrative processes, the grandchildren's personal narratives 'are not individual constructions; narratives of our personal experiences emerge in everyday interactions in which we share the events of our lives with others' (Fivush et al., 2011, p. 46). In this sense, we will be dealing here with the co-constructed knowledge about the grandchildren's past. Here the grandparents play a key role because intergenerational narratives shape the ways in which the grandchildren place themselves within their family story.

So far, I have discussed issues of memory, and how what I present in the thesis has to do with the grandchildren's capacity to remember the past. But there is also another issue relevant to this chapter, this is the possibility of talking about the past, in the sense of children's willingness and their emotional capacity to cope with their own stories. Several children in this study had early adverse experiences, some of which were probably traumatic, so talking about the past was not always feasible for these children. There are circumstances in their pasts that were probably too painful or had not yet been psychologically worked through, so putting these experiences into words or into a coherent story was not possible for some children.

In this study I was interviewing children about sensitive topics. Therefore, ethical concerns came to the fore while carrying out the study. These grandchildren were talking to a stranger with whom they had no previous knowledge or relationship; there were ethical limitations concerning what I could ask given that I was obliged to ensure that the research did not harm the children (Alderson & Morrow, 2011). I was dealing with early adverse experiences and if I delved too deep into these, I was not going to be able to support the children afterwards. Therefore, some of the data obtained from the interviews were rather thin. This is not in itself a limitation of the material, but perhaps an intrinsic characteristic given the nature of this particular research encounter.

In addition to the former methodological matter, as I discussed in Chapter 4, another challenge for my research was related to narrative and in particular the type of narratives children tell. The 'big stories' or 'canonical narratives' do not fit with the way children talk about their lives (Puroila & Estola, 2014). When we talk about narratives, there is an expectation that these comprise the telling of a coherent story about past events, with a chronological progression, and temporal and causal connection between events (Puriola & Estola, 2014). However, cognitive functions such as memory and language do not always allow children to produce such narration. Thus, here I will work with what Bamberg and Georgakopoulou (2008) called 'small stories', referring literally to short stories, which allow us to understand how children use stories in everyday situations to create a sense of who they are. Although not in the form of long accounts, the children did tell stories about their past. These small stories were generally told in response to my questions and in a question-and-answer format, which makes more evident how they were co-constructed in the context of the interview (Phoenix, 2008).

In this regard, a final issue to keep in mind is that the grandchildren's stories were shaped by the interview context. As mentioned in Chapter 4, several children thought that I was somehow connected to children's services, SENAME. Thus, what they said or felt they could say was shaped by that belief. Although I discussed this with them and clarified that I had no connection with SENAME and that I was not there to assess them, the idea had somehow settled in their minds. Additionally, because I was a stranger, children may have felt that talking to me was not completely safe. Finally, children wanted to protect their grandparents because they loved them and cared about them. Nondisclosure might have been a way of protecting their current life situation; they may have wanted to conceal or play down any negative aspects of their lives as this risked being taken from their grandparents. These were issues to keep in mind in the analysis.

In this research it was important for me to incorporate the grandchildren's experiences of living with grandparents. In recent years there has been a movement among researchers to give a place to those voices that are not often listened to. In this sense, the inclusion of children in research is becoming more predominant. In the literature as well as in practice, children in 'alternative care' have been viewed as victims – as weak, and dependent. These ideas of children are deeply rooted in many societies (James et al., 2014). Thus, even when children in 'alternative care' are being more included in research, it is important to bear in mind our own understandings of childhood and vulnerability at the moment of doing research and analysing data to avoid tokenism (Clark and Moss, 2017).

7.1.1.   Time frames of the grandchildren's lives with the grandparents

Out of the 21 children interviewed, eight (seven cases[34]) had lived with their grandparents most of their lives: they moved in when they were babies or toddlers (up to 3 years of age) (See Table 6). These children had few or only very hazy memories of their lives with their parents. However, they had information about their lives through the stories that others had told them. The other thirteen children moved in with the grandparents when they were older than three years of age; eleven (seven cases) had lived with the grandparents for five years or less. Only two teenagers had been living with their grandparents for more than five years. Although these time frames can help us to

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[34] As mentioned in the methodology chapter, a household constitutes a case.

understand children's experiences, it is worth noting that some of the children had been going back and forth from a parent's house before staying permanently with the grandparents. These time frames therefore refer to the time they permanently stayed with them.

Table 6: Time since the grandchildren permanently moved into the grandparents' house (according to the child and grandparent interviews)

| | Older than three years of age | | | | Since babies/toddlers | |
| | More than five years ago | | Five years ago, or less | | | |
	Time (in years)	Age at the time of placement	Time (in years)	Age at the time of placement	Time (in years)	Age at the time of placement
Case 2 Daniel					7	3 months
Case 12 Erik					10.5	18 months
Case 12 Keyla					9.5	18 months
Case 14 Cristina					11	3 years
Case 15 Francia					16	2 months
Case 18 Gemma					13	3 months
Case 3 Barbara					13	2 years
Case 6 Fabiola					7	1 year
Case 9 Beatriz	11	4 years				
Case 10 Bastian	10	4 years				
Case 17 Melissa			4	4 years		
Case 1 Flavia			4	6 years		
Case 11 Marcos			5	3 years		
Case 11 Tito			5	6 years		
Case 13 Claudia			4	5 years		
Case 13 Felix			4	3 years		
Case 16 Laura			1	7 years		
Case 16			1	9 years		

Martin				
Case 4 Amelia		5	5 years	
Case 8 Baltazar		1.5	10.5 years	
Case 8 Matias		1.5	7.5 years	

7.2. Knowing or remembering the past

'I'm fine here, so it doesn't matter how I ended up here'

Just as the possibility of remembering the time when they went to live with their grandparents varied, so too was grandchildren's knowledge of the past diverse. During the interviews, of the 21 children interviewed, ten said they knew the reasons for being placed with their grandparents. However, not all of them were willing to talk about it: for some of them, it was a sensitive topic that caused them anxiety. Given my background as a child psychologist, I was able to observe some clinical signs of anxiety such as physical unrest, changes in the speed of discourse, avoidance behaviour, among others. These signs were hints that allowed me to offer the children a way out by turning to other topics.

Although challenging, some participants were able to talk about what they remembered or knew of their lives with their parents. This was the case of Keyla (11 years old) and Erick (12 years old) who were the grandchildren of Noelia; they lived in Santiago and had lived with their grandparents since they were about 18 months old each. These young people gave a detailed explanation of the causes for their moving in with the grandparents:

> *I: And did someone explain to you why do you live with your grandparents?*
> *K: I mean what I know is that they (parents) **didn't have a good economic situation***
> *E: it's because of several things. Eh, first, because of where my parents lived. They lived in [borough in Santiago] in a place called [name of neighbourhood], it's dangerous; in general, my mum's family is like that, they're all (.) they're violent people, and they've been in jail a lot, that's the environment over there*
> *K: my uncle P, he's my mum's brother, he's been in jail*
> *I: yes? Why?*
> *E: it's like all the people over there, **it's a place where there is a lot of***

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delinquency, robbery, drugs, that basically

I: and your parents lived there

E: yes, well my mum, my/ she was from an area in [Borough] where there was more delinquency, and my dad lived in a different area in [Borough], but I think that my dad and my mum met at school and then my mum got pregnant. Well, I guess that, because of my age and her age, when she was 17ish […] and also, I have an older brother, and because of all those things is why we live with our grandparents. Because the education, just to say it somehow, the moral education here is different, and that's it.

These young people were too young when they moved into their grandparents' house to be able to remember what happened before that time. However, they had constructed a story- probably with input from different sources- to get an understanding of why they did not live with their parents. Their story coincides with the story told by the grandmother, who said that the children's parents argued constantly and lived in a hostile environment; and when her son asked for help, she and her husband decided to take the children to live with them. Similar to what is found in the literature (Messing et al., 2006), these teenagers had contextual information about their past, but they said that nobody had told them the full story about how and why they ended up living with their grandparents. Interestingly, and like other participants, they also suggested ambivalence about stories not told to them and them not wanting to know the details. They said:

*E: it was a judicial thing; **I think my mum didn't want us to leave**, but (.) I think there was a trial, and my parents (grandparents) won the guardianship*

I: ah, I see, but have they told you the story?

K: no

I: and have you asked?

K and E: no

I: and do you want to know?

K and E: no (laugh).

These children had a rough idea of why they went to live with their grandparents conveyed by the words [the parents] '*didn't have a good economic situation*'; [they lived in] '*a place where there is a lot of delinquency*'. The children also noted their parents' young age when their mother got pregnant. These are probably family narratives about

their situation that they have incorporated into their personal narratives. When Erick said that the mother *'didn't want us to leave'* he was also suggesting that although the circumstances may have been adverse (and their mother young) she had wanted to keep them. They therefore told *themselves* a story by which they can accept and make their lives 'liveable' (borrowing the concept of Judith Butler, 2004). Maybe the lack of interest in knowing the grandparent's version of it is related to their fear of learning that things are different from what they want to hear about their mother.

Similarly, Barbara (15 years old), granddaughter of Berta, who lived in Yallel with her grandparents since she was a baby, told me she does not want to know why she was living there. She explained to me:

> I: so why you went to live with your grandmother?
>
> B: I don't know
>
> I: you don't know, and have you asked about it?
>
> B: no
>
> I: and would you like to know?
>
> B: it's just sometimes I think I do, and sometimes I don't
>
> I: and when you think you do, why is that?
>
> B: sometimes I do because (.) out of curiosity. And sometimes I don't, because it might be a bad experience, and I don't want to know.

Likewise, Cristina, who was 14 years old and had lived in Santiago her whole life with her grandparents, said:

> I: and did someone tell you why you live with your mummy?
>
> C: no
>
> I: and have you asked?
>
> C: no
>
> I: and would you like to know?
>
> C: no. It's just that, I mean I'm fine here, so it doesn't matter how I ended up here, I think I'm fine here anyway.

These quotes tell us not only what the participants know about their past but also their speculations and fantasies about their family lives before they lived with their grandparents. They also suggest how difficult it can be to forge a personal story out of

childhood adversity. Being raised by grandparents is not normative: it can be painful to face up to one's own life circumstances as 'different'. In effect, expectations about kinship must change when children go into 'alternative care' (Marchant, 2014). In this way, it seems that grandparents and grandchildren generally went through a grief process about their normative expectations of what biological parents and grandparents are and should do, the kind of family in which a child should grow up, the type of childhood that a child should live, and so forth. Thus, it is not surprising that these young people do not want to know, yet, about their past.

Significantly, some grandparents said that there were things they preferred to remain unsaid in the interviews, only hinting at the ways in which the grandchildren's parents had transgressed normative expectations of parenthood. For example, Rosa, grandmother of Cristina (14), told me when she began her narration:

> *R: she came here in 2004, my son was in a relationship with her mum. They met at school, finished and then Cristina arrived.* **Ok, I'll just tell you the pretty parts.** *She got pregnant, Cristina was born, this girl went to the hospital and Cristina came to my house when she was a baby. And she stayed here with me.*

Later, she added:

> *I: and what happened? Why didn't the mum keep the child?*
> *R:* **I can't tell you because you're recording.** *And then for any reason/ and those are things that Cristina doesn't know. That's why I tell you, I'm telling you the pretty parts because I can't tell her things about the mum, because* **she's the mum. She's her mother** *[…]*
> *I: right, so there are things that you know, but you haven't said to your granddaughter*
> *R: and I think I will never tell her.*

Often bringing back memories is difficult and, as Marchant (2014) suggests, forgetting is a way of protection from pain. In this way, sometimes, adults actively hide the reasons why the children were separated from their parents/families when they went into 'alternative care' (See Messing et al., 2006). In this case, the grandmother had talked to Cristina about her early years, but as she recognises, there are things she chose to keep

hidden, and Cristina has chosen not to ask about them. Memories of early childhood are largely based on what we receive from others; these 'borrowed' memories seem to be enough, for now, for Cristina to make sense of her present life. Having and telling a story about one's past is a way through which children constructed their identities. As Fivush et al (2011) point out, socially shared narratives allow us to understand our own experiences, and the stories that others provide give us a frame to do so. The same authors indicate that the way in which we recall events of our lives help us define who we are in the world, and the ways in which we understand others and ultimately ourselves. Some of the stories the children told were maybe closer to fiction than to the facts - what *really* happened, although access to the latter is arguable. Nonetheless for the children what was relevant was not what may have happened, but how they could take on the story as their own and a story they could live with. An example of this is the case of Martin (10) and Laura (8), grandchildren of Carla. They went to live with the grandmother around 15 months before the interview. I interviewed them separately, and it was Martin who told me about their previous experiences. As I discussed in Chapter 6, according to the grandmother, the school reported the mother to the authorities when Laura suffered an accident. The case went to court, and the judge ordered that Carla, the grandmother, should take care of the girl, otherwise, she would be put into residential care. This intervention caused a dispute between the mother who wanted to keep her children under her care and the grandmother. However, the grandmother took Laura to live with her. A few weeks later, they went to court to discuss the guardianship of Laura's brother, Martin, and the grandmother also took the boy to her house.

Martin told me quite a different story suggesting that it was he who decided to live with his grandmother, with his mother's approval, while his account of his sister's story resembles that of the grandmother:

> *I: do you remember when you came to live with your grandmother?*
> *Martin: yes*
> *I: and could you tell me about that time? Only if you want to*
> *M: eh, I don't know, it's just that at the beginning I went to live with my grandma* ***because I wanted to****, I wanted to. **My mum let me**, and my grandma is super cool*
> *I: and why did you want to live with her?*
> *M: I don't know*
> *I: you just wanted*

M: yes, it's just that I want to be with her […] I wanted to. And one day I was going to my grandma's house, because I go every weekend, and she told me 'you're staying with me.' And I became so happy […]

I: I see, and what about Laura? Did she also want to live with your grandma?

M: no, I mean (.) no. There was a problem there

I: what problem?

*M: she [Laura] was pouring tea, and she spilt it on her arm, so she went to school, and **we** hadn't taken her to the hospital yet. And the teacher asked me if Laura had something there, **and I said yes**. And then they called/ the teacher called, I mean a ma'am, she called the Carabineros (police). And they took her to the hospital, and they gave her something, I don't know. And then they told my grandma if she was going to take care of her, and she said yes.*

In this story, Martin positions himself as controlling his life in a non-conflictual way demonstrating loyalty to his mother. On the other hand, this active positioning also means that he assumes responsibility for some actions that led them into their grandmother's care. For instance, when Martin said '*we hadn't taken her to the hospital',* he is taking on the duty of keeping his sister safe. Thus, even when such an active positioning allows the child to construct a story in which he is an active protagonist, it also means that he bears the burden of being responsible for the care of his sister in a context in which the mother was not taking care of them 'properly'. In sum, the grandchildren's knowledge of their past varied. A few of them remembered things from their lives with the parents. Some of them knew stories about their past. Some did not want to know or did not want to know too much. Whatever their situation, these cases show how life stories are constructed through the children's own memories, and the stories that are passed on to them by others (Fivush et al, 2011). The exercise of telling their stories to themselves and in the interviews allowed them to position themselves as active agents, to exercise control over their lives, to elaborate their past emotionally or psychologically, and to tell a story of a life that is 'liveable'.

7.3. Before moving into the grandparents' house

'They didn't take care of us.'

The majority (9/13) of the children that went into their grandparents' care when they were older than three years of age, had some memories about the time *before* moving in. To some of them, it was difficult to talk about it, so they chose not to narrate episodes from that time[35]. However, others were able to talk about it and they narrated stories mainly related to **abuse and neglect** from their parents. For instance, 10-year-old Flavia, granddaughter of Carmen (paternal grandmother), had been permanently living with her grandmother for four years, and she told me how her mother neglected her when they lived together.

> *So, I lived with her, and my mum didn't have food, I had to go for food to my grandma (maternal grandmother). Because my grandpa's house was here (shows with her hands) and my mum's house here. So, I had my bedroom, my bed, my furniture, my TV, everything, but I didn't have food! So, I came back from school every day and went for lunch to my grandma, and sometimes my grandma wasn't there, so I had to stay home alone. Sometimes my grandma wasn't there; no one was there; they were working. And then/ **and that's why I never went back to live with her (mother).***

Flavia pointed directly to her mother's negligence as the reason for them not to live together. She realised that even when they had the material conditions – *I had my bedroom, my bed, my furniture, my TV, everything* - the adults around her were not taking proper care of her - *but I didn't have food!*. Similarly, Amelia recalled some incidents from her life with her parents. Amelia was the 10-year-old granddaughter of José, and she was one of the two children participating in this study that had gone into residential care before going to live with the grandparents. During the interview, the girl gave an account of several episodes of abuse and neglect by the parents. For example, she said:

> *One day my mum got upset with my dad, and I thought that (.) she thought that it was my fault, I don't know, I was little and I was playing and then I don't know,*

---

[35] To approach this topic some prompt questions were: do you remember the time before you came to live here? If yes, can you tell me about it? Only if you want to, if you don't that is fine.

she was throwing all my toys away. And then she looked at me very angry, and I was scared. And she took me by the neck, and she was strangling me [...] they didn't take care of us. They told us to go to our room. They made us eat and then every day we spent the whole day without eating. [36]

In this story, Amelia narrated some appalling abusive actions by her mother and these types of accounts were repeated throughout the interview in a way that in my clinical opinion suggest trauma. This girl had been assessed by SENAME several times in her life, and at the time of the interview she was receiving therapy. Maybe this, plus the perspective of time, allowed her to reflect on the past and placed responsibility for her situation on her parents. The following quote is particularly interesting in this regard. Amelia told me about a neighbour (that she called 'ma'am') who realised the children were alone at home and helped them:

*A: she helped us. She even went to buy us food to eat. And then my dad came back and said 'and what is this ma'am doing here?' and she said: 'be thankful that I got food for your kids, so they ate' and she said 'besides I reported you' and then there was a call that the ma'am **had reported us***

I: and how did you feel about it?

A: happy

I: why?

*A: **because they deserved it***

I: why?

A: because we never ate; to eat, I told my mum that/ I told her 'mum can I try a bit because I'm hungry' and she just made fun of me.

Amelia was living with her grandfather and was being cared for by him; she had all her basic needs covered and she received love. From the present perspective of knowing a different life, Amelia said she felt happy because her parents *deserved to* be reported to the authorities; there seemed to be a sort of feeling of satisfaction for something that to her was fair – her parents being reported for their bad behaviour. Amelia was able to understand parental responsibility and show her anger because her parents were not taking

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[36] All these episodes of abuse narrated by the child are known by the authorities and child services are involved. At the moment of the interview the girl was in therapy and had been assessed several times by SENAME.

care of them properly. As Fivush et al (2011) suggest, Amelia used the memories of her past experiences to elaborate negative affect and cope with adverse experiences, which allowed her to understand her present situation and feelings. Due to these abusive behaviours by the parents, SENAME intervened. After going through different care arrangements, Amelia and her sister ended up living with the paternal grandfather, José (Chapter 6). Amelia compared her previous experiences of care with the caring relationship she now enjoys with her grandfather, highlighting how her life is better now that someone cares about and for her, starting with the fact that her very basic physical needs are covered appropriately. She commented:

> *I: and how was it when you came to live here?*
>
> *A: I was happy*
>
> *I: why?*
>
> *A: because I suffered a lot in the home (residential care). I had lice and got ill, and we bathed with cold water*
>
> *I: Oh! Cold! And how did your life change when you came here?*
>
> *A: now I'm happy, with hot water (giggles).*

Like Amelia, the other three children who could remember and narrate similar abusive experiences, lived in formal arrangements with their grandparents and were part of a SENAME programme at the time of the interviews.

Regardless of their ability to remember their past, several participants attributed the move into their grandparents' care to their parents' negligence or abuse. For example, Bastian,14 years old, who has been living with his grandparents since he was three, told me:

> *I: and how long have you been living here?*
>
> *B: like, for more than ten years*
>
> *I: ok, and do you remember when you definitely came to live with your grandparents?*
>
> *B: yes*
>
> *I: and could you tell me about that time? Only if you want to*
>
> *B: no*

I: you don't want to, it's ok. And do you remember if someone talked to you about moving in here?

*B: I don't remember much because I was like a boy. But my grandma/ my mum/ before she was very rebellious. And like, she didn't take much care of us. **And my grandma told my mum that if she wasn't going to take care of us, then she was going to**. So, she said yes, and my grandma took me here.*

Similarly, Francia, who is now 16 years old and has been living with her grandparents since she was a baby, commented:

I: well so you came to live here with your grandma when you were a baby

F: yes, when I was like one

I: so, your memories are

F: with my grandma, yes

I: and have you talked to her about why you live here?

*F: ah yeah, apparently my mum was a bit irresponsible, **so my grandma wanted to take care of me, and my dad too**.*

In these two cases, the young people said that the mothers were not taking care of them 'properly'; hence the grandmothers stepped forward to take that responsibility. However, the narratives of the grandmothers presented the situation differently. In these two cases, the grandmothers told me how the mothers decided to abandon their children, so they, the grandmothers, *had* to assume that duty. This excerpt from the interview with Francia's grandmother illustrates this issue:

C: And when I woke up that morning, my son told me 'can we talk?' I said yes. And he said […] 'Francia's mum is leaving'. 'What do you mean she's leaving? How can she leave? She can't leave!' […] 'This baby is breastfeeding, she can't leave'. But well, this girl left in the middle of a drama that you can't imagine […] and this kid left in the middle of a terrible chaos because honestly (.) I still can't understand, I mean if you ask me I can't understand, I think no woman can give her child away, I can't conceive it, you can't […] and the thing is that around 4 pm she took her things and left, and I stayed there with the baby.

These versions are not completely contradictory. The grandmothers may have been in a position where they did not have many options but to take the children into their care, and at the same time they did it willingly. The interesting part is how the grandchildren narrate their stories: this is that their grandmothers *chose* to take care of them. There is a need to be wanted and loved that the mothers of these children did not fulfil. Thus, the children attribute the fulfilment of their desire to be loved to their grandmothers because that is the story these grandchildren can live with. We create meaning through our narratives (Bruner, 2004), and this particular way of recalling their story helps these children to understand themselves and define who they are in the world, as being wanted in a place where they can belong.

Although the young people described their mothers as reckless and as mothers who were not taking 'proper care' of them, to admit that the mothers had abandoned them seems to be unsayable. The interviewees needed to tell a story where someone actively chose to take care of them, want them, and love them. Otherwise, their own story seems to become unbearable. Their mother's abandonment is something too tough to face.

7.4.   The time when the children first moved in with grandparents

'Being here was a bit weird. But not anymore'

During the interviews with the grandparents, the majority commented on how difficult it was to take the children into their care. Only a few children were able to talk about the **time when they had just moved in with their grandparents**. Exceptions are Matias (9 years old) and Baltazar (12 years old). They were the great-grandsons of Blanca and had been living with her for a little more than one year. They lived in Yallel, where the father also lived with his new family. Before going into their great grandmother's care, the boys were living with their mother in a different town. Although Matias was reluctant to talk about it, Baltazar told me how he remembered that first period in their new house. He commented:

> I: and what was the most difficult part of moving in here?
> B: to me nothing, I was happy that we were going to be here, close to my dad
> I: and you Matias, was there something difficult for you?

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M: I don't know, I don't remember

B: he missed my mum, so he didn't want to live here, he was used to living with my mum

I: I see, did you miss your mum?

M: I don't know

I: You don't know. Well, it's ok if you say that you missed her

B: and he cried when my mum left, when she visited us.

Baltazar added later on:

I: and how was it when you started living here?

B: it was like we weren't very used to it, but then we got used to being with my mummy Blanca

I: And what was the difficult part to get used to?

B: I don't know. Being here was a bit weird. But not anymore

I: Right, well, it's been a while now. And how is it now?

B: much better

M: it's funnier

B: we are well with my mummy.

In these short quotes, the children showed how they adapted to their new home. Although Baltazar could not explain in detail what was *weird* about going to live with the great grandmother, he could spot a difference between that time and the present. Indeed, Matias who did not want to talk about his mother or the past, and who according to his brother - and great grandmother - had a bad time moving into the great grandmother's house, was able to say that living with the great grandmother now was good.

These adaptation difficulties were also something that Blanca mentioned in her interview. She explained to me that the parents reached an agreement so the children could go to live with her. She criticised the mother who, in her opinion, let the children go too easily, something that a 'good' mother would not do. The great grandmother said that Baltazar told her he wanted to live with her, but things were more difficult for Matias. She said:

B: Matias at that moment, he is the youngest, so he's closer to the mum, and he's always been closer to the mum. But not anymore, when she (mother) leaves, he

stays happy here with me.

I: and how was it when they just came here to live with you?

B: well, in the beginning, when they just arrived, the little one suffered, but I started treating him with love, I held him in my arms and caressed him until he got used to being with me

I: and when you say he suffered; how did you notice that?

B: because he said, 'I want to be with my mum, I don't want to be here'. So, I held him in my arms and I (.) 'it's for your own good son, so you can go to school and learn' […]

I: So, in the beginning, he said he wanted to be with his mum

B: Yes, he said 'I want to go with my mum, I want to call her so she can pick me up' I told him 'call her so she can pick you up'. And he talked to her, and she said to him that she couldn't because the school is here. And then he resigned himself

I: and did he cry or

B: sometimes he cried when he ranted, he started crying, and when he didn't want to listen, he didn't and that was it.

I: and what did you do then?

B: I left him, I wasn't going to beg or fight him.

These excerpts show that when the children are older, adapting to their grandparents' care can be difficult. Moreover, they clearly show how the experience is different for each child, even when they have a shared story with their siblings. The relationship each child has with the grandparents and the parents varies, and that will have an impact on the individual's experience when going into their grandparents' care.

7.5. Some reflections about the past and the present

'We share the stories of our lives, and in this process, we reinterpret and re-evaluate what these experiences mean to us and for us' (Fivush et al, 2011, p. 46). When telling the stories of their parents and their pasts, some participants assessed their current lives and said that living with the grandparents was the best thing that could have happened to them. All these young people considered that their hypothetical lives with their parents might have been troubled in comparison to the lives they have now. For instance, Bastian (14) commented:

I: and what do you think about it, that you came to live here?

B: that it was the best for me

I: why?

*B: because looking at the way my mum was, **I wouldn't have the same future than here***

I: what do you think it'd have happened?

B: (pause) eh it wouldn't be the same.

It is not possible to know what would have happened if the children had stayed with their parents. Although they are likely to be right about their life being better with the grandparents, they may also have a strong need to believe this. This belief helps them to cope with the fact that they do not live with their parents, as normatively expected - they narrate a story that make their lives liveable. Erick and Keyla (12 and 11 years old) alluded to the same issue, they said:

I: and can you give me an example of something good about living with grandparents?

E: eh (pause) that (.) I don't know what is better about living with the grandparent than with the parents

*K: I'd say that **the protection**, because with my parents we wouldn't have all the protection we have with my grandparents, even when (.) **sometimes they protect us too much**, but I'd say that the protection because if we lived with our parents, they wouldn't care too much*

*E: Well, it's just that (pause) I think that it's better in the case of **our** parents and **our** grandparents, but I think that in general to live with the grandparents wouldn't be (.) it wouldn't be extraordinary, **it'd be normal to live with the parents***

I: mmm but you feel that in your case is like living with the parents?

*E: no, I think that **in our particular case living with my grandparents is better than living with our parents***

I: oh, I see, and why?

E: eh (pause) because if we lived with my parents, we'd have a different lifestyle. For example, my sister there, that lives there, she's half-sister, so she's not my dad's daughter, so she didn't come here. Eh and she hasn't gone back home in a while (she run away).

As I showed previously (section 7.2), these two young people told me the reason they are living with their grandparents was that their parents were not able to take care of them 'properly', either because of their behaviour or their contextual situation, this is they did not have the economic conditions to rise their children and lived in a hostile environment. In consequence, the prognosis for their future lives had they stayed with their parents would not have been good. Erick and Keyla talked about the non-normative character of living with grandparents, reinforcing the norm of living with parents. However, they are realists and understand that in their case it is better to live with their grandparents because they protect them and take care of them in a way that their parents cannot.

7.6.   Conclusion

Most of the grandchildren could not remember the time before they lived with their grandparents. Those who were able to remember had difficult memories of that time; they alluded to lack of protection and care by their parents. When talking about going to live with their grandparents, the children narrated it as an active decision: either they had chosen to go to live with them or that the grandparents wanted to take care of them. I have argued throughout this chapter that for some grandchildren telling stories in this way makes them bearable. The grandchildren - like all of us - need to feel wanted and loved; thinking otherwise would make life un-liveable.

Taken together, these stories show that the knowledge children have about their own early lives with their parents and coming into grandparents' care seems to be limited. Whether because they chose not to know or because the grandparents decided to keep some information from them, there are things that remain in the shadows. Under these circumstances, when carrying out an analysis of what children say, there are differences and sometimes contradictions within children's narrations and between their stories and those told by their grandparents. This does not mean than one story is *truer* than the other, but that personal stories are also social constructions. In the case of the children, these are constructions based on their memories, memories transmitted by the grandparents (and perhaps by others) and fostered by their own wishes, fantasies and desires.

This way of narrating going into their grandparents' care is key to understanding the current relationship these children have with their grandparents. They felt chosen; thus,

their stories are not about a duty or obligation the grandparents had to them. Being chosen and wanted sets up the foundation for the ways in which they understand their current relationship with their grandparents and how they give meaning to their lives together. The narratives presented in Chapter 6 and here, give us a context to understand the following chapters, which are related to caregiving (and competence) and care receiving (and responsivity).

Chapter 8: Meanings and practices of being a carer *grandmother*

> *Penelope embarked on a campaign to lobby Giles*
> *for her return to work, who still insisted she remain at home*
> *as it was the natural order of things*
> *going back to time immemorial:*
> *Me hunter – you homemaker*
> *Me breadwinner – you bread-maker*
> *Me child maker – you child raiser*

> Bernadine Evaristo. Girl, woman, other

8.1.   Introduction

So far in the thesis I have examined the conditions under which the grandparents took responsibility for, and the care of, their grandchildren. Thus, I identified the circumstances that created a need for the grandchildren to go into their grandparents' care. Second, I analysed how grandparents narrated becoming their grandchildren's carers by presenting their stories of the grandparents through three ideal-typical stories. Third, I examined the ways in which children narrated and understood their grandparents taking on responsibility for them. This means that, within the frame of the phases of care described by Tronto (1993), I have showed how the grandparents were attentive to and saw a need for care (care about), how they took action to meet the children's need (taking care of), and how children understood the phase of taking care of.

In this chapter, I will analyse what grandparents said about being a carer when asked about their *current* experiences after the children had been with them for a while. This means addressing the phase of caregiving that is related to competence (Tronto, 1993). As mentioned in Chapter 3, caregiving involves physical work in caring for someone, which has been traditionally carried out mainly by women. In my sample, there was only one sole male caregiver, in the rest of the cases it was the grandmother who was identified by the participants as the main care provider. This is true even in the eight cases where the grandmothers had a partner, although these men varied in the level of involvement in the grandchildren's daily care. Thus, the findings presented here about what it means to be a carer have a gender bias, because caregiving is indeed a gendered activity.

As I discussed in Chapter 3, traditionally research on care has distinguished between care about - as involving feelings and emotions and being non-active - and care for - seen as the actual labour of care and thus, as an activity. In this chapter for analytical reasons, I examine the meanings of being a carer in terms of the emotional and practical dimensions of caring for a grandchild. However, with this distinction I do not want to suggest that these two dimensions are dichotomous. As proposed by Mason (1996), thinking and feeling are activities of care and not only by-products or motivational states of mind, what she terms 'sentient activity' and 'active sensibility'. As I mentioned in the theoretical framework (Chapter 3), sentient activity is skilled and is mostly carried out (and learnt by) women. When we refer to 'active sensibility' we refer to feeling a responsibility for or a commitment to someone else, in this case the grandchildren. These are commitments developed in the relationships with specific others. Many of the care activities that the grandparents refer to in their stories fit better within the concepts proposed by Mason, than in the dichotomous distinction between labour and love.

This chapter addresses the question about what it means for the grandparents to be carers of their (particular) grandchildren. To achieve this, I carried out a thematic analysis of the grandparents' responses to questions about being a grandparent in the present from all eighteen interviews with them. As I mentioned in Chapter 4, I coded the interviews and created themes (See Figure 20) which I present here under the headings of emotional and practical dimensions of being a carer. Additionally, as I will explain in depth in this chapter, some grandmothers used the word 'mamabuela' to describe their position as carers. Mamabuela is a hybrid word in Spanish combining the words mum (mamá) and grandmother (abuela). I employ this term as a grounded 'sensitising concept' (Blumer, 1967) to the analysis of what grandparents said about their role. It shows, on the one hand, the duality of the role as conveying the normative meaning of what it is to be a grandparent with these grandparents' actual responsibilities for their grandchildren, and on the other hand, it combines the ambiguities and contradictions between the two positions. It is also important to mention that the way the grandparents understood their role in the present was influenced by how they told their stories of becoming a carer.

Figure 20: Themes and subthemes from Thematic Analysis of grandparents' interviews
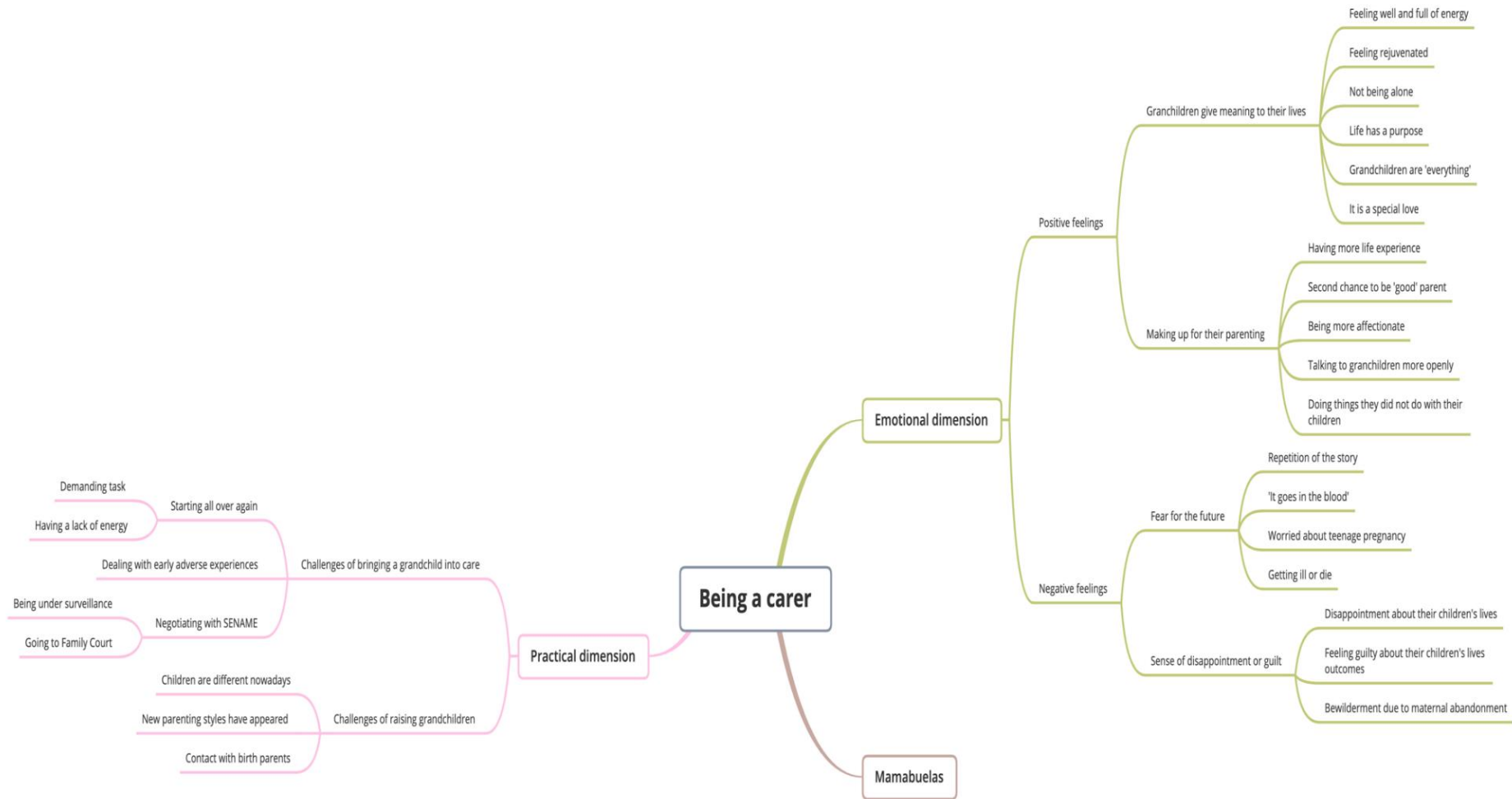
In this research the grandchildren had been in their grandparents' care for an average of 7.8 years (minimum: 1.5 years; maximum: 16 years). The grandchildren and grandparents who took part in this study were all in a settled situation and they had 'normal' everyday lives, as this was a selection criterion to take part in this study. This was particularly true for those cases where the grandparents had taken the children into care as babies. The only case that stands out as different is José, presented in the previous chapter. He and his granddaughters were in a constant state of crisis, having to attend hearings at the Family Court, and visits to different professionals and centres. Indeed, they had recently moved and had only been in their current household for a few weeks. As argued before, this case presented an exceptional set of circumstances that make it an emblematic case of grandparent care in crisis. However, it also may point to a group of cases that I could not access because the families were in a critical situation at the time. This was also a group that I did not look to access for ethical reasons. Therefore, the themes that appear in the analysis of these particular grandparents' accounts are related to only stable placements.

In the next sections, I will present a form of thematic analysis as described by Braun and Clarke (see Chapter 4). I coded the interviews and then created themes, which 'capture something important about the data in relation to the research question and represents some level of patterned response or meaning within the data set' (Braun & Clarke, 2006, p. 82). In the following sections, I will discuss the main themes and sub themes that I identified during the analysis, and I use quotes from the interviews to provide examples.

8.2. Meanings of being a carer

8.2.1. Emotional dimension

When talking about being a carer, the grandparents navigate different dimensions of caring. In the first place, I will address the emotional dimension. As Tronto (1993) asserts, the dispositions or emotions are only one aspect of care. The author warns us about the importance of understanding care as a practice rather than as a disposition. When only seen as emotional, care is easy to sentimentalise and privatise, and as women are generally seen as more emotional than men, we tend to situate woman more in the realm of care. As Tronto (1993) suggests, when we associate women with care, we lose the reality of

the complexity of caring, and the fact that caring is intertwined with virtually all aspects of life. In the next section, I will present the themes built from the analysis that show the emotional dimension of being a grandparent carer.

Positive feelings associated with grandparenthood

Grandchildren give meaning to their lives

Being carers of their grandchildren in the present was a motivating force for all the grandparents. When asked about how they felt in terms of energy and health to take care of their grandchildren, the grandparents said that they **felt well and full of energy** to carry out the care tasks. Indeed, those grandparents who suffered from health problems said they felt able to cope physically with their chores and they did it gladly.

For instance, Blanca was 78 years old, and she lived in Yallel with her two great grandsons, Matias and Baltazar aged 9 and 12 respectively. Berta had also brought up Matias and Baltazar's father because his mother -Blanca's daughter- had to go to work away. Thus, Matias and Baltazar are the third generation that she was bringing up. Around 20 years ago, Blanca's husband died. Therefore, she was bringing up her great grandchildren alone. The children's father considers Blanca as his mother; thus, the children say that she is their grandmother. Matias and Baltazar had been with Blanca for one and a half years.

Blanca lived in her own house on her state pension (around £150 a month, half of the minimum wage) plus a voucher of £50 per month that she receives from the government[37]. Blanca received economic support from the children's parents, who bought things for them.

When Blanca was telling the story about how the children went into her care, she explained how she felt happy with them, and she felt that she had the energy to take care of them:

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[37] Voucher to women over 65, that had one or more children (that were born alive) and that by 1/7/2009 were not pensioned from the current pensions system

B: You know miss? I feel so happy with them, I feel like a young woman having them here, to take care of them, to wash their clothes, to send them for a bath so they go all clean to school. I feel just like when… when I had my own children [...] I feel happy miss, so… And the best thing I have is my good health, of course I have illnesses, but chronic illnesses… pain in my legs in my bones, but everything else, I'm fine

I: do you feel you have energy to take care of them?

B: Yes, sometimes I'm tired, I draw strength from where there is none to take care of them, so I think I'm ok (she laughs).

In this excerpt even when she recognised that she got tired and had some physical pain, she said that she felt young and full of energy. This idea was repeated among other ten interviewees. Hence, it seems that the grandparents not only felt strong enough to carry out the care work, but also, they **feel rejuvenated** by doing it. This may be related to the fact that the children somehow demanded they stay active. However, it may also be related to the fact that the children kept them company, which is particularly relevant in old age[38]. The grandparents generally had grown-up children; some grandmothers were widows, thus having the children with them meant **not being alone** (8 cases)**.** Blanca told me how she lived alone before taking the children into care, and their arrival changed her life.

I lived alone; I go to the evangelical church, I used to go to church in the evenings, I came back and the house was empty. I got up every day, I looked around and no one was there. And now no, I know they're here.

In the same way, and similar to what is found in international literature, these grandparents added that having their grandchildren with them was not only about the company, but also about having the feeling that **'their lives had a purpose'**, that they had something to do. For instance, Rosa was 64 years old; she lived in Kupal, Santiago with her husband, her daughter and her two granddaughters. Cristina was 14 years old; she was the daughter of Rosa's son and was formally (legally) under the care of her

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[38] Particularly in the Chilean context where studies have shown that people over 80 have the highest suicide rate and that the rates are high from 60 +. This would be related to loneliness, depression, dependency and morbidity (https://www.eldesconcierto.cl/2018/08/06/soledad-abandono-y-depresion-adultos-mayores-de-80-anos-lideran-suicidios-en-chile/)

grandmother. The other granddaughter, Ana, was 11 years old and although she and her mother lived together at the grandmother's house, Rosa took care of her daily (care work). Rosa said how her life revolved around her granddaughters:

> *But my time, all my time is for her. All of it. In this house everything is about them (granddaughters), them. During summer, we plant cherry tomatoes in the yard, they love them, I prepare them, and they take them to school. I plant chard because they love chard omelette. See? So, everything is about them, everything. That's why I say, taking grandchildren into care is complicated, but it makes you happy. Because I have something to think about now.*

This last quote is a good example of Mason's concept of sentient activity (Mason, 1996). In the example, the feelings and tasks that Rosa mentioned are neither merely labour nor love. This grandmother, like all the other participants, is attuned to the likes and dislikes of her granddaughters and attends to their needs in consequence, and so we can say that she carries out sentient activities in the care and support of her grandchildren.

As can be seen, care for the grandchildren makes the grandparents feel rejuvenated and accompanied, and it gives their lives a purpose. Consequently, the grandparents (7 cases) repeated in their interviews that the grandchildren were **'everything to them'** giving their grandchildren an important place in their lives. Interestingly, these grandparents have been taking care of their grandchildren for several years, since they were babies or toddlers, showing that there is a strong, personal commitment that the grandparents have developed towards their grandchildren.

This was clearer in an extract from the interview with Alba. Alba was 55 years old. She lived in Yallel with her husband Beto (66 years old) and her two grandsons Nano (20) and Bastian (15). They lived in their own house and their income came from Beto's (truck driver) and Alba's wages (cleaner in a school), making a total of around £600 a month. Alba took care of Bastian since he was a baby because his mother wanted to give him up for adoption. Alba fought to keep him, so the boy spent a considerable time with his grandparents before going into their care. Nano and Bastian lived with their mother in a house in the same plot as the grandparents, and according to Alba, ten years ago their mother abandoned them. Since then, the children moved to the grandparents' house for

good. In the following excerpt Alba expressed what her grandchildren meant to her and it is possible to see that they are 'her life'.

> *To me my grandsons are my life, they are my reason for living, to wake up in the morning, leave the lunch ready, so them/ to cook what they like. So, they're my family, it's the four of us.*

The grandparents (10 cases) also expressed the importance of the children to their lives saying that they felt a **'*special love*'** for them**,** that is different from the love they felt for their children or other grandchildren. An example is Carmen's case. She was 55 years old; she lived in Yallel with her granddaughter Flavia who was 10 years old. Carmen was single; she had two sons, Joel (Flavia's father) and Rafael. They both worked in Santiago as security guards, but Rafael studied international cuisine and soon was going to start an internship to complete his degree. Carmen and Flavia lived in a house that Carmen inherited from her mother. Carmen worked as a caterer; she had her own small business, and her income came from it. She also received economic help from her sons, and Flavia received free school meals and a free bus pass to go to school. Flavia's mother had problems of substance abuse; when the girl was younger her mother used to leave her with Carmen for some time and then take her back. However, Carmen took her to the nursery every day even when they did not live together. At the time of the interview, Flavia had been living with her grandmother for four years. Carmen also took care of her grandson during the day, but he lived with his mother. When Carmen talked about how she felt about her granddaughter, she said:

> *I love my granddaughter more than I love my life; I'd give my life for her. I love her more than I love my sons, she's everything to me. To this one (her other grandchild) I love him, but he lives with his mum, but I love him. But Flavia is very special to me […] my sons tell me 'you mum are just spoiling Flavia'. Everything… 'no son, it's not that. You know how Flavia's suffered', I tell him. 'You weren't here, Paloma (mother) wasn't here'. So, she receives all my love and affection.*

It is possible to read into the last sentence of the previous quote that Carmen, like other grandparents (10 cases), implied that she gives more love to her grandchildren as a way of compensating for the difficulties the children experienced in life. These are cases where

the mothers had abandoned their children or visited sporadically. The grandparents explained that the grandchildren had not had the love of their parents. Thus, somehow, the grandmothers felt they need to compensate for that lack. For instance, Alba said:

Because love is what you need to give to the children, so they feel like there is a mum. Give them what their mum couldn't, you give it to them […] because you throw yourself into it. Because they had, how to say, you have more responsibility, more attention. Because they didn't have their mother, they didn't have their parents.

In this way, there is a common feeling among the grandparents of having to make amends for what their own children did not do and what the grandchildren lacked, but also this seems to be a way of mending their own mistakes as parents.

However, one grandmother, Cecilia, had a different opinion. Cecilia was 68, had been widowed for two years, and was taking care of Francia (16), her son's daughter. When her husband was alive, Cecilia lived with him and Francia in a flat in a wealthy neighbourhood. Cecilia had a higher education degree and worked in a school for more than 20 years. Six years before the interview, she had been fired from her work and she retired. After her husband died, life became difficult for Cecilia, emotionally and economically, so she and Francia moved to Cecilia's sister's house in an upper middle-class neighbourhood. When asked what she thought is needed to take care of a grandchild, she said that loving them was essential, and then she reflected:

I think you love them differently to be honest. You're older, you might feel that you have to educate them, that was the case with Francia, I felt that I had to educate her. But (.) I don't know, I think you love them less, I think that the bond that you have /the fact of having a baby inside you, I think it's indestructible. That's why it shocks me that this girl (Francia's mother) gave her up, I mean I can't understand that.

To Cecilia, the mother-child bond has a special status; giving birth is seen as an event that creates a binding and irreplaceable tie. Even when Cecilia felt that she was like Francia's mother and she loves her, she said she could not love her more than her own children, because she did not give birth to her. Thus, most of the grandmothers had the

feeling of a 'special love' for their grandchildren. However, the status of that special love does not mean the same to all of them.

Another case that was divergent, was the case of Miriam. She was taking care of Isabel, her 8-year-old grandniece. Miriam was 44 years old, and she had a 9-year-old daughter, Paloma, who was classmates with Isabel. Around five years before the interview, Miriam found that Isabel had been sent to residential care because of her mother's negligence. Miriam started visiting Isabel and after a year, she took her into her care. She explained to me that she assumed the responsibility for Isabel out of family duty, she said *'Isabel has a family, residences are for children that have no one'.* Taking care of Isabel had been difficult for Miriam; the girl had been through some early adverse experiences and the great-aunt had to cope with the psychological consequences of these. Miriam was worried about the effects that Isabel's behaviour could have on her own daughter, Paloma. During her interview, Miriam was constantly comparing the two girls, highlighting the virtues of Paloma and the problems Isabel caused. When talking about the decision of taking Isabel into her care she said:

> *When I took Isabel into my care I regretted it; now with time I've learnt to care about her. I mean, like I told you before, I don't love her like/because Paloma lights up my life, because it's the blood, I think that's it. But I care about her (Isabel).*

In this case, Miriam and Isabel shared a blood tie, but it was not a close one. However, because Miriam was the aunt of Isabel's mother, there was not the same sense of obligation found in the cases of grandparents and their adult children. Moreover, Miriam and Isabel did not have a relationship before Miriam started visiting Isabel in residential care. Miriam attributes the difference in the love she feels for her daughter and not for her grandniece to the close blood tie she shares with Paloma from giving birth to her.

Making up for their earlier parenting

When asked what it was like to bring up their grandchildren compared to bringing up their own children, all the grandparents said that this second time parenting had been different, and they assessed it mostly in a positive way. Some of the grandparents (7 cases) pointed out that they had **more life experience now**, which allowed them to approach parenting with greater wisdom. This was the case of Noelia, a 62-year-old

grandmother from Yallel. Noelia lived with her 7-year-old grandson, Daniel. They rented a house in the town centre, which cost them around 85% of the grandmother's pension (which is very low, around a third of the minimum wage). It is a small house with poor insulation against the cold winter in the town. Noelia was married to Esteban, and they had only one daughter, Maria. During adolescence, Maria started using drugs and engaging in rebellious behaviour. She got pregnant with Daniel when she was 16 and a few months after giving birth, she abandoned him. Noelia and Esteban took care of the baby and brought him up together. In 2017, Esteban died in a work-related accident and since then Noelia has had to take care of Daniel by herself. When she talked about mothering her daughter, Noelia told me '*You learn from ruining things*'[39], meaning that now she has more experience gained from the mistakes she made in bringing up her daughter. During the interview, she told me that her husband was brought up by his grandmother, because his mother died; and she added that she grew up in her grandmother's house, so she reflects on the role of grandmothers in the lives of their grandchildren. She said:

> *And sometimes I think that's good, that a grandma can give much more than the parents. I mean I don't want to look down on the parents, but there's an enrichment, the experience that you have, the calm that you have. Because I'm very different now with Daniel than I was with Maria. I mean/ and Maria notices it, she says that I wasn't like that with her, as I am with Daniel. And Daniel is like, he's like a son, he's like a son because I'm bringing him up, I am educating him, everything. I mean I could treat him in the same way I did with Maria, but why is it not like that? Because of the experience, I mean the years make you change, make you think, make you have your feet on the ground again. It allows you to feel as a child. And it's been much richer, the experience that Daniel is having than the one that Maria had.*

In this way, doing things differently this time is put down to experience of being older; older people are wiser and have learned from their first-time round of parenting. Hence, this life experience offered the opportunity to parent in a different way. Some grandmothers (5 cases) went further and said that bringing up their grandchildren had been a **second chance of being a 'good parent'**. For example, Dominga (case 2 from

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[39] 'Echando a perder se aprende' in Spanish. This is a common saying in Chile, meaning that you learn and obtain experience from the mistakes you make.

Chapter 6) said how this time with her granddaughter she had had the opportunity of being a mother in a way that she assesses positively. She said:

> *Well, I think that Fabiola was born, and it was to me like a second chance of being in charge of a daughter. Because Karen [her daughter]/I always was far from her, I worked [away] and came back; sometimes it was a long time without seeing her. So, I didn't see her, sometimes I came back and my daughter was bigger, she knew new things. And I, I didn't... whereas with Fabiola it's been different because I see her every day, I sleep with her. We wake up together. To me it's been as if I was a mum, like really a mum with my granddaughter. I've done with my granddaughter what I didn't do with my daughter.*

Because of the difficulties of having to work away from her home, Dominga had felt she could not be a 'real' mother to her own daughter, in the sense of being the person taking care of her on a daily basis. It is worth highlighting that all the grandmothers mentioning this experience were working mothers when their children were young, so there seem to be a direct link between the idea of not having been a 'good mother' to their children with not having dedicated all their time to the children's care because of their employment.

In this analysis of (grand) parenting, the grandmothers mentioned that they did things with their grandchildren that did not do with their own children. For instance, Carmen said:

> *Yes, because with my sons I didn't do the things that I do with Flavia. Going out, dress up, going everywhere with her, to her trips, everything. My sons went alone everywhere. I generally didn't go with them. With the youngest yes, but with the oldest no. So, Joel always tells me that I'm spoiling her. I tell him that it's not spoiling her, but it's a different love.*

When Carmen was young, she worked away as a *nana*, so her mother brought up her sons until Joel was around 7 years old and Rafael was 2. Although she does not explicitly make links, when this quote is put in the context of the grandmother's life, it is evident that her life conditions are different now which may allow her to do mothering in a different way. She was working away when her oldest son was a child; thus, she could not accompany her children in the same way that she can do with Flavia. The same happened with

Dominga, and the other grandmothers who were working women when their children were young. Therefore, the change in their mothering is not only about having more life experience, but also about their material and social conditions, in particular the need of mothers to be engaged in paid work while grandmothers live on pensions, albeit meagre ones.

In retrospect, the grandmothers said that having had to work meant they lacked 'enough' time for their children when they were young and this led to feelings of guilt. Noelia told me what it was like to be a working mother; she had an administrative job in a school, and she used to work long hours and take work home. She thinks that leaving her daughter alone was one of the causes that led her to reckless behaviour. When asked if there has been a moment when she felt that she is doing it well with her grandson, she reflected on the differences between now and the time when she raised her daughter. She said:

> *She (Maria) used to say, 'I remember that you worked a lot'. I used to bring work home and spent time in the computer working and everything. And Maria came to me, and she pulled my jumper and told me 'mum, mum'. 'Ah Maria don't interrupt me because I can't make any mistake, I can't. Go there and watch TV' So, there she went, and I kept working, see? So, I didn't even take her into account because I had to work, because I was so busy, and what is left from work? That's what I say now, I dedicate myself to Daniel, I won't sacrifice myself in a job leaving him alone again. So, even when I'm living with the minimum, but I'm giving him all that (emotional) richness that I have, all my support.*

This is a clear example of how life experience and wisdom later in life combine with material conditions. The former concerns her retrospective assessment of her life with her daughter and leads her to conclude that she should not leave her grandson alone even when she needs the money from a job. In practice she has more time for her grandchild because she is retired. In this example, the grandmother positions herself as agentic doing things differently with Daniel because she wants his life to be different from his mother's. She is actively trying to make up for her own past mistakes as a mother.

In this process of caring differently and being '*better*' parents, the grandparents (8 cases) also feel that they are **less strict** with their grandchildren than they were with their own children. For instance, Rosa commented on how she used to smack her children.

However, with her granddaughters she acts differently. She exemplifies this telling a story about a time when her son lied to her, and she punished him severely:

Then he got home… 'you'll see!' I said. 'You won't do this again' ok. But I beat the crap out of him and then when he resat a class, and then he turned 15, there wasn't cake nor a greeting, nothing. It hurt; it still hurts. But it was the only way of punishing him. The only way. And he talks to Cristina (her granddaughter), he tells her 'my mum with me was (gesture)' […] So, I don't do that with the girls, I talk to them; with Cristina I talk about everything, everything, and with Ana, we're now incorporating her to our conversations, but she's still too little.

In this same idea of making up for their parenting, some grandparents (9 cases) said how they were **more affectionate** with their grandchildren than they were with their children. This is the case of Nora. She is 58 years old and lives in Santiago, with her husband and her two grandchildren, Keyla (11 years old) and Erik (12 years old). They are the children of Nora's oldest son, who was living in the house at the time of the interview but lived independently from his parents[40] and had nothing to do with the children's care. The children had lived with their grandparents since they were around one year old each because their parents had drug addiction issues and could not take care of them. The grandmother had the legal guardianship of the children. The family lived from the grandfather's wage (as a truck driver) and Nora's income (she took care of a baby in her house). During the interview she said that she had similar material conditions now as when she brought up her children, but that she was more affectionate with her grandchildren:

I wasn't the kind of mother that hugged them, that I told them I love you, or hug them. Like them/ to Keyla and Erik, we give them love. Or maybe/ well we give them love but not like before, because now they're misbehaving, and I get upset and I don't want to caress them. But I've given them more love than to my children. Because I took care of my children's food and stuff, but we weren't / we weren't affectionate, so to speak, to them. We didn't hug them or tell them I love you, like we do with them (grandchildren).

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[40] The father lived in the same plot but in a separate room, and according to the accounts of the grandparents and the grandchildren, he did not intervene in the care of the children.

Importantly, the grandparents feel that the children reciprocate this love and affection. For instance, Noelia said:

> *Well, we have a very good relationship, he's obedient, understanding, he's very understanding. He's always concerned about how I feel, that I don't cry, that I'm not in pain, that I'm not suffering, he hugs me, he's very affectionate. We have that/ a good relationship. He's always concerned about me.*

The development of a good and affectionate relationship with their grandchildren had allowed grandparents to establish a different connection with them and **communicate better with them**. This means, for instance, that they could talk to their grandchildren about more things and in a more open way than they did with their own children. Some grandmothers said how they could talk to their granddaughters about taboo topics like sex, which they did not do with their daughters. This is the case of Pamela, whose story I presented in Chapter 5 (section 5.2.1). Pamela was taking care of Gemma, the daughter of Pamela's oldest son, and besides that she had two daughters. Pamela compared the relationship she had with them, with what she had now with Gemma:

> *What I didn't do with my daughters I do it with her, I talk to her freely, because to my daughters I never talked to them about sexuality […] The girls (her daughters) tell me that now I'm more open minded. Because I joke with my granddaughters, they laugh with me […] My daughters tell their daughters that it's different. 'Oh, you should've been like that with us, like you're with the girls'.*

In sum, similar to what I found in the international literature, grandparents positively assessed their second time parenting. They felt happy about their grandchildren, they loved them in a special way and the children had an important place in grandparents' lives. However, the grandparents also expressed negative emotions related to being a carer, showing how contradictory and intricate their position can be.

Negative feelings associated with grandparenthood

Grandparents emphasised that they felt happy taking care of their grandchildren; the large majority of them highlighted how important their grandchildren were to them. And undoubtedly it is like that. However, as I have said before in Chapter 4, many

grandparents found it difficult to understand exactly what I was doing interviewing them. Some of them thought that I worked for the school or children's services; and although I explained that it was not the case, these assumptions were still there in some cases. This may have led them to tell me more about the positive aspects of their situations, maybe for fear to find themselves in trouble. This, added to the social desirability bias, may have tipped the scale in favour of positive feelings. Despite this, the grandparents also talked about negative emotions of being a carer; they told me about their fears, disappointments and guilt.

Fear for the future

All the grandparents expressed in the interviews that they were afraid of what may happen with their grandchildren in the future. On the one hand, some of the interviewees told me that, given that the children's parents are drug addicts or had alcohol problems, they were afraid that the grandchildren may repeat that story. This is what Nora explicitly said:

> *And always with the fear that the story of the parents might repeat, the story of the children's parents. That's something that makes me anxious, that the story might repeat itself.*

Later she added:

> *So, well, I see them being/ I want them to be kids with a profession, I wish they are good kids, good. It's just that/the only thing that I want it's to see them/ that they are good, that they're not like their parents/ it worries me a lot and this time I'm older too. To go through what I went through with my son, because my/ I had a rough time with my son, my son even (.) because there was a moment when he was charged for mugging. They mugged some youngsters and he was/ he was in jail like a month or so, in a thing called [name of a centre] I think that was the name*
> *I: when he was a teenager?*
> *N: Right, before turning 18. So, well that my son did those things was/ I mean we went through tough things with my son, tough.*

During the interview, Nora told me about her son's drug problem, about how difficult it was for her to come to terms with the idea that her son was a drug addict. She also repeated several times how her grandchildren, now that they are teenagers, are more rebellious and they have been misbehaving at school and at home. She insisted on how disappointing this was for her and how worried she was about it. Her main fear is that the children become like their parents. Her analysis, however, goes further. Nora told me how her granddaughter has robbed on some occasions at school and at home and how she thinks that that type of behaviour is something that **'goes in the blood',** as if it were something that she inherited from her parents and inevitably will manifest itself in the girl no matter what the grandparents do. Nora said:

> *And that's what hurts me, because we've given them the best things and they are misbehaving, so it hurts when they act like that [...] Keyla too, she's also misbehaving, they say that those things go in the blood, so her as well. I'm upset with them for their attitude, because I haven't given them a bad example.*

Although Nora complained about her grandchildren during the interview, and she explicitly said that she was worried about their future, she also said that there were good things about taking care of them.

> *Yes, because I sometimes say, 'ok, you won't go to church today!' And she cries. But then they always change my mind. So, I have good moments with them, that I spoil them. But like/they give me satisfactions, because people congratulate me for them, and to me that's (.) not everything is that bad.*

Nora was not the only one thinking that there is a risk of their grandchildren becoming adults like their parents. For instance, Noelia, told me that the father of her grandson has drug addiction problems and lives in very precarious conditions. However, her grandson Daniel does not know his father; he does not know who he is. Despite this, Noelia thinks there are social behaviours that Daniel exhibits now that are genetically inherited from his father. She said:

> *N: You know what, sometimes I worry, because so far the genes haven't manifested, because they say that the genes manifest later*
> *I: what do you mean the genes?*

N: the dad's genes [...] because he's a kid and he doesn't have a /but he wants to wear the skater hat backwards, and I took a photo of him and he was standing like the youth. And I say where did that come from? I mean, where did he learn that? and that goes in the genes. And I try that he's more formal, that he wears shirts and that, and not those hairstyles and exaggerated clothes from the youngsters.

When the grandmothers talked about their grandchildren repeating their parents' stories, they also talked about something that was specific to girls. The grandmothers of teenage girls (5 cases) whose mothers got pregnant when very young, said how they were **worried that their granddaughters might get pregnant at an early age**. Grandmothers evaluated their own children's early pregnancies in a negative way; thus, they do not want the same experience for their granddaughters. Indeed, they said how a teenage pregnancy would 'ruin' their granddaughters' life plans. For instance, Rosa told me how her son met her granddaughter's mother at school, and after they finished their studies there, she got pregnant at the age of 19. Based on that experience, Rosa told me how she warned her granddaughter about getting pregnant when she is still a teenager:

*(I tell her) You have to impose respect for you. It's not like other parents that the girls get a boyfriend, and they take them to have the pill or injections, that won't be me. No, 'you have to get respect, if it does happen to you, think about it, you can get pregnant. **And at the moment that you get pregnant… as I told you before (.) you ruin your life,** you ruin your life for ever, because having a kid is amazing, but can you imagine all those girls pregnant at 16 or 17 and they're studying, that's it for their studies. And if you can study, if your mum or dad take care of your kid and you go to study, your obligation is your kid, and you won't have time to study.*

The following quote from Dominga's interview shows how these fears of repeating the parental story and getting pregnant young shows fear of intergenerational transmission:

I wouldn't like that she (her granddaughter) lives the same thing that happened to me and my daughter. I'd like that she meets a good man, get married and have a family. That she has children with a dad, a present man. Because I lived that story, I raised my daughter on my own, and it's difficult not having the support of

a man. I hope Fabiola doesn't… that she doesn't have the same story, that her life is different, different to mine.

Another fear that is common to all the grandparents is **to get ill or die**. As they are bringing up children during their old age, they are worried about what would happen with their grandchildren if they were not able to take care of them anymore. Some grandparents have a plan prepared in case they pass away. For instance, Pamela told me how she has told her son, the one living with her, that he must take care of Gemma if she cannot do it anymore. Moreover, she wants to leave her flat to her granddaughter.

> *And my son, he's the godfather. So, I tell him that he's to take care of her […] I've always told my son, always, always, always. Even the flat that I have, I want it to be for Gemma, I'm leaving it to Gemma. Because I don't know how her life will be when I'm not here.*

Cecilia did not have such a clear plan, but she told me about the emotional distress that thinking about her granddaughter's future causes her:

> *I put a lot of pressure on her about the studies, I tell her Francia, I'm playing the stoppage time[41] here, I need to leave you with some tools so you can look after yourself […] The only thing I want is that she can live… that she's able to provide for herself, that she lives in peace… because me and my sister, we won't be here, is the law of life […] It worries me, it worries me and it causes me a horrible anguish.*

Some of the grandparents had talked to their grandchildren about the future and the possibility of them not being able to take care of them. Some seemed to have only thought about it superficially. But all the grandparents mentioned this issue as something that worries them, independent of their age or socioeconomic situation.

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[41] 'Jugando los descuentos'. This is a Chilean expression to say that you do not have much time left.

During the interviews, the grandparents told me stories about things that could have been different in their lives or their children's lives. In these stories, there is a sense of disappointment for what did not happen, and also sometimes they showed guilt as they felt they could have done things differently for their children. The grandparents, as parents, had expectations for their children. In hindsight, they now tell stories with a sense of **disappointment about their own children's lives**. For example, Pamela said how she expected for her son to become a football player, even a famous one. She said that when he was young, he was playing with Alexis Sánchez, who is now a renowned player, which means that she imagined a very different life for her son. She said:

> *My son was playing for Colo Colo, he'd been a professional, it was the time of Alexis and all that. And he started/ I took him for a try out to be a football player, he was a month away from becoming a youth player. And then his relationship started. But the thing is that I had rules here, but at her house (girlfriend) they didn't, they were mad as a hatter. And so she got pregnant […] And ok, one day he told me that he was leaving, because I set too many rules. He dropped out from school, and he had to face up to it. So, he went to live there (with his girlfriend).*

When the grandparents looked back and assessed their parenting, they tend to **blame themselves** for how their own children's lives developed. For example, Noelia said:

> *Well, I say that you learn by messing things up (laughs) I always have to/ well I wasn't there for Maria. Because of my job, I was… I had to leave her. I wasn't that concerned about her, I missed parents' meetings (.) I don't miss anything related to Daniel, I'm always there. So, that's the difference, I blame myself because I wasn't all the time with Maria because I couldn't, but I don't want to do the same with Daniel, I want to make something different.*

Nora told me how she did not want to believe that her son had a drug addiction, and when it became impossible to deny, she had a hard time and how she has questioned herself about the outcomes of her son's life.

I: and how did you feel when you realised what was happening?

N: awful, awful, you have a very bad time

I: what did you think?

*N: oh sometimes I/ I say that sometimes I wanted to go home (she whispers) I mean to disappear, because I thought I was a coward to assume it, that I... I thought that I wasn't ...I wasn't ... that I wasn't going to be able, let's see how can I say it (.) like to accept it, to live with that, to believe that my son was a drug addict. I thought I wasn't going to be able to tolerate it, I wasn't. Well, not anymore. Now I'm here (church) I say, I trust in the Lord, he helps me to keep going. And if I have a problem, He gives me the strength to move forward. Sometimes I feel bad, I feel sad, I feel everything. When I think of all the things I´ve gone through and sometimes I question myself why, if I gave him everything, he had everything, **what did I do wrong? You question yourself.***

Looking back, the grandparents questioned their whole lives and they felt guilty about the direction their own children's lives took. However, it seems that they felt they can now correct their mistakes with their grandchildren.

The disappointment of their children dropping out from school or not pursuing further degrees was a common feeling among the grandparents. Drawing from that experience, **they have expectations for their grandchildren, that they study and achieve better things that their own parents**. The hopes for each generation are bigger than for the previous ones, and the grandparents imagine a better future for their grandchildren.

Besides being a way to achieve better things than their parents, there seem to be different reasons for the interest of the grandparents in the education of their grandchildren. Some of them see education as a social mobility tool. Pamela said:

She has to take all the opportunities that we give her, she has to make the most of them. So tomorrow she is someone in life, I tell her, so you don't clean WCs that you didn't crap. Yeah, it's a pity to work as a nana because they/ the people/ there are people that think that you don't know what a microwave is, I mean like you don't have a microwave at home, or a sofa or a dining table. I mean when you go to a new job and they tell you 'do you know how to use the washing machine?' we're not in times that/ so, they/ once in one house they gave me different food. I

worked there for two months, and the ma'am I worked for used to give me potatoes with rice and she put milk on it. But in the evening, she cooked nice things to eat for the children and the husband, and she ate the same the next day. And she gave me that other food.

Thus, grandparents expected their grandchildren to become professionals or to have access to jobs that they considered more respectable. Based on her own experience of discrimination and abuse, Pamela wants a better life for her granddaughter. This is particularly true because Pamela's grandchild is a girl. When Pamela says she wishes Gemma is *someone* in life, she is referring to her having the chance to have jobs that are more appreciated in society. She alludes to jobs related to cleaning and involving care work as jobs that she does not wish for her granddaughter. Thus, the grandmother's experience of being a working-class woman underpins her expectations and hopes for her granddaughter.

Some other grandparents see their grandchildren's education also as a way of fulfilling their own dreams. For instance, Rosa said:

I tell her that she has to study whatever she likes, I wish she studied something related to medicine, I'd love that, because my dream was to be a midwife, but she doesn't like medicine.

And some think about education as a way of gaining independence in the future. For instance, Rosa added:

She has to keep studying, I've never thought that she will only finish high school, no. She has to keep studying and she knows it [...] Whatever she studies it's for her, because the studies are not for me, they're for her. She can study whatever she wants, 'but I want you to be someone, so you don't have to go home to prepare your things and that your husband doesn't command you. That you have your money, because I've seen, I do everything/ well now that you are here things are different, but before I did whatever your grandpa said, now that you're here I don't, but I don't want that for you, I want that you're a professional.

Therefore, the grandparents look back at their parenting and assess it in negative ways. They blame themselves for how their children's lives developed. They expect this second time parenting things to be different, and their grandchildren have a better life.

Bewilderment due to maternal abandonment

In four cases where mothers had abandoned their children, the grandmothers expressed their perplexity about the mothers leaving. For instance, Alba said:

> *And she decided to go away and leave her sons. And I as a mum said, damn I've fought for my two daughters, because I had two daughters. I never understood why she left, why she left them, so it was difficult to me, difficult. And she left/ because I say,* **I don't understand how mothers can do that, some women**. *Because to me my grandsons are a blessing. And she left her sons, she left from one day to the next and she left her sons […] and it was difficult, it was difficult to forgive her. Because I've never understood why she left.* **It's ok if you leave, but you don't leave your sons. Because not even animals leave their offspring.**

There is the idea deeply rooted among several grandmothers that there is a unique tie between a mother and her child, resulting from the child being born from the mother's body. This biological fact seems to give that relationship a special status. To these grandmothers not taking care of your children seems to go against that logic: to go against what a mother is supposed to be and to do. It is interesting how most of the grandmothers criticise the mothers of the grandchildren. However, they are not as harsh on the fathers who also abandoned their children.

8.2.2. Practical dimension

Challenges of taking children into their care (historic challenges)

Start all over again at an old age

Most of the grandparents (12/ 18 cases + 1 boy[42]) took the children into their care when they were babies or toddlers, which was a demanding job for them because it meant starting the task of bringing up from scratch. For instance, Nora who took her grandchildren into her care when they were one year old each (the children have a year gap age) said:

> *(It was difficult) when I just brought them here. Because, for example, I woke up and went to bed looking the same! I didn't have time for me, because it was two toddlers, two toddlers… I still had to change the nappies. I had to be alert, prepare the bottle for one and then the other, feed them, change nappies. I mean I got to bed very tired. Because I was with them the whole day.*

Pamela took her granddaughter into her care when she was three months old. She told me how only adults lived in her house before that; thus, bringing a baby in meant a radical change in their ways of living.

> *She (her granddaughter) was being breastfed, I had to give her from a bottle, with honey, with everything. Sugar, dummy, everything [...] Our life changed a lot, our system, because there weren't babies here, we were all grown-ups [...] So, I didn't know about bottles, I never used bottles before, I just breastfed. So, asking how to prepare the milk, taking her to the doctor. So it changed… with my husband we used to go out a lot, so… and Gemma she was sickly, she always had bronchitis. So the lives of all of us changed.*

Dealing with early adverse childhood experiences

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[42] In case number 11, one grandmother was taking care of two brothers. One of the boys was a toddler when they first went to live with the grandmother, but his brother was older – around 6 years old.

Some grandparents took the children into their care when they were of school age (5 cases and 1 boy from an extra case, mean age 7.5 years), after experiencing some adverse situations while living with their parents. This meant that the grandparents had to deal with the consequences of those experiences for the children. For instance, José, the grandfather from Chapter 6, took his granddaughters into his care after they had been in residential care because of child abuse. Thus, he narrated how difficult it had been for him to deal with the emotional difficulties of the oldest girl. When I asked how the girls were when they arrived to live with him, he said:

> *J: Melissa was very quiet, and she is still the same. They called me from the school, two or three times at the beginning, especially the first week. They called me the second day I think, the teacher, to ask me if the girl was mute, because she only moved her head. And at home it was exactly the same […]*
>
> *I: and what did you do when she didn't talk to you?*
>
> *J: I talked to her a lot. And she moved her head, without saying a word. 'Daughter, please talk! Talk! That's no way of communicating. You have to talk to me. I don't know what you're thinking. If you only move your head I don't understand! Talk!' And I made her understand (that she had to talk)*

The grandmothers who were still under the intervention of SENAME (cases 16 and 17) also experienced similar difficulties with their grandchildren. But these problems were not exclusive to the children that were in SENAME's programmes; other grandmothers (cases 8 and 10) who took their grandchildren into their care informally also had to deal with the children's behavioural and emotional problems when they first went to live with them. Although grandparents who went through difficult times with their grandchildren used different techniques to cope, they all said that they had to be very patient and give them love, so that the grandchildren could understand that their grandparents were 'there' to take care of them. For example, José was talking about the difficult relationship between Melissa and her mother, and he said:

> *And I told her, but be calm, you have me, I'm your dad, I'm your mom, I'm your grandpa. So you have to talk to me, and hug me if you want, because she was crying and she was hugging me. 'And hug me and cry loud because that's good for you. Just cry, cry'. I have to look strong, all of this has taught me to be strong,*

to not cry in front of them, or I'll be showing weakness. Luckily, I've been tough.
Because with age sometimes one becomes sensitive too.

Negotiating with SENAME and the family courts

As I showed in Chapter 5, 7 cases in the study involved formal care arrangements, which meant that the grandparents had the guardianship of the children. In two other cases, the families made arrangements through a family court, so the father kept the guardianship of the child, and the paternal grandmothers were bringing up the children. Those cases were classified here as informal, because the grandparents did not have the guardianship. In four of the formal cases, there was some kind of intervention from SENAME, and in three of those cases, the intervention was still taking place at the time of the interviews (See Figure 16).

The grandparents that went through a SENAME's intervention described the process as difficult; they felt they were under surveillance and being judged. In Noelia's words:

So SENAME came to get the boy […] they came in a car, two people from SENAME, to see the conditions, and to take the baby away […] then they left him here but under observation, because every certain time, very short periods of time, they were here looking at us, they went to the doctor's office to ask if we were taking him to the appointments, I mean they were doing a follow up, but like stepping on our toes […] it was until he was three years old more or less. Because when he was four, he went to school, to the nursery. And then like, everything disappeared, like **the persecution stopped.**

In general, the experience of children's services was negative for the grandparents. SENAME's interventions were experienced as threatening rather than offering the support they were supposed to provide. In the cases of José and Carla (see Chapter 6), they also told me how difficult it was to deal with the whole system from the time they brought the children home with them to the time of the interview. For instance, Carla talked about how tough it was to go to the family court. About the first hearing she said:

> *We had to go to the court and there, the judge was very harsh on her (Carla's daughter) […]. At the beginning is rough, you're there with your daughter as if she was your enemy*

For Jose, after five years of living with his granddaughters, the situation was still difficult. He had to attend hearings at family court a couple of times a year and was being constantly assessed by several professionals, which was stressful for him.

Challenges of raising grandchildren in the present

Age impacts the grandparents' ability to do things

As I showed at the beginning of the chapter, several (10) grandparents said that they felt rejuvenated and still had energy to take care of their grandchildren. However, they also recognised that age impacts their energy levels and their ability to do things. As Rosa put it, *'la edad pesa'* which translates roughly as *'age weighs you down'*. An example of this is given by Carla. She was one of the grandmothers who said that she still had energy to bring up her grandchildren, who had been under her care for two years. Carla was 53, she was one of the youngest grandmothers and she was a working woman. She related the experience of caring for her grandchildren as follows:

> *It's been exhausting. Yes, it has (.) yes, because it isn't the same energy than when you're 20. I was a young mom. So it isn't easy.*

In the same vein, eight grandparents mentioned having health issues that affect their daily life, although none of them signalled illness as impeding them to take care of their grandchildren.

Raising children nowadays

Some grandparents expressed that 'nowadays' children are very different from when they were parents; they are quick to pick up technology, they know more things because they are more exposed to information, and they talk back to them. Thus, the grandparents were facing a new generation, which was a challenge for them. For instance, Dominga said she

wished her granddaughter helped her more with the household chores, but the girl talked back to her:

> *I tell her, 'Flavia you should help me to do the dishes, lazy'. Sometimes I get upset too. And she tells me 'mum I'm a child, children are made to play, to study, not to do the dishes, that's mums' job'.*

Three grandparents said how due to the 'arrival' of children's rights, they are not entitled to reprimand the grandchildren in the way they did with their own children. They felt they could not tell the children off and that this had led to children that are disrespectful and disobedient. For example, Nora said:

> *Now you can't tell the children off, you can't give them… because of the children's rights. I think that's the problem, that's why the children are more rebellious now, and they want to do what they want and everything, because of the children's rights.*

It appears that grandchildren are more entitled as children than their parents were. Similar to what some studies in the literature show, bringing up this new generation in a globalised and hyperconnected world seems to be a challenge for these grandparents.

Being in contact with the children's parents

According to some grandparents (8 cases), the children showed some behavioural and emotional difficulties related to their parents' visits. This meant that grandparents had to employ different coping mechanisms to help their grandchildren to feel better. Some of the grandparents explained how, with time, they could see that these situations became less challenging. However, some grandparents are still coping with these problems. For instance, Carmen said:

> *When she goes to see her mum she comes back being rude to me. She tells me/ she's like: 'no mum! No!' and she's rude […] and I tell her, 'Fabiola when you go to your mum's you always come back upset, arrogant' […] she always changes when she goes there, and I ask her 'ok tell me what did your mum say?' 'Yeah' she says, 'I told her that she's my mum but you're bringing me up' 'And why did*

you say that to her?' 'Because she says that you're not in charge of me, that she's in charge' […] and she argues with her […] So, when she's sad I tell her 'Ok. Are you still grumpy? I'm on my way out, I'm going to [Town], if you want to stay here, stay here. Choose'. OK, she gets better, changes her clothes and we go there.

Six of the grandchildren's parents had had issues with drug use and alcohol when they were young and became parents. Three of them still have these problems and the grandparents said how they have had to deal with the parents' irresponsible behaviour, substance abuse and other problems, which is difficult and tiring. For example, Noelia told me:

She (Noelia's daughter) stays here, there, and sometimes it's a long time that we don't see her. Now yes, this morning she was here. She got here last night, drunk. Because later I went to turn off the electric blanket, the TV, because she leaves everything on, she just goes to sleep. Everything… every time she sleeps here I have to get up and turn off the TV, if the electric blanket is on, turn everything off, because she just goes to sleep, calmly. Total irresponsibility, she's always been so irresponsible.

Pamela said how she had always tried to help her son (Gemma's father), she had been always taking care of him:

I used to call my son every day, how are you, and whatever. But everybody says that he acts like that because I help him too much. Let's say they didn't have money, they live in the slum in B. And I was like, oh it's raining and I'm here with the heating, warm. I called him and they didn't have paraffin[43]. So I went there, with the rain and everything to bring him paraffin. I left him 10 or 20.000 pesos. Sometimes he borrowed my credit card to buy something, and he never paid me back […] I helped him a lot. But I'm tired now. Because the last thing I did, I got a credit to buy a car so he could work as an Uber driver. A credit for 5 million pesos (around £5000) I'm paying that. And he didn't make any money. Sure, because he was using (drugs) and during the day what did he do? Sleep.

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[43] The poorest household in Chile frequently use paraffin heaters, because it is cheap. They contaminate the house environment and are not energy efficient (Velásquez, 2017).

However, after everything that had happened with her son, Pamela decided to stop helping him. Her other children used to tell her that she had to stop being worried about her son, because he was a grown man and needed to learn to take care of himself. She told me:

> *And this one (Pamela's other son) told me: 'but mum! Leave him, you're always with the same thing about my brother. He won't understand, leave him to make his own mistakes' So now, nothing. I don't even call him, and if I do, I call him let's say once a week. Something like that.*
> *I: And how's that been for you? to stop helping him?*
> *P: eh, I think I'm doing something good for him. Because he's left the drugs, he says he's not using. He drinks and smokes, they get more anxious and smoke. He's excited about the baby that is coming (he will have a baby), he's sure it's a boy, Good willing (.) sometimes I think, I feel sad. Because you see them, my other children tell me 'you see him as the most helpless, but he takes advantage of that' And I've assimilated it, and it's true.*

Therefore, in several cases, the grandparents had to deal with difficulties related to being in contact with their grandchildren's parents. They had to cope with the consequences of seeing them for their grandchildren and also, with the difficulties related to the lifestyles of their adult children.

8.3.   Discussion and conclusion: Being a mamabuela

The main themes in grandmothers' accounts of their current experiences of bringing up their grandchildren concern both emotional and practical dimensions that are combined in the processes of giving care.

I have treated as analytically separate the positive rewards that grandmothers draw from being the child's carer and those that are difficult or challenging. Confirming the international literature presented in Chapter 2, on the positive side, the grandmothers stress the meaning and significance that grandchildren give to their lives in retirement as they approach old age. Another central theme concerns the opportunity for a second chance to be a 'good mother' and make up for 'past mistakes'. In talking about bringing

up their grandchildren, grandparents evaluated their own parenting. They said how they now had more life experience to face (grand)parenting differently. A further positive theme was that their current material conditions (they are no longer in paid work, or not working away, for example) allowed them to have more time to spend with their grandchildren.

On the negative side, grandparents expressed worries, fears, and challenges. They feared for their grandchildren's futures when they would be no longer there for them. They suffered from guilt and disappointment about their parenting of their own children as they sought to bring up their grandchildren differently. The disappointment and guilt grandparents felt have been little researched in the literature, thus this study contributes to the body of knowledge on the topic. Grandparents expressed bewilderment about the ways in which their own adult children had in some cases abandoned their children. They spoke about the challenges of bringing up modern children who were IT smart and were less respectful than their forebears.

As these themes suggest, they combine both emotional and practical dimensions of care. How the grandmothers themselves see their position is captured by a further theme that they themselves identified - as 'mamabuelas'. This word is a hybrid combining the Spanish terms mamá: mother and abuela: grandmother. Some participants used the term to refer to themselves and their relationship with their grandchildren:

> And at the nursery it was good, because the teachers were the same that my son had, so they called me **mamabuela.** So, we went every day to pick her up to the nursery. And then she was the chiche[44]. And it wasn't/ so, but life changed a lot for us. So, because (.) it's like if now we received a baby again -Pamela-

> Because you have to consider that children need to be directed, taught, not let them/ like they used to say 'being brought up by the grandparents' and then they do whatever they want. That's why I say I'm mamabuela because I have to set limits and I can't lose that. -Noelia-

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[44] In Chile being chiche means being charming and cute.

The concept of mamabuela shows how the practices of care are gendered. For although I interviewed grandfathers (n=4, two of them interviewed alone, two together with their wives), none of them made any reference to them being a 'papabuelo' (father: papa and grandfather: abuelo). Indeed, in the three cases where the grandfathers had a wife, they referred to her as the main carers of the grandchildren, pointing out that it was they who did the main care work and who were called 'mom'.

This concept also shows the duality of the role or status of being a carer grandmother; how it combines the normative meaning of grandparenthood with these grandparents' actual responsibilities for their grandchildren, and the ambiguities and contradictions between the two positionings. Being a grandmother is an ascribed status[45] (Linton, 1936) given by blood ties. They are the parents of the grandchildren's parents. The grandmothers are kin in the most traditional sense of kinship and as such their position is normatively prescribed.

As I mentioned in Chapter 6, this kinship relationship in the Chilean culture means that there were expectations to become their grandchildren's carers when the parents were not able to do it. These grandmothers also took on an achieved status (Linton, 1936) as carers of their grandchildren who, in ordinary circumstances, would have been taken care of by their parents. In this achieved position, the grandmothers took care of their grandchildren physically and emotionally every day; they bring them up. What matters is 'what is done' rather than biology, and, consequently, the carer-grandmother status involves active practices that are chosen by those grandparents who decide to bring up their grandchildren (Chapter 6). Therefore, this chapter shows the importance of relationality -over structure- in the understanding of the character of kin relations, and how relationality gives the grandmothers a sense of identity.

Not surprisingly, given their responsibility and day to day care of their grandchildren, in all the cases the grandmothers said that they **see their grandchildren as their own children.** As Noelia said:

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[45] The concepts ascribed status and achieved status, were developed by Ralph Linton in his book A study of man (1936). Linton defined ascribed status as "assigned to individuals without reference to their innate differences or abilities" (p.115) and achieved status as "requiring special qualities" and "open to individual achievement." (p. 128). Hence, accident of birth determines an individual's "ascribed statuses" and performance or effort determine his "achieved status".

mmm you know? I don't see him as a grandson, I see him just as my son. I can't see him like if he were my grandson. When people ask me about my grandson, it's like is not (.) he's like a son.

One of the reasons the grandmothers gave to say that they were like the grandchildren's mother was that they *do* what mothers are supposed to do; this is the practice of care. Carla, for instance, said:

*Well, the thing is that, sure if I was a grandmother who doesn't work, eh I'd have more time to take care of homework, and this and that. But that's not my reality. So, I have the same time I had with my children. After work, for a bit, we eat, we go to the bedroom, read, and go to sleep. And next day we get out of bed, I take them to school and on weekends I take Martin to football or to a birthday party or sometimes the mom comes to pick them up and take them for the weekend. But when we're here, we watch a movie, we go out with [boyfriend's name], we take them to Kidzania, **I mean it's like having children.***

In the position of mamabuela, the grandmothers said that they felt a special love for their grandchildren, with some of them saying that it was a love bigger than the one they felt for their children. This idea of a special love challenges several assumptions about motherhood and grandmotherhood. As I mentioned earlier in this chapter in the section 'Bewilderment for the maternal abandonment', there is a strong assumption that the bond between a mother and her child is the strongest bond in existence; the child is born from the mother's body and that results in a special and irreplaceable relationship. Thus, saying that one loves a grandchild more than one loves one's own child seems to go against what is 'natural'. However, these grandmothers are in a special position, and seem to be negotiating what they can and cannot do in relation to their child/grandchild.

The grandmothers also reflect on how they behave differently with the grandchildren who live with them in comparison to those living elsewhere. They mentioned that having to **educate and discipline their grandchildren** is what makes the difference. For example, Pamela said:

It's just that I don't see Gemma as my granddaughter, I see her as my daughter. Because I can't tell off my granddaughters, but I can do that with Gemma. My

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granddaughters, I (.) I can't tell them don't go to that party. Maybe I can give my opinion, but if their mom let them go… Whereas with Gemma it's no, and no it is. She can cry and make a fuss. It's different.

In a brief sentence, Noelia summarised the matter, '*he's like a son, he's like a son because I'm bringing him up, I'm educating him'.* However, assuming the task of bringing up their grandchildren meant that these grandmothers had to shift from the normative practices of grandparenthood and find new ways to interact with their grandchildren. Cecilia refers to this issue with a **sense of loss**:

> *In a way, I'd have loved to have a granddaughter that was a granddaughter, MY (my emphasis) granddaughter let's say, because for example with the kids of (her daughter) I've a different relationship than the one I have with Francia […] And that's in a way the dearth that I have, to have had the option of pampering her and spoil her without responsibility.*

Thus, as the word *mamabuela* suggests, carer grandmothers occupy a hybrid status. They are grandmothers, a position given by close blood ties, and they are mothers, a position given by their responsibility for care. These two positions are analytically distinct but give rise to some tensions, in particular between the normative and the actual.

Chapter 9: Living with (grand)parents: children as active care receivers

Si los grandes trataran de entenderlo a uno
ellos también lo pasarían mucho mejor, creo.
Marcela Paz. Papelucho casi huérfano

If grown-ups tried to understand us,
they would have a better time too, I think.
Marcela Paz. Papelucho[46] almost orfan

9.1.   Introduction

Children and care are commonly thought as two ends of a unidirectional relationship, in which children are passive care receivers (Brannen et al., 2000). Involved in asymmetrical power relationships with adults, children are portrayed as dependent and in 'need' of care. This is particularly true in the case of children who are in 'alternative' care, such as those in this research who live with their grandparents (Garcia-Quiroga & Agoglia, 2020; M. A. Powell et al., 2018). These children are 'under the care' of their relatives because the parents could not take care of them 'properly'; thus, they are seen as especially 'vulnerable'. According to Tronto (1993), children are vulnerable in the sense that they need others to meet their basic needs. In this sense children 'in care' are often described as especially vulnerable because the adults primarily responsible for satisfying those needs do not assume such responsibility. Thus, they are 'in need' of care. However, here I would like to make a distinction between being vulnerable and being in a position of vulnerability. The former implies that there is something intrinsic to that person that makes them defenceless against external threats. In contrast, the latter means that there are external (temporary) circumstances that leave that person at risk. When parents do not take 'proper care' of their children, they leave them in a position of vulnerability, which in no way means that the children *are* vulnerable. As I will show in this chapter, grandchildren living with their grandparent respond and reciprocate the care they receive; like all children, they take active part in family life, caring about and for others (Brannen

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[46] Papelucho is the main character of a series of Chilean children's book by Marcela Paz. The books are written as the diary of Papelucho an 8-year-old, middle class boy living in Santiago. Papelucho is witty and inventive in interpreting everyday life. It is a classic of Chilean children's books.

et al., 2000). Thus, the emphasis in this chapter will be on looking at caring as a relationship, because as Noddings (1984, in Morgan, 2013), proposes, when the caring is 'caring about' or 'caring for' someone, then there necessarily is a degree of reciprocity and interdependence (See Chapter 3 for a discussion about the concept of caring).

As discussed in Chapter 3, the literature on care commonly presents a distinction between care for and care about others. The former is related to the concrete tasks of caring, while the latter is associated with the emotional aspects of it. Thus, caring as a relationship comprises both actions and feelings (Morgan, 2013). However, as Mason (1996) suggests, in family and kin relationships these two components are not independent and dichotomous, thus the concepts of sentient activity and active sensibility defined in Chapter 3, come in handy to understand caring and responsibility for others.

In this chapter, I will look at how children experience being 'under the care' of their grandparents and how they contribute to caring and family life. Thus, I will explore caring practices as they are understood and carried out by grandchildren. The ways in which children understand caring relationships within the family are closely linked to their views about what families and children 'should' be and 'should' do. Thus, social constructions of parenthood, grandparenthood and childhood come into play when analysing the grandchildren interviews. For example, dominant discourses of motherhood represent mothers as the main carers of their children, and expectations of what a 'good' mother 'should do'. Indeed, as mentioned in Chapter 8, some grandmothers explained how difficult they found it to understand a mother abandoning her baby. Similarly, children's relationships to their mothers - and fathers - are shaped by these ideas. These social constructions open questions about the meanings that children attach to kinship and parenthood. In this sense, normative discourses around families underlie children's narratives, as they are deeply connected to care and its moral dimension. Even though this study was not aimed at examining children's normative views of parenthood, they arose when children talked about their experiences of care.

In this chapter I aim to address the research question: How do grandchildren experience their grandparents' care? This concerns the last phase of care described by Tronto (1993) as care receiving. To answer this question, I will first explore children's lives with their grandparents in the present, examining how children position their grandparents in their lives and what it means for the children to live with a parenting grandparent. Second, I

will look at the grandchildren's emotional maps to explore in depth their relationships to the grandparents, and how the grandchildren experience parenthood and grandparenthood. As I showed in Chapter 8, the grandmothers are the ones mainly carrying out the caring work; thus, I will focus on the relationship grandchild- mothering grandmother and compare it to the relationship to the birth mother, as this comparison allowed me to understand the meanings the grandchildren attached to their relationship to their grandmothers. Finally, I will look at the practices of care in the relationship between grandchildren and grandparents, exploring children's perspectives of the ways in which the grandparents take care of them, and the children's practices of care towards the grandparents.

9.2. Children's lives with the grandparents now

9.2.1. Children's positioning of grandparent as carers: grandchildren's and grandparents' views

'It's like living with your parents'

There is a saying in Chile that affirms 'mother is the one who raises, not the one that gives birth'- an idea underlying several interview accounts from the children. Normative discourses around motherhood constantly came up during the interviews with the grandchildren; it seems that the grandchildren's experiences of living with grandparents cannot be understood without looking at expectations about parenthood and grandparenthood. Although living with parenting grandparents is a non-normative experience, the grandchildren seemed to have normalised, to some extent, this situation. Sixteen out of 21 children in this study explicitly said that living with their grandparents is in principle more or less the same as living with parents. This was particularly true for those children living with their grandparents since they were babies or toddlers. This is the case of Gemma (14), granddaughter of Pamela, who had lived with her grandparents in Santiago since she was three months old, she told me:

> I: Well, I think that's all I wanted to ask. I don't know if there's anything that you
> think it's important that I haven't asked?

*G: mmm, I don't know. That to me, living with my grandparents is the best. **I don't consider them as my grandparents but as my parents**. **Because they've raised me**, and they'll keep raising me, I hope they keep doing it (giggles) so, that.*

Here Gemma draws attention to the issues of commitment as relevant in her relationship to her grandparents. When Gemma states that her grandparents have raised her, *and they'll keep raising* her, in a way she is acknowledging that her grandparents have developed a commitment to bring her up. And when she adds *I hope they keep doing it* she is also recognising that this is a commitment that will keep developing over time and that, as Finch and Mason (1993) proposed, responsibilities between kin are not the straightforward products of rules of obligation.

As shown in the excerpt, ideas about normative parenthood, blood ties and family practices are present in grandchildren's accounts. In this case, Gemma positioned her grandparents as parents because they have brought her up, an action that is normatively attached to parenthood. Thus, the parental status is given to the grandparents by their upbringing practices (and commitment) rather than being related only to kin relationships. In this sense, when Gemma positions the grandparents as parents, she is also giving her life situation a sense of *normality*; her grandparents are doing what parents commonly do, in which case she lives 'a *normal* life'.

However, the way in which grandchildren perceived their grandparents mirror what parents do, seems to be more complicated in some cases. For instance, Beatriz, granddaughter of Marta, who is 15 and has lived with her grandparents since she was four, engaged in a reflection about what being a 'real parent' means, and how certain practices allow her to call her grandparents her 'real parents':

B: […] Sometimes they (friends) tell me that I'm lucky for living with my grandparents.
I: and why are you lucky?
*B: Because they say that **I didn't grow up with my mum's and dad's love,** so my grandparents have been like my parents, and even when I didn't grow up with my **real parents**, they say **they're now my real parents because they've taken care of me** and also, I've spent my whole life here, and thanks to them I keep going on and they're my reason for living*

I: and do you agree with the idea that they are like your parents?

*B: mmm, yes. Because I like being with them and **I feel that they're like my parents, even when they're not the real ones, they give me love***.

Beatriz shares the sense of *normality* mentioned before by Gemma, but at the same time by implying that growing up with her 'real' parents is what is expected, she positioned herself as outside the norm. It is interesting how Beatriz uses here the concept of *real* parents. To her, 'real' parents are those who procreate. By saying this, in line with the traditional Euro-American conceptualisations of kinship, she emphasises the importance of the close bond tie between parents and their children. Beatriz highlights the shared biogenetic elements linked to reproduction as the basis for individual identity (Rivas, 2015). In contrast, her *de facto* parents are her grandparents who, although they have a genealogical connection with her, are not her procreators. However, the grandparents have achieved the status of parents to Beatriz, through the practices of care and love. Thus, there is here a duality in the definition of parents, between those that are *de jure* and the ones that are *de facto*.

In Beatriz's statements there is also a sense of what is the moral duty of 'real' parents; parents *should* be present in their children's lives. A similar idea emerged from the interview with the grandmother of Beatriz. She said:

> *She doesn't call me grandma; she **calls me mummy, I <u>am</u> her mummy*** (own emphasis) *[...] Beatriz has us. I'm always telling her, daughter if today or tomorrow something happens to your grandpa or me, you can stay in your house. Because I'm going to do the paperwork before (short pause) if something happens, I want to leave everything to Beatriz, because **she doesn't have a dad, she doesn't have a mum**, **we won't say that the mum is there***. So that's the story of my Beatriz.*

As in Beatriz's narrative, ideas around motherhood/parenthood are contradictory in the grandmother's interview. In the previous quote, the grandmother said that she *is* Beatriz's mother, but at the same time, she states that the girl *does not have a mother* or a father, because the birth parents have not been present in Beatriz's life. Thus, the question seems to be open regarding what it means to be a mother or a father in the context of grandparent care. When Beatriz says *'I feel that they're like my parents [...], they give me love'* she

provides a clue to an answer. It seems that a mother, as the Chilean saying implies, is the one that takes care of you.

In this way of understanding parenthood, Flavia provides an interesting approach. This 10-year-old girl has lived with her grandmother, Carmen, since she was six; and she told me that she would like to meet other children living with their grandparents to know if they have similar experiences to hers because she does not live with her parents. When I asked her about the differences or similarities, she said:

> *I mean it's like the same. Because parents give you love, the grandmother gives you love. Siblings give you love, aunts and uncles give you love. Your dad gives you love, your grandpa gives you love.*

In this short excerpt, Flavia makes an interesting comparison. When they situate themselves as the children of their grandparents, all the other kin relationships are re-arranged. For instance, where the grandmother acts as a mother, then the aunts and uncles become siblings. In the same way, in many cases, the parents are positioned as siblings as well. Hence, as I also showed in Chapter 8, the grandparent-grandchild relationship acquires a new meaning that comes from the practices and actions of the people involved in the care relationship. Indeed, Flavia points out to the love the grandparents give as a key element to understand the relationships. According to her account, what defines the parent-child relationship, and in consequence redefines other relationships, is what the carers *do*, rather than solely their locations on the kinship tree. To Flavia and Beatriz, what defines a parent is the love they give to their child.

Besides practices of care, grandchildren also said that the length of the time they have lived with their grandparents is a key element in understanding their grandparent-grandchild relationships. For instance, Gemma (13), has lived with her grandparents since she was a baby. When I asked her how it was for her to live there, she said:

> *I like living with her (grandmother); it's cool because I'm not like a granddaughter. I'm like her daughter, like **if she gave birth to me** and everything. **And she brought me up since I was three months old and she's like my mum mum.***

In Western societies, consanguinity bonds create an exclusive relationship where an individual takes their place as child of one woman and one man; there are rights and privileges given to parents over 'their' children that come from the reproductive connection (See Chapter 3). This exclusivity principle is in part broken in the context of grandparent care, where in many cases motherhood and fatherhood are constructed in more complex ways. In this quote, Gemma draws attention to giving birth, which appears as an act that defines motherhood; women become mothers when they give birth to a baby. However, this girl points out that her grandmother has raised her during her whole life, becoming her mother in a *real* way to her (*she's like my mum mum*). With this assertion, Gemma gives her grandmother the status of mother that cannot be withdrawn from her. In this sense, the practices of care and the long-term commitment of the grandmother to Gemma, surpass even the bonds of the reproduction process.

In the two cases where the children had been living with the grandparents for a relatively short time (cases 8 and 16) the position of the grandparents was less explicit. However, the grandmothers had a special place in the children's lives through practices of care and love.

In sum, as in other Western societies, in Chilean culture, kinship is defined through procreation and giving birth and the importance of sharing blood ties. However, in these cases of grandchildren living with their grandparents, there is an emphasis on 'doing' family that gives new meanings to the kinship relationship (Morgan, 2011). Grandchildren and grandparents are kin, they share blood ties. However, the grandchildren were not born to the grandparents, but they *became* their children through the practices of caring and a commitment negotiated over time. To these children, being born initiated a process where they have created particular relationships and bonds - relatedness - that are not necessarily the same as those by which we understand kinship defined in terms of the conventional family form of biological parents and their children (Rivas, 2015).

9.2.2. Grandchildren's emotional maps: grandparents and their parents

As described in Chapter 4, I used the five-field map technique to explore children's relationships in order to identify whom were the most significant people in their lives. In this map, the grandchildren incorporated the most important people in their lives in

different environments: their home, school, family members, neighbourhood and they also had an open space to add additional information that was important to them. For the purposes of this thesis, I will focus only on the fields of home and family members, and in particular the children's relationships to grandmothers and mothers.

Even though most of the children (eleven cases) lived with both grandparents[47], the relationship with the grandmothers appears as more significant than the relationship with the grandfathers. The children talked more about their grandmothers in the interviews; they described a closer relationship with them, and they called them by motherly names such as mum or mummy. In contrast, the grandfathers were named according to their position in the family tree as grandpa or *tata*[48]. This does not mean that the relationship to the grandfathers was not good. Indeed, there were children who had a close and loving relationship to this figure. However, in the majority of the cases the relationship to the grandmother appeared stronger. This may be related to the fact that the grandmothers carried out the care work, they were in charge of the household and the children's care, in a position conventionally held by mothers. Thus, the practices of care that the grandmothers carry out seem to place them in a privileged position in their grandchildren's lives.

The closeness to the grandmothers compared to grandfathers was true even in the cases where the grandmothers worked outside the house. The difference in the relationships can be exemplified in the following excerpt from the interview with Bastian (15 years old), grandson of Alba, who had lived with his grandparents for more than 10 years, both of whom worked outside the house.

> I: *how do you get along with your grandparents?*
> B: *well*
> I: *yeah? But I mean with each of them, how's the relationship with your grandma?*
> B: *lovely, I mean that I trust her, so I tell her everything*
> I: *oh I see, and with your grandpa?*
> B: *I mean, not that much, I don't tell him everything*

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[47] In the remaining cases three grandmothers were widows, two grandmothers were single, one was divorced and there was the case of José, who was separated from his partner.
[48] Tata is a term of endearment for grandfathers in Chile.

I: ok, but how do you get along?

B: well.

Despite the gender differences, all the grandchildren talked about their relationship with their grandparents mainly in positive terms. Indeed, in the 'five-field map', all the children placed their grandparents next to them, positioning these figures as **close and significant**. There was no other figure that appeared as consistently close to the children, not even the birth parents.

In Chapters 6 and 8 and in section 9.2.1 (above), I have developed the idea that the grandmothers have *become* mothers of their grandchildren through the processes of caring. In a similar way, grandchildren have *become* the children of their grandmothers. These processes of *becoming* come with conflicts and contradictions for the grandmothers and the grandchildren, especially in relation to the place that the birth mothers have in these children's lives. For analytical purposes I have selected four cases that represent a continuum from a positive, close relationship to the birth mother to a non-existent relationship, comparing the relationships with their mothers with their relationships with their grandmothers. These cases describe a variety of experiences, but in no manner are they intended to be 'representative' of the sample. Based on this analysis I will make some important theoretical points about the relationship between grandmothers and their grandchildren.

Fabiola and her 'two mums'

Fabiola is 8 years old, and she lives with her grandmother Dominga in Yallel. I presented Dominga's story in Chapter 6. Fabiola called the grandmother 'mum Dominga'*,* while the mother is called 'mum Karen'. Fabiola told me that her mother (Karen) works in Santiago and that they had this arrangement so that the mother can provide for the three of them. She said:

> *[I have to live with my mum Dominga] because my mum Karen, she has to work so… so my mum can/ my mum Dominga doesn't work, so she (mum Karen) has to work […] so… so… so the food is not used up so fast.*

When asked to write the names of the most important people in her life, in the section for 'people living in your house' Fabiola placed the grandmother as the closest person to her, and next she wrote the name of the mother. She wrote mum Dominga and mum Karen. This is her map:

Figure 21: Five Field Map, Case 6 Fabiola
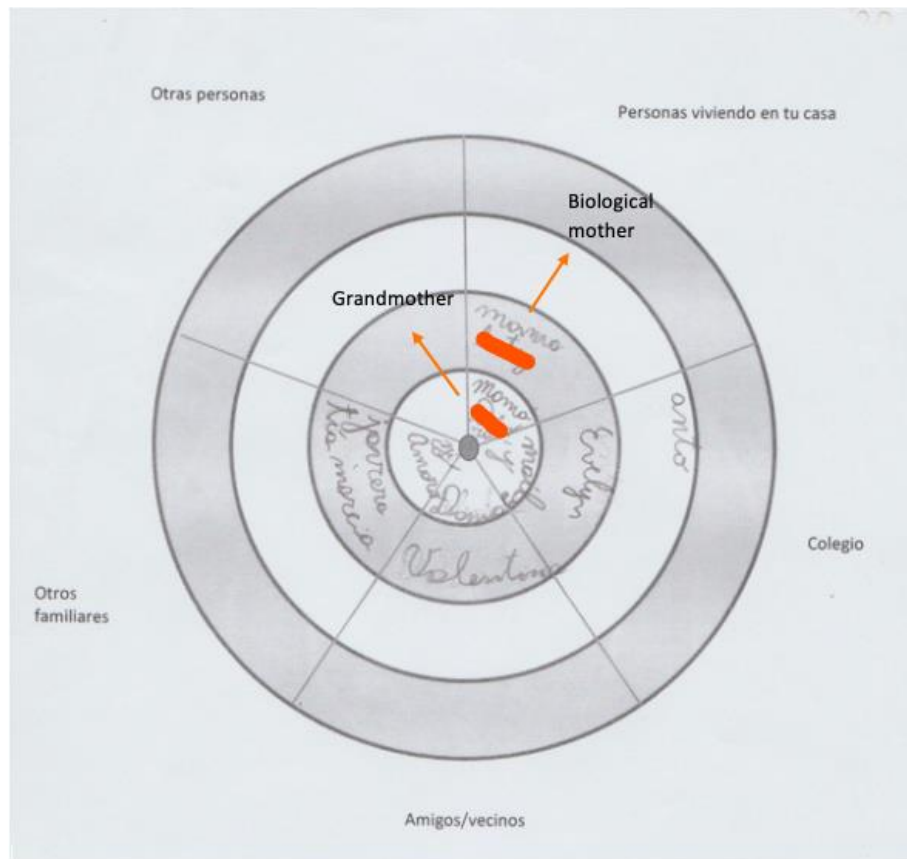
As shown in the map, Fabiola placed her grandmother as one of the most important people in her life. This girl was one of ten children who also wrote their mother's name on their maps, and one of the few that placed the mother in the circles closest to her. When asked about why the grandmother is there in the map, she said:

F: it's that she loved me since I was very little, and she says, she felt a biggest love for me than for my mum
I: really? And do you think it's like that?
*F: and I also love her a lot, and we've lived together since we were little and even when she worked [...] I lived with her and I've **always lived with her**, even when she worked.*

Here Fabiola said how important she thinks her relationship with her grandmother is. Fabiola makes two main points. First, the love her grandmother feels for her, which according to her account is greater than that she feels for her daughter. It is interesting how this assertion is constructed as a family story - the grandmother also told the story during her interview - in opposition to the normative notions of the 'good mother' which attributes high value to the mother-child bond, depicting it as the strongest relationship. Second, Fabiola points to the time she has spent with her grandmother as key to their affectionate and close relationship. Love and time appear here again as justifications that help her validate her daughter-like relationship with her grandmother and the 'rights' that come with it.

In her map, Fabiola placed her mother in the second ring on the circles, showing that she is important in her life too. Indeed, she placed the mother's name in the section of 'people living in your house', even when the mother lives in Santiago. When asked about her mother and the map, Fabiola said: *'she's pretty and she's good to me. And she takes me to a lot of places'.* During the interview, Fabiola pointed several times to the provider role of her birth mother; she understood that the mother lived and worked away to provide for their economic needs. When the girl referred to her mother, she did so in positive terms. She talked at length about her mother, telling me stories of holidays and day trips together, sharing fond memories about those times.

> *I: and how do you feel when your mum comes here?*
> *F: good because I miss her a lot*
> *I: yeah, you miss her. And how is it when she leaves?*
> *F: when she leaves, I feel sad. One day she came to see me, but she came only for one day. She came here, and the next day she left [...] One day I told her 'mum, I can't wait, I want you to come here quickly'. She said, 'ok I'm getting ready, and I'll travel tonight', and then she picked me up, and we went out. She bought me clothes.*

Through actions like those described in the quote, Fabiola is certain that her mother is available to her. Indeed, she told me '*I know she's coming back, and I will see her again'.* This girl and her mother have a close relationship; love is reciprocated, and Fabiola trusts her mother will be there for her both in a symbolic sense but also in actuality if needed. This idea of Karen being a supportive and committed mother was also highlighted by

Dominga, who referred to her daughter as a 'good mother'.

Fabiola has a nurturing relationship with these two women, with whom she also has blood ties. The fact that the grandmother appears as more important than the mother in the map may be related to her daily availability and care, and as Fabiola said, she has *'always lived with her'*. The grandmother has developed a commitment to take care of her granddaughter, which is built relationally and implies morality, feelings and thought. It seems that the daily presence of the grandmother who carries out the tasks of caring in a loving way, places her (and the grandparents in general) in a particularly important place in their grandchildren's lives.

Gemma and the mother as a friend

Gemma was 13 years old at the time of the interview. She had lived with her paternal grandmother, Pamela, and step-grandfather since she was three months old. According to the grandmother's account (See Chapter 5, section 5.2.1), when Gemma was born the parents were living together in an overcrowded place and did not have the resources to take care of their daughter; additionally, they were using drugs. Currently the parents live together, they had another daughter who lives with them and at the time of the interview were expecting a third child. Gemma stayed with her grandparents and her grandmother had her guardianship. This was Gemma's emotional map:

Figure 22: Five Field Map Case 18, Gemma
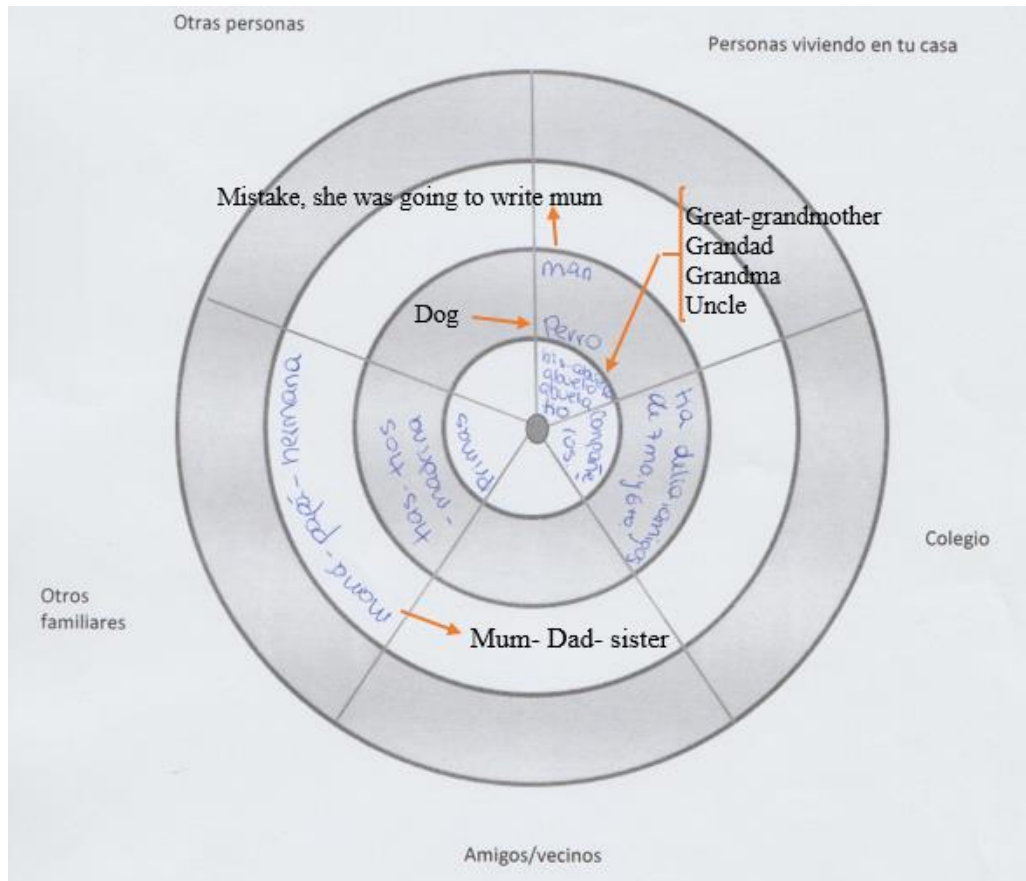
Gemma wrote down the names of all the people living in her house. From the centre to the outside, she wrote uncle, grandma, grandpa, great grandma, and dog. She was going to write her mother's name, but she realised her mother was in the section 'other family members' and stopped. Gemma said about her map '*at home the most important are like my uncle, my great grandma, my tata, everyone!'* She also incorporated her dog to the map of important relationships; she said how her dog was very important to her, she loved him and took care of him. When asked about the grandparents, Gemma said how she had a good relationship to both of them; as I mentioned previously in this chapter, she highlighted how much she liked living with her grandmother, because she felt like her daughter. About the grandfather, she said *'We laugh together, we argue together (.) we laugh about ourselves, we make jokes, and we play, and we always end up arguing (laughs)'.* In this way, this girl showed me how she is close to both grandparents.

Although Gemma described a loving and close relationship with her grandfather, she tended to talk more about her grandmother, as did all the children in this study. When we started our conversation, the girl told me that she called her grandmother [mama] and her mother [mamá]*,* which in Spanish only implies a subtle alteration in the accent (stress) of

the word, with the two words meaning the same and being extremely similar. Although she told me about this differentiation, during the interview the words used to designate each of these women became confusing and interchangeable and sometimes Gemma felt the need to explain to me who she was talking about.

In line with this and as I showed in Chapter 7, Gemma described her grandmother as her [mamá mamá] or 'mum mum' emphasising that is this woman who has done the mothering for her. For instance, she told me how her parents do not set out rules for her, but at home the grandmother is the one laying down the rules.

> *I: and what does your grandma do on the issue of rules?*
> *G: ehm I don't know like (.) I can't use my mobile during the week, she takes it off from me, she gives it back only on weekends. But this weekend I kept it and I've been using it the whole week. And (.) I don't know like sometimes no, she doesn't let me go out, and I won't go out, I won't. Or sometimes I have to study, and sometimes we argue about it, because I have to study and sometimes, she gets upset. Or she sends me to study more than three times, and things like that.*

This kind of conflict is narrated by Gemma, and other teenagers, as normative; as the kind of argument between a parent and a child. However, Gemma does not think that her grandmother is excessively strict, and they have a loving relationship. Gemma said to me:

> *They pamper me because sometimes I tell my mum (her grandmother) if she can buy me something or if she can do something for me, and she does […] eh sometimes I tell her like 'mum can you buy this for me?', sometimes I tell her 'mum, do you love me?' and stuff like that (giggles) and she's like 'ok what do you want' and they say ok, but sometimes they say I have to earn it.*

When completing her map, Gemma did not write down the names of her mother and father. Only when she was explaining it to me, she realised they were not present in her map and added their names. She told me how she sees her parents every weekend and that she gets along well with them. She said:

G: *I mean I have a relationship of trust with my mum, not too much with my dad. And (.) but we get along well and everything*

I: and what things do you like to do with your mum?

G: my mum, I mean we don't do it, but I'd like to do it. Like go to the mall, eat out (.) I don't know go to the park, like go out with her

I: you'd like to spend more time with her

G: yes.

It is interesting how the issues of trust and spending time together also arose when Gemma talked about her grandmother. She said:

G: I'd like to spend more time with her, like we did before, and have a more trusting relationship with her

I: I see, do you feel that there isn't much trust?

G: no

I: and why's that? I mean how do you notice that lack of trust?

G: I don't know, it's like if I tell her who's my crush or something, she'll tell me like (.) I don't know it'd be weird (laughs)

I: (laughs) I see, like you can't tell her that kind of things

G: no, but I can tell them to my mum

I: and why do you think you can tell your mum but not your grandma?

G: I don't know because I have trust in my mum more maybe. And she's younger too, like she can understand me, maybe is that too.

In Spanish Gemma used the expression [tener confianza con] or to have trust in somebody. This expression means that you have a close relationship with that person and, in a more colloquial way, that you can tell that person things openly and you feel comfortable doing it. In this way, Gemma says that this is the kind of relationship that she has with her mother and the one she wishes she had with the grandmother. This expression does not mean that the grandmother is not trustworthy, but that Gemma does not feel comfortable talking about some things to her. As Gemma mentioned, her mother is younger than her grandmother and is closer in age to her, which make them have a more 'friend-like' relationship (Giddens, 1991) in which the girl feels comfortable talking to the mother about teenage-related things, such as having a crush on someone.

Although Gemma likes living with her grandparents and feels like their daughter, she still wishes she could live with her mother. Gemma told me she knew why she lived with her grandparents but did not talk about it. Indeed, it was a difficult topic for her. She mentioned how she feels about it:

> G: *[learning about it] did not affected me that much, but sometimes I feel sad and I cry (.) and I wish I'd lived with my mum, but **it wasn't possible***
>
> I: *and what is that makes you sad?*
>
> G: *I don't know (.) that **I can't be with my mum*** (trembling voice, lowers her tone of voice)
>
> I: *I see, I can only imagine that it must be difficult for you*
>
> G: *yes*
>
> I: *and would you like to live with her at some point?*
>
> G: *yes*
>
> I: *I see, and do you think it's possible?*
>
> G: *I don't know, I don't think so*
>
> I: *why not*
>
> G: *I don't know, it'd be weird, because my mum is like young and now she's pregnant so it's difficult because they're not giving much attention to my sister, and she was making scenes at school so (.) it'd be difficult to go there now.*

In this excerpt Gemma contrasts her wishes with the reality of the situation; she wants to be with her mother, but life circumstances have prevented this. When she stated, *'it wasn't possible'*, it seems to be a sense of resignation in her words; in a way she has settled for living with the grandparents. However, she had mixed feelings on the subject. On the one hand she liked living with the grandparents, she considered her grandmother her '*mum mum*' and she is settled in that house. On the other hand, there is a permanent longing for being with her mother, and a feeling of sadness for what life could have been.

Gemma has a good relationship with these two women. Both are called mum, but they are positioned differently in this girl's life. The grandmother appears as the mothering mother, who has committed to take care of her since she was a baby. The mother is seen as a friend-like figure. She doesn't set out rules, Gemma doesn't ask for things from her, and the mother doesn't materially provide for her; but they do things together like chatting about boys. Gemma was happy with her grandparents, and she considered them as her

parents. She also had a good and close relationship with her mother. Although things are settled this way and they work, it seems that for Gemma there is an emotional struggle about the place her mother has in her life.

Beatriz and an ongoing conflict with the mother

Beatriz was 15 years old. She is the granddaughter of Marta, which case I presented in Chapter 5 (See section 5.2.2). Since she was born, she lived with her mother in the maternal grandparents' house. When the girl was around four years of age, the mother got married and took her to live with her new husband's family. The maternal grandmother, Marta, said that they were not taking 'proper' care of the girl in that house, so after a few weeks, she took her to live back with her. Since then, the mother had two more children and later divorced, but Beatriz remained in the grandparents' house; hence currently Beatriz lives with her grandparents while her siblings live under the care of her mother. They all live in the same town and stay in touch. The following is the emotional map of Beatriz:

Figure 23: Five Field Map Case 9, Beatriz
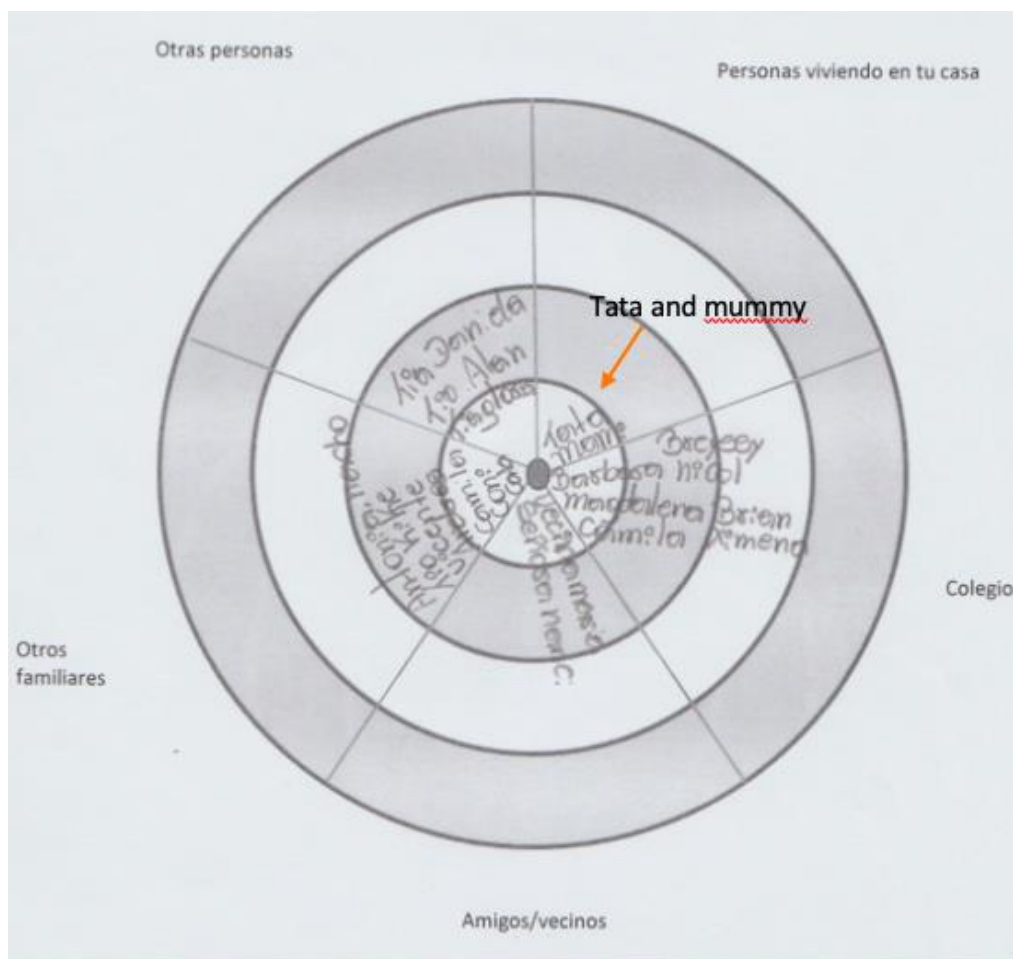
Beatriz wrote the names of her grandparents close to her in the field 'people in your house' and she did not write the mother's or siblings' names under any field. In her map, Beatriz mentioned some schoolmates and teachers, two women who were neighbours and some of her cousins and aunts and uncles. In the interview she talked about her grandparents as the most important people in her life. When asked about why the grandparents were in that place in the drawing, she said: *'[because] they're two very important people to me and being with them is like a blessing'.* Beatriz talked about both of her grandparents and the things they do together:

> I: and what things do you do with your grandparents?
>
> B: with my grandpa, sometimes I watch football or horror movies
>
> I: with your grandpa
>
> B: yes, it's just that my grandma doesn't like horror movies. So, I watch with my tata the movies in channel 42. And with my grandma, it's totally the opposite,

because she likes Mexican movies, listening to the radio and watch soap operas.
I mean, I have a lot of things in common with my grandma.

This teenager has a good relationship with both of her grandparents. However, as she said in the quote, she has more things in common with her grandmother. According to her account, Beatriz and her grandmother spend plenty of time together and have a close relationship; indeed, she talked about her more than she did about the grandfather during the interview.

Beatriz did not write her mother's name on the map. However, her interview was saturated with stories about the mother and the ongoing conflict the girl had with her. Indeed, when a word count analysis was run in this interview, I found that Beatriz had mentioned the word grandfather 12 times, grandparents 31 times, grandmother 48 times and mother 77 times[49]. Although Beatriz said she liked to do leisure activities with her mother, namely playing and watching TV, she referred to this figure mainly in negative terms, describing her as '*too grumpy. Because she gets all manic about a lot of things and always/ she's impulsive, and she doesn't listen'.* Throughout her interview, Beatriz mentioned several things that upset her about her mother, she said:

> *I feel she **doesn't spend time with me; she doesn't know what I like and dislike** […] she doesn't even bother in knowing what things I do […] She could spend more time with me, so she knew that **what I need is that she <u>acts</u> as a mother*** (own emphasis), *because honestly, I don't **recognise** my mum as a mother.*

When Beatriz mentions all these issues, she is, on the one hand, letting me know what being a 'good' mother means to her; and, on the other hand, emphasising care and mothering as *doing*. She suggests that *what a mother does* is spending time with their children, knowing them, caring about and for them. A mother is attentive to their needs. She stresses the importance of acting as a mother, implying that her mother's presence is not enough for her; the mother needs to do what mothers do to obtain recognition from her daughter. Consequently, the position of mother is somehow 'earned'. In this case there is a mismatch between the girl's expectations and the mother's actions which caused Beatriz anger and sadness.

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[49] Analysis run in NVivo: word frequency query including stemmed words.

The basis of her critique of the mother is the idea that motherhood involves the responsibility of caring for your own children. This implies that the mother acknowledges that caring is necessary and that she assumes the responsibility of responding to that need (Tronto, 1993). This is what Beatriz expects from her mother. She told me:

> *The guardianship, I used to think that the guardianship was like the power that my mum has over me, and it's like having responsibility, which I haven't noticed from her. Instead, my grandma (.) she's always been with me, since I was little. So, I'd like that she has the power over me.*

Beatriz spent a long time explaining to me that she would like the grandmother to have her guardianship. Although she was unclear about what guardianship was in legal terms, she explained what it meant to her; guardianship was seen as a recognition to the commitment the grandmother had made to take care of her. The person that has done 'good mothering' to Beatriz is the grandmother and recognising her work was important to this girl.

At the same time, Beatriz felt she did not fulfil the expectations of a 'good' daughter to her birth mother. According to the girl a 'good daughter' has good grades at school. To Beatriz, performance at school was an important issue; she received support from the special educational needs team at her school, which made her feel stigmatised and different from her peers. Moreover, her siblings were good students; they had received awards for their performances which made her feel bad. She said to me *'I know that/ I think I'm a disappointment to my mum and that I don't have the best grades, now I'm trying harder'*. Thus, not being able to obtain good grades was a double problem for this girl, who believed that she was not trying hard enough to become a high achiever. In a way, this means that she blames herself for the difficulties in the relationship with her mother; just as she is not a 'good enough daughter', the mother does not act as a 'good enough mother' to her.

In this case, the relationship with the mother was conflictual. The mother was present in Beatriz's daily life; they lived in the same town, went to the same church, etc. This girl saw how the mother was taking care of her siblings but was not able to take care of her, which caused her suffering. She compared herself to her siblings and thought that she was

not a good enough daughter for her mother, blaming herself for the mother's attitude towards her. Thus, she presented a contrast between her grandmother -*mummy*- with whom she had a close relationship and who had assumed the responsibility for her; and her mother -*mum*- who had never committed to take care of her and does not *act* as a mother. There is a moral recognition of the grandmother as the carer and a judgment of the mother in her motherly role.

Cristina and the absence of the birth mother

Cristina was 14 years old; she lived in Santiago with her paternal grandparents, her aunt and a 11-year-old cousin. According to the grandmother's account (Rosa), after Cristina was born, Cristina and her mother went to live with the father in the paternal grandparents' house. After a couple of months, the parents broke up and the mother left, but Cristina stayed with the grandparents and the father. The mother continued visiting, but after a couple of years, when the girl was around 3 years old, she stopped. Cristina has not seen her again and she did not remember her. Later the father formed a new family and left the house. Cristina stayed in touch with the father, but the relationship was not good. Indeed, she thought of her grandfather as her father. This is her map:

Figure 24: Five Field Map Case 14, Cristina
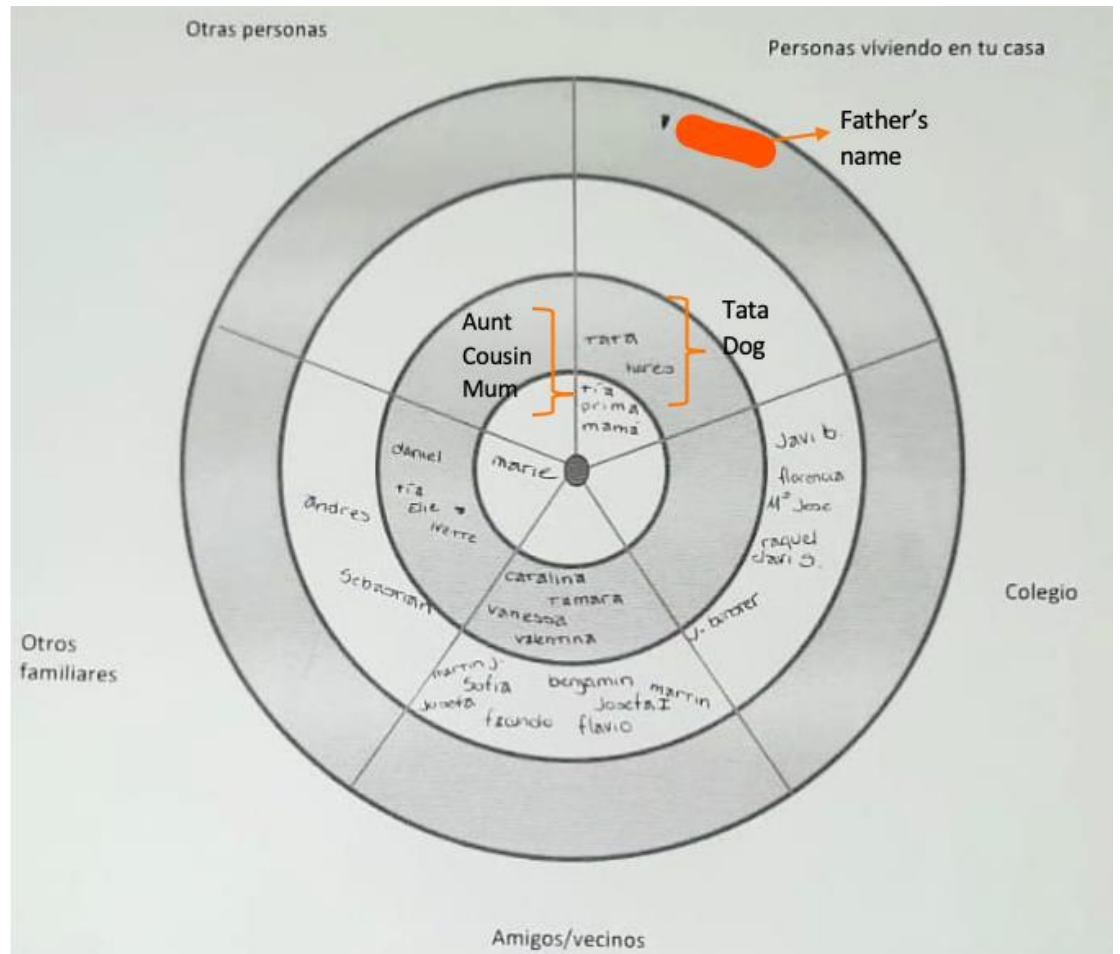
Although Cristina considered her *Tata* as her father, her relationship is not as close to him as it is with the grandmother to whom she calls 'mummy'. This is clear in the map, where the grandmother is placed as the closest person to her, whilst the grandfather is in the second ring. She stated from the beginning some differences between them, she said:

> *I: so, to start maybe you can tell me a bit about you, what things do you like*
>
> *C: but what? It's just that living with the grandparents is like they spoil you (.) it's like something weird and I still don't understand it, but in my case it's like they pamper me, but they try to teach me anyway, what's right, what's wrong, you've got to do this, or that. I mean my mummy; my tata doesn't do that too much.*

As she points out here, and throughout her interview, the grandmother was in charge of the household, and she was the person taking care of Cristina and her cousin. In fact, according to her account, Cristina, her grandmother, aunt, and cousin did lots of things

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together and the grandfather was generally marginalised from these activities. Consequently, the girl made few references to the grandfather, but talked about her good relationship with her grandmother. When asked specifically about her in the map, she said:

I: so, your mum, how's the relationship with her

*C: **like (.) mum (laughs)***

I: (laughs) well, I mean why did you put her there

C: honestly, I think she's the best. Actually, it's like no (.) like we don't, like we don't argue much, she doesn't scold me neither. She doesn't tell me no, I mean we don't really argue, so she tells me 'you should do this'. Like we talk about what I should do, she's got a lot of faith in me, so I feel ashamed.

Like other grandchildren, Cristina felt that her grandmother was understanding and supportive. They had a close and trusting relationship, and when Cristina said that her relationship to the grandmother was *'like mum' (como mamá)*, she was recognising her grandmother as her mother, as she was the only mother she has known. Cristina did not write her biological mother's name on the map or mention her during the interview. Given that I had talked to the grandmother before, and I knew that they talked about the mother without conflict, I decided to ask her about this figure:

I: I will ask you something that may be a bit difficult, so if you don't want to answer it's ok (.) what about your biological mother?

C: mmm I haven't seen her in a long time

I: oh, but do you know her?

C: yes, I know her. I mean if now they told me among these people who's your mum, I don't think I could recognise her. But yes, I met her.

*I: and do you talk about her sometimes? **How do you call her?***

*C: **ah Valeria**, I've always called her Valeria. It's just I always lived with this family so I kinda got used to call her Valeria.*

E: and since when do you live with your mummy?

*C: since always. I always lived/ I mean they say that **I decided to stay here**. I mean I was little, and my mum still visited me, and I told her that I wanted to stay in this house, that I didn't want to live with Valeria. And it was like 'ok' (laughs) And*

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like Valeria said 'ah it's ok, I mean she chose well' or something like that. But I
don't know.
I: and is there anything that you'd like from your mum?
C: mmm I don't know.

A first thing to notice in this excerpt is that Cristina calls her birth mother by her first name. This might be a way of distancing her; she does not have any bond with the birth mother and calling her by her name positions her like other people in Cristina's life. The mother does not receive a special place. Moreover, this means that Cristina only has one mother, her grandmother. It is interesting how this is something that the grandmother made clear in her interview. She repeated several times that the girl *was hers*, alluding to the fact that she had the guardianship; hence, in legal terms, she is the adult in charge of Cristina. In this case the grandmother took the mother's place, and it is something that seems to be validated by the granddaughter who considered her as her only mother.

In the same vein, the story of the girl choosing to stay with the grandparents when she was a toddler seems to serve the purpose of validating the status of the grandmother as 'mother' of this girl. This story was also told by the grandmother in her interview. This account is narrated as some type of 'origin narrative' (Howell, 2003); Cristina chose to stay with her grandmother, hence displaced the birth mother and situated the grandmother in her place. When Cristina said: '*It's just I always lived with this family so I kinda got used to call her Valeria'*, she is showing that through time the relationship with the mother, and hence the grandmother, has been negotiated and a commitment established for the grandmother to take care of her like a *'mother does'*.

9.3. Children's perspectives of grandparents' ways of taking care of them

Having shown how grandchildren position their grandparent as parents on their emotional maps, I will focus now on the grandparents' ways of taking care of them. First, it is worth noting that when the grandchildren referred to their lives with their grandparents, they described a shared **feeling of wellbeing**. Expressions about being happy and enjoying living with their carers were common. The comment below, by Gemma (13), illustrates this:

I: and in your experience, what are the good things of living with grandparents?

G: mmm (giggles) that they give me everything I want (.) mmm it's cool, I like it (.) I have fun and enjoy my grandparents because it'd be different if I didn't live with my grandparents. My grandma would be annoying and everything

I: and if you could, is there anything that you would change about living with your grandparents?

G: no, nothing. Because I like everything they do for me (.) I like everything; I wouldn't change a thing.

What this comment also shows is that wellbeing seems to be a product of being cared for. In this quote, Gemma said how she likes living with her grandparents because of the things they do for her; she alludes to practices of emotional care such as pampering - *they give me everything I want* - and spending quality time together - *I have fun and enjoy my grandparents.* At the end of the excerpt, she goes beyond this, saying how she likes *everything* they do for her, implying that the care the grandparents provide involves more than only the emotional aspects of it.

For analytic purposes, I will divide the care practices that children narrate into two main groups, namely care for (physical care) and care about (emotional care) for them. The distinction allows to highlight some aspects of care that otherwise might go unremarked. First, when distinguishing the 'care for' aspects of caring, I wish to highlight that caring implies physical activity and effort. As several feminist theorists have pointed out, unpaid domestic work is work (See Chapter 3). Second, 'care about' stresses the emotional dimension of caring; this is, caring is also about feelings. Although as Morgan (1996) suggests, the use of this concept may hide the contradictions between positive and negative feelings involved in a long-term caring relationship, it seems to be necessary to distinguish it from the physical activity of caring.

However, this clear distinction becomes blurred in practice. As proposed by Mason (1996), care is multidimensional and cannot fully be subsumed under the categories of labour or love. Caring involves morality, feelings and thought, and the boundaries between care for and care about need to be looked at with a critical approach (Mason, 1996; Morgan, 1996). At the end of the present section, I will present some examples of what Mason called *sentient activity,* which help to understand how children describe

caring in family relationships emphasising the importance of thinking and feeling as *activities*.

9.3.1. Care for

As I have previously mentioned (Chapter 3), care for has been understood as an activity, the actual tasks associated with caring to provide for the needs of another person (Glenn, 2000; Morgan, 1996). All grandchildren referred to how their grandparents took care of their basic physical needs such as feeding and clothing. When asked about what things the grandparents did to take care of them, the children always made some reference to physical care. For instance, Daniel (7 years old, grandson of Noelia) said:

> I: ok, and who lives here with you? (.) (he writes) your mum, you put her there next to you
> D: (nods)
> I: and what do you like about her?
> D: that she takes care of me [...] and that she plays with me
> I: I see (.) and what things does she do to take care of you?
> D: ehm that I don't get cold, that I wrap up when I'm going out and cover my nose when I sneeze.

Here Daniel refers to things like keeping him healthy and warm as practices of care. Similarly, Fabiola, the 8-year-old who lived with her grandmother Dominga while her mother works in Santiago, said:

> F: ehm, for example, she cooks for me mmm she does my laundry, and she takes care of me. My mum Karen had a doll, and I thought it was Chucky and one day I heard that a pot was moving (in the kitchen), and I told her 'mum (grandmother) Chucky is moving the pots and then he'll leave everything in order'. And she said 'no, there's no one there', and I used to hug her when I'm scared
> I: and what happens when you hug her?
> F: **when I hug her, the fear goes a bit away.**

In the first part of the excerpt, Fabiola referred to the care work carried out by the grandmother. When she mentions that her grandmother cooks and does the laundry, she is referring mainly to *physical care*, but also to the maintenance of the environment where

she lives (Glenn, 2000). In this sense, being well was also related to the fact that the grandchildren had all their basic needs covered, namely food, shelter, clothing, etc. There was a feeling of security because they had everything they needed to live.

However, Daniel and Fabiola also refer to other aspects of care that are less tangible. For instance, by telling the doll story, Fabiola also connects caring to the satisfaction of her emotional needs of protection and comfort. In these examples, the interviewees allude to both the labour of caring and caring as love.

9.3.2. Care about

Care about has been traditionally seen as the emotional meaning of the relationship between carer and cared-for (Morgan, 1996). It involves feelings and emotions. Most of the interviewees described their relationships with their grandparents in affectionate terms: as kind, funny and loving. The grandchildren also referred to physical expressions of love by the grandparents, which for the children were an essential manifestation of care. These expressions of love reflect what the grandmothers said about being affectionate to their grandchildren (Chapter 8), as a way of parenting differently this second time round. An example of this is given by Daniel (7 years old) who told me how he loves his grandmother and how loving she is to him. Daniel said:

> *I: and how do you notice that she's good to you?*
>
> *D: because she loves me*
>
> *I: and how do you notice that?*
>
> *D: because she's loving to me*
>
> *I: I see, how's she loving?*
>
> *D: when we go to bed, she kisses me and hugs me.*

Besides manifestations of love and affection, some grandchildren also mentioned that their grandparents were understanding and supportive, which was an important manifestation of care. The following excerpt from the interview with Daniel illustrates this:

D: this is my mum (his grandmother); I love her a lot

I: I see, and why do you love her so much?

D: because she's loving

I: ok

D: and when I tell her something bad, she doesn't get upset with me (.) I don't remember more

I: and what do you mean that you tell her something bad and she doesn't get upset?

D: it's just that if I tell her something bad like I had a bad grade, she says it's better if I tell her. That it's bad if I don't tell her [...] today I made two mistakes in a test about verses and stanza and I got a 4 (in a scale from 1 to 7)

I: and how did you feel?

D: bad, sad

I: and what did you do?

D: I told the teacher that my mum wasn't going to tell me off. And she said I must study more

I: and did you tell your mum?

D: (nods)

I: And did she tell you off?

D: no

I: and how did you feel?

D: calm.

The supportiveness of the grandmother referred by Daniel, is not random; as I showed in Chapter 8, it is something that Noelia, the grandmother, has thought about and actively has tried to provide for her grandson. As mentioned in Chapter 8, the grandparents are consciously making an effort to be 'good' parents to their grandchildren. In this case, it is possible to see how the reflections of the grandmother and her intentions of mothering differently this time compared with when she brought up her own child have apparently been fruitful. Daniel expresses his feelings of having an understanding mother, who loves him above all. Although in this study I did not examine the experience of the grandchildren's parents to compare it to the experience of the grandchildren, it seems that the efforts the grandparents say they were doing to be 'better' parents to their grandchildren were reflected by the positive relationship they had with them.

Although mainly positive, grandchildren also talked about some conflict in the relationship with their grandparents, for example, occasional arguments with their carers or how the grandparents sometimes were bad-tempered. However, these arguments seem to be within the range of the normative in a parent-child relationship, particularly when the grandchildren were teenagers. Some of them linked the strict character of the grandparents' ways to acts of care. These grandchildren said that the grandparents love them and care about them, and that was why sometimes they were severe. The excerpt below illustrates this. Francia (15) was telling me how she liked to go out with her friends at weekends, and how her grandmother scolded her sometimes:

> I: and how is your grandmother about giving you permission?
>
> F: the permissions, she's super (.) yeah she lets me do everything. I mean not everything, like/ what do you mean with permissions?
>
> I: no, like if she lets you go out, if she sets a time for you to come home?
>
> F: ah yeah, she sets times like 2 am, and I get here at 2.30 and she scolds me, but (.) if she says 2.30, I'll be here at 3. But it's always like that, even if it's during the day because I'm always late, I told you I'm very slow
>
> I: mm so if you come back late, she scolds you
>
> F: yes, but she's never grounded me. She scolds me for a while, she scolds me, scolds me, scolds me. Yes, she scolds me a lot, it's just that she takes care of me
>
> I: (laughs) so you say that she scolds you because she takes care of you
>
> F: of course!

In this case, Francia reflects on how being strict and restrictive is sometimes part of the caring; thus, Francia may overlook the control exerted by the grandmother because she also sees her love. However, this balance between control and autonomy seems to be fragile. In this study, there was one case where the relationship between grandparents and grandchildren was conflicted, and the severity of the grandparents was frequently referred by the grandchildren. This is the case of Keyla (11) and Erick (12), the grandchildren of Nora whose story I told in Chapter 7. Throughout the interview these two young people were constantly making references to their complicated relationship with their grandparents, precisely due to the severity with which they were bringing them up. The following excerpt illustrates this:

I: and do you go out with friends sometimes?

K and E: no

K: they don't let us

I: and would you like to do it?

K: yes, I do. Because almost every weekend my friends go to the mall, I mean they ask their parents for money, and they drop them off at the mall. And they have invited me, and I couldn't go because they won't let me be alone at the mall or with people they don't know […]

I: but have you asked if you can go?

K: no

I: oh, so you're assuming that they won't let you

K: it's too obvious

E: yeah, she's too

K: overprotective

E: old-fashioned

K: overprotective.

These two grandchildren were interviewed together, and they frequently disagreed during the conversation. However, both were clear and emphatic about the grandparents' severity. These two young people were in their early teens, they were entering a life stage where they were longing for greater autonomy. However, it seemed that the grandparents were having trouble with giving up some control and letting the children explore the world independently (Giddens, 1991). In her interview, their grandmother, Nora, recognised that she was controlling and overprotective, and described the conflict that this situation had caused. Thus, although the grandchildren might interpret control as love and caring about, there is a thin line between that, and the grandparents being seen as overly controlling and overprotective.

When asked about why they think their grandparents were overprotective, the grandchildren said it was in part because the grandparents were old and grew up in a time when parenting was done differently. They alluded to the grandparents being from a different generation than the parents of their friends as a reason. Nevertheless, these children also reflected on more complex reasons for why their grandparents act in an overcontrolling way. They commented:

I: and why do you think they're overprotective?

K: it's like I, for example, I'm too reckless, I mean they don't trust me too much

*E: I also think it might be **because of my dad***

I: ok, why because of your dad?

*E: my dad, eh, I mean (.) well, what I believe is that (.) I think that my parents (grandparents) were more laid-back with my dad, because of things I've heard (pause) but **my dad misbehaved***

K: my dad did things he shouldn't have done (pause)

I: things like what? Do you know?

E: eh he smoked (.) well, I know he did well at school but (Keyla whispers something) ah?

K: he dropped out of school

E: yes, and he started using drugs

*K: my parents (grandparents) it's like they have distrust because eh **they might think that we could follow my dad's pathway** or that we can accept things from people that we shouldn't talk to if we go out alone or talk to bad people on social media.*

These children interpret their grandparents' actions: they understand their grandparents may be fearful that they will repeat the same story of their parents. Indeed, it seemed that they were able to read the situation accurately, because it coincided with what the grandmother said: *It's the only thing that I want. That they're good, that they're not like their parents.* According to the narratives of the children, the grandparents had acted in accordance with this wish; they had exercised excessive control over their grandchildren causing conflict in their relationship. Power comes into play in caring relationships: grandparents are in a powerful position in relation to their grandchildren. As adults, they have control over material resources, and authority. In this case the grandparents exercise their power, wishing to control their grandchildren's behaviour justifying it through a wish that they do not want family history to repeat itself across the generations.

Another way in which the grandchildren perceived the grandparents taking 'good care' of them was by **spending time together**. Although the children did not identify this practice directly as care, it appears to be an important part of the relationship, satisfying children's emotional needs. When asked about the things they like to do with their

grandparents, grandchildren referred to diverse matters, but they all shared a common feeling of enjoyment in those times. The following excerpt from the interview with Gemma (age 13) illustrates this:

I: and what things do you like to do with your tata?

G: a lot of things, I like to go out with him. I like to go everywhere with him. If he goes to the corner, I go with him to the corner. Eh, I like to go out with him, go to a lot of places and spend a lot of time with him.

I: it seems that you have a good relationship with him?

G: yes, we laugh together, argue together (.) we laugh at ourselves; we mock (.), and we play, and we always end up upset (laughs)

I: and is there something that you'd like to do with him?

G: eh (pause) it's just that we do everything we enjoy, so no.

The grandchildren described several activities they do with their grandparents. These ranged from ordinary leisure activities, like watching TV, to more significant events like going on day trips. However, the scope of things the grandchildren did with their grandparents was limited by several external factors, namely income, time, employment hours and other responsibilities. For example, Daniel (age 7) lived in Yallel with his grandmother who is on a low pension that is mainly spent on rent. Although the grandmother would like to work, she cannot do it because she had to take care of Daniel and also, she took care of her elderly parents. Daniel said:

I: and what things do you do with your mum?

D: we go out to do some shopping with my grandma (great grandmother) because she can't go out alone, she's 93

I: 93! Wow. So, you go with her to the shops. And what other things do you do with your mum?

D: we study here at home

I: I see, and anything else?

D: I don't remember

I: you don't remember. Something that you think is fun, maybe?

D: we play with my toys

I: do you play with her?

D: my mum doesn't have time.

On the contrary, the life situation of Martin (age 10) was different. Martin and his sister Laura lived with their grandmother Carla in Santiago; this is the grandmother from case 3 in Chapter 6. This family lived in a wealthy borough where they rented a flat. The grandmother worked for a bank, and she was in a good economic situation. She had a *nana* that took care of the children while she worked. When asked about the things he liked to do with his grandmother, Martin said:

> M: *sometimes we go out to ride my bike, we go to Burger King, we always go to Burger King. And we bake cakes and brownies [...]*
> I: *and is there something that you'd like to do with your grandmother?*
> M: *eh to go to Fantasilandia* (a funfair) *(.) it's just that we do all kind of things, and* **if there's something that we haven't done, we will do it.**

When looking at these two excerpts, it is possible to establish some comparisons. First, Daniel and Martin live in different places, namely a big city and a small town. Thus, the range of leisure activities available differs for the two of them. Daniel cannot often go to Burger King because in his town there is no such place. Moreover, he and his grandmother do not have the money to afford that type of activity. Additionally, as Daniel mentioned, his grandmother did not have a significant amount of spare time to spend with him due to her care duties. In the case of Martin, even when the grandmother worked, she had help with caring and domestic tasks, which probably allowed her to spend more time with the grandchildren. Indeed, Martin felt certain that they were going to do several things together in the future. Although these are two extreme cases, they permit us to see how the material conditions constrain the amount of time that grandparents and grandchildren spend together, and the range of activities they can do and share.

Children's perceptions of constraints on grandparents caring for them

Like Daniel, other children talked about the constraints the grandparents faced in caring for them. Things like **lack of money** and **lack of time** due to work responsibilities were common limitations (see Table 3, Chapter 4 for income and material conditions of each case). Grandchildren wished things were different and they could spend more time with their grandparents. The following examples from the interviews with Flavia and Gemma, illustrate this. When asked about the things they do with their grandparents, they said:

*Mmm the other day/ sometimes I get bored, and I tell her 'mummy let's play' So ok. The other day we played hide and seek (giggles), and we do a lot of things together. **But not too many things because she has to work** -Flavia-*

*Eh nowadays not too much because **during the week she comes home late from work, so we can't go out.** But when I was younger, we used to go every weekend to the mall to have ice cream, to buy clothes. But not anymore. But we go out anyway, sometimes I go with her to the market (to sell food), or sometimes we go to the mall. But it's not too often, like before.*
I: and why do you think that changed?
*G: because I don't know, because during the weekend, on Saturday she goes to the market (to work), then **I go to my English classes** that are from 4 to 6, so there is no time. And on Sundays, **she goes to the market (to sell food), so she comes back tired** -Gemma-*

The case of Gemma shows how, due to her work obligations, the grandmother cannot spend too much time with the girl nowadays. Yet, there is another reason why they spend less time together; Gemma is growing up and she has other activities that she enjoys during the weekend. Thus, like all relationships, the grandchildren's relationship with their grandparents is dynamic; it changes as the grandchildren grow older**.** The following excerpt from the interview with Bastian (age 14) is explicit about this:

I: and what things do you do with your grandparents?
B: talk (laughs), but with my grandpa, in our free time we go out anywhere. For example, we go to the countryside, things like that. And I don't know we go to cities, like Ca or C (cities near Yallel), like to have family time
I: and do you spend much time together?
B: mmm not that much
I: I see, and why?
B: I mean when I was a kid, I spent all my time with them, but not anymore. For instance, now I have more friends, so I go out with my friends.

As shown in these examples, the grandchildren enjoy spending time with their grandparents, and some of them wished they had more time together. However, some

factors impact their possibilities to do so. Material conditions are one of the elements that impose restrictions on what they can do. But what these cases also show is that the relationship with the grandparents changes over time in relation to both the grandchildren's and grandparents' life course.

9.3.3. Sentient activity

As I mentioned in Chapter 3, Mason (1996) states that generally care is divided into care about and care for. However, she proposes that in family and kin relationships there is a way of caring that 'takes up a great deal of the time and energy of those who do it (usually women) and which does not sit comfortably within either of these categories' (p. 15). She introduced the concepts of sentient activity and active sensibility to avoid dichotomies and highlight the importance of understanding the relevance of thinking and feelings in caring relationships. When describing sentient activities, she is referring to thinking and feeling as *activities*, meaning that they are not mere states of mind. For instance, in this research children mentioned how their grandparents *worried* about them. They used the word [preocuparse] in Spanish, which on the one hand means worrying as in being anxious and feeling uneasy about something; but on the other hand, it alludes to being interested in something, thinking constantly about it. Grandchildren used the word in both senses. For instance, Daniel said:

> *I: and how's your mum?*
> *D: pretty*
> *I: pretty, and anything else?*
> *D: worried* [*preocupada*]*, and I don't know what else.*

Baltazar, mentioned in Chapter 7, who was 12 years old also said his great grandmother took care of him and his brother by *worrying* about them:

> *I: and how do you notice that your mummy takes care of you?*
> *B: I don't know, because she's always keeping an eye on us, she worries* [se preocupa] *about where we are, all that stuff.*

Here Baltazar pointed out to *worrying* and *keeping an eye on them* as activities that his great grandmother carried out to take care of her grandchildren. These are what Mason

(1996) considers sentient activities, where worrying about and keeping an eye on the children are not merely emotional or mental states, but they still cannot be classified as domestic labour (Brannen et al 1994; Mason, 1996).

Similarly, when looking at the ways in which grandparents care for their grandchildren, it is possible to see that they do not only satisfy the needs of the children, but they do it through loving practices. Methodologically we can see how the children in their responses place together practices of caring for and about. For example, Daniel commented:

> *I: so, you wake up to go to school… and what do you do next?*
> *D: eh I get dressed*
> *I: oh, and do you do it alone or with some help?*
> *D: I get a little help*
> *I: I see with what?*
> *N: in getting my clothes warm (on the heater).*

Also, Fabiola said:

> *Ok, so at 8 am I (.) my mum dresses me up and I have a cup that is like a bottle, and I have my milk there, so she brings that to me (to bed).*

These small daily actions, like getting the clothes warm before Daniel puts them on or bringing Fabiola her milk to bed, are displayed not only because the children need to be fed or dressed. They imply sentient activities, like being attuned to the needs of the children or noticing what they like. Although these actions are part of physical care grandparents provide, in sentient terms they involve more than just material provision.

9.4.   Grandchildren taking care of their grandparents

As I have mentioned before, caring is understood as a relationship rather than a unidirectional link between a carer and a cared-for. As Noddings (1984, in Morgan, 1996) suggests, when caring for or about someone rather than something, there will be a level of reciprocity and interdependence.

The grandchildren, first, acknowledge what grandparents do, in the sense of expressing recognition that the efforts the grandmothers do have the purpose of satisfying the children's needs. Further the children go beyond recognition and respond to the grandparent's care by being thankful. According to Tronto (1993), the final phase of caring - care receiving - recognises that the object of care will respond to the care it receives. However, responsiveness is different from reciprocity and in the case of the grandchildren they were doing both. According to Tronto (1993, p.136) 'adequate responsiveness requires attentiveness' which shows how the moral elements of care are linked to each other. Children acknowledge the care the grandparent give to them and in response, they care about their grandparents; they recognise their needs, and they take care of them. Gemma (age 13) said:

> *I thank them for taking care of me, for giving me everything, because they (.) it's like, **like maybe other grandparents are not like that, or maybe yes, I don't know**. Like taking care of you since you're three months old, like young, I was like a new-born then. And I wasn't breastfed and my mum, my grandma got the bottle ready for me, she changed my nappies and everything. So, thanks to them for everything they have done for me, I love them, and I like living with them.*

In this quote, Gemma shows her thankfulness to her grandparents because they have given her *everything*; they have covered her basic needs and they have made it with love. She is also thankful because her grandmother *decided* to take care of her; when she says that maybe not all grandparents act in the same way, she is acknowledging the commitment of the grandmother and it allows her to position her as someone who did something quite exceptional because she took care of a small baby with all the work that that entails.

Grandchildren identified different situations in which they took care of the grandparents. Sometimes I asked the children directly about this issue, through questions such as '*do you do something to take care of them?*' On other occasions, the children spontaneously told me things they did. Several children commented on how the grandparents got tired and stressed due to their caring duties. In this regard, some of them said that behaving well and being good were ways of taking care of their grandparents. The following quote from the interview with Claudia (age 9) illustrates this:

> *I: and I have the last question if you could give a piece of advice to other children*

that live with their grandparent, what'd you say?

C: a piece of advice for others and myself, do not misbehave

I: ok, and why?

C: because they get tired

I: the grandparents?

C: yes if we misbehave.

Additionally, other children and young people said that to prevent the grandparents getting tired, they helped with the household chores. This is the case of Daniel, who said:

I: And do you do something to take care of her?

D: (nods)

I: what things do you do?

D: I help her to do her things

I: like what for example?

D: tidy up the house

I: oh, I see. And why do you think that helps her?

D: because she gets tired.

As mentioned earlier, grandchildren noticed the efforts grandparents made to take care of them and they actively reciprocated the care they received. They were agentic; they made efforts to offer to do chores or through their conduct. They were not passive care-receivers.

In addition, children engaged in emotional care of their grandparents. When I asked the children what they did to take care of their grandparents, most of the time they referred to practical things like the ones mentioned above. Some recognised their actions as care. Some also talked about emotional care of their grandparents, referring to things like pampering them and comforting them. For example, Cristina said:

I: and is there anything that you do to kind of take care of your mummy?

*C: mmm I don't know. She's like, I mean sometimes, **I don't know if it counts**, but sometimes **I massage her neck, so she can relax**. Because she stresses a lot, that the food, that I have to do this, like she goes to bed very tired. And it's like ok, sleep sleep*

I: I see, and why is she so stressed?

C: it's just that she runs the house, so she has to cook, so she's tired, she has to do the laundry, everything, cooking, and all that stuff so that's why. So she goes to bed very tired, with a backache. She uses one of those thingies for pain relief

I: like a patch?

C: yes.

In this excerpt Cristina showed me how she was attentive to the needs of her grandmother, how she acknowledged all the hard work the grandmother did to take care of her. In return, she tried to comfort her at the end of the day.

Because children loved their grandparents and felt loved by them, they were attentive to the grandparents' needs. One expression of this was going without things or not asking for things: children recognised that the grandparents were not in a good economic situation so they decided to go without certain things or not to ask for them (O'Connell et al., 2019). In my study, around 13 of the 18 families lived on a low income, with 7 families living with less than the minimum wage (See Chapter 4, Table 3). The following excerpt by Cristina (age 14) illustrates this:

I: and do you ask for things sometimes?

C: no, I don't like to do it

I: why?

C: (pause) I mean, if there's something that I really like, like a t-shirt, I'll ask for it, and if it's cheap, I'll ask for it. But I don't know; it's like I don't want to ask for too many things

I: and why is that?

C: I don't know, I feel embarrassed when I ask for something

I: what do you mean?

C: I mean, when I was little, I used to ask my mum for a lot of things; my birth mum. I asked for a lot of things, but here I've never asked for things, it was like they told me 'ok when we have (money) we'll buy you this, and if we see something pretty we can buy it for you' so then I got used to not ask for anything, and it's like if she has (money), I'll ask for it; if she doesn't it doesn't make sense

I: but what makes you feel embarrassed?

C: it's like, I mean if something is expensive and I really like it, it's like I don't

*know (.) I know that sometimes they don't have (money), so I don't want to ask
for it. At some point I'll buy it myself (giggles) I'll have money and buy it.*

Beatriz (age 15) told me how she saved the pocket money she received from her father
and how she used that for schoolbooks and supplies in order to ensure her grandmother
does not have to pay for them. She told me about the money:

I: Ok, and what do you do with that money?

*B: I'm saving it, I'm saving in case of an emergency, and so I'll have money in
March[50]*

I: I see, and do you like to buy some things for yourself?

B: no, I'm ok with what I have. But my mummy could use a few new things

I: you think so?

*B: she had new sneakers, and they didn't fit well, so she gave them to me. Once we
bought boots, she got ones with hills, and I got ones without. So, my mummy's didn't
fit very well, so we exchanged them. So, basically, I'm keeping all the things she
wears. I'd like that she could buy more clothes, so she doesn't wear the same clothes
all the time.*

Beatriz recognised that her grandmother makes sacrifices to give things to her and wishes
her grandmother could pamper herself more. This shows how much she cares about her.
Similarly, other participants showed how thankful they were to their grandparents for all
the things they did to take care of them daily.

9.4.1. Sentient activity: Worrying about the future.

As I stated earlier, worrying can be understood as a sentient activity. Because of their
grandparents' 'age' (compared with that of their parents) or rather generation (Brannen,
2014) all the grandchildren expressed concern about the future and the health of their
carers. The grandmothers age range was from 44 to 78 (See Chapter 4), and the
grandchildren perceived them as 'old' which made them worry about them and feel
insecure about the future. This is reflected, for instance, in this quote from Gemma:

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[50] March is the month school starts in Chile, so it is a time when families spend a large amount of money
on school supplies, uniforms, etc.

I: ah! I have the last question, if you were allowed a wish, what would it be?

G: that if (.) it can't be, I mean I know it can't be like that, but a bit, I'd like that nothing bad happened to my grandparents, never. That they are eternal (giggles) and that nothing, like nothing bad happened to them, any illness, nothing. And that they are eternal (laughs).

And in the case of Barbara:

B: yes, my goal is to go to university and get a degree

I: ok, that's what you want to do. And how would that time be? Would you be living here or not?

B: no, because I know that at some point they will leave, so (.) like my aunt is still studying I eh (pause) eh how can I tell, I'd say to her if she lets me/ if she supports me so I can go on

I: what do you mean when you say that they will go?

B: when they die.

The future was a difficult issue for me to raise with the children, and although all of them said spontaneously at some point that they were worried about the possibility of their grandparents falling ill or die, only a few of them chose to talk about the future in depth. Talking about the possible death of their grandparents would be particularly difficult for these children. Losing parents is something that is expected in adulthood. To these children losing their main caring figure is worrying because it is highly probable that the grandparents will not live as long as a parent would live. Thus, this is an extra worry that these children faced in comparison with children living in different household arrangements. As I discussed in Chapter 8, concerns about the future were something that grandparents and grandchildren both mentioned.

Despite the commonality of this concern, children had thought about it to different degrees. Some were only able to say that they were worried about their grandparent's death or possible illness; others had elaborate plans in case '*something happens*'. This was the case for Beatriz, who told me:

I: so, you said you're saving in case of an emergency

B: yes, in case something happens I'll have money

I: and what kind of emergency do you imagine could happen?

B: mmm that something happens to my grandma because you never know when something bad could happen, and it's better to be prepared. So, I get ready

I: do you worry about something happening to your grandma?

B: if something happens to my grandma or grandpa I'll die (pause) Literally, because they are the people who raised me since I was little, they've supported me. If something happens to them, it'd be like losing all I have

I: and what would happen if any of them gets ill, for instance?

B: I'd have to keep studying and ask, I don't know, an aunt to take care of them. And if I don't study early years education, and this happens, I'd change, and I could be a nurse. Because in that way I could take care of them at home. And I'd have the experience to know what to do. So, I think I'll do all of those things if something happens.

Beatriz elaborated a plan in case her grandparents fell ill that implied a major change in her life from being an early years educator to being a nurse. She suggests she is willing to make her life revolve around her grandparents because they are 'all she has'. Beatriz has positioned herself as facing up to these possible circumstances, giving her a sense of control over the situation and probably reducing her anxiety about it. However, like other children, she knows her grandparents falling ill or dying is something out of her control. The grandchildren only can wish that their grandparents will live long enough so they can make the most of their grandparents' lives while they are with them. As Beatriz added:

B: I wish my grandparents would last a bit longer because I want that they last longer, because I don't think I'll be ready for when they leave me. My only wish is that they last longer so I can be ready

I: what do you mean ready?

B: ready for when they leave me, but I think when that happens, I won't be ready. So, my only wish is that they last a bit longer.

9.5.   Conclusions

Grandchildren in this study presented their lives with their grandparents as 'normal'. This meant that, for most of the children, to live with their grandparents was the same as living with parents. Unlike to what has been found in some studies (Farmer et al., 2013, Downie et al., 2010; Messing, 2006), none of the children mentioned ideas around being different

or a sense of stigma due to their living arrangements. Indeed, for some participants it was strange that I asked them what they thought about living with their grandparents.

Children talked about having loving grandparents who took care of them physically and emotionally. In general, they talked more about the grandmothers than the grandfathers; the relationship with the former appeared to be closer and more significant. It seems that the closeness of the children to their grandmothers is related to the fact that grandmothers do most of the care work; thus, they are involved in children's lives in a way that the grandfathers are not.

Within this context, grandchildren assigned the grandparents, especially the grandmothers, parental status. Indeed, the grandmothers were called by motherly names whereas the grandfathers were addressed as such. This parental positioning was created by the practices of care, that is, grandmothers were positioned as mothers because they did what mothers are 'supposed to do', which is to take care of their children and to love them. In the cases where the children had been living with their grandparents for several years, the length of time with their grandparents appeared to be an important factor in the consolidation of a 'parent-child relationship'. This may be related to what Finch and Mason (1993) refer to as the development of commitments, meaning that people become committed to certain kinds of responsibilities, to specific individuals, over time. In this sense family commitments are *created* not *ascribed.* The commitment grandparents developed towards their grandchildren was acknowledged by the latter, and the parental position that the children gave to their grandparents involved a negotiation with them; the grandparents took their grandchildren into their care and through the children's interaction with them they developed a common understanding of what their relationship was going to mean.

Therefore, similar to what happened to the grandmothers (See Chapter 8), the grandchildren *became* the children of their grandmothers over time. The relationship of the grandchildren and their grandmothers developed through commitment and care practices. In this process of *becoming* (for both members of the relationship), other kin relationships are rearranged, and cease to be defined according to traditional filiation ties. This process may be thought as one of 're-kinning', an idea that I will develop in the final chapter of this thesis.

The process of grandchildren becoming their grandmothers' children was not straightforward. The importance of the birth parents was evident in the interviews with the grandchildren; children had expectations of parental figures, and many of them narrated how their parents did not live up to the norms of parenthood. Yet, at the same time, they *are* their parents. Although from the children's perspectives the grandparents are their parents because of the things they do - take care of them, give them love and time, children also hinted at the idea that the biological tie to the parents is irreplaceable. For instance, when one participant talked about her birth parents as her *real* parents, she was highlighting the importance of the tie of procreation and reproduction. Hence, the issue of parenthood is conflictual for these grandchildren. However, what they prioritise are the ways in which grandmothers through care, love and commitment over time achieve a position that surpasses in importance that of procreation and giving birth.

Throughout this chapter I mentioned how the moral aspects of parenthood suffused the grandchildren's interviews. Grandchildren's current experiences of care were mainly positive, and they defined their grandparents as 'good parents'. This assessment may reflect the efforts grandparents put into parenting second time round (Chapter 8). In Chapter 7, I showed how grandchildren narrated going to live with the grandparents as an active decision; this creates a feeling of gratitude towards their grandparents reinforced by the grandparents' daily care of them. However, it seems that the grandchildren not only acknowledge that their grandparents are 'good parents' they also want to reciprocate their goodness and try to be 'good' children to them. Given that caring is relational - and thus there is reciprocity and interdependence - and that within families care is negotiated, the grandchildren also developed a commitment to their grandparents: they were trying to be 'good' children and to take care of them. Children actively participated in family life and in the practices of care, and they negotiated the terms and meanings of their relationship with their grandparents. In this sense, these grandchildren, like all children, depended on parentlike figures for the satisfaction of their basic needs, but in no way were they passive care receivers.

In methodological terms, the overwhelming positive assessment grandchildren gave about their relationships with their carers could reflect a bias in recruitment. One of the requirements to take part in this research was that the grandchildren had been living with their grandparents for more than six months. This meant that they were settled in their current homes, and their good relationship to the grandparents may have made them more

disposed to talk about their lives freely. Additionally, as I have mentioned in Chapter 4, the challenge of understanding exactly what I was doing asking them about their families may have inclined the grandchildren to present only the positive aspects of their relationships with their grandparents to avoid getting themselves into trouble.

In this chapter I have sought to capture the children's experiences of grandparent care. However, it is important to bear in mind that what is presented here are not mere subjective perspectives about the meaning of their relationship to their carers that were co-constructed during the interviews. Grandchildren also spoke to the material conditions that shaped their experiences and that led them to certain care practices. In addition, their accounts of their relationships in almost all cases concur with the accounts of the grandparents.

This chapter has analysed the last phase of the process of care, namely care receiving. Here the grandchildren expressed their thanks to their grandparents, which in turn helps grandparents to know that the children's need of care was being met adequately. Grandchildren were attentive to their grandparents' needs and took care of them. This shows that care as a process is not linear but reciprocal, all the phases are interconnected. This chapter has highlighted the importance of caring, time and commitment as foundational for the particular relationship these grandchildren have with their grandparents. It shows how the process of becoming a parent to a child is fluid and dynamic. I turn now to the last chapter of this thesis in which I summarise and discuss the main findings and contributions of the study.

Chapter 10: Conclusion and discussion

> *There is no real ending.*
> *It's just the place where you stop the story.*
> Frank Herbert, California State College, Fullerton Interview

This thesis aimed to explore the experiences of parenting grandparents and their grandchildren in Chile. I have analysed the pathways the grandchildren followed into their grandparents' care, the ways in which grandparents and grandchildren narrated their experiences and the meanings they attached to their current situations.

To my knowledge, this is the first study researching grandparent care in Chile. There are a few studies including kinship care as part of foster care (Jiménez & Zavala, 2011; Muñoz-Guzmán et al., 2015; Zavala, 2015), but they are not specific about kinship care as a separate group. Moreover, they are mainly quantitative and focused on formal kinship care within children's services, SENAME. The 'alternative care' system in Chile is changing. Recently the number of children going into foster care has increased compared to those going into residential care, increasing from 3.1% of the children going into alternative care in 2015 to 51.3% in 2019 (SENAME, Anuario estadistico 2015-2019). This has boosted interest in researching the topic; however, kinship care is still being researched as a subgroup of foster care, and within the context of SENAME. In this way, my study contributes with new knowledge on kinship care in Chile, including an often-forgotten group: children in (informal) grandparent care.

This final chapter will offer a summary and discussion of the findings to conclude this thesis. In the first section I will review the research questions, showing how they were answered, and I will examine the main theoretical contributions of this study to the field of kinship/grandparent care. In the second section, I will discuss some methodological issues and contributions of the work. In the final section, I will address the limitations of my study, suggesting some ideas for future research and some reflections about the current global situation in relation to grandparent care.

10.1 Research questions, findings and theoretical reflections.

The general objective of this study was to explore how primary-carer grandparents and their live-in grandchildren experience formal and informal care in Chile, including how they understand their relationships and daily lives. In order to achieve this aim, I recruited families where the grandparents had been the main carers of their grandchildren for at least six months, and where the parents did not live in the same household or were not in charge of the children's care. Eighteen families took part in the study, with a total of 20 grandparents and 21 grandchildren being interviewed. Qualitative semi-structured interviews were carried out. Interviewing both grandparents and grandchildren separately allowed me to explore both perspectives and gain a deeper understanding of the relationship between them. The data obtained from the interviews were analysed through two strategies: thematic and narrative analysis. The former is a category-centred analysis, while the later involves in-depth analysis of individual cases. Both types of analysis allowed me to understand the phenomena in different ways.

Here I have treated social reality as both constructed and material. In this way, researchers can position themselves from a realistic ontological perspective, and at the same time as epistemologically constructivist (Pease, 2010). When applied to this research, these approaches mean that I understand that there is a reality where grandparents and grandchildren live – issues related to geographical location, economic situation, availability of resources, among others, and that they will shape their experience. However, we only have access to those aspects of reality through subjective experience and in interview methods this experience is typically described through narrative (Phoenix, Brannen and Squire 2021).

Chapter 5 addressed the context and circumstances under which the grandchildren went into the care of their grandparents, as narrated by the grandparents. In this way, this chapter addressed the phase of caring that Tronto (1993) called 'care about'. The findings showed that the main reasons for the children going to live with their grandparents were parental drug addiction, child abuse and neglect, parental (especially maternal) abandonment, parents working away from home and parental death. These results are generally in line with other studies about grandparent care in Western countries (Backhouse & Graham, 2013; Dolbin-MacNab, 2006; Harnett et al., 2014; Sprang et al., 2015), and confirm what has been found in Chile by Zavala (2015). However, it is striking

that parents working away is generally not mentioned as a reason why children go into kinship care in Western countries.

In non-Western countries like China (Dolbin-MacNab & Yancura, 2018; Hu et al., 2020) rapid modernisation has increased employment opportunities in cities causing a migration of working-age adults to urban areas. In my study, the situation was similar to that described in the Chinese studies, with three cases where the main reason for the children going into their grandparents' care was that their parents were working in a city far from the children's home. Indeed, in another three cases the parents were also working away, although that was not the main reason for the children going to live with their grandparents. All these six cases were from the town Yallel, which although is not considered rural, is a small town in the south of Chile, where there are few job opportunities for young people and employment rates are low. Thus, the findings regarding the reasons for the grandchildren to go into their grandparents' care in my study coincide with what has been mainly described in the literature. However, it also shows that in towns rather than cities there may be other reasons for placements with grandparents, related to culture or economic and socio-political situation. Caution is needed when looking at my findings; the sample is small and not representative. However, location and macro-social conditions are important to keep in mind when analysing family life.

Although I identified the main reasons for children going into their grandparents' care, this was only an analytical division that allowed comparison with other studies. The cases were complex and intricate, each one with its own particularities, and it was not possible to completely isolate one reason that led to the moving into the grandparents' homes. Both at an individual and structural level there were multiple factors influencing the decision: the intersection of individual characteristics with life course events and with macro and meso-structural factors such as poverty levels and geopolitical issues. Thus, this chapter also highlights the importance of intergenerational support in an unfavourable socioeconomic context.

Finally, it is worth mentioning that the majority of the cases here were informal arrangements. From those that were formal only four had SENAME intervention. With this, I want to highlight that the experience of kinship care in this study was more related to ways of arranging family life or to offering intergenerational support than to issues of

child protection (Skoglund & Thørnblad, 2019). This has implications for the ways in which we research kinship care in Chile. So far, studies have conceptualised kinship care as a way of foster care within SENAME. However, this study suggests that it is necessary to understand kinship care as a social process.

Chapter 6 looked at the grandparents' stories about becoming the main carers of their grandchildren. Thus, it focused on the grandparents' narratives of this experience. This chapter sought to understand the second stage of the caring process, this is 'taking care of' which is related to the moral element of responsibility. Here I highlighted the importance of narratives as identity producers, in the sense that we become the people we are through the stories we tell about our lives (Bruner, 2004). In the analysis of the grandparents' interviews, I looked at three main features of their narratives about becoming the carer of their grandchildren: the degree of control they said they had over this life transition; the centrality they gave it in terms of normativity; and the extent to which they considered it a duty linked to blood ties. In this way, I identified three types of narrative about becoming a carer. In the first type the grandparents felt the responsibility for their grandchildren was thrust upon them. This means that they did not have much control over the situation, considered it non-normative and saw it as a duty. The second story type was associated with those who felt that taking care of their grandchildren was a matter determined by the life course. In these cases, the grandparents did not have much control over the situation, but different from the first type, they saw it as normative in the sense of it being 'part of life' but at the same time did not put emphasis on the idea of duty. The third story type was related to those grandparents who said they had to take action in order to bring, or keep, their grandchildren into their care. These grandparents had a sense of control over the situation, they talked about taking their grandchildren into their care as non-normative. However, they were to some extent guided by a sense of duty.

These stories have addressed the question of the extent to which the grandparents actively decided to bring their grandchildren into their care, and how much of the external and structural circumstances shaped the decision. Here, Finch and Mason's (1993) theorisations have been shown to be relevant. Although Finch and Mason talk about family responsibilities between adults, pointing out that spouses and parent-child relationships are slightly different, there are some core ideas from their theorisation that are useful to look at regarding grandparent- grandchildren relationships. For instance,

these authors suggest that there are few circumstances in which people agree that the responsibility for supporting kin in moments of need lies with relatives. A first circumstance is that *'it seems more likely that people will endorse family responsibilities in 'deserving cases' where the need is presented as entirely legitimate and the person who needs assistance is not at fault in any way'* (Finch & Mason, 1993, p. 18)*,* which in this case is the grandchildren. Grandchildren, as children, are generally viewed as powerless and vulnerable. They did not do anything wrong; the problem in these cases is that the parents, for different reasons, cannot take care of them. In this sense, the grandchildren are blameless. Children's perceived defencelessness might have impacted the sense of duty that grandparents felt, tipping the scales in favour of taking their grandchildren into their care.

A second circumstance suggested by Finch and Mason is that '*people are more likely to accord responsibility to relatives when the assistance needed is fairly limited- in terms of time, effort or skill'* (Finch & Mason, 1993, p.19)*.* Here the different nature of the parent-child relationship comes to the surface. The 'assistance' needed from the grandparents was in no way limited; it implied a major life change, whether the grandparents narrated it in that way or not. Thus, the question is what made them take the grandchildren into their care, even when it involved an enormous responsibility? The answer seems to be in the third circumstance mentioned by Finch and Mason (1993, p. 19), this is '*responsibilities between parents and children are accorded a special status. Parent-child relationships come closest to having fixed responsibilities associated with them*'. In this idea the grandparents have certain responsibilities to their own children, that in a way extend to their grandchildren. Parents have public and private responsibility for their children. When parents are not able for any reason to take care of their children, these grandparents were to some extent held responsible for their grandchildren. In this study, some grandparents had assumed public responsibility for their grandchildren through obtaining guardianship. However, all of them had assumed the private responsibility for the children. Although not always narrated in this way, duty played an important role in this decision. Even when the grandparents did not always see it as a duty, the expectation about what a grandparent 'ought to be' if the parents cannot take 'proper' care of their children is given weight in these situations. There is also a moral aspect to this situation. The decision to take care of grandchildren was not only taken by paying attention to the private relationship between grandparents and their adult children and grandchildren, it

was also shaped by the grandparents' awareness of the possibility of being judged by others as 'good grandparents'.

I am suggesting here that whether consciously admitted or not, the grandparents had a sense of duty to assume the responsibility for their grandchildren. However, with this I do not mean that taking the grandchildren into their care can be explained only in terms of family duty. From the interviews it is possible to infer that the responsibilities of the grandparents and the nature of their relationship with their grandchildren were negotiated over time. Importantly, gender has a role to play in the decision. Just as Finch and Mason (1993) point out, women are generally seen as the 'obvious' people to take on the responsibility; the negotiation processes may be different for women than for men around the issues of caring. Time is a key aspect in this equation because specific responsibilities emerge as part of longstanding relationships. The grandmothers have a history with their children, they have their own history as daughters, and they also want the future of their grandchildren to be different from their own and their children's lives. All these factors influenced the grandparents to accept the responsibility for their grandchildren. As Finch and Mason (1993) suggest, the past and the future are at least as important as the present in understanding how people come to take on family responsibilities.

Chapter 7 sought to present the analysis of grandchildren's narratives. Thus, this chapter was about grandchildren's understanding of the second phase of caring 'taking care of', and how their grandparents assumed the responsibility for their care. Here the challenges of working with children's narratives were discussed. Issues of memory and so the capacity to talk about the past stood out as challenging. The children and young people shared 'small stories'. They gave brief accounts about the past; even those old enough to remember were not always able to talk about the past because remembering is painful and may even be traumatic. Although the data on these matters were limited, some children presented their stories of going into their grandparents' care as the result of active decisions. They told stories where they were choosing to go to live with their grandparents or where their grandparents were presented as wanting to take care of them. In this chapter, I suggested that presenting their stories in this way was a form of making them bearable (or liveable, taking Butler's concept); this means that these are stories that the children can live with. When I looked at the stories of the grandparents and compared them to those of the grandchildren, I noted contradictions. For instance when children said they wanted to go to live with the grandparents, but the grandparents said they had

to take their grandchildren into their care because of a court order. I have not treated one version as more 'real' or 'truer' than the other. The aim was rather to understand how the stories were constructed in the context of the relationship between grandmothers and grandchildren. I have suggested in this chapter that understanding the way in which grandchildren narrate grandparents' assumption of responsibility for their care is key to understanding the relationship that these participants have developed with them. Grandchildren felt chosen by their grandparents; this gave them a sense of identity and belonging and became the foundation of their current relationship.

In Chapter 8, I explored the grandparents' experiences of being the full-time carers of their grandchildren in the present. This chapter explored the phase of caregiving (Tronto, 1993). A first relevant issue in this chapter was that I focused predominantly on the experiences of grandmothers. As it has been discussed extensively in the literature (Cancian & Oliker, 2000; Finch & Groves, 1983; Sevenhuijsen, 1998; Tronto, 1993) care is a gendered practice, and this study confirmed it. The grandmothers were in almost all cases the ones carrying out the care work and were often referred as the main carer of the children. Moreover, in emotional terms, they also appeared closer to the children than the grandfathers.

Similar to what is found in international literature, positive aspects of being a carer were expressed by the grandmothers, who remarked that the grandchildren gave meaning to their lives, kept them company, brought them joy and made them feel young and full of energy. Bringing up their grandchildren was also seen by some grandmothers as a second chance for being a 'good mother' and made up for their earlier parenting. Feelings of disappointment and guilt about the lives of their adult children continued to preoccupy them. These aspects of the grandmothers' experiences, such as grief or disappointment at the direction that their adult children's lives had taken, has been scarcely explored in the literature, and this study contributes to a better understanding of the issue (Backhouse & Graham, 2012). The grandmothers also shared a fear for the future, and anxiety about what was going to happen with their grandchildren when they were not able to take care of them. Practical dimensions of caring for the grandchildren were mentioned by grandmothers. Issues such as having to bring up a small child in their old age or having to deal with early adverse experiences were challenges the grandmothers felt they had to face. Similarly, coping with the effects of parental visits or having to deal with SENAME and family court procedures were issues mentioned by some. In this regard, my research

showed similar findings to those presented in literature on kinship care and grandparent care.

A key concept that emerged in this study is one used by some grandmothers – that of the 'mamabuela'. This word captures the duality of the status of these grandmothers who negotiate between the normative expectations of grandparenthood and their actual responsibilities for their grandchildren, and the ambiguities and contradictions between the two positionings. In normative terms, being a grandmother is an ascribed status within a genealogy. However, when grandmothers take their grandchildren into care, the relationship changes and a process commences of *becoming their grandchildren's mothers*. In this way, their status as mamabuelas is achieved through mothering practices of care and love over time.

As 'mamabuelas' grandmothers are neither 'mamás' (mothers) nor 'abuelas' (grandmothers); their new identities combine both normative positionings. Unsurprisingly, therefore, their narratives are full of contradictions and conflicts. Although they consider the grandchildren as their children, the grandmothers still acknowledge the birth mothers as the children's mothers. The fact of carrying the babies inside them and giving birth are considered facts that create an indestructible bond, that they can in no fashion break or replace.

The grandmothers talk about the idea of mothering in terms of being 'the one that brings up' children and so entitles them to be the mothers of their grandchildren. Grandmothers feel like mothers because they *do* what a mother does: they are mothering. In this sense mothering, as it is referred to here, is closer to Ruddick's idea of mothering as 'an ongoing organized set of activities that require discipline and active attention' (1989, p.50), in order to preserve, nurture and socialise children. Motherhood can be claimed as long as these activities are carried out. In this way the status of mother is reached *after* the baby is born, with pregnancy being a state of anticipation of motherhood. This idea is arguable, as one can claim that pregnancy is not a separate part of motherhood, but an experience of intimate connection between the woman and the foetus (Murphy & Parks, 2020). Although controversial, Ruddick's characterisation of motherhood has the advantage of not reducing motherhood to gestation and to giving birth. Rather it emphasises the *doing* of it: it is the activities that the women do on behalf of their children what constitutes them as mothers. Undoubtedly, maternity is a debated concept. And albeit it seems clear

from the findings of my research that for the participants a mother achieves that status because of the practices of care and love, what is less clear is the place that the birth mother has in the equation. Thus, the grandmothers are in a negotiated status: that of mamabuela, being both and neither mother nor grandmother at the same time.

The final findings section, Chapter 9, explored how the grandchildren experienced grandparent care in the present. Most of the grandchildren shared a sense of a normalised life, where living with the grandparents was, according to them, like living with parents. This finding supports the idea presented in the literature review of this thesis, about the importance of treating kinship care as upbringing by family rather than a service delivered by children's services. According to Skoglund and Thørnblad (2019) when we understand kinship care as the former, we ask about the ways in which childhood and parenthood are negotiated and lived among family members, and kinship care becomes the context in which family life is practised. Here I chose to look at kinship care through the lenses of the sociology of the family, in particular drawing on the concepts of family practices and the negotiation of family responsibilities, in order to understand how grandparents and grandchildren experience family life.

As analysed in Chapter 9, children saw their lives as 'normal', and the grandparents as their parents. Accordingly, they placed the grandparents in a parental position, particularly the grandmothers who they called by motherly names. Although some pointed out that the grandparents were not their 'real' parents because they were not their procreators, the grandparents achieved a parental position in their minds through the practices of care and love. In this way, over time, the grandchildren *became* their grandparents' children. As I mentioned before, in this process, the place of the birth parents, and particularly their birth mothers needed to be negotiated. I proposed a continuum of relationships of the grandchildren with their birth mothers, which went from a close relationship to a non-existent one. The alterations that took place suggest a rethinking of the relationship that these grandparents have with their grandchildren beyond the traditional realm and vernacular of kinship. This leads me to ideas of 'kinning'. Kinning was defined by Howell (2003, p. 8) as '*the process by which a foetus or new-born child is brought into a significant and permanent relationship with a group of people, and the connection is expressed in a conventional kin idiom'.* When they were born, the grandchildren - like all other children - were kinned into their families. The idiom of kinship is grounded in a biological connectedness of shared substance; thus, the

grandchildren's *significant and permanent relationships* were established via their birth mothers. In this way, if we talk about kinning by nature, the grandmothers are precisely that, grandmothers - the mother of the children's fathers or mothers, a female ancestor. Sharing blood not only gives people certain positions in the family tree, but it also means sharing physical and personality traits. In this thesis some grandparents said that some personality traits 'go in the blood' conferring on biogenetics a large part of the explanation for why grandchildren are who they are and who they will be.

The process of becoming their grandparents' children may be better described as a process of 're-kinning'. When these grandchildren went to live to their grandparents' homes, the initial process of kinning seems to have changed. As well as via nature, kinning can be done by nurture or law. When we think about kinning by nurture, our understanding of the relationships in the families in the study changes. I have mentioned that an important finding in this thesis is that the grandmothers saw the grandchildren as their children; and the grandchildren saw their grandparents as their parents. In this context where the grandmothers become the mothers, the rest of the positions in the family tree change and the family connections built by the model of nuclear families are altered. With this I mean that the same people that were once kinned as grandparents and grandchildren go through a process where their substance (biological body) remains the same, but their social essence (being, self) is changed. They are no more in a grandmother - grandchild relationship, they are now mother and child. In this process other kinship relationships in a family may alter also: mothers become sisters or friends, aunts and uncles may become siblings, and so on.

In her study of transnational adopted children, Howell (2003) proposes that one way of kinning adopted children is through 'transubstantiation', where they are planted in the soil of the parents' ancestors. Transubstantiation refers to a process where there is fundamental change while the appearance remains unaltered, which means that the incorporation of the adopted children into their new parents' kin surpasses blood ties and their selves are changed, while their substance (bodies) remains the same. According to Howell (2003), another way of kinning children is to create an origin narrative that involves a discourse of fate. This was also true in my study, where some grandmothers narrated this type of story. For instance, as I presented in Chapter 9, Cristina told me such a story, which her grandmother had also narrated. Rosa, the grandmother, said: *'She (granddaughter) was learning how to talk. She told me: 'you know mummy? I wasn't left*

thrown out here'. V, because V is the mum's name. **'I chose to stay in this house when I was in V's tummy, I chose to stay here. So, I wasn't left here'.** *And later V came over, and she told me this and I told her that she said the same to me. 'And she chose well' said V.* **So, she chose to stay here. Like she said since she was in her mum's tummy, she chose to stay with us'.** Other grandmothers also shared this kind of stories with me. These discourses plus the practices of care and the commitment over time allowed the grandmothers to position themselves as mothers of the grandchildren, a bond that surpasses that of the birth mothers with their children.

Through this process of re-kinning, a sense of belonging is transmitted to the grandchildren; belonging to persons and to a place is key in personal narratives which are an essential part of personal identity (Howell, 2003). The grandchildren in this study narrated their going into their grandparents' care as an active decision taken by them or by their grandparents. They felt that their place in the world was with their grandparents, where they were wanted and where they belonged. As Howell (2003, p. 467) suggests, 'If kinship is regarded as an institutionalized means for enacting a process of effectuating enduring relationships - through a process of kinning and subjectivation - then I suggest that it must also be regarded as something that is necessarily achieved in and through relationships with others. Categories are filled with meaning by all the partners concerned'.

10.2   Methodological issues, contributions, and limitations

In this section I will discuss some methodological issues that arose during fieldwork, highlighting the contributions and limitations of my study in this regard. One of the first things that I would like to highlight is that in this research I interviewed the grandparents and the grandchildren (separately) to focus on the relationship and how its aspects are negotiated. Research on kinship care tends to focus on carers of children and use them as proxies to understand children's experiences. Here the focus was on care experiences, with care being understood as relational. Thus, I could not just interview the grandparents and let their accounts stand for the relationship. Being a grandparent and a grandchild in this particular context can only be understood if we look at the meanings they both attribute to the relationship.

As I have mentioned in Chapter 2, there are few studies about kinship/grandparent care including children as participants, although they are increasing in number. However,

there is still a long way to go in terms of understanding children's experiences of kinship care. In this thesis I wanted to give space to children who are too often excluded from research. But we need to be cautious about the idea of 'giving a voice' to others. I can in no way claim to speak for the grandchildren or to impartially represent what they said. The findings I am presenting here are my interpretations of what they said. In this same regard, this research gave space for the voices of children (and grandparents), and used creative methods, but it was not participatory (Hart, 1992; Shier, 2001). The creative methods helped to facilitate the interviews with the children, to help them feel more comfortable in the strange situation of an interview. This research was based on my own interests and agenda, and so cannot claim that children had any influence over its direction.

I addressed ethical issues in carrying out this research in Chapter 4. However, here I would like to reflect on a particular matter that came to mind during fieldwork. As I have presented in Chapter 9, most of the children in this study had a normalised life; they said that living with their grandparents was like living with parents. This meant that sometimes when I asked about how it was for them to live with their grandparents, they found it odd, because I was asking about something that for them was 'normal'. This made me ask myself if I was opening the door to questions and problems that were not there before the interview. I do not think there is a right answer to this question, but I can say that I was conscious of this situation and thus, I tried to be sensitive when interviewing the children. Although it is true that the children's living circumstances felt 'normal' to them, to some extent they must have understood that most of the children live with their parents, not their grandparents, and so my focus was on what that was like for them.

This was a qualitative study and as such it did not aim to be representative or generalisable. I had small samples in each of the two locations. However, this is not a weakness of the research but has to do with the nature of the data I wanted to obtain. It allowed me to carry out in depth analysis of a small number of families which shed light on the experiences of kinship care. In the future, it would be interesting to design and carry out a largescale, quantitative study that would map the situation of kinship carers and grandparent carers in Chile. So far, we only know about those carers who are part of a SENAME's programme, and they appear to be just a small percentage of the whole of kinship carers.

As I have mentioned in Chapter 4 the findings presented here may have been impacted by a selection bias. In this study one criterion for selecting participants was that the children had to have been living with the grandparents for more than six months. This condition aimed to ensure that the children were somehow settled in their new homes; hence it was ethically appropriate to interview them. Indeed, all the participants in my research had been living together for over a year, with most of them having been in this arrangement for several years. Probably, if we look at the experience of children that are in their first six months living with their grandparents, things would look very different.

On top of selection bias, there is social desirability bias. As in all social research, social desirability bias is the tendency to answer questions in a way that will meet with the approval of others. I have pointed out throughout this thesis that for the participants it was difficult to understand what I was doing and why I was asking about their lives. A consequence of this is that they may have responded to my questions according to what they understood regarding my study. Particularly in the cases of informal arrangements, if the grandparents thought that I worked for children's services or the grandchildren's schools, they may have been afraid of saying something that put at risk their arrangements. I explained what I was doing in the most accessible way I could, but the doubts may have remained. The fact of going into the interviews and having trouble to explain what I do, made me reflect on the role of researchers in wider society. It seems that the academic world is often cut off from the reality of the lives of people it intends to study.

I went into the fieldwork expecting to find it difficult to recruit families, and it was. For this reason, the inclusion criteria for the sample were broad enough to allow me flexibility. This in turn allowed me to recruit a heterogeneous sample. For instance, in terms of the grandparents' marital status I interviewed single grandmothers, couples and a single grandfather. Although most of the sample came from working-class families, I also interviewed a couple of well-off families (see Chapter 4). The children's age range was from 7 to 16 years, and they had diverse relations to their birth parents. In terms of the placement, there were grandchildren in formal and informal arrangements, some had been living with the grandparents since babies, others arrived being grown up, and so on. This variety gave diversity to the research, and I obtained a rich dataset.

Having a large amount of qualitative data meant that there are a number of issues that emerged that are worth exploring in the future. For example, given the length and scope of this thesis, I did not fully analyse here all the contents of the children's five field maps. This means that I did not explore their relationships to other family members, their friends, and people from school. I also excluded from the analysis the families' daily life practices, although I did analyse practices of care as a central topic. All these issues can be covered in future publications.

While this exploratory study has made a contribution to knowledge by being the first qualitative research to investigate grandparent care in Chile, much more effort is still needed in order to understand kinship care, and specifically grandparent care, in the country. For instance, it would be interesting to look at families that are part of SENAME's kinship care programmes, not to assess the programme but to understand what it means to them to be part of it. Is the parent-child like relationship found here, similar for those families? Do the children have the same idea of a normalised life? Future research could also look at the experiences of the grandchildren's parents, and the place they have in their children's lives.

I cannot finish the thesis without mentioning the Covid pandemic. My fieldwork was carried out a year and a half before the pandemic started; thus, its results reflect the experience of grandparents and grandchildren in a different context. Although these families' lives are undoubtedly different now, I think the essence of the findings presented here is the same. This is that, with time, the relationship of grandmothers to their grandchildren becomes a mother-child relationship.

Nonetheless, I have asked myself about the impact of the Covid pandemic in the lives of these families. During this year I have thought about the families I interviewed and the challenges they may have been facing now. To add some context to this reflection, I must explain that in Chile the lockdowns have been strict. There is a tier system in place, where each borough is moved back and forth within these levels by the central government. Tiers go from 1 to 4, with 1 being the stricter. In tier 1 or 'Lockdown' these are some of the rules that apply: Schools are fully closed, people can only leave their house with a permit from the police twice a week, there is night time curfew[51], there is a time frame

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[51] The curfew means that people cannot leave their house and the military and police are patrolling to ensure that people follow the rules.

between 5 and 9 am where people can go out to exercise without a permit, people cannot go to other cities, there are no social gatherings, and shops, hospitality sector and gyms are closed. From there the measures start easing until reaching Tier 4 or 'Opening' where there is still a curfew, indoors meetings of up to 30 people are allowed, pubs and clubs remain closed, and people cannot go to boroughs on Tier 1 or 2. Last year, the schools were closed during the whole academic year (March - December). This year, some of them are working on a mixed system with face-to-face and online teaching, and others are fully online. Currently, the Covid rate infection in Chile is high, the hospitals are in a state of collapse, and the counties and boroughs are going back to lockdown. In Santiago, all its 32 boroughs are in lockdown.

Taking into consideration the country's situation, and what I know about the life of these families, I cannot but ask myself some questions about them. Things like, has this time been more difficult for the grandparents than before? What happened to parental contact? Most of them must be experiencing even more economic hardship. For example, Carmen (Case 1), worked in organising catering events, so she must have been without an income for most of the past year. Dominga's daughter (Case 6) who was the only wage earner for that family, worked as a model in events/parties, which means that the family to whom she sends remittances is also lacking income. What other support is available to families? Additionally, given that the schools have been closed for most of the last year, how did the grandparents and grandchildren cope? A large majority of grandmothers did not finish high school, some did not even finish primary school. So how did they help the grandchildren with home schooling? One of the findings of this research was that all the grandchildren worried about their grandparents' health. Since the beginning of the pandemic, we have seen how the elderly has suffered most in the pandemic. I wonder how the grandchildren are coping with this situation? It must be a very stressful time.

10.3   Final thoughts

At the beginning of this thesis, I explained that one of my motivations to carry out this research was related to the fact that I worked with families where grandparents were bringing up their grandchildren. As professionals, we did not understand them; hence we could not offer them proper support. This study has relevance for social services and social work practitioners some of whom might tend to make assumptions about kinship care based precisely in the fact that grandparents are kin, without necessarily unpacking the meanings of it. I hope that this thesis may help to change that through adding to the

academic body of knowledge. More importantly, I hope that by making the theoretical insights and findings available to professionals who work with these families, they may gain a better understanding of these families' lives in order to support them better, or even to refrain from intervening when support is not needed. When I worked for children's services, practitioners in SENAME had as their central concern legal issues around placement, permanence and responsibility, rather than a focus on understanding family life as dynamic entities or care as a social process.

This thesis explored the experiences and relationships of grandparents and their grandchildren in the context of kinship care. I have showed how over time and through the process of care grandmothers become mothers and grandchildren become their children. In this way children gain a sense of belonging and personhood that we all need. Thus, kinship care is experienced as ways of 'doing family' rather than being connected to matters of child protection.

I have suggested that kinship care is a way of 'doing family', and that the grand/parent-child relationship is based on practices of care and love. However, this shared sense of normality should not justify a lack of policy on the matter. The problem with the current understanding of kinship care in Chile, and therefore of public policy on the topic, is that it is based on ideas of child protection and legal procedures. What I am proposing here is that kinship care is another way of doing family, and therefore policies about it should be focused on family support; 'family' is not simply a structure based on kin ties, but a fluid set of relationships based on what families do.

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Appendix 1: Searching words and criteria

Table 7: Main results from search using database Web of Science, and key words: "kinship care" AND grandparents

Title	Author (year)	Times cited
Kinship family foster care: a methodological and substantive synthesis of research	Cuddeback, G (2004)	118
Psychological distress in grandmother kinship care providers: the role of resources, social support, and physical health	Kelley, S; Whitley, D.; Sipe, T & Crofts, B. (2000)	70
Factors Associated with Stress among Grandparents Raising Their Grandchildren	Sands, R & Goldberg-Glen, R (2000)	53
Review of research on the health of caregiving grandparents	Grinstead, L; Leder, S; Jensen, S; Bond, L (2003)	43
Grandmothers Raising Grandchildren:Are They at Increased Risk of Health Problems?	Whitley, D; Kelley, S & Sipe, T (2001)	43
Grandparents Raising Grandchildren: Stressors, Social Support, and Health Outcomes	Leder, S; Grinstead, L & Torres, E (2007)	41
Grandparents Raising Grandchildren: The Role of Social Support in Coping with Caregiving Challenges	Gerard, J; Landry-Meyer, L & Roe, J (2006)	41
Behavior problems in children raised by grandmothers: The role of caregiver distress, family resources, and the home environment	Kelley, S; Whitley, D & Campos, P (2011)	29
Grandmothers as kinship caregivers: private arrangements compared to public child welfare oversight	Goodman, C; Potts, M; Pasztor, E; Scorzo, D (2004)	25
Just Like Raising Your Own? Grandmothers' Perceptions of Parenting a Second Time Around	Dolbin-MacNab, M (2006)	24

Table 8: Main results from search using database Web of Science, Key Words: grandparents raising grandchildren, and refined by publication years: 2010-2017

Title	Author (Year)	Times cited
Grandmothers and Caregiving to Grandchildren: Continuity, Change, and Outcomes Over 24 Months	Musil, C; Gordon, N; Warner, C; Zauszniewski, J; Standing, T & Wykle, M (2011)	52
Behavior problems in children raised by grandmothers: The role of caregiver distress, family resources, and the home environment	Kelley, S; Whitley, D & Campos, P (2011)	29
Grandparents Providing Care to Grandchildren: A Population-Based Study of Continuity and Change	Luo, Y; LaPierre, T; Hughes, M.E & Waite, L.J. (2012)	33
Intergenerational Ties in Context: Grandparents Caring for Grandchildren in China	Chen, F; Guangya, L; Mair, C (2011)	32
Grandmothers Raising Grandchildren: Results of an Intervention to Improve Health Outcomes	Kelley, S; Whitley, D; Campos, P (2010)	26
The Health-Related Quality of Life of Custodial Grandparents	Neely-Barnes, S; Graff, C; Washington, G (2010)	23
Impact of Caring for Grandchildren on the Health of Grandparents in Taiwan	Ku, L; Stearns, S; Van Houtven, C; Lee, S; Dilworth-Anderson, P & Konrad, T (2013)	19
Longitudinal analysis of resourcefulness, family strain, and depressive symptoms in grandmother caregivers	Musil, C; Jeanblanc, A; Burant, C; Zauszniewski, J & Warner, C (2013)	15
Social Support and Grandparent Caregiver Health: One-Year Longitudinal Findings for Grandparents Raising Their Grandchildren	Hayslip, B; Blumenthal, H; Garner, A (2015)	11
Grandparents raising grandchildren: negotiating the complexities of role-identity conflict	Backhouse, J; Graham, A	10

Table 9: Search words using Database Explore UCL

Searching words	
English	Spanish
Kinship care Latinamerica	Familia extensa
Grandparenting Latin America	Familia extendida (Latino America)
Extended family Latin America	Abuelos cuidadores (Latino America)
Custodial grandparents Latin America	Hogares multigeneracionales (Latino America)

Grandparent-headed families Latin America	Niños + abuelos + Chile
Family formations	Niños+ cuidados alternativos + Chile
Children kinship care Chile (0 results)	Abuelos cuidadores
Kinship care children	
Grandparent raising grandchildren	

Table 10: Main results from search using database Scielo, refined by Language, including Spanish and English, excluding Portuguese

Searching words	Results	Comments
Kinship care	31	Only one relevant article from South Africa
Acogimiento familiar	30	Most of the articles are from developed countries, namely: the US, Canada, Spain, Portugal, Australia, New Zeeland, Italy, Norway and Sweden. Only one article relevant from Argentina.
Familia de acogida	38	Only one relevant article, proposing a new intervention with babies waiting for an adopting family in Chile.
Abuelos cuidadores	9	Only one relevant article about part time caring grandparents in Argentina

Table 11: Main results from search using database Scielo, filtered by country: Chile

Searching words	Results	Comments
Acogimiento familiar	0	
Familia de acogida	0	
Abuelos cuidadores	1	Article about nutrition in newborns

Appendix 2: Research sites

Figure 25: Map of Chile indicating the location of the research sites
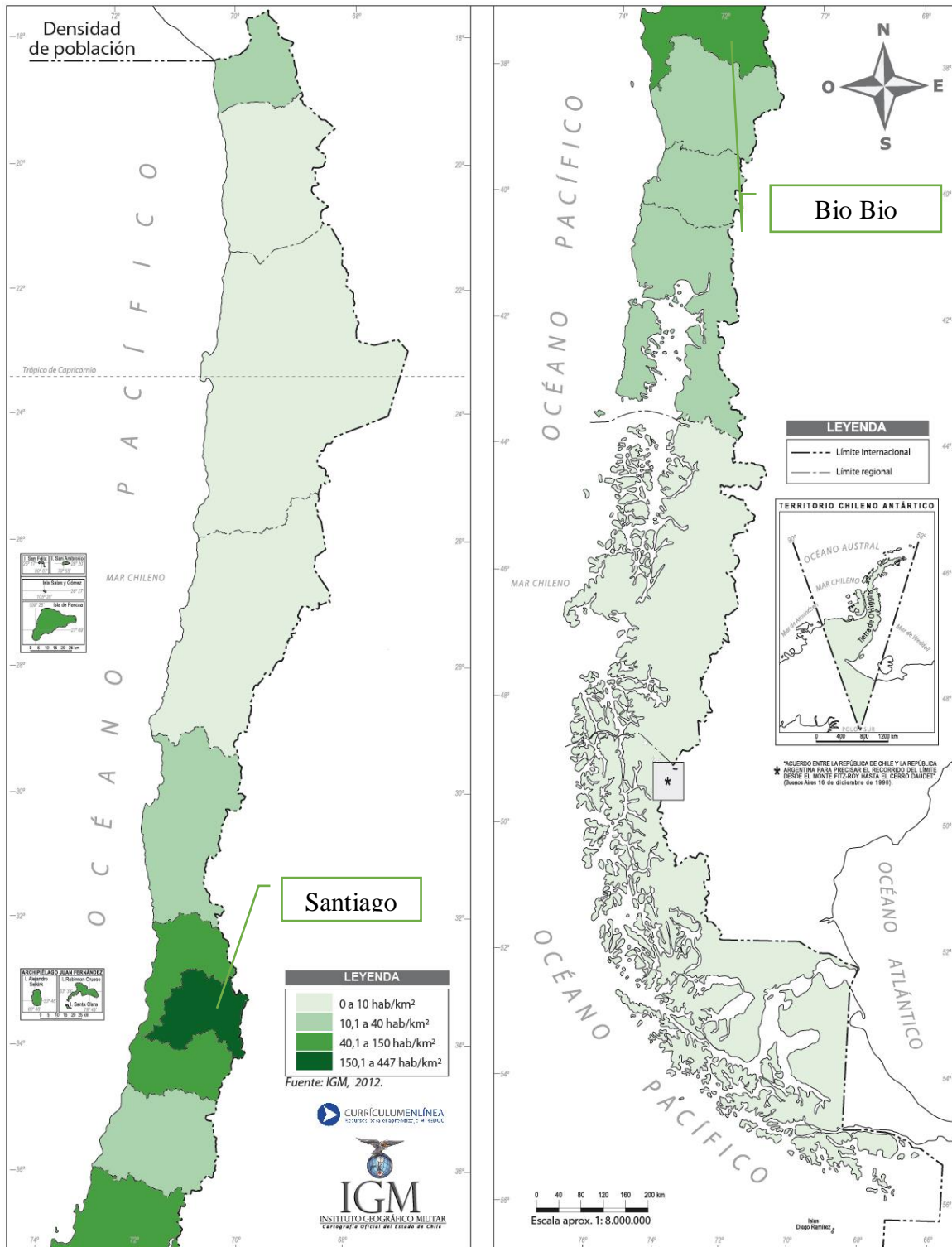
Appendix 3: Information Sheet for Grandparents

Grandparent care in Chile: experiences of grandparents and grandchildren

UCL Institute of Education, Department of Social Science

Researcher: Carolina Gutierrez, carolina.gutierrez.16@ucl.ac.uk

Dear grandparent:

I would like to invite you to take part in this PhD research project. Before you decide whether you want to participate, it is important for you to understand why the research is being done and what your participation will involve. Please take time to read the following information carefully and discuss it with others if you wish. Ask me if there is anything that is not clear or if you would like more information.

According to some official data, we know that some grandparents are bringing up their grandchildren in Chile. However, we do not know what it is like to be a parenting grandparent. This is why I am interested in understanding the experience of grandparents bringing up their grandchildren, and the experience of the grandchildren. I would like to ask you about what it means for you to raise your grandchildren, about your relationship with them and about your everyday life. To do this, I am inviting grandparents and their grandchildren from ▆▆▆▆▆ and ▆▆▆▆▆▆▆ and ▆▆▆ to take part in individual interviews.

You are being invited because I contacted _____ (name of the institution) and they identified you as someone fulfilling the criteria to participate in the study. To be part of the research

- You should be looking after a grandchild between 5 and 18 years of age, who lives with you, and whose parents do not take part in their daily care routine.
- Your grandchildren must be living with you for at least six months.

Participation is entirely voluntary; it is up to you to decide whether to take part or not. If you choose to take part, you will be asked to sign a consent form.

If you decide to take part you can withdraw from the study at any time without explaining why. You can ask for your interview tape to be destroyed and/or your data removed from the project up until one month after your interview takes part, namely by _____(date). Withdrawing from the study will not imply any negative consequence for you.

The interview with you will take approximately an hour, but it might take longer. It depends how much people talk. I will conduct the interview. If possible I would like to come to your house, but if you prefer to be interviewed somewhere else, please let me know, and we can arrange another meeting place. The interview will be recorded in order to pay full attention to what you say. However, this will only be possible if you give your consent. I will store the recordings in an external USB stick and transcribe them in full and no one other than me will have access to the recordings. The recordings will be destroyed afterwards.

The information you provide will be used only for my doctoral thesis and any academic papers that I write. The transcripts will be destroyed within 3 years of the thesis being finished. No other use will be made of them without your written permission, I will protect your identity by anonymising the data. Nobody will be able to identify you by what you say except yourself. Your name and other identifying information will be deleted from the transcripts. A list of numbers linked to the real names of the interviewees will be stored securely and separately from the data.

I will not disclose your personal information to other people outside the research project except my PhD supervisors. Please note that confidentiality will be maintained as far as it is possible unless anything is disclosed which makes me worried that someone might be in danger of harm. In that case, I will talk to you, and I might have to inform relevant agencies of this.

I would be most grateful for your time and will try to organise the interview at whatever time suits you. If some topics are too sensitive or difficult to talk about, I will stop the interview if you wish and take as much care as I can. It is hoped that this work will help us to better understand the experiences and needs of grandparents raising their

grandchildren, and with that information, we may be able to improve the interventions and social support provided for grandparents and children.

I am funded by Becas Chile, and this research is conducted as part of a thesis project at University College London. This study has been approved by the Institute of Education Research Ethics Committee.

If you have any questions or require more information about this study, please contact me using the following contact details:

Carolina Gutiérrez Muñoz

carolina.gutierrez.16@ucl.ac.uk

If there is any problem, you can contact my supervisors:

Professor Julia Brannen: j.brannen@ucl.ac.uk

Dr Abigail Knight: a.knight@ucl.ac.uk

Thank you for reading this information sheet and for considering taking part in this research study.

Appendix 4: Information Sheet for Grandchildren and Young People

Information sheet for children 5-9 years old

My name is Carolina; I am a student in a University. I am doing research, and I would like to ask for your help. Research means finding out more about something. It is a way we try to find out the answers to questions.

Why is this research being done?

- Some children are living with their grandparents in Chile, but adults do not know much about those children and their lives. So, I am trying to understand what it is like for children to be brought up by their grandparents. I would like you to help me find out more about this.

Why have I been chosen to take part?

- I am asking to some children from your (school/centre) to take part in my research, and I want to invite you to take part too.

What do I have to do to take part?

- If you want to take part, I will go to your house, and we will have a conversation, so you can share with me what you know about living with grandparents. I will bring drawing and craft materials so, if you want, we can draw and paint while we talk.

- To help me remember what we talked about, I would like to audio record our conversation, but I will do it only if you agree.

Do I have to take part?

- No. It is up to you to decide whether or not to take part. If at any time you don't want to do the interview anymore, just tell me or your grandparent. Nobody will be upset.

What Is Involved?

- If you take part, we will talk for a while which may take a little bit of time. I will ask you about you and your life, and I may ask some difficult questions. If there is something you do not want to talk about or you feel upset, you can tell me and I will stop if you want.

What are the good things about taking part?

- Some children like to take part in research because they can share their knowledge and it might help us to help other children in the future.

Will anyone find out WHO I am in this study?

- Your name and the things about you will be kept private, which means that only I will be able to see this information.

Did anyone else check the study is OK to do?

- Before any research is allowed to happen, it has to be checked by a group of people called a Research Ethics Committee.

What if there is a problem?

- If I hear something that makes me think someone may get hurt, I will talk to you about it, and then I will talk to someone who can help you.

What do I do now?

Take time to decide whether you want to take part, and please ask me if there is anything that you do not understand.

Thank you for reading!

Information sheet for young people 10-18 years old

My name is Carolina; I am a student at University College London. I am asking if you would like to take part in a research project to help me better understand what it is like to be brought up by a grandparent. Before you decide if you want to join in, it is important to understand why the research is being done and what it will involve for you. Talk about it with your family or friends if you want to.

Why is this research being done?

Some children and young people live with their grandparents in Chile, but adults do not know much about those children and their lives; thus, we are not able to help them if they need it. So, I would like to know what it is like for children to be brought up by their grandparents. With your help and that of other children we may be able to help families in the future.

Why have I been chosen?

I am asking some children and young people from your (school/centre) to take part in my research, and I want to invite you to take part too. I will also be talking to your grandparent.

What do I have to do to take part?

If you want to take part, I will go to your house, and we will have a conversation so you can share with me what you know about living with grandparents. I will bring some drawings and art/ craft materials so, if you want, we can draw and paint while we talk.

To help me remember what we talked about, I would like to audio record our conversation, but I will do it only if you agree to that. Later, I will listen to the recording and write down the conversation. Then I will delete the recording. No one else will be able to listen to it.

Do I have to take part?

No. It is up to you to decide whether or not to take part. If at any time you don't want to take part anymore, just tell me or your grandparent. You do not have to say why.

Is there anything to be worried about if I take part?

No. If some of the questions are difficult for you or there is something you do not want to talk about, you can tell me and I will stop.

Will anyone else know I am taking part in this study?

I will keep your name and information in confidence. This means only I will have access to the information you give in our conversation. I will share only information that has your name removed. The only exception to this, is if I find out that someone might get hurt. In that case, I will talk to you and I will have to disclose some information to someone who can help.

Who has reviewed this study?

Before any research goes ahead, it has to be checked by people who make sure that the study is properly conducted and protects the people who take part. My research was checked by a group of people who do this at my University in London.

What if there is a problem or something goes wrong?

I will try and help with any problems you may have. If there is a problem and you wish to complain, or have any worries about this study then you can talk to your grandparents or if there is anyone else who can help I will get in touch with them for you but only if you wish

What do I do now?

Take time to decide whether or not you want to take part, and please ask me if there is anything that you do not understand.

Thank you for reading this!

Appendix 5: Household Information Form

Name:

Date of birth: Place of birth:

Gender:

Marital status:

Education:

Occupation:

Household

Number of people living in the house:

Number of households in the plot (if applicable):

Details of people living in the household:

Name	Age	Relation to the grandparent	Occupation

House ownership:
   a.   Owner (totally paid)
   b.   Paying mortgage
   c.   Renting (Price)
   d.   Other

Household regular monthly Income (considering vouchers)

	Income band
A	Less than $150.000
B	$150.001 - $210.000
C	$210.001 - $300.000
D	$300.001 - $426.000
E	$426.001 - $550.000
F	$550.001 - $652.000
G	$652.001 - $852.000
H	$852.001 - $1.052.000
I	More than $1.052.001

What are the income sources (specify on each)
   a.   Wages
   b.   Pension
   c.   Vouchers
   d.   Others

Do you receive sporadic economic support?: yes/no. From whom?

Do you receive contributions in kind?: yes/no. From whom?

My name is Carolina, I'm a student at a University in London, and I'm researching about what it is like to bring up a grandchild. So, I would like to hear your story. But first, I would like to know a bit about yourself, for example your age, where you were born, etc. So, I need to ask you a set of questions before we start (See Household Information form).

So now I would like to know about what it is like to take care of your grandchild. Take your time. We've got as much time as you need for this, and you can start wherever you like.

Table 12: Research objectives and interview questions and prompts

	Interview questions
1. Under what conditions do the grandparents take on the care of grandchildren?	
How did the grandparents become primary carers of the child(ren)? Under what conditions did they become carers of the children? Have the conditions changed since the beginning of the arrangement?	**Can you tell me about how did you become the carer of your grandchild?** Prompts: How old was she /he? Why did you take her/him into your home? How did you feel about it? Where do the parents live? Do they visit? How often? Does the child visit the parents? How does the child feel about the visits? And you? Does she/he have siblings? Do they have contact?
2. What are the experiences of care of grandparents, including relationships and their daily lives?	
Conditions under which and stories of how GPs came to take care of grandchild How do grandparents narrate the caring experience at different points in time?	*Can you tell me about your experience of taking care of your grandchild, how things happened, up to now?* Prompts: What happened? What happened next? How do you remember you felt (at different points of story)? **How did you become the carer in legal terms?** Can you give me an example of a time when you had to deal with the legal system (or SENAME) due to your caregiver task? Did you have to fight hard to get the child guardianship?

In case of formal arrangements, how the grandparents narrate their experiences of the legal system? And of SENAME?
 	
What legal and practical responsibilities and duties do they have for the grandchild?
 	
What family practices characterise the relationship between the grandparents and their grandchildren?
 	
How do grandparents get along with their grandchild(ren) over time?
How was the relationship with the grandchild previous to the living arrangement?
How has the relationship changed?
	Can you tell me what it means for you to take care of your grandchildren in legal terms?
	In financial terms?
	In practical (daily tasks) terms?
	Physical care
	In emotional terms?
	Note: Ask how each changed over time
	
	Can you tell me about a typical day in your life and in your grandchild's life?
	
	  Prompts:
	Leisure activities: What kind of things you do together?
	Household tasks: Does your grandchild do any household task? What does she/he do? What do you wish they do?
	Pocket money: Does your grandchild get pocket money? How often? Who gives it to them?
	Homework: How is your grandchild doing at school? Who helps your grandchildren with homework?
	Meal time: Do you eat together? Does your grandchild enjoy meal time?
	Church: Do you go to church? Do your grandchildren go with you? (Do you want them to go with you?)
	
	Please tell me about your relationship with your grandchildren.
	
	  Prompts:
	Can you tell me about the time before your grandchild came to live with you?
	When first came to live with you?
	Has the relationship changed? How?
	Can you tell me about a significant episode from the time when your grandchild came to live with you?
	What is it like now?
	Can you tell me about a significant memory/event of your life with your grandchild?
	What are the good things of the relationship with your grandchildren?
	What things would you like to be better in the relationship?

3. What are the skills - challenges and benefits of taking care of a grandchild?	
What skills, resources (social, emotional and material) and personal qualities are needed to care for a live-in grandchild? Which of those skills, resources and qualities do they think they have or lack?	**What do you need to take care of your grandchildren?** Prompts: *Time:* What is the most time-consuming time for you now? What would you like to do if you had more time? *Money:* Do you get money for taking care of the child? From whom? Is the money you are getting enough? *Energy and health*: Do you feel you have enough energy for taking care of your grandchildren? Do you feel healthy? What happens when you don't feel ok? *Support networks* • Informal: Is there anyone who can help you with the child-rearing tasks? Do you have friends? Do you visit each other? Do you know other grandparents bringing up their grandchildren? • Formal: Do you participate in any community activity? *Child-rearing skills:* • What do you do when your grandchild is feeling distressed? • Do you think there is a generation gap between you and your grandchild? Can you give me an example? How do you handle this? • *For teenagers:* what do you think it will happen with your grandchild when they finish school? **Can you tell me about a difficult time for you as a parenting grandparent?** **Can you give me an example of any time you thought you were doing well with your grandchild?**
4. Reflections on parenting and grandparenting	
How similar/different it is being a grandparent of the child compared to parenting their own children? How do grandparents narrate their relationships with the children's mothers and/or fathers?	**Can you tell me about your experience of parenting your own child?** **How was that experience different/similar from parenting your grandchildren?** Prompts: How has been your relationship with your adult child since you took care of your grandchildren? How has it developed until now?

How has that relationship changed since the beginning of the living arrangement? How similar/different it is being a grandparent of the child compared with grandparenting their other (non-resident) grandchildren?	Is there any crucial incident that you can recall about your relationship with your child, in relation to bringing up your grandchild? Can you tell me about your experience of being a grandparent of your other grandchildren? How is your relationship with your other grandchildren different from the one with the child you are parenting?

Appendix 7: Interview schedule grandchildren

My name is Carolina, I'm a student at a University, and I'm doing this study because I'm really interested in knowing what it is like to live with (being brought up by) your grandparents. The idea of this meeting is that we can have a conversation about it, I have some questions to help us going through this chat, but you can add anything you want.

I didn't grow up with my grandparents (and I didn't grow up here, in the case of Bio Bio), so I'd like you to tell me how it is like. You know better than me, and I want you to know that there are not right or wrong answers.

Also, I'd like you to know that everything you say here is confidential, that means that I won't tell other people what you say unless something we talk about makes me think that someone may get hurt.

-Go through the information sheet and informed consent-

So, to start our talk maybe you can tell me something about you. I have this sheet that we can go through together if you like (Give them the sheet: Want to know me?)

Table 13: Research objectives and interview questions and prompts

1. What are the experiences of care of grandchildren, including their relationships and their daily lives?	
	Interview questions
How do grandchildren narrate the experience of living with their grandparents? What family practices characterise the relationship between the grandparents and their grandchildren? (Use timeline and art craft materials to explore family practices)	**What it is like living now with your grandparents (grandmother/ grandfather)?** **Can you tell me what you do on a normal day?** (If difficult to answer, can you tell me what did you do yesterday?) Go through a day Prompts: Can you tell me about times of day you most enjoy? In what ways are they good? Can you tell me about times of the day you enjoy less? In what ways are they less enjoyable? *Leisure activities:* What kind of things do you do with your grandparents? *Household tasks:* What are you supposed to do at home? *Pocket money:* Do you get some pocket money? From whom? *Homework:* Does someone help you with homework? *Meal time:* Do you eat with your grandparents? Do you like meal time? *Church:* Do you go to church? Do you like it? *Teenagers:* Are you allowed to go out with your friends? Do you do it? What happens if you come home late? What do your grandparents expect from you after you finish school?

2. Under what conditions the grandchildren went into the care of their grandparents?	
How do children narrate the experience of moving in with a grandparent? What are their memories of the process of moving?	**Do you remember when you came here to live with your grandmother/ grandfather?** **Can you tell me about that time? Only if you want to do it** Prompts: Did anyone talk to about coming here? Who? What did they say? How did you feel about it? Formal arrangements: Did you know before you came here that you were going to be placed here? Did a social worker talked to you before the decision was made? Did anyone ask you if you wanted to come? Who? What did they say? How did you feel about it?

3. How do grandchildren describe their relationship with their grandparents? And the relationship with their birth parents?	
What kind of relationship do children have with their grandmother and/or grandfather at the moment? How has that relationship changed in time? And particularly since the children moved in? What kind of relationship do children have with their parents (mother and/or father) at the moment? How has that relationship changed since they moved in with their grandparents? How does the relationship with parents (mother and/or father) compare with the relationship with grandparents (grandmother and/or grandparent)? What are children's social networks, particularly their relationship with other family members, peers, and community members?	(Use of five field map to explore children's relationships) **I would like to talk about important people in your life. I have a drawing here, which is like a map. I would like you to draw or write the name of the people you consider important for you in these places (read the names of the fields). So, the centre of the circles represents you; the most important people should be placed in the inner circle, whereas the least important people go in the outer circle.** **Note:** explore about people on children's map : Who is this person? What do you like about them? What don't you like about them? Prompts: • How they see themselves compared with other children • Ask about life in general, school, friends. How do you get along with your grandmother (and/or grandfather)? What things do you like to do with your grandmother/grandfather? What things you don't like about your grandmother/grandfather? Are you in touch with your parents? *Yes they see them:* tell me how you feel about it? How do you get along with your mom/dad? What things do you like to do with your mom/dad? What things you don't like about your mom/dad? Is there anything you would like to do with your parents?

3. What are the challenges and benefits of living with a grandparent?	
How does living with a grandparent affect children's lives, including their relationships with peers, schooling and other family members?	**Can you tell me an example of a really good thing about living with your grandparents?** **If you could change one or more things about living with your grandparents, what would you change?** **What would you like to happen in your life in the future?** **If you could have a wish what would it be for the future?**

Appendix 8: Photos of favourite objects

Figure 26: Favourite object of Case 15, Francia

Soft toys that she has since she was a baby.

Figure 27: Favourite object of Case 13, Claudia

Her favourite toy.

Figure 28: Favourite object of Case 13, Gemma

Soft toy she bought on a trip to the south in what
she described as her most amazing holidays.

Figure 29: Favourite object of Case 9, Beatriz

Box that she treasures as a souvenir from the times when she went out
with her mother and siblings. The necklace was made by her brother, who
she has not seen in a while.

Figure 30: Favourite object of Case 11, Marcos and Tito

Toys that their father (who works away) bought for them as a present for children's day.

Figure 31: Favourite object of Case 8, Matias

An aquarium he made at school, he referred to this activity as something he enjoyed.

Figure 32: Sheet for children to complete with information about themselves

Want to know me?

I am _____ years old

I am really good at:

I live with:

This is me!

My favourite:

Subject _____

Food _____

Place _____

Animal _____

Things that make me happy

My school is

315

Appendix 10: Codes for Thematic Analysis

Table 14: Nvivo codebook: analysis of grandparents' interviews

Node Name	Description
Family Relations and daily life	
Daily life routine	
Children's household chores	Things that children do, or their grandparents whish they do
House rules	Rules set out by grandparents
School related issues	
GC- parents relationship	
Parents 'are the parents'	GP understand father/mother as children parents, and wish for them to have a good relationship
GP relationship with other family members	
GP- GC relationship	
Activities GP- GC do together	
GC achievements that make them proud	
Child autonomy	
Difficult times during the time living together	Challenging moments
Examples of generational gap	Situations in which GP notice the age/generation gap with their GC
GP expectations for their GC	Things grandparents expect for their grandchildren now and in the future
How GP see their GC	Description of characteristics of grandchildren
Views of childhood	How they understand childhood, reflected in the way they treat their grandchildren
GP- own child relationship	
Fear of losing GC	Fear of parents taking the grandchildren away from them (past or present)
How they see their own child	
Disappointment for how their lives turn out	

Node Name	Description
Guilt about their child current situation	
Fear that GC repeat their parents' story	
Regarding GC upbringing	Conflicts or agreements regarding upbringing of grandchildren
Parents' visits	Description of parents visits
Parents and household	ways in which parents are integrated to the household
Consequences of parent's visits	
Coping strategies	Any coping mechanism the grandparents use to deal with consequences of parents' visits
GC take care of GP	Grandparents' descriptions of ways in which grandchildren take care of them
GP raised by GPs	Stories of grandparents that also were raised by their grandparents
Other life-changing events	
Placement story	
Beginning of the placement	
GP feelings about placement	
Importance of blood ties	
Legal aspects	
Parental difficulties	
Placement as a decision	
Reasons for placement	
Reflections on grandparenting and parenting	
Grandparenting different of parenting	
'Special love'	
GC are 'everything' to GP	
Mom grandmom (mamabuela)	Grandmothers feel as mothers for their grandchildren
Not making the same mistakes	
More life experience	GP saying that they have more experience now to make things better
Second chance to do things better	Being a 'better' parent this time

Node Name	Description
More affectionate	Expressions of physical affection
Doing things they didn't do with own children	
Positive effects of parenting a GC	
GC give meaning to their lives	
Feeling good and with energy	
Not being alone	
Sense of purpose	
Surnames and family tree	
What is needed to be a carer	
Challenges	
Bring up children in these modern times	
Bringing up children again	
GC's Psychological and behavioural difficulties	
Dealing with SENAME	
Resources	
Economic resources	
Assure GC future	strategies, plans of grandparents to assure well-being of grandchildren (specially in case they are not present)
Economic challenges	
Formal economical support	
Informal economic support	
Energy and Health	
Fear related with being old	
Parenting skills	
Support networks	
In case they cannot take care of GC	
Time	
Skills	

Table 15: Nvivo codebook: analysis of grandchildren's interviews

Node Name	Description
Everyday life	
Church	If they mention they go to church or their grandparents want them to go
Household chores	Any reference to doing household chores
Leisure	Activities they do with their grandparents
Meals	Any description of meal time
Pocket money	Mention to receiving pocket money/ from whom
School work	Related to doing schoolwork alone or receiving help
Future	
Family life in the future	Any mention to the future involving parents or grandparents
GPs expect university	Expectations grandparents have for them
If GPs are not there	Mentions to the possibility of grandparents not being able to take care of them anymore
Their life in the future	Any mention to the future not involving other codes
Going into their grandparents' care	
Advise for other children	Advise for children living with grandparents
Difficult time at the beginning	Any difficult memory of the time when they moved in
Life would have been different	Hypothesis about what life would have been if they did not go to live with grandparents
Memories from before	Any memory from the time living with the parents
Parents did not take care of them properly	Any memory of abuse or neglect
Want to know if shared experience	Any mention to wanting to know if other children have been through the same
Knowledge about the placement	
(Not) knowing why living with GP	
Don't want to know why	If they mention they do not want to know why they moved in with their grandparents

Node Name	Description
Knowing some facts	Information they have about the placement
Living with GP as child's decision	References to moving in with grandparents as their decision
Not knowing	If they mention they don't know why they live with their grandparents
Being thankful to the GPs	Any mention to being thankful to the GPs
Feeling well with the GPs	Any mention to positive feelings related to living with their grandparents
GPs are strict	Mentions to grandparents setting rules or being strict
But not too much	Mentions to grandparents not being severe
parents don't set up rules	Mentions to parents and if they are strict or set up rules
they are overprotective	Mention to feelings of the grandparents being overprotective
GPs take care of them	
Care routines with GPs	Care work as I understand it
Things children say the grandparents do to take care of them	Mention to any kind of way of the grandparents taking care of them
'It's like living with parents'	Any mention to life with the grandparents as similar to life with parents
Resources	Mentions to economic resources
Spending time together	
GPs don't have much time to spend with them	Things that limit the time they can spend together
Things they do together	Any activity they do with their grandparents
Want to spend more time with GPs	Wishes to spend more time with GPs
Parent's visits	Any mention to parents' visits and their feelings about it
Peer relationships	
Playing as important activity	Mentions to playing with friends as positive
Conflicts	Any conflict they mention with their peers
Positive relationships	Having friends at school or other places
Teenagers going out with friends	To the mall in the city and to eat or to the square in the town

Node Name	Description
Relationships with other people	Any significant relationship they mention that is not in other code
Relations with other family members	
Aunt	
Cousins	
Great GPs	
Other GPs	
Uncles	Include mentions to uncles being like big brothers
Relationship with GPs	
Fear for the GP's health	
Generational gap	Any mention to the old age of the grandparents as important
GP's death	Mentions to fear for their grandparents lives
GPs get upset (or viceversa)	Mentions to conflicts with the grandparents and arguments
Naming the carer as…	Ways in which the GC name their GPs
Positive relationship	
Affectionate relationship	
Get along well	
GP as understanding	
GPs are funny	
Gps are important in their lives	
Relationship with siblings	
Relationship with the father	
Bad-tempered fathers	
Conflict with new partner	
Desire of spending more time together	
Don't know him	
Good memories with father	
Not good	
Positive, but not close	
Positive, get along well	
Sends money	

Node Name	Description
Thing they do together	
Relationship with the mother	
Being alike	Descriptions of them being similar to their mothers
Difficult relationship	Conflicts with the mother
Disappointed in the mother	
Don't know her	
Expectation of a change	
Missing the mother	Any mention to missing the mother, even if they keep contact
Mother as a friend	
Mother buys them things	
Mother's rejection	
Positive aspects of the relationship	
Good memories with mother	
Mother is available to them	
Seeing mother makes them happy	
Sadness for not living with the mother	
Things they do together	
Wish to spend more time together (daily life)	
Taking care of others	
GPs	Mentions to any way of taking care of the grandparents – emotionally or physically
Pets	
Thoughts about my visit	

Appendix 11: Consent form for grandparents

CONSENT FORM FOR GRANDPARENTS

Please complete this form after you have read the Information Sheet and/or listened to an explanation about the research.

Grandparent care in Chile: Experiences of grandparents and grandchildren
IoE Department of Social Science

Researcher(s): Carolina Gutierrez, carolina.gutierrez.16@ucl.ac.uk

Principal Researcher: Professor Julia Brannen, j.brannen@ucl.ac.uk

This study has been approved by the UCL Research Ethics Committee

Thank you for considering taking part in this research. The person organising the research must explain the project to you before you agree to take part. If you have any questions arising from the Information Sheet or explanation already given to you, please ask the researcher before you decide whether to join in. You will be given a copy of this Consent Form to keep and refer to at any time.

I confirm that I understand that by ticking/initialling each box below I am consenting to this element of the study. I understand that it will be assumed that unticked/initialled boxes means that I DO NOT consent to that part of the study. I understand that by not giving consent for any one element that I may be deemed ineligible for the study.

		Tick Box
1.	I confirm that I have read and understood the Information Sheet for the above study. I have had an opportunity to consider the information and what will be expected of me. I have also had the opportunity to ask questions which have been answered to my satisfaction and I would like to take part in an individual interview	
2.	I understand that I will be able to withdraw my data up to 4 weeks after the interview	
3.	I consent to the processing of my personal information for the purposes explained to me. I understand that such information will be handled in accordance with all applicable data protection legislation.	
4.	I understand that my data gathered in this study will be stored anonymously and securely. It will not be possible to identify me in any publications.	
	I understand that confidentiality may be limited and conditional given that you have a duty of report to the relevant authorities possible harm/danger to participants or others.	
5.	I understand that my information may be subject to review by responsible individuals from the University for monitoring and audit purposes.	

6.	I understand that other authenticated researchers will have access to my anonymised data.		
7.	I understand that my participation is voluntary and that I am free to withdraw at any time without giving a reason and without consequences.		
	I understand that if I decide to withdraw, any personal data I have provided up to that point will be deleted unless I agree otherwise.		
8.	I understand the potential risks of participating and the support that will be available to me should I become distressed during the course of the research.		
9.	No promise or guarantee of benefits have been made to encourage me to participate		
10.	I understand that the information I have submitted will be published as a report and I wish to receive a copy of it. Yes/No		
11.	I consent to my interview being audio recorded and understand that the recordings will be destroyed after the transcription. To note: If you do not want your participation recorded you can still take part in the study.		
12.	I understand that the transcriptions of my interview will be stored in a encrypted USB unit, and it will be delated 3 years after the PhD thesis is finished		
13.	I am aware of who I should contact if I wish to lodge a complaint.		
14.	I voluntarily agree to take part in this study.		

_____   _____   _____

Name of participant   Date   Signature

_____   _____   _____

Researcher   Date   Signature

Appendix 12: Consent form for grandchildren

Informed assent form for children 5-9 years old

Did you read (or someone read to you) the information sheet about the study? [Yes] [No]

Do you understand this research study? [Yes] [No]

Has the researcher answered all your questions? [Yes] [No]

Do you understand that you can pull out of the study at any time? [Yes] [No]

I do wish to take part in this study [Yes] [No]

Print name: _____

Signature: _____

Date: _____
        day/month/year

Informed assent form for young people 10-18 years old

By signing below, I .... (Name) agree to take part in the research study entitled *Grandparent care in Chile: experiences from grandparents and grandchildren*

I declare that:

- I have read or had read to me the information sheet and I understand the study
- I have had a chance to ask questions and all my questions have been adequately answered.
- I understand that taking part in this study is **voluntary** and I have not been pressurised to take part.
- I may choose to leave the study at any time and will not be prejudiced in any way.

Signed at (*place*) .... on (*date*) .... 2018.

....
Signature of participant