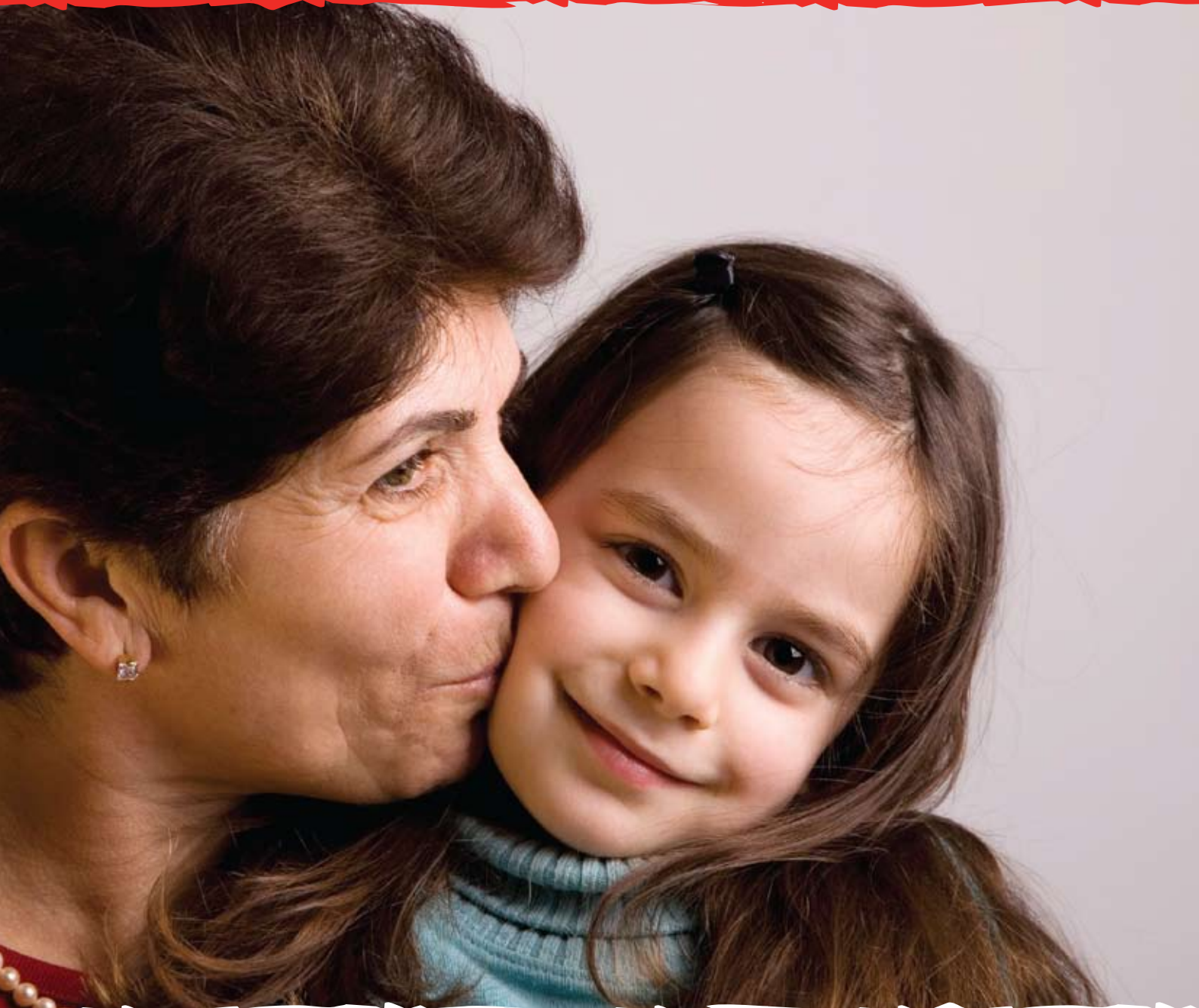


# Grandparenting in Europe



Supported by:



CALOUSTE  
GULBENKIAN  
FOUNDATION

**KING'S**  
*College*  
**LONDON**



Beth Johnson  
FOUNDATION

By Karen Glaser, Eloi Ribé  
Montserrat, Ulrike Waginger,  
Debora Price, Rachel Stuchbury  
and Anthea Tinker.

The Calouste Gulbenkian Foundation is an international charitable foundation with cultural, educational and social interests. Based in Lisbon with branches in London and Paris, the Foundation is in a privileged position to support transnational work tackling contemporary issues facing Europe. The purpose of the UK Branch in London is to connect and enrich the experiences of individuals, families and communities with a special interest in supporting those who are the most disadvantaged. In 2008, the Foundation launched an initiative on ageing and social cohesion, with a number of activities developed with colleagues in Lisbon. This report represents the latest development of a wide portfolio of work which we hope will contribute to a growing understanding of the impact of demographic ageing on our society.

# Contents

---

<b>Executive summary</b>	1
<hr/>	
<b>1. Introduction</b>	9
1.1 Aim	9
1.2 Background	10
1.3 The state of research on grandparenting	11
1.4 Terminology	12
1.5 Outline of this report	12
<hr/>	
<b>2 Methodology</b>	13
2.1 General literature review	13
2.2 Policy review	15
2.3 Limitations of this study	15
<hr/>	
<b>3 Systematic literature review</b>	17
3.1 Demography of grandparents and grandparenting	17
3.2 General involvement of grandparents	18
3.2.1 The need for childcare and the role of grandparents	18
3.2.2 Intergenerational transfers within the family	19
3.2.3 Relationships between grandparents, parents and grandchildren	22
3.3 Support from grandparents	25
3.3.1 Definition of care	25
3.3.2 Caregiving for grandchildren	25
3.3.3 Grandparents as primary caregivers	27
3.4 Impact of grandparenting on grandchildren and grandparents	31
3.4.1 The influence of grandparenting on the well-being of grandchildren	31
3.4.2 The influence of grandparenting on their own well-being	33
<hr/>	
<b>4 Identification of policies on family and grandparenthood in Europe</b>	37
4.1 Analytical frameworks for considering family policy environments	37
4.2 Family policies with relevance to grandparents	41
4.3 Policies with relevance to grandparents in selected European countries	42
Table 1: Parental policies	44
Table 2: Child benefits, family allowances and childcare services	48
Table 3: Policies impacting directly on grandparents	52
<hr/>	
<b>5 Conclusion</b>	59
<hr/>	
<b>6 Appendix 1</b>	
<b>Country specific policies</b>	61
6.1 Family policies in Denmark	61
6.2 Family policies in France	63
6.3 Family policies in Germany	63
6.4 Family policies in Hungary	67
6.5 Family policies in Italy	69
6.6 Family policies in the Netherlands	71
6.7 Family policies in Portugal	73
6.8 Family policies in Romania	75
6.9 Family policies in Spain	76
6.10 Family policies in the United Kingdom	77
<hr/>	
<b>7 Appendix 2</b>	
<b>Useful websites</b>	81
<hr/>	
<b>8 References</b>	83
<hr/>	

### **Acknowledgements**

This report has been produced by the Institute of Gerontology at King's College London for Grandparents Plus in association with the Beth Johnson Foundation. We are very grateful to the Calouste Gulbenkian Foundation for funding this scoping study from January to April 2010. We wish to express our thanks to all the contributors to the report for their hard work, advice and expertise. We stress that this was independent research leading to an independent report, which does not necessarily represent the views of either Grandparents Plus, the Beth Johnson Foundation or the Calouste Gulbenkian Foundation.

Many thanks also go to colleagues at the Institute of Gerontology, King's College London, for providing us with research support and advice, in particular to Mr Keith Britto, Manager, Research and Strategy at the King's Institute for the Study of Public Policy (KISPP).

# Executive summary



**With the support of the Calouste Gulbenkian Foundation, Grandparents Plus is working in partnership with the Institute of Gerontology at King's College London and the Beth Johnson Foundation to explore the role of grandparents within family life across Europe.**

**Despite the growing importance of grandparenting, we know relatively little about its demography, or about how policies in different European countries support different types of grandparental roles. This leads to two key questions: how does the role of grandparents within family life vary across Europe, and how do different family policy frameworks across Europe help shape the role that grandparents play?**

**As a first step to addressing these questions, this scoping study reviews the evidence from academic literature on the role of grandparents in Europe. Literature from the US has also been included because of the scale and richness of its evidence base. It also identifies key policies in European countries which are likely to be important in shaping the role of grandparents in family life.**

**We find that grandparents continue to play an important role in family life, providing help and support to children and grandchildren and also becoming primary caregivers when parents are unable to fulfil this role, for example because of drug and alcohol misuse, severe illness or disability, imprisonment or death.**

**Despite the pivotal role which grandparents play, legislation and social policies often disregard grandparents' contribution as major supporters or caregivers. However there are examples of progressive policies pursued in a number of European countries that enable families to meet their childcare needs more flexibly, for example by allowing parental leave or allowances to be transferred to a grandparent. As our populations age it is likely that future debate about the policy issues surrounding the grandparental role will become more prominent across Europe.**

## Changes in grandparenting

---

Across Europe increased life expectancy means that a large proportion of children will have the opportunity to form long lasting relationships with their grandparents.

---

**Grandparents are likely to become more significant in family life as our populations age.**

### Children are more likely to have living grandparents

Across Europe increased life expectancy means that there are more older people and it is now much more common for a child to grow up while their grandparents, and even great grandparents, are living. At the same time falling fertility rates mean that the proportion of older people is increasing and there are fewer children per family. A large proportion of children in Europe and other parts of the world will have the opportunity to form long lasting relationships with their grandparents.

### Grandparents are playing an important role in providing childcare

The growth in mothers' participation in the labour market is increasing demands for childcare. This may be leading to a greater role for grandparents in looking after children whilst their mothers are working.

In most European countries there has been a decline in three or more generations of the same family living in the same household, and both the nuclear family and older people are more likely to live independently. Even so, family members are the main source of informal childcare and support, and grandparents play an important role in this.

In many countries there has been a rise in divorce and cohabitation rates and in the number of children born outside of marriage. More children are living in households with just one parent, or in stepfamilies. In many countries lone mothers need to work full-time and are less available to look after their children. Grandparents are more likely to care for grandchildren if the grandchild's parents are divorced.

## Grandparents providing financial and practical support to families

---

It is only when parents and grandparents reach the age of 75 or older that they are more likely to receive than to give help.

---

**Grandparents provide significant practical and financial help to their children and grandchildren. But the intensity and scale of this contribution varies across Europe.**

Research shows that in northwest Europe and the US there is frequent contact between older parents and adult children. However there is less involvement in regular transfers of financial and social support (i.e. providing money, practical help and childcare, and living in the same home) than in southern Europe. This is due partly to the greater availability of state support in these countries including welfare benefits, public housing, eldercare and childcare, as well as different cultural norms. In southern Europe, regular transfers between the generations are much more common and the level of state provision of social support is much lower.

Most of the transfers are down the generations, with financial and practical support provided by grandparents to their adult children and grandchildren and it is only when parents and grandparents reach the age of 75 or older that they are more likely to receive than give help.

Analysis of Europe-wide data shows that older people with more resources, for example those with a partner or with higher levels of wealth or educational attainment, are more likely to provide help, while those who are in poor health or single are less likely to provide support. There is a gender difference, with women more likely to provide help than men. Grandparents who have frequent contact with their grandchildren are also more likely to provide financial help.



---

### Formal childcare often fails to meet the needs of families with disabled children.

---

#### **Grandparents can be an important source of support for families with a disabled child.**

Grandparents may play an important role in families with a disabled child, because of the extra demands and potential stress these families face. Practical, emotional and financial support from grandparents helps families cope and adjust to their situation, and if spatial distance prevents direct practical support, “being there” for the family and listening and offering non-judgemental advice is highly valued.

Research from the US shows that maternal grandmothers can be the most important source of informal support, and that mothers of disabled children who have close relationships with their own mothers experience less stress. Fathers also appreciate grandparental support, especially from their own mothers.

Grandparents may play a particularly important role for working mothers with disabled children, because formal childcare often fails to meet the needs of these families.

#### **Grandparenting and family breakdown**

---

### Grandparents are more likely to provide help with the care of grandchildren if parents are separated than if they are together.

---

#### **Maternal grandparents are often an important source of support for families experiencing divorce or relationship breakdown. Research from the UK shows they are more likely to provide help with care of grandchildren if parents are separated than if they are together.**

Grandparents also help children cope with a breakdown in their parents’ relationship, with children who are close to their grandparents having fewer emotional or behavioural problems after parental separation. Although closeness between grandparents and grandchildren tends to reduce over time, there is evidence that a good relationship with a grandparent following separation has long lasting benefits, although relationships between adolescents and their peers are also important.

Relationships between grandparents and grandchildren after parental separation are strongly influenced by the closeness of the relationship between the grandparent and the parent with care. Maternal grandmothers may play a greater role; this is most likely due to the fact that lone mothers tend to rely on support from their own mothers. The level of involvement of grandmothers is also affected by the quality of the relationship between the mother and grandmother during the mother’s own childhood. Paternal grandmothers are often excluded from family life after their son’s divorce or separation. Maternal grandmothers also tend to have less contact with grandchildren after the mother repartners.

#### **Divorced grandparents**

Higher divorce rates across all generations mean that grandparents themselves are more likely to experience divorce. Divorced grandparents, or those who have previously been divorced and since remarried, tend to have fewer contacts with their grandchildren, take part in fewer activities with them and say they feel less close to their grandchildren than grandparents who have never been divorced. These negative effects are stronger for grandfathers and paternal grandparents, probably reflecting less close relationships between older people who have experienced divorce and their adult children.

The likely increase in future numbers of divorced older people may have negative implications for the closeness of future generations of grandchildren and grandparents. However as divorce and separation becomes more common it is likely that its effects on family relations may also change in the future.

## Grandparents providing childcare

---

**58% of grandmothers and 49% of grandfathers provided childcare in the past year.**

---

### **Changes in family structures and mothers' participation in the labour market mean the need for childcare will increase.**

In the UK around one in three mothers in paid work receives help with childcare from grandparents. Lone parents and mothers from South Asian backgrounds are also particularly likely to rely on grandparents to provide childcare for very young children while they are working. Grandparents are likely to act as a “reserve army” filling in gaps to meet childcare needs. In some European countries levels of grandparental involvement in childcare are high. A pan-European survey shows that 58 per cent of grandmothers and 50 per cent of grandfathers provided regular or occasional childcare in the past year for their grandchildren aged 15 or younger. In the US 43 per cent of grandmothers say they provide regular childcare.

However there are striking differences across Europe in the level and intensity of childcare provided by grandparents. In Italy, Spain and Greece 40 per cent of grandparents provide regular childcare for their grandchildren, compared with 20 per cent of grandparents in Sweden, France and Denmark. On the other hand, more grandparents report providing any childcare in Sweden, France and Denmark, possibly reflecting higher maternal employment rates and grandparents stepping in to provide occasional help to working mothers in those countries, bridging the gap between formal childcare and parental care.

In the US, grandmothers who provide intensive childcare for grandchildren tend to be younger and have more and younger adult children than grandparents who do not provide childcare. They are also more likely to be living with a spouse and to have better health. Grandparents providing intensive overnight childcare, i.e. more than 90 nights per year, are more likely to be married, living close to their children and younger than grandparents who only occasionally provide childcare. They are also more likely to be Black, female and living on low incomes or below the poverty line. Half of all US grandmothers providing intensive childcare live in the same household as their grandchild.

In the UK, less well-qualified working mothers tend to rely most on grandparental help with childcare, with grandchildren under the age of five receiving the most care. While some grandfathers are actively involved in caring for their grandchildren, it is grandmothers who spend the most time looking after them.



## Grandparent-headed households

---

**UK evidence suggests that grandparents form the largest group among family and friends awarded kinship care of children.**

---

**Grandparents who become primary caregivers for their grandchildren are more likely to be in poverty than other grandparents.**

In the US there has been a significant rise in the number of children growing up in households headed by a grandparent. This includes both households where three generations are living together, and households where the parent is absent or unable to fulfil their parental role and the grandparent has become the primary caregiver. Grandparents in these families are more likely to be in poverty than other grandparents. This has implications for the children living in those households who in turn face an enhanced risk of poverty.

Grandparents may take on the role of a parent, either legally or informally, for a range of reasons including parental neglect or abuse, drug or alcohol misuse and mothers' imprisonment or death.

In the US, changes in welfare benefit entitlement introduced in the Welfare Reform Act 1996 are likely to have had the indirect effect of increasing the number of single teenage mothers living with their parents.

There is a lack of evidence about families headed by grandparents in Europe, although evidence from the UK suggests that grandparents form the largest group among family and friends awarded kinship care of children.

## Grandparenting and children's wellbeing

---

**Children in kinship care placements can have good outcomes.**

---

**Grandparental involvement in children's lives generally has a positive impact on children's wellbeing.**

Research from the UK indicates that grandparental involvement is linked to better emotional adjustment and fewer behavioural problems among adolescents. US research shows that children with strong relationships with grandparents have fewer depressive symptoms than those with weak grandparent relationships.

### Intensive grandparenting

Evidence on the impact of more intensive grandparental involvement in the lives of grandchildren is mixed. One study from the US found fewer behaviour problems among adolescents living in three generation households, while another found a higher risk of emotional and behavioural problems among children raised by their grandparents. Research from the UK indicates that children in kinship care placements can have good outcomes, particularly where the children are young at the time of placement and have a low level of difficulties. UK research also finds that children in kinship care have often experienced similarly high levels of multiple adverse experiences prior to the placement as those in foster care. It is therefore hypothesised that the children's difficulties may be due to the highly adverse family circumstances which led to the grandparent's involvement.

### Childhood obesity

Preschool children from more advantaged backgrounds who are looked after by grandparents are more likely to be overweight than those cared for only by parents. There is also a strong association between grandparental obesity and a child's weight, most likely reflecting both genetic and behavioural factors.

## Grandparents' well-being

---

**Grandparents who are primary caregivers are vulnerable to financial hardship.**

---

**Active grandparenting may enhance well-being, but very intensive grandparenting is associated with isolation and financial hardship.**

Grandparents who actively contribute to families' well-being and provide care and support to grandchildren benefit from an enhanced sense of purpose in life and of family identity, even when they feel emotionally drained by childcare demands.

The evidence on the impact of intensive care and becoming a primary caregiver on grandparents' wellbeing is mixed, with some studies showing negative effects on wellbeing. Research from the US indicates lower levels of preventive health behaviours among grandparents who are raising their grandchildren; however, once the period of adjustment to their new situation is over, grandparents appear to return to previous behaviours directed towards health promotion.

Grandparents raising their grandchildren may lack privacy and leisure time, have less contact with friends and be at risk of isolation. Isolation is also a concern for grandparents providing intensive support to families with a disabled child.

### Financial hardship

Grandparents who are primary caregivers are vulnerable to financial hardship, especially if neither parent lives in the household. In the US, grandparents raising their grandchildren are often young grandmothers and are likely to be Black and unmarried. However, grandparents in three generation households are more likely to be younger and working.

Grandparents who are not formally recognised as primary caregivers are worse off financially than those bringing up children within the formal child welfare system in the U.S., and report difficulties in being able to access services such as respite care and legal advice, despite having similar needs.

### Grandparents receiving care from grandchildren

When older people experience ill health or bereavement family members, especially partners, are the main providers of support and care. In most European societies there is no evidence that grandchildren are generally involved in providing care for their grandparents. There is little research evidence on when grandchildren do provide care, although a study from the US found that grandchildren in Black and minority ethnic families were more likely to care for a grandparent than White grandchildren.

---

**In Germany parents can transfer leave to a grandparent. Working grandparents also get up to 10 days paid leave to care for a grandchild in an emergency.**

---

**Hungary has transferable allowances and leave.**

---

**In Portugal grandparents can receive a financial allowance to support teenage parents.**

---

**In the UK grandparents providing childcare will be able to claim national insurance credits from April 2011.**

---

**Despite the pivotal role which grandparents play in families, legislation and social policies often disregard grandparents' contribution as major supporters or caregivers.**

However there are examples of progressive policies pursued by European states that recognise and in some cases reward grandparent care, for example providing flexibility for parental leave or allowances to be shared with a grandparent, or recognising the particular needs of families with teenage parents.

### Germany – Parental Leave

In Germany parents are entitled to take leave for up to three years after a child's birth, 12 months of which can be transferred until the child is eight. This leave entitlement may be transferred to a grandparent if the parent is seriously ill or disabled, or if the parent dies. A grandparent can also take the leave if the parent is a teenager or still in full-time education and the parent does not take the leave themselves.

Grandparents who are the primary carer for their grandchild are also entitled to take the leave. Working grandparents are also entitled to take up to ten days paid leave to look after a grandchild in an emergency, or to take unpaid leave of up to six months.

### Hungary – parental leave and parental allowance

In Hungary parental allowances and parental leave can be transferred to a grandparent if the parents agree and if the child is looked after in the grandparent's home.

### Portugal – support for grandparents of teenage parents

In Portugal grandparents are entitled to a financial allowance if the mother is aged 16 or younger and the grandparents live together with their grandchild.

Grandparents are also entitled to take up to 30 days a year and receive a financial allowance to care for a sick child, if parents are unable to look after the child because of work commitments or if they have already used up their parental leave entitlement.

### Denmark – grandmothers care for sick children

In Denmark all public sector and most private sector employers permit a parent to stay at home for the first day of a child's illness, and in practice the grandmother often stays at home the second day.

### UK – basic state pension National Insurance Credit

From April 2011 UK grandparents who provide childcare for a child under 12 so that parents can work will be able to claim National Insurance credits towards their basic state pension.

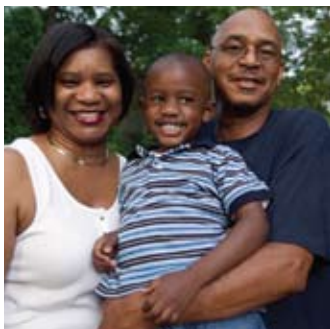
## Conclusion

**As our populations age and the number of children per family falls, the role of grandparents in family life is becoming increasingly significant. This study shows that this is an international phenomenon and not confined to the UK alone.**

The diversity of and pressures on family life, for example with more lone parent families and more mothers working outside the home, are similarly replicated across Europe. But there is wide variation in how different states have responded to these challenges through family policy. In some states the grandparental role is actively recognised and supported. In others the state presumes it is the grandparent's responsibility to support the family and there is little if any formal provision in place.

This scoping study has gathered some useful evidence reviewing existing literature, and developing an overview of family policies across EU countries. Phase two of this study will begin to explore this picture in greater detail. The role grandparents play in family life is likely to become increasingly significant in the years ahead. We need to develop a much better understanding of this changing reality if we are to respond effectively.

# 1. Introduction



---

**The role and contribution of grandparents is little acknowledged in policy.**

---

## 1.1 Aim

Grandparents have always provided care and support to their children and grandchildren, and this social and economic role has generally been taken for granted by families, communities and governments alike. As social researchers have explored the role of grandparents in recent decades, however, greater understanding of the importance of their place within the family, but also within wider society, is developing. This is particularly so for households where grandparents are the primary carers, where grandparental care facilitates mothers working in the paid labour force, where grandparents assist at times of upheaval such as divorce, or serious illness, or where intergenerational transfers of money and emotional support enhance the well-being of younger generations. As our knowledge base about grandparenting increases, governments have begun to recognise that to achieve societal aims of increasing prosperity and excellent social care, it might be critical to implement social policies that help to sustain these important, complex and potentially fragile social relationships. At the present time, the role and contribution of grandparents is little acknowledged in policy and the law accords grandparents few rights.

Despite its growing importance as a matter of policy and social structure, we know relatively little about the demographic structure of grandparenting across Europe, or about how policies in different European countries support different types of grandparental roles. This leads to two key questions:

- **How does the role of grandparenting within the context of family life vary across Europe? and**
- **How do different policy environments (focusing on family policy) across Europe help to shape the social structure of grandparenting?**

As a precursor to investigating these questions, the Institute of Gerontology at King's College London, in partnership with Grandparents Plus and the Beth Johnson Foundation, was commissioned by the Calouste Gulbenkian Foundation to carry out a scoping study to consider:

- **a systematic literature review, what we already know about grandparenting, and where research is still needed;**
- **what types of policies in different countries across Europe might impact on grandparenting, and how these policies differ across countries.**

These are the issues addressed in this report.

## 1.2 Background

All countries in Europe face population ageing. Within the next fifteen to twenty years, a fifth to a quarter of the population in many European countries will be aged 65 and over (Commission of the European Communities 2005). In large parts of Europe the initial shift to older age structures brought about by the first demographic transition has been amplified by low fertility throughout many European countries and by substantial improvements in survival (Grundy, Tomassini & Festy 2006). This increasing verticalisation of family structure means more extended families with three if not four living generations (Post et al. 1997, Watkins, Menken & Bongaarts 1987). Increasingly, children will have living grandparents until they reach adulthood, and family relations between generations (e.g. between grandparents, parents and children) will be more common than relations within generations (e.g. between siblings). In Britain, at age 20 over 80 per cent of the population have a living grandparent, consequently having three or more generations of their family alive at the same time (Grundy, Murphy & Shelton 1999). Comparative European studies have also shown that, largely due to improvements in mortality, more adult children will have living parents in early and mid-life and more 80 year old women will have at least one surviving child (Murphy, Martikainen & Pennec 2006, Murphy & Grundy 2003).

This means that there will be more grandparents alive potentially to take on supportive roles for their children and grandchildren, but also, if the average age of first grandparenthood increases due to later first births among women<sup>1</sup>, that ageing grandparents may need care themselves. While these demographic patterns are changing, the role of grandparents across Europe is likely to be of growing significance given increasing demands for childcare due to higher female labour market participation, as European countries have progressed towards meeting the target of the Lisbon strategy for increasing EU female employments rates to 60 per cent by 2010 (European Trade Union Institute 2009). For example, the 2002 British Labour Force Survey (LFS) showed that 34 per cent of children under 15 who had mothers in paid employment were being looked after by a grandparent at some point in the previous week (Summerfield & Babb 2004).

Apart from the facilitation of mothers' employment, there are other reasons to better understand the demography of grandparenting. If there have been decreases in intergenerational co-residence, this may affect the contact that children have with their grandparents, the extent to which grandparents help or assist their families, and the barriers, motivations and effects of taking on the care of grandchildren. If co-residence with grandchildren has increased, this too may have implications for society. Grandparental care may also differ from parental care in fundamental ways that affect the well-being of grandchildren and adult children, and impacts on grandparents themselves could be positive and/or negative. Further, as welfare states mature, the financial challenges of health and social care provision in ageing societies mean that governments may need to think creatively about supporting care within families.

## 1.3 The state of research on grandparenting

As will be expanded on in Chapter 3, our systematic literature review reveals that research examining grandparental roles has largely focused on contacts between generations, although there is a growing literature on variations in, and determinants of, grandparental support (in terms of looking after and helping grandchildren) (Baydar & Brooks-Gunn 1998, Dench & Ogg 2002, Dench, Ogg & Thomson 1999, Fuller-Thomson & Minkler 2001, Fuller-Thomson, Minkler & Driver 1997, Hank & Buber 2009, Minkler & Fuller-Thomson 2005). This literature shows that some grandparents play an important role in caring for grandchildren, and grandparental support appears to be responsive to need (for example, in terms of providing care for a child at times of parental divorce). The prevalence of grandparents providing at least weekly childcare varies considerably across Europe; with Greece, Italy and Spain showing a considerable reliance on grandparent care (roughly 40 per cent of grandmothers providing almost weekly or more frequent care for grandchildren in comparison to 20 per cent of grandmothers in Sweden, Denmark and France) (Hank & Buber 2009). However, the few studies on this issue have largely focused on Western Europe and provide limited detail on the breadth of intergenerational support provided. Moreover, research from the U.S. has been included in this study because of the dearth of European studies in this area.

---

<sup>1</sup> It should be noted however, that while average age at first birth is increasing this may mask class differences.



---

**In the UK the most common reason for grandparents raising grandchildren is parental drug or alcohol misuse, abuse or neglect.**

---

Our literature review has also revealed the importance of policy environments in impacting on grandparenting. In examining the question of co-residence, research from the U.S. shows an increase in the percentage of co-resident grandparents and grandchildren (Casper & Bryson 1998, U.S. Census Bureau 2004). For example, in 1970 about 3.2 per cent of American children under age 18 lived in their grandparents' home; by 2003 this had risen to 5.2 per cent (U.S. Census Bureau 2004). Especially significant in the U.S. has been the rise in 'skipped-generation households' – those comprising grandparents and their grandchildren but without the child's parents being present (Casper & Bryson 1998, Pebley & Rudkin 1999, U.S. Census Bureau 2004). Several reasons have been offered as to why grandparents in the U.S. are increasingly involved in caring for grandchildren including drug and alcohol misuse, abuse or neglect of children, parental incarceration, teenage pregnancy, and homelessness (Goodman & Silverstein 2001, Jendrek 1993). In Europe, the reasons for such arrangements are thought to be similar. For example, in the U.K. the most common reasons given for grandparents raising grandchildren are parental drug and alcohol misuse and abuse and neglect of grandchildren (Grandparents Plus 2009).

Studies in Europe as well as the U.S. have examined the characteristics of grandparents who look after grandchildren (for example, the majority of grandparents providing support or care are maternal grandmothers) (Chan & Elder 2000). A considerable literature has also investigated the implications of providing care for grandchildren on grandparental well-being (Davis et al. 2008, Fergusson, Maughan & Golding 2008, Hamilton 2005, Pearce et al. 2010, Pittman & Boswell 2008, Pittman 2007, Ruiz & Silverstein 2007, Silverstein & Ruiz 2006, Smith & Palmieri 2007). Research has generally shown the importance of the grandparent-grandchild tie throughout the life-course (Silverstein & Marenco 2001). However, risks to physical, psychological and financial well-being are also associated with intensive grandparenting (Bachman & Chase-Lansdale 2005, Baker & Silverstein 2008, Blustein, Chan & Guanais 2004, Giarrusso et al. 2001, Grinstead et al. 2003, Hughes et al. 2007, Lee et al. 2003, Minkler et al. 1997, Pruchno & McKenney 2002, Solomon & Marx 1999, Szinovacz, DeViney & Atkinson 1999). In the U.S., for example, poverty is higher among grandparents who reported having primary responsibility for raising their grandchild (Fuller-Thomson, Minkler & Driver 1997). However, little work has investigated whether raising a grandchild leads to poverty or whether poorer families are more likely to undertake such care.

Our review has shown that much of the research evidence on the issue of grandparent help and care is non-European (largely U.S. based) and, in addition, there is relatively little comparative work. The evidence in the U.K. generally suggests that grandparents play an important role in family life, providing help to adult children and grandchildren and also taking on a parental role when needed (Dench & Ogg 2002, Dench, Ogg & Thomson 1999). One of the few comparative studies found that this pattern is generally common across Europe with 58 per cent of grandmothers and 49 per cent of grandfathers providing regular or occasional care to a grandchild in the last year (Hank & Buber 2009). It has been suggested by North American commentators that given grandparents' considerable involvement in childcare, subsidising the time grandparents spend looking after grandchildren may be an effective childcare policy (Cardia & Ng 2003). However, in Europe legislation and social policies often do not recognize the role of grandparents as caregivers or major supporters and there is a considerable need for evidence to show whether similar proposals would be justified in European countries.

For example, there is little analysis of trends in co-residence between grandparents and their grandchildren across Europe. Moreover, there is a lack of data on the drivers (and in particular, on the policy drivers) of different grandparenting patterns across Europe. There is also little research on the relationship between men and women's employment patterns and the role of grandparents in childcare in Europe. Finally, the relationship between grandparents' contribution to childcare, and their own risk of poverty, has received less attention in the literature.

## 1.4 Terminology

Many different terms are used in the U.S. and European literature on grandparents. In the U.S. 'primary care' is often used when a grandparent reports having primary responsibility for raising a grandchild (this may or may not include legal custody). In the U.K. and Europe the more general term 'kinship care' denotes any periods (from days or weeks to many years) of responsibility for grandchildcare in the absence of a parent. 'Three generational households' will usually comprise grandparents and grandchildren with at least one of their parents. 'Skipped generation households' are those consisting of a grandparent and a grandchild; both of these households are considered to be 'multi-generational households'. A multigenerational household might include for example adult children living with adult parents, three generations living together or grandparents living with their grandchildren. Parents living with their minor children are generally not included in the definition of multi-generational households. The U.S. literature also considers 'co-parenting households' (defined as those where the grandparent co-resides with the grandchild and at least one of the child's parents and where the grandparent reports primary responsibility for care of the grandchild or as three generational households) and 'custodial households' (defined in a variety of ways, for example, where grandparents live with grandchildren and report primary responsibility for the care of their grandchildren, where grandparents report a primary responsibility for a grandchild, or where grandparents live with a grandchild without the presence of the parental generation); there are no commonly-used European equivalent terms.

In this report, we carefully define the terminology used in relation to grandparenting when discussing the various studies.

## 1.5 Outline of this report

This report therefore presents results from our scoping study which consisted of (1) a systematic review of the literature on the role of grandparents in Europe and (for comparative purposes) in North America; and (2) identifying family policies that may be important for shaping grandparenting roles across Europe. Chapter 2 presents the methodology for the literature search and for the identification of family policies relevant to grandparents. Chapter 3 highlights key research on the role of grandparents in Europe and North America. Chapter 4 identifies and briefly describes family policies with relevance to grandparents in selected European countries, including separate sections on country-specific policies. Finally, Chapter 5 summarises the relevant findings and literature.

## 2. Methodology



---

**By 2025 between 1 in 4 and 1 in 5 people in Europe will be over 65.**

---

**This scoping study provides a systematic review of the literature on the roles of grandparents in Europe and the U.S. (as much of the literature is based on the latter country). It also identifies, and briefly discusses, key family policies in selected European countries likely to be important in shaping the role of grandparents in family life.**

### 2.1 General literature review

The literature review was carried out in two steps in order to ensure the inclusion of all relevant publications. The first step involved a systematic search of a key academic database: Web of Knowledge. From this process a refined set of criteria emerged, which was used for the second step. This involved a systematic search of the literature in this area on a further array of key academic databases (Web of Knowledge, PubMed, AgeInfo, PopLine, BIDS-Bath Information and Publication Services).

A search of the key academic databases began in January 2010. Most of these databases contain abstracts (and in many cases links to) research published in academic and professional journals, books, reports and government documents. Our search emphasized peer-reviewed publications in academic and professional journals. This strategy meant that the results were more comprehensive with regard to the behaviour of grandparents within the context of family interactions and exchanges ('grandparenting'), which are normally reported in journals, than with regard to the number of grandparents and their own demographic characteristics, which are more often analysed in government reports. This was thought appropriate given the aims of the study.

As noted above, the first step involved an in-depth search of the Web of Knowledge, a widely used academic database covering a broad range of social science disciplines. In collaboration with Grandparents Plus, key search terms were identified (e.g. grandparent, grandchildren, three-generation family, etc.). It soon became apparent that related keywords were finding similar articles; consequently we decided to search use keywords in combination. This initial strategy yielded 17,049 potentially relevant publications. After applying two key inclusion criteria (that is, only those articles published in English and only those published after 1990) the number of articles was reduced to 12,999. In order to further narrow our search, 27 social science fields of interest were identified. Sifting the articles by these 27 fields reduced the number articles of interest to 8,004. Given the breadth of publications identified, further selection criteria were applied.

A study was excluded if:

- It was based in Asia, Africa or South America
- It primarily focused on the experience of minority populations (e.g. Chinese Americans, Mexican Americans, etc). One exception was made, the experience of Blacks in the U.S., given that many studies of grandparents focus on this group
- It dealt with intergenerational relationships and keeping in touch following migration
- It focused on lesbian and gay grandparents
- It focused on the impact of losing a grandparent or grandchild
- It examined the effect of grandmother involvement and its impact on breastfeeding practices and grandchildren's birth weight
- It investigated the role of grandparents in the HIV / AIDS pandemic (e.g. in Africa, Thailand)
- It examined intergenerational social mobility
- It investigated intergenerational business practices
- It examined issues relating to inheritance and bequests
- The article had never been cited, or only cited once or twice

This further reduced the list of publications to 1,210. The articles were categorised into 24 key topic areas by their titles (e.g. grandparents as caregivers). The research team, together with collaborators in Grandparents Plus, reviewed these topic areas and decided to limit the scope of the study to 14 out of the 24 topic areas which best fitted the study. All the abstracts in these 14 topic areas were reviewed both by researchers and by the principal investigator to assess their relevance for the study. At this stage articles were generally excluded if they were published in a journal with no 'impact factor' (an often-used measure of the quality of a journal) or if they were based on very small sample sizes. The final selection consisted of 120 articles.

The second step used the criteria described above to conduct a systematic search of a wider range of databases. Similar keywords and combinations of keywords were used where possible, although in some of the databases the search options were more limited.

Finally, all references identified by both steps were entered into Endnote version 12, a bibliographic database. Additional publications found during the search (including non-academic literature on policies, those referenced by other publications, as well as those recommended to the researchers by colleagues at the Institute of Gerontology, were also added to the bibliographic database. This resulted in a total of close to 200 publications. A discussion based on a selection of this literature can be found in Chapter 3 (a list of the references used can be found at the end of the report).

---

**6 out of 10 grandmothers and half of grandfathers in Europe provide regular or occasional care for their grandchildren.**

---

## **2.2 Policy review**

The identification of family policies relevant to grandparents took place in January and March 2010. The selection of countries to include in this policy review was based on their inclusion in national level comparative datasets such as SHARE (Survey of Health, Ageing and Retirement in Europe). The final country selection included countries with Nordic, Continental, Eastern European, and Southern European policy schemes. The following countries were included in the policy review: Denmark, France, Germany, Hungary, Italy, the Netherlands, Portugal, Romania, Spain, and the United Kingdom.

First, together with Grandparents Plus key policy areas with relevance to grandparents were identified. The focus was on family policies including, for example, maternity and parental leave policies, childcare policies, and those relating to foster care.

Information on national policies was compiled from various national and international sources including academic databases; literature found through websites and databases from diverse national and international organisations (e.g. OECD, European Commission, International Social Security Agency and NGOs (e.g. Grandparents Plus); academic research platforms (e.g. Columbia University, Leave Policies and Research Network); and finally through government websites. A selection of useful websites can be found in Appendix 2.

## **2.3 Limitations of this study**

Grandparents clearly play an important caregiving and supporting role in less industrialised countries (especially supporting families with HIV/AIDs and AIDS orphans) and this is evident in the number of studies revealed in the first step of this literature search focusing on these issues. However, given the time constraints on this study, and since the focus of this research is cross-European differences, literature relating to grandparenting in less developed countries was excluded.

The policy review was limited to 10 selected European countries representing a broad range of different policy environments. Emphasis was placed on family policies although it is recognised that policies from nearly all areas are likely to impact on the grandparenting role (e.g. migration and housing policies).

It should be noted that the identification of up-to-date national policies was often difficult and that many governmental documents were available only in the local language (the research team covered many of the languages spoken in the 10 countries selected but not all). Comparative information on national policies from international organisations and academic platforms was therefore used to identify current regulations in addition to governmental websites and documents.





# 3. Systematic literature review



**More people can expect to become great grandparents before they die.**

## 3.1 Demography of grandparents and grandparenting

Over the past fifty years industrialised societies have undergone a series of rapid socio-demographic and economic changes. Population ageing is a universal phenomenon, the result of declining fertility and advancing life expectancy. Thus the older population is growing both in absolute numbers and as a share of the population. The initial shift to older age structures resulting from the first demographic transition has been enhanced by widespread low fertility throughout many European countries and by substantial improvements in survivorship (Grundy, Tomassini & Festy 2006).

These trends have led to large increases in families with three or more generations living at the same time (Post et al. 1997, Watkins, Menken & Bongaarts 1987). This means that a large proportion of children in Europe, and in other parts of the world, will be able to establish long lasting relationships with their grandparents. Thus, family ties between grandparents and grandchildren have been substantially extended (Bengtson 2001, Hagestad 2006). While the proportion of families with multiple generations living at the same time – the ‘length’ of the family – has increased, the ‘breadth’ of the family – the number of children per couple for example - has declined (Tomassini et al. 2004). It may be that the numbers and proportions of older people who are not grandparents has increased, and it is clear that those who are grandparents have fewer grandchildren; on the other hand, more people can expect to become great-grandparents before they die.

Families which include several generations have greater opportunities for childcare by grandparents. At the same time, as smaller families reach adulthood and have children themselves, the possibility of childcare by aunts and uncles is reduced. In most European societies, family members are the principal source of care and/or support provision, and grandparents play an important role in this.

Although families with several living generations have become more common, in many European countries the prevalence of households with more than one generation (such as older parents and adult children) has declined. Unlike the U.S. which has witnessed an increase in multi-generational households, trends in Europe generally show a strong tendency towards independent living both in the nuclear family and in the older generations (Tomassini et al. 2004). Inevitably this means that fewer families include constant contact between grandparents and grandchildren; and research results generally suggest that levels of inter-generational contact diminished in the decades following the Second World War; however, little work at least in Britain has examined more recent changes (McGlone, Park & Roberts 1997, Shanas et al. 1968).

In addition, many European countries and the U.S. have experienced changes in family behaviour, including declines in marriage and childbearing; rises in divorce and cohabitation; and increases in children born outside of marriage (Coleman 2000, Haskey 2002, Kiernan 2003, Stevenson & Wolfers 2007). For example, in the U.K., a study predicted that one in eight children will experience a parental divorce or separation by the time the child reaches 16 (Haskey 1994). This means that grandparent-grandchild relations may be disrupted; step-grandparenting may become common enough to be studied separately; marked divergence in level of grandparent-grandchild contact may emerge between maternal and paternal grandparents; and grandparents where the parent is a lone parent may assume some of the role of the missing parent.

In summary, grandparents have become more prominent in the wider family network; that is to say, many people can expect to spend a significant proportion of their lives as grandparents; members of the older generations in the family will not be greatly outnumbered by members of the younger generations; and family relationships between parents and their adult children will be second only to relationships in the nuclear family in importance. However, given the increasing complexity of family life due to partnership breakdown and reformation, the role of a grandparent is likely to become more complicated and be subject to wide variation.

### **3.2 General involvement of grandparents**

#### **3.2.1 The need for childcare and the role of grandparents**

The previous section pointed out the increasing prevalence of multi-generational families. This raises the possibility of additional strain on the middle generation as its members could be caring for children and parents at the same time. However, in some families the strain of dual responsibility may be felt more in the older generation, where older people continue to support their (now adult) children and the birth of grandchildren may pose additional demands. As already noted, this might especially be the case in single-parent families, where additional demands may be placed on at least one set of grandparents to compensate for the absent parent (while the other set of grandparents may withdraw or be excluded from that family circle).

Working patterns are changing just as partnership and parenthood behaviour is changing; atypical hours or flexible working times have become more common, and stability of employment has greatly diminished (European Commission 2009a). These conditions imply a need for flexible and reliable childcare. But the most significant development is greater female participation in the labour force, especially by those with dependent children, which obviously creates a regular need for childcare (Gardiner 2000, Le Bihan & Martin 2004, OECD 2007b). Women are still overrepresented in part-time jobs in most societies (Lewis, Campbell & Huerta 2008); however, lone mothers often need to work full-time, and are thus less available to care for their children. Mothers also are more likely to return to work sooner after children are born (Macran, Joshi & Dex 1996). There is in some European countries a clear connection between working mothers and childcare by grandparents (Gray 2005).

Despite the numerous research studies in the U.S. on grandparents bringing up their grandchildren, and the acknowledged importance of grandparents as a safety net, little research exists on the positive outcomes of grandparenting for the wider society. There is some literature that emphasizes the role grandparents play, for example, in avoiding further impoverishment among their grandchildren (Mutchler & Baker 2004). There is also evidence to show how the welfare system benefits from grandparental care. Child welfare agencies in the U.S. appear to rely more and more on the availability of grandparents to provide care for their grandchildren (Hughes et al. 2007). Thus, the State benefits from grandparents' informal, unpaid care to children. More generally, it is likely that childcare needs will grow as a result of women's greater participation in the labour market, and grandparental care may play an increasingly important role (Wheelock & Jones 2002). Mothers' decisions about whether to return to work are likely to be influenced by the availability of grandparents to provide childcare.

In summary, several widespread trends in European countries suggest an increasing need for assistance with childcare: these are the rise in mothers' employment, the rise in atypical or changeable hours of work and the rise in one-parent families (often headed by women, who are often obliged to work to support the family). Grandparents are a long-established resource for childcare and more general family support, and it is likely that, in some European countries at least, demands on them are increasing.

---

**Mothers' decisions to return to work are likely to be influenced by the availability of grandparents to provide childcare.**

---

### 3.2.2 Intergenerational transfers within the family

#### Transfers of space, time and money

There is a considerable literature on intergenerational transfers, although much of this work is based in the U.S. An intergenerational transfer is a broad term used to describe the sharing of resources within the extended family. Transfers are often measured in terms of three “currencies”: space, time and money (Soldo & Hill 1995). Some of these currencies are more difficult to measure than others. The transfer of space includes co-residence, a common intergenerational transfer in many Southern European countries (Tomassini et al. 2004). Giving time includes practical assistance, such as caring for a parent or grandchild or helping in the household (Soldo & Hill 1995). Finally, the giving of money or goods includes inheritance and bequests as well as transfers while both parties are still alive.

Much of the work in this area in the U.S. and in Northwestern Europe shows that while there is frequent contact between older parents and adult children, there is less involvement in regular transfers<sup>2</sup> (Albertini, Kohli & Vogel 2007, Attias-Donfut, Ogg & Wolff 2005, Eggebeen 1992, Hank 2007, McGarry & Schoeni 1995, Rosenthal, Martin-Matthews & Matthews 1996, Spitze & Logan 1992). In such societies, the lack of involvement in regular transfers is likely to result from the availability of public transfer programmes (e.g. social benefit programmes) which decrease reliance on family members for support. In contrast, the Southern European countries show a much higher level of regular transfers, especially between parents and adult children (Albertini, Kohli & Vogel 2007, Attias-Donfut, Ogg & Wolff 2005) and the level of public assistance is considerably lower than in Northern Europe. In line with these variations, research has shown the important role of cultural norms in intergenerational transfers (Albertini, Kohli & Vogel 2007, Attias-Donfut, Ogg & Wolff 2005).

Research has also considered motivations for support focusing on two key theories about the allocation of social and financial support: altruism and exchange (Cox & Rank 1992, Grundy 2005). The altruism model suggests that assistance is prompted by need and is given without any anticipation of return. The exchange model suggests that transfers are made in the expectation of services now or in the future (or in recognition of past services), that is, parents might provide more assistance to children from whom they receive, or expect to receive, help and vice-versa. Related to this is generalized exchange, where people may provide support to relatives in expectation of reciprocation from a kin group as a whole. This model suggests, for example, that older parents may help adult children because in the past their own parents helped them (Grundy 2005). The evidence to date suggests support for both theories; the two types of motivation are not, of course, mutually exclusive. On the one hand, research has shown that parents may provide help to poorer children in an effort to equalize the status and circumstances of their offspring (McGarry & Schoeni 1997), findings which support the altruism model, while on the other hand other studies have found a strong effect of reciprocity (Grundy 2005). Greater frequency of contact between grandparents and grandchildren is associated with higher financial transfers (Litwin et al. 2008, Lennartsson, Silverstein & Fritzell 2010).

Research generally suggests that the balance of exchange is downward (that is, from older parents to their adult children) rather than upward (that is, from adult children to their older parents) (Albertini, Kohli & Vogel 2007, Attias-Donfut, Ogg & Wolff 2005, Hoff 2007, Litwin et al. 2008, Spitze & Logan 1992). Only at the oldest ages (75 or more years) are older parents more likely to receive than to give help (Spitze & Logan 1992). For example, findings from the Survey of Health, Ageing and Retirement in Europe (SHARE) of respondents aged 50 and over, showed consistent transfer patterns across European countries: net downward flows of financial and social transfers from the older generation to the younger generation (Albertini, Kohli & Vogel 2007). The authors reported that not only were transfers from older parents more frequent, but they were also more intense than those coming from adult children (Albertini, Kohli & Vogel 2007). Net transfers from older parents to their adult children are even more striking when transfers to the wider kin network, such as to grandchildren are taken into account (Hoff 2007, Litwin et al. 2008). It should be noted that levels of transfer may be differently reported by the donor and the recipient; these findings might not be exactly confirmed by a parallel study of the younger generations. Nevertheless, the balance of exchange is widely found to be downward.

---

<sup>2</sup> Regular transfers are generally self-defined in this research e.g. “Do you make regular transfers...”

---

## There are consistent patterns across Europe of flows of financial and social transfers from the older generation to the younger generation.

---

Findings also suggest that downward transfers are to some extent conditional upon the resources available to the giver. Those with a partner, higher educational levels and greater wealth, were more likely to provide help to adult children (Albertini, Kohli & Vogel 2007, Henretta, Grundy & Harris 2002); in contrast, older people in poorer health and who were unmarried were less likely to provide support (Albertini, Kohli & Vogel 2007, Henretta, Grundy & Harris 2002). Analysis of Europe-wide data shows that the amount of help given to children (including looking after grandchildren) is greater for grandparents than for older parents without grandchildren (Albertini et al. 2007). There is also a gender difference, in line with the role of women as perceived 'kinkeepers': women are more likely to provide assistance and help in comparison to men (Albertini, Kohli & Vogel 2007, Litwin et al. 2008).

### Grandparental support of children with special needs and disabilities

Very little research has been carried out on the role of grandparents in the support of families including children with special needs or disabilities (for a review see Mitchell 2007). Past studies have been largely small-scale and have generally focused on specific types of disability (for example, autism). In her review of the largely U.S. literature on grandparental support among families with disabled children Mitchell (2007) points out that grandparents may be both a source of support and a potential stressor for parents of a disabled child. Families with a disabled child are likely to be confronted with extra demands and are vulnerable to stress; the provision of additional social, emotional and material resources has been found to help the family to adjust and cope with the situation. The practical (providing care and domestic help), emotional (listening and non judgemental advice), and financial support grandparents provide to families is highly valued. Even if geographic distance prevents direct practical support, "being there" for the family and emotional support from grandparents is also important. However, grandparents themselves also need help in how to best inform themselves about their grandchild's condition, availability of support services, and any necessary medical training (Mitchell 2007).

In research on relationships among families with disabled children maternal grandmothers are often perceived as being the most important source of support (Mitchell 2007). The studies reviewed found mothers of disabled children with a close relationship with their own mother reported feeling less stressed (Mitchell 2007). Fathers were also shown to appreciate grandparental support, especially if it came from their own mothers (Mitchell 2007). There is evidence to indicate that grandparents are an important source of support among working mothers with a disabled child (Hastings 1997, Hastings, Thomas & Delwich 2002, Hornby & Ashworth 1994) as governments often fail to provide childcare that meets the needs of such families (Hillman 2007). However, to date, little research has examined how grandparental support has influenced employment decisions among parents with a disabled child (Mitchell 2007).

### Grandparental role after divorce or separation of parents or grandparents

As section 3.1 has shown, there have been significant changes in family structure in many North American and many European societies (for example, rises in divorce and in one parent families) (Haskey 1994). Studies have shown the importance of grandparental involvement at times of family breakdown (Dench & Ogg 2002, Dench, Ogg & Thomson 1999). Dench and Ogg (2002) using the 1998 British Social Attitudes Survey found that grandparents were more likely to care for grandchildren if the grandchild's parents were divorced than if they were still together (Dench & Ogg 2002). However, where grandparents reported that they had less contact with parents following the breakdown of the parents' relationship, they provided less help with childcare than did grandparents in families where the parents were together (Dench & Ogg 2002). The authors did not in this study distinguish between grandmothers and grandfathers, or between paternal or maternal grandparents. However, an earlier study based on the same data found that maternal grandparents were more likely to report having to '...put themselves out to look after grandchildren' when the children's parents were not together in comparison to paternal grandparents (Dench, Ogg & Thomson 1999).

Grandparents also play an important role in helping grandchildren cope with the strains experienced by parental separation or divorce (Bridges et al. 2007, Henderson et al. 2009). In particular, maternal grandmothers have been shown to play a crucial role in the support and adjustment of grandchildren (Bridges et al. 2007, Henderson et al. 2009) as paternal grandparents are often excluded from family life (Hagestad 2006). Bridges and colleagues (2007), in a study based on longitudinal data from the (UK) Avon Brothers and Sisters Study, found the level of grandparental involvement after separation to be associated with the



closeness of the grandparent to the custodial parent (Bridges et al. 2007). The extent of involvement between grandmother and grandchild was also strongly affected by the quality of the relationship that the mother and the grandmother had when the mother was a child (Bridges et al. 2007). Although relationships with grandparents remained important among these families, closeness and contact between grandparents and grandchildren declined over time (Bridges et al. 2007).

Bridges et al. (2007) also found closeness to grandparents to be related to fewer adjustment difficulties after parental separation, and children reported grandparents to be essential confidants (Bridges et al. 2007). Maternal grandmothers were also shown to support psychosocial adjustment among adolescent grandchildren aged 17-20 following parental divorce in a U.S. study (Henderson et al. 2009). Even years after parental separation had occurred; the quality of the grandmother-grandchild relationship remained strongly related to adolescent adjustment (Henderson et al. 2009). Other studies, however, did not find a link between grandchild-grandparent relationships and adjustment among adolescent grandchildren following parental divorce (Bridges et al. 2007). Bridges and colleagues (2007) found that among adolescents relationships with peers became more important (even among those who did not report a decline in closeness to their grandparent) (Bridges et al. 2007). Re-partnering among mothers also acted to reduce contact with maternal grandparents.

Grandparents themselves are also more likely to have experienced a divorce, given the increasing experience of divorce among successive generations of older people (Glaser, Tomassini & Stuchbury 2008). When studying the consequences of grandparental divorce for relationships with grandchildren, negative effects have been found (King 2003) (Buchanan, Griggs & Grandparents Plus 2009). King (2003), in her study based on a sample of 538 grandparents from the Iowa Youth and Families project, found ever-divorced grandparents reported fewer contacts with grandchildren, participated in fewer shared activities, and reported lower relationship quality (in terms of feeling close to their grandchildren or playing the role of a friend) in comparison to never-divorced grandparents (King 2003). The negative outcomes for ever-divorced grandparents were likely to be due, in part, to weaker bonds and greater geographic distance between ever-divorced grandparents and their adult children (King 2003). In addition, negative outcomes following divorce were greater for grandfathers and paternal grandparents (King 2003). A 2007 study of young people in England and Wales found that children whose parents were divorced were less likely to maintain contact with grandparents on their father's side, while those with divorced grandparents were less likely to be in contact with their separated grandfathers on either their mother or father's side (Buchanan, Griggs & Grandparents Plus 2009). However, negative consequences may not be due to divorce per se but to poor family relations predating the grandparents' divorce. Due to the anticipated increase in ever-divorced grandparents, there is concern that the negative consequences for grandparent-grandchild relations may become more prevalent; however, as the experience of divorce becomes a more normative aspect of adult life, its effects on family relations are also likely to change and new research will be needed to observe these.

### Grandparents as recipients of care from grandchildren

Grandparents often care for grandchildren and in the U.K., for example, are the main source of non-maternal care (with the exception of fathers) (Fergusson, Maughan & Golding 2008, Speight et al. 2009)). In contrast, grandchildren are far less likely to provide care for their grandparents. Most older people are in good health, with little disability or need for care. However, when older people experience ill health or bereavement, family members are the main providers of support and care (Soldo & Hill 1995). In most industrialised societies the great majority of care is still provided by family members including other older people, particularly spouses (Kinsella, Wan & U.S. Census Bureau 2009, Pickard et al. 2000, Sundström 1994, Walker & Maltby 1997). Southern European countries are more likely to rely on the family as source of support (Glaser, Tomassini & Grundy 2004); however, in most European societies grandchildren are not typically involved in care of a frail elderly relative, although they may provide care in certain situations (Attias-Donfut, Ogg & Wolff 2005).

Evidence on grandchildren as caregivers for grandparents is scarce, and the studies tackling this issue are mostly small scale and almost all are from the U.S. Larger studies that have included grandchildren among the group of care providers have generally not distinguished between them and other family caregivers (Bolin, Lindgren & Lundborg 2008). The few that have considered regular financial or practical help from grandchildren to grandparents have found such transfers to be infrequent (Attias-Donfut, Ogg & Wolff 2005). For example, Attias-

Donfut and colleagues (2005), using data from SHARE, found that across all the European countries considered only 0.8 per cent of older Europeans received financial transfers from grandchildren and only 3.6 per cent received personal care or practical help from grandchildren (Attias-Donfut, Ogg & Wolff 2005). A study in the US found that Black grandchildren were more likely to care for a grandparent than were White grandchildren, even when differences in co-residence and socio-economic status were taken into account (Peek, Coward & Peek 2000).

### Summary

Research findings generally suggest high levels of contact between generations within a family, while inter-generational transfers of time, space or money are less frequent. The balance of transfers is downward, i.e. from older generations to younger. Transfers are more common in southern European countries, a finding which suggests that levels of family support may be related to levels of support available from welfare programmes; other findings suggest that they are also related to the resources available to the donor.

It is generally assumed that grandparents often provide greater support to adult children and grandchildren when the younger family is under stress and findings in the U.S. confirm that provision of support is generally more intense, and appreciated, when there is a disabled child to be cared for, but there is a lack of European data to confirm this. Another major stressor for families is the separation or divorce of the parents, and both European and U.S. data confirm that grandparental support, including childcare, intensifies and becomes more important at such times; this applies more to matrilineal grandparents as relations between custodial mothers and patrilineal grandparents may be strained or even broken on separation. Some studies, but not all, suggest that grandparental support may have a long-term positive effect on children's adjustment after parental separation.

Increasing numbers of older people experience divorce at some stage in their lives, and this may disrupt contact with their grandchildren; however, as with divorce in the middle generation, it is likely that the quality of long term relationships between older parents and their adult children and children's partners will have a major influence on how families respond to disruptive events, whichever generation they occur in.

Grandparents can be recipients of care from grandchildren rather than the reverse, but there is very little evidence on the extent of this.

### 3.2.3 Relationships between grandparents, parents and grandchildren

Parent-child relationships do not occur in isolation but within a wider system of family ties (Mueller & Elder 2003), which may change over time (Burholt & Wenger 1998). Bengtson (2001) suggested that intergenerational family relations will be more important and more diverse in future, because more generations will be alive at the same time because of increased longevity of kin, the continuing strength and resilience of intergenerational ties over time, and changes in family structure due to divorce and step relationships. The following section will discuss intergenerational relations and moderators of grandparent-grandchild ties.

#### Grandparent-grandchild relationships

Important predictors of the strength and quality of grandparent-grandchild relationships include grandparent gender, education, health and marital status, quality of relationship with the grandchild's parent and geographical proximity between grandparent and parents (Clarke & Roberts 2004; King and Elder 1998 cited in Crosnoe & Elder 2002). Other suggested factors which may influence grandparent-grandchild relationships are the lineage of grandparents (matrilineal or patrilineal) (Chan & Elder 2000), the age of both grandchild and grandparent (Creasey & Kaliher 1994, Crosnoe & Elder 2002, Silverstein & Marengo 2001), as well as the childhood experiences of the grandparent (King & Elder 1997).

A matrilineal advantage in grandparent-grandchild ties has consistently been observed in the literature (Chan & Elder 2000). Earlier studies attributed this primarily to the generally greater involvement of the role of mothers in maintaining family life (Hagestad 1985, 1986 cited in Chan & Elder 2000). Chan and Elder (2000) investigated the reasons for matrilineal advantage in two-parent families and reported that this was due to closer ties between mothers and maternal grandparents, although where there were close relationships between fathers and paternal grandparents these were also important (Chan & Elder 2000).



The strength of grandparent-grandchild relationships at different ages has been examined in various studies. Creasey and Kaliher (1994) used a rather small sample of U.S. school children from 3rd to the 7th grades (about ages 8 to 13) to examine grandparent-grandchild relationships from the grandchildren's perspective. The majority of the grandchildren reported supportive relationships with their grandparents, though this declined with the child's age (Creasey & Kaliher 1994). In addition, older grandchildren expressed less desire for contact, practical help and other benefits; however, no age difference was found in expressed affection for grandparents (Creasey & Kaliher 1994). Granddaughters felt greater intimacy with grandparents and perceived that they received more practical help than did grandsons, but no gender difference was found in the actual amount of help given (Creasey & Kaliher 1994). Grandchildren were likely to have supportive relationships with all their grandparents equally, with the exception of paternal grandfathers, where more conflict and less admiration and affection was found (Creasey and Kaliher 1994).

Grandparent-grandchild relationships among older adolescents and young adults were examined over time in a U.S. study exploring relationship changes during the grandchildren's transition into higher education (Crosnoe & Elder 2002). The quality of grandparent-grandchild relationships was improved when grandchildren started college but other transitions experienced by the grandchild, such as marriage, parenthood and employment, had no effects. Differences were observed between the grandparents' and grandchildren's perspectives on grandparental mentoring during the transition to higher education; grandparents reported that their mentoring role had grown during that period, while grandchildren reported no changes, underlining their independence. However, this generational difference did not hold for grandparent-grandchild pairs who had similar educational experiences (that is, where both generations were college educated); in these cases, both grandchildren and grandparents reported an increase in the grandparents' mentoring role (Crosnoe & Elder 2002). Similar results were reported for adult grandchildren by Giarrusso et al. (2001), in that intergenerational differences in perspective were reduced when grandchildren perceived themselves to be similar to their grandparents in attitudes and values (Giarrusso et al. 2001).

Changes in grandparent-grandchild relationships in early adulthood (aged 18 to 35 years) were investigated in a Dutch cross-sectional study (Geurts et al 2009). It found that the great majority of young adult grandchildren had contact with their grandparents, but the average frequency of contact was low and declined across early adulthood. Granddaughters were more likely to have contact than were grandsons. Continuing residence in the parental home was the most important determinant of frequency; whether the parental marriage was still intact also had an influence. The age of the grandchild ceased to be significant once these factors were taken into account. Frequency of contact between grandparent and grandchild, however, was not affected by the grandchild's employment, partnership, or parenthood (Geurts et al 2009). Findings were in line with previous studies of adolescent grandchildren, showing a decline in frequency of grandparent-grandchild contact in adolescence (Creasey & Kaliher 1994, Silverstein & Marengo 2001).

In another U.S. study, Silverstein and Marengo (2001) examined how Americans enacted the grandparental role across the family life course. Age was found to influence the relationship of grandparents and grandchildren, as younger grandparents tended to have more contact with their grandchildren, to live closer, to look after their grandchildren more often, and to share recreational activities, while older grandparents tended to provide more financial support and to identify with their role more strongly (Silverstein & Marengo 2001). Similarly, the age of the grandchild was important, and grandparents of younger grandchildren were likely to interact with them more intensely, to share more activities, to look after them more frequently; they also felt more rewarded by their grandparent role (Silverstein & Marengo 2001).

---

**Younger grandparents tend to have more contact with their grandchildren, live closer and look after their grandchildren more often.**

---

Patterns of change in grandparents' perceptions of affection, contact and geographic proximity with their adult grandchildren were studied by Silverstein and Long (1998) using data from five waves of the U.S. Longitudinal Study of Generations. Their data showed a decline in perceived affection over time between grandparents and grandchildren until 1985, with a modest reversal in more recent years. Contact and proximity showed a steady and increasingly sharp decline indicating a change in the grandparental role in recent history (Silverstein & Long 1998).

Finally, the childhood experiences of grandparents have also been demonstrated to be an important factor for the current involvement of grandparents with grandchildren (King & Elder 1997, Mueller & Elder 2003). Investigating longitudinal data from two U.S. studies, it was shown that the type and degree of grandparental involvement with grandchildren were significantly moderated by whether the grandparents had known their own grandparents; this finding supported the premise that family roles are learned both through culture and through experience of family life (King & Elder 1997).

### Intergenerational ties and changing family structures

There is much research interest in family structures other than the two-parent family and in their impact on intergenerational ties, due to high separation, divorce and remarriage rates in the last few decades and the increasing number of children experiencing single-parent and step families (Dunn 2004, Hill, Yeung & Duncan 2001). In addition, the proportion of single grandparents (defined as the divorced, separated and never-married) has increased in the last decade (Griggs & Grandparents Plus 2009).

Intergenerational bonds in the various types of family structure and children's adjustment to changing family structures have been investigated in a number of studies. Attar-Schwarz et al. (2009), for example, investigated the adolescent grandchild's perspective in a recent study of 1,515 school students aged 11-16 in England and Wales. It was shown that even though the level of grandparent involvement did not differ between two-parent, single-parent and step families, it was more strongly associated with reduced adjustment difficulties in adolescents from single-parent and step-parent families than it was in adolescents from two-parent families (Attar-Schwartz et al. 2009). Greater grandparental involvement was generally related to a lower number of emotional problems and more pro-social behaviour (Attar-Schwartz et al. 2009).

Links between childhood family structure and young adult behaviour (i.e. completed schooling and risk of non-marital birth) were analysed in another study following American children over 27 years in the Panel Study of Income Dynamics (PSID) (Hill, Yeung & Duncan 2001). A family structure of a single mother living with a grandparent and child was found to be related to lower educational attainment and higher risk of non-marital birth for daughters, if this type of structure was experienced in late childhood. However, these findings should be interpreted with caution as there were few instances of this structure. Childhood family income appeared to be important but its effect was complex. Findings indicated that change in family structure rather than type of family structure was associated with later, negative outcomes and that the timing of the change during childhood was important (Hill, Yeung & Duncan 2001).

The implications of family change for older people were investigated by Bornat et al. (1999) who carried out in-depth, life history interviews with 78 individuals whose ages ranged from 20 to over 80. All resided in Luton (UK) and had experienced a family change (Bornat et al. 1999). Divorce, separation and cohabitation appeared to lead to changes in the nature of intergenerational relationships within families (Bornat et al. 1999). Results identified two main family strategies: commitment to blood ties, and reliance on parent-child (usually mother-child) relationships at times of high dependency or expectation of need. Parent-child relationships were maintained into late life and represented a key, fail-safe resource in times of crisis (Bornat et al. 1999).

Parental separation or divorce, family feud or other sudden events (e.g. relocation) may lead to a loss of contact between grandparents and grandchildren. Effects of the loss of contact on the emotional well-being of grandparents in the U.S. were examined by Drew and Silverstein (2007), who assessed depressive symptoms in grandparents over 15 years. Grandparents who had experienced a loss of contact with their grandchildren showed a steeper increase in depressive symptoms compared to other grandparents. A sudden loss of contact with grandchildren led to even higher depressive symptoms in the first three years, but returned to comparable levels thereafter (Drew & Silverstein 2007).

## Summary

Various studies have suggested characteristics of the grandparent which may influence the quality and intensity of the grandparent-grandchild relationship; these include grandparent gender (with grandmothers enjoying closer relationships than grandfathers), education, health and marital status, quality of relationship with the grandchild's parent and proximity between grandparent and parents. Relations may be closer with matrilineal grandparents than with patrilineal. Relationships become less close as the grandchild ages, although this decline may be less marked if the grandchild and grandparent have similar educational status. One study in the U.S. found that involvement with grandchildren was greater if the grandparent had known his or her own grandparents.

### 3.3 Support from grandparents

#### 3.3.1 Definition of care

Care to frail older people or to dependent children (or to others who need care) is most often provided by family members (Kinsella, Wan & U.S. Census Bureau 2009, Pickard et al. 2000, Sundström 1994, Walker & Maltby 1997). However, care increasingly involves formal care, that is both public and private provision for which the provider is paid (Fink 2004, Hochschild 1995, Leira & Saraceno 2002); for example, the increase in women's employment necessitates longer hours of alternative care for their children and this is not always provided by relatives or friends. Formal care provision differs widely from one country to another. For example, in Scandinavian countries and in Italy, childcare is part of public social care along with care for older people whereas this is not the case in Britain<sup>3</sup> (Leira & Saraceno 2002). At the same time as care has been taken into the public domain, there has been a commercialisation and professionalization of care (Leira & Saraceno 2002, Ungerson 1995). Thus, social care has become deeply embedded in both public and private domains. In many countries there is a combination of publicly provided care and family care; a relationship described by Daly and Lewis (1998) as the 'mixed economy of care' (Daly & Lewis 2000).

Grandparents play a prominent role in the provision of informal childcare (that is, care outside any regulated or formalised system) enabling parents more easily to reconcile work and family responsibilities (Gray 2005, Speight et al. 2009). Moreover, grandparents may act as legal guardians to grandchildren or as primary caregivers (Mitchell 2007). This section considers the role of grandparents in informal childcare, the intensity and extent of that care; and examines the socio-demographic characteristics associated with such care.

#### 3.3.2 Caregiving for grandchildren

##### Prevalence and trends over time

Grandparents' important contribution to providing informal care for their grandchildren is well established in the literature (Gray 2005, Hank & Buber 2009, Koslowski 2009). Using the UK as an example, research findings show clearly the important role they play. In Britain, researchers using the 2008 Childcare and Early Years Survey (based on 7,100 parents with children under age 14 randomly selected from Child Benefit records), found that around 25 per cent of parents with children under 14 received informal care from grandparents (Speight et al. 2009). This is similar to an earlier survey of parents with children under 14 carried out in England which found that 24 per cent had used grandparent care in the reference week Woodland, Miller & Tipping (2004). This finding is also consistent with that from a study based on data from the U.K. Time Use Study which also showed that around 25 per cent of parents of under-twelves reported receiving childcare help from grandparents (Gray 2005), and with data from the third wave of the British Millenium Cohort Study (MCS) (when children were aged 5) which showed that 27 per cent of mothers had used grandparent care (Hansen & Joshi 2008). Moreover, when mothers in paid employment are considered, the 2002 British Labour Force Survey (LFS) showed that for 34 per cent of mothers in paid employment who had children under 15, their children had been looked after by a grandparent at some point in the previous week (Summerfield & Babb 2004). Analysis of the first wave of the Millenium Cohort Study (when children were aged 9 months) also indicated that families relied heavily on grandparent care, ranging from between one third to over one half of mothers, depending on her occupation (Dex and Ward, 2007). Employed lone mothers, and employed South Asian mothers, were particularly likely to use grandparents for childcare at this age (Dex and Ward, 2007).

---

3 Since this research, a National Childcare Strategy has to some extent improved public provision of childcare in the UK, but as noted in the policy section of this report, this is still very poor compared with some European countries.

There is less information about changes over time in the prevalence of grandparent care. Gray (2005), using data from the British Household Panel Survey (BHPS), showed an increase between 1991 and 2001 in childcare by relatives although it was not possible to distinguish which relative provided the care (Gray 2005). More recent work has shown no increase in the percentage of families where children were looked after by grandparents between 2004 and 2008, which has remained steady at around 25 per cent (Speight et al. 2009). However, grandparents are also likely to act as a 'reserve army', filling in gaps between childcare needs and parents' availability (Hagestad 2006), a type of support which is not necessarily discernible in surveys and whose extent may be hard for researchers to assess. There is also little evidence on parental preferences as to who should provide informal childcare and the evidence that does exist is mixed. On the one hand there is some evidence in the U.K. to suggest that parents may prefer childcare provided by grandparents (Skinner & Finch 2006, Wheelock & Jones 2002). In particular, working class mothers appear to have a strong preference for family care and are less trusting of formal childcare (Duncan and Edwards 1999 cited in Grandparents Plus Report 2010) (Griggs & Grandparents Plus 2010). On the other hand, research also suggests that the availability of formal care to all groups including lone parents is important (Skinner & Finch 2006). A recent qualitative study in Britain found a lack of consistency in preferences for grandparental childcare among lone parents (Bell et al. 2005).

A recent study, based on data from the Survey of Health, Ageing and Retirement in Europe (SHARE) found that 58 per cent of grandmothers and almost 50 per cent of grandfathers in 10 European countries had regularly or occasionally looked after their grandchildren aged 15 or younger in the previous 12 months (Hank & Buber 2009). In the U.S. studies using the National Survey of Families and Households (NSFH) found that 43 per cent of grandmothers reported providing regular care to their grandchildren (Baydar & Brooks-Gunn 1998, Fuller-Thomson, Minkler & Driver 1997). Hank and Buber (2009) found striking differences across Europe in reported levels and intensity of regular and occasional care provided by grandparents (defined as almost weekly or more often, and less often than almost weekly, respectively) (Hank & Buber 2009). For example, more grandparents in Sweden, France, the Netherlands and Denmark, reported providing any childcare compared to their counterparts in Spain, Italy and Switzerland. However, when grandparents were specifically asked if they provided regular care for grandchildren the percentages providing such care were higher in Spain, Italy and Greece as expected. For example, around 20 per cent of grandparents provided regular care to grandchildren in Sweden, France, the Netherlands and Denmark compared to 40 per cent of grandparents in Spain, Italy and Switzerland (Hank & Buber 2009).

---

**While partners are the most significant group of non-maternal carers, the next most important are grandparents.**

---

A few studies have considered the extent and intensity of caregiving for grandchildren in greater detail (Baydar & Brooks-Gunn 1998, Caputo 2001, Fergusson, Maughan & Golding 2008, Fuller-Thomson & Minkler 2001, Fuller-Thomson, Minkler & Driver 1997, Goodman & Silverstein 2002, Hayslip & Kaminski 2005, Minkler 1999, Mutchler & Baker 2009, Pebley & Rudkin 1999, Vandell et al. 2003). For example, Vandell and colleagues (2003) distinguished four types of grandparental care according to the hours of childcare provided. The authors interviewed the families of 1,229 children participating in the U.S. National Institute of Child Health and Human Development Study of Early Childcare in the U.S. This longitudinal study followed children from the age of one month to three years (from 1991 – 1994). The four different types of grandparental care were: full-time (30 or more hours a week for at least one year), part-time (fewer than 30 hours a week for at least one year), sporadic care (regular care for a short period of time) and no regular grandparental care. Twenty one per cent of families received sporadic grandparent care, 8 per cent extended part-time care and 6 per cent extended full-time care (Vandell et al. 2003). Similarly, Fergusson et al. (2008) using data from Avon Longitudinal Study of Parents and Children analysed grandparent care at different stages in children's lives (at 8 months, 15 and 24 months). While partners were the most significant group of non-maternal carers, the next most important were grandparents who were regularly involved in grandchildcare at all three stages (around 45 per cent) (Fergusson, Maughan & Golding 2008).



### Socio-demographic characteristics of grandparents providing care

Several studies, again mainly in the U.S., have focused on the demographic and socio-economic characteristics associated with the provision of different types of care for grandchildren (Baydar & Brooks-Gunn 1998, Cuddeback 2004, Fuller-Thomson & Minkler 2001, Fuller-Thomson, Minkler & Driver 1997, Goodman & Silverstein 2001, Hayslip & Kaminski 2005, Minkler 1999, Minkler & Fuller-Thomson 2000, Minkler & Fuller-Thomson 2005, Mutchler & Baker 2004, Pebley & Rudkin 1999). For example, Baydar and Brooks-Gunn (1998) using the first wave of the U.S. NSFH (1987-88) compared the socio-demographic characteristics of caregiving grandmothers (defined in this study as grandmothers providing help with childcare on a regular basis) with those who did not provide care for grandchildren. Caregiving grandmothers were younger, had more and younger adult children, reported higher levels of educational attainment, and were more likely to be married and to live with their spouse (Baydar & Brooks-Gunn 1998). In addition, they reported fewer limitations in activities of daily living (Baydar & Brooks-Gunn 1998). They were also twice as likely to co-reside with grandchildren compared with other grandmothers. These findings along with other results from studies not restricted to very intense grandparenting, suggest that availability of material and personal resources partly conditions the giver's ability to provide assistance (Baydar & Brooks-Gunn 1998).

Other researchers, also using data from the U.S. NSFH, examined characteristics associated with the provision of different types of childcare among grandparents (Fuller-Thomson & Minkler 2001). Fuller-Thomson and Minkler (2001) investigated the profile of grandparents who provided extensive care to a grandchild (that is, those who provided 90 nights or more per year of grandchildcare) in comparison to intermediate (defined as providing between 10 and 29 hours a week and/or having their grandchild to stay overnight without the parent for 7 to 89 nights), occasional (defined as providing between 1 and 9 hours of childcare in the average week and/or having the grandchild to stay overnight without the parent for 1 to 6 nights in the past year), custodial (defined as those having primary responsibility for raising a grandchild in the last 6 months during the 1990s) and non-caregivers (defined as providing no babysitting during an average week, and in the past year not having a grandchild stay overnight without the parent). Overall, 7 per cent of grandparents provided extensive care, 23 per cent were occasional caregivers, 24 per cent provided intermediate care, 5 per cent had primary responsibility for their grandchild for at least 6 months at some point during the 1990s, and 40 per cent were not providing childcare (Fuller-Thomson & Minkler 2001). The authors found that the prevalence of extensive care by a grandparent varied by the grandchild's age: 9 per cent of grandparents with grandchildren under 5 provided extensive care versus 7 per cent of all grandparents (Fuller-Thomson & Minkler 2001). Also, extensive caregivers in comparison to non-caregivers were more likely to be younger, married, female, and to live close to their children (Fuller-Thomson & Minkler 2001). Extensive caregivers in comparison to occasional caregivers were more likely to be African American, not have a high school education, and to live below the poverty line (Fuller-Thomson & Minkler 2001). However, half of the extensive caregivers were living in the same household as a grandchild, which substantially increases the chances of providing care (Fuller-Thomson & Minkler 2001).

From the studies discussed above it appears education has a positive association with regular childcare provision, whereas more intensive childcare shows a negative association. Gray (2005) using the U.K. Time Use Study, found employed mothers with no higher educational qualifications to be in greater need of grandparental help in comparison to employed mothers with higher educational qualifications. The author also investigated whether grandparents provided more or less care to their grandchildren based on the grandchild's age. The findings show that grandchildren under age five received more help than the under-twelves.

Finally, with respect to gender, much research has been conducted on the greater participation of grandmothers in contrast to grandfathers in providing childcare. While grandmothers and grandfathers actively participate in providing informal care; most studies show that it is mainly grandmothers who spend the most time looking after their grandchildren (Baydar & Brooks-Gunn 1998, Dench, Ogg & Thomson 1999, Gray 2005, Hank & Buber 2009, Hughes et al. 2007, Wheelock & Jones 2002). In addition, grandfathers' participation in providing care tends to be conditional upon grandmothers' involvement (Dench & Ogg 2002).

## Summary

Changes in family structures and mothers' participation in the labour market mean the need for childcare will increase. In the UK around one in four parents receives help with childcare from grandparents; for working mothers with children under 15 this rises to 34 per cent.

Grandparents are likely to act as a "reserve army" filling in gaps to meet childcare needs. In some European countries levels of grandparental involvement in childcare are even higher. A pan-European survey shows that 58 per cent of grandmothers and 49 per cent of grandfathers provided regular or occasional childcare in the past year for their grandchildren aged 15 or younger. In the US 43 per cent of grandmothers say they provide regular childcare.

However there are striking differences across Europe in the level and intensity of childcare provided by grandparents. In Italy, Spain and Greece 40 per cent of grandparents provide regular childcare for their grandchildren, compared with 20 per cent of grandparents in Sweden, France and Denmark. On the other hand, more grandparents report providing any childcare in Sweden, France and Denmark, possibly reflecting higher maternal employment rates and grandparents stepping in to provide occasional help to working mothers or 'wrap around childcare' bridging between parental and formal childcare in those countries.

In the US, grandmothers who provide extensive childcare for grandchildren tend to be younger and have more and younger adult children than grandparents who do not provide childcare. They are also more likely to be living with a spouse and to have better health. Grandparents providing extensive overnight childcare, i.e. more than 90 nights per year are more likely to be married, living close to their children and younger than grandparents who only occasionally provide childcare. They are also more likely to be Black, female and living on low incomes or below the poverty line. Half of all US grandmothers providing intensive childcare live in the same household as their grandchild.

In the UK, less well-qualified working mothers tend to rely most on grandparental help with childcare, with grandchildren under the age of five receiving the most care. While some grandfathers are actively involved in caring for their grandchildren, it is grandmothers who spend the most time looking after them.

### 3.3.3 Grandparents as primary caregivers

Co-residence between grandparents and grandchildren has increased significantly in the U.S. (Casper & Bryson 1998), while the limited analysis which exists does not appear to show a similar development in European countries, although limited evidence from the UK suggests that grandparents form the largest group among family and friends awarded kinship care of children (Farmer & Moyers 2004). A vast number of studies over the last decade in the U.S. have stressed the increasing numbers of children in informal kinship care, most often by grandparents (Cuddeback 2004). Grandparents are often involved in childcare arrangements involving custodial or primary care (defined as being the child's guardian via court or other legal orders or the child's primary caregiver) as well as co-resident care (either with or without either of the grandchild's parents being present) (Baydar & Brooks-Gunn 1998, Caputo 2001, Cuddeback 2004, Fuller-Thomson & Minkler 2001, Fuller-Thomson, Minkler & Driver 1997, Goodman & Silverstein 2002, Goodman & Silverstein 2001, Hayslip & Kaminski 2005, Mutchler & Baker 2004, Minkler & Fuller-Thomson 2005, Minkler & Fuller-Thomson 2000, Minkler 1999, Pebley & Rudkin 1999). For example, in 1970 about 3.2 per cent of American children under 18 lived in the home of their grandparents; by 2003 this had risen to 5.2 per cent (U.S. Census Bureau 2004). This is in keeping with the recent increase in multi-generational households in the U.S.; households where three or more generations of family members live together are a significant component of these household types (Hobbs 2005). Thus, grandparents often play a crucial role in the lives of children whose own parents are not able to parent, perhaps due to work arrangements, disability, divorce or financial hardship or because they are missing or are physically, mentally or legally incapable of parenting (Cuddeback 2004).



---

**16% of households in Portugal are 3 generation compared to less than 1% of households in the Netherlands.**

---

### Three generation households

Different types of living arrangements add complexity to the study of childcare provided by grandparents. Households where a grandparent and grandchild coreside may include at least three generations, and in the U.S., this usually means the extensive involvement of grandparents in the care of grandchildren (Fuller-Thomson & Minkler 2001). A few studies have examined the characteristics of grandparents in households where at least one of the grandchild's parents is present (Caputo 2001, Fuller-Thomson, Minkler & Driver 1997, Goodman & Silverstein 2002). For example, Caputo (2001), using data on parents 40 years of age or younger in the 1998 U.S. National Longitudinal Survey of Youth (who were initially interviewed in 1979 when they were 14 to 22 years old), found that the small proportion who had become co-resident grandparents by 1998 were more likely to be poor and unemployed compared to those who had not (Caputo 2001). Fuller-Thomson and colleagues (1997), employing data from the U.S. NSFH, also found that grandparents who reported being primary caregivers to a grandchild (the majority of whom were living with their children) were more likely to be poor when compared to other grandparents (Fuller-Thomson, Minkler & Driver 1997). They were also more likely to be female, African American, younger, with lower educational levels and a lower number of grandchildren.

Minkler and Thomson (2000), using the first two waves from the U.S. NSFH, found that taking on the primary responsibility for raising a grandchild was related to being younger, female, African American, and to having not completed high school (Minkler & Fuller-Thomson 2000). Little literature exists on teenage mothers and grandparental involvement in childcare (Fergusson, Maughan & Golding 2008).

There is little evidence on the characteristics of grandparents and their households in Europe (Hank & Buber 2009, Koslowski 2009). However, European Community Household Panel (ECHP) data have been analysed to assess the prevalence of parental households with resident grandparents and grandchildren, which ranges from 16 per cent in Portugal to just 0.1 per cent in the Netherlands (Koslowski 2009).

### Skipped generation households

In the last decades, the percentage of "skipped-generation" households (that is, households consisting of grandparents and grandchildren but without the parental generation) have experienced a significant growth in the U.S. (Casper & Bryson 1998, Minkler 1999, Pebley & Rudkin 1999). Diverse studies from research centres, non-governmental organizations and foundations in the U.S., and to a much lesser extent in Europe, have explored this phenomenon (Goodman & Silverstein 2002, Mutchler & Baker 2004, Pebley & Rudkin 1999). Much of the research on skipped generation households has focused on prevalence and trends in such households in the U.S. as well as the demographic characteristics associated with grandparents living in these circumstances, especially age, gender and (in the U.S.) race/ethnicity.

Although skipped generation households have increase in the U.S. they appear nevertheless to be less common than three-generation households (Pebley & Rudkin 1999, U.S. Census Bureau 2004). However, a more recent study, by Mutchler and Baker (2004), using data from the U.S. Census 2000 Supplementary Survey, found the percentage of skipped-generation households to be as large as share-cared households (that is, households where a grandparent reports responsibility for a minor grandchild but where at least one of the child's parents is also present) in two U.S. geographic regions (Mutchler & Baker 2004). For example, 2.6 per cent of households in the Deep South with children under 18 were in skipped-generation households in comparison with 2.9 per cent for shared-care households (Mutchler & Baker 2004).

With respect to gender, Mutchler and Baker's (2004) findings on skipped-generation households mirror findings on grandparent care in general (and on grandparents providing custodial or foster care): women do more caregiving than men. The authors also showed that shared-care households were less likely to fall below the poverty line than skipped-generation households (Mutchler & Baker 2004). Minkler (1999), in her review of the literature, also found most studies to report higher poverty rates among kinship-care families (that is among grandparents with a primary responsibility for a grandchild).

---

**The interaction between grandparents and grandchildren generally has a positive impact on the wellbeing of both generations.**

---

### Reasons for caregiving

Primary care provided by grandparents varies according to a wide range of family or social circumstances (Goodman & Silverstein 2001, Goodman & Silverstein 2002, Jendrek 1993, Minkler 1999, Minkler & Roe 1996). Much research shows that mother's drug or alcohol abuse, mental health problems or emotional difficulties, were among the most common reasons for grandparents raising grandchildren (Jendrek 1993, Goodman & Silverstein 2002, Goodman & Silverstein 2001); for reviews see Copen (2006), Minkler (1999), and Pebley & Rudkin (1999). For example, a study conducted by Goodman and Silverstein (2001) on grandparents raising grandchildren in Los Angeles, U.S. found that in 75 per cent of cases grandparents assumed responsibility for the child because of a parent's drug addiction. There is also some evidence to suggest that increasing rates of imprisonment among mothers of young children (which is often drug related) is leading to an increase in households headed by grandparents (for a review see Copen 2006 or Minkler 1999).

Parents' neglect or abuse of their children is another common reason for grandparents assuming co-resident care (Goodman & Silverstein 2001, Jendrek 1993). Grandparents may seek a legal relationship if they consider a parent's problem is causing distress to the child (Jendrek 1993). In such circumstances it is likely that grandparents feel compelled to protect their grandchildren reflecting their commitment to their grandchildren's lives (Hunt, Waterhouse & Lutman 2008).

Recent changes in family policies in the U.S. have greatly contributed to enhancing the role of grandparents in childcare. Especially significant in the U.S. has been the 1996 Welfare Reform Act, which introduced a limit to welfare benefits for non-working mothers. This Act is likely to have had the indirect effect of increasing the number of unmarried teenage mothers who are living with their parents. Young parents, especially mothers, may also live with their parents as a means of overcoming social risks and impoverishment. Jendrek (1993) examined the reasons for providing childcare among grandparents living with their grandchildren (not necessarily the children of teenage mothers) and found them to be motivated by concerns over the child's parents' financial problems, work hours, lack of confidence in formal care and emotional problems. The grandparents were more likely to be providing childcare if the grandchild's mother was not married to the grandchild's father at the time of birth.

These recent policy changes in the U.S. have led to a greater interest in grandparents assuming grandchildcare (Pebley & Rudkin 1999) than is found in Europe. For example, as part of the 1996 Welfare Reform Act mentioned above, the U.S. Census Bureau is required to find out how many grandparents are looking after their grandchildren. Thus three questions about grandparents living with grandchildren were introduced in the 2000 U.S. Census (that is a question on whether the person has a minor grandchild living at home, whether the grandparent is currently responsible for most of the grandchild(ren)'s 'basic needs', and how long the grandparent has been responsible for the grandchild(ren)) (U.S. Census Bureau 2003).

### Summary

In the US there has been a significant rise in the number of children growing up in households headed by a grandparent. This includes both households where three generations are living together, and households where the parent is absent or unable to fulfil their parental role and the grandparent has become the primary caregiver. Grandparents (and therefore grandchildren) in these families are more likely to be in poverty than other grandparents.

Grandparents may take on the role of a parent, either legally or informally, for a range of reasons including parental neglect or abuse, drug or alcohol misuse and mothers' imprisonment or death.

In the US, changes in welfare benefit entitlement introduced in the Welfare Reform Act 1996 is likely to have had the indirect effect of increasing the number of single teenage mothers living with their parents.

There is a lack of evidence about families headed by grandparents in Europe, although evidence from the UK suggests that grandparents are the largest group providing kinship care.

### **3.4 Impact of grandparenting on grandchildren and grandparents**

#### **3.4.1 The influence of grandparenting on the well-being of grandchildren**

Given the increasing involvement of grandparents in the care of grandchildren in the U.S. a considerable literature has focused on the implications of such care for the well-being of both grandchildren (Davis et al. 2008, Fergusson, Maughan & Golding 2008, Hamilton 2005, Pearce et al. 2010, Pittman 2007, Pittman & Boswell 2008, Ruiz & Silverstein 2007, Silverstein & Ruiz 2006, Smith & Palmieri 2007) and grandparents (Bachman & Chase-Lansdale 2005, Baker & Silverstein 2008, Blustein, Chan & Guanais 2004, Giarrusso et al. 2001, Grinstead et al. 2003, Hughes et al. 2007, Lee et al. 2003, Minkler et al. 1997, Pruchno & McKenney 2002, Solomon & Marx 1999, Szinovacz, DeViney & Atkinson 1999). This section examines three particularly common topics among studies of the grandchild's well-being: obesity, psychological well-being and psychological well-being in combination with low income; it then goes on to consider the impact of care arrangements on grandparents.

##### **Grandparental caregiving and obesity among grandchildren**

Research investigating obesity among children aged 5 to 19 using the U.S. Panel Study of Income Dynamics (PSID), Child Development Supplement, showed a strong association between a child's weight and multigenerational patterns of obesity (Davis et al. 2008). In the study, child's weight was associated with grandparental obesity regardless of the parent's own weight (Davis et al. 2008). However, familial effects such as these are likely to have both genetic and behavioural causes. Another recent study investigated the influence of informal and formal childcare on the weight status of children (Pearce et al. 2010). Pearce and colleagues (2010) showed that children who were cared for by a grandparent from nine months to three years were significantly more likely to be overweight at the age of three than were those taken care of by a parent only. Both part-time and full-time care by grandparents was related to an increased risk of obesity. However, when socio-economic measures were taken into account, the increased risk of being overweight among children in informal childcare (75 per cent of whom were being looked after by grandparents) compared with parental care was higher only in the more advantaged groups, that is among those children whose mothers had a higher educational level, were from a professional background, and who lived with a partner. The authors found the British findings to be in line with U.S. studies which have also shown an increased risk of being overweight among children in informal care compared with those being cared for only by a parent (Pearce et al. 2010). A possible explanation may be that more affluent informal carers, such as grandparents, may be less likely to follow the dietary preferences of parents or that such carers may simply lack information about healthy nutrition and may not encourage physical activity in the children as much as their own parents.

##### **Grandparental caregiving and psychological well-being of grandchildren**

As noted in section 3.2.3, the interaction between grandparents and grandchildren generally has a positive impact on the well-being of both generations (Buchanan, Griggs & Grandparents Plus 2009, Ruiz & Silverstein 2007, Silverstein & Ruiz 2006). For example, Silverstein and Ruiz (2006) employing data from the U.S. NSFH, found a strong grandparent-grandchild relationship to act as a buffer on the intergenerational transmission of depressive symptoms from mother to child (Silverstein & Ruiz 2006). This is supported by later work that showed that grandchildren with stronger ties to grandparents reported fewer depressive symptoms than those with weaker ties (Ruiz & Silverstein 2007). Grandchildren of single-parent families benefitted in particular, as they showed the most depressive symptoms when the relationship with grandparents was weak, while the fewest symptoms when it was strong (Ruiz & Silverstein 2007). Similarly, in a UK study grandparental involvement was associated with better adjustment among adolescents (Buchanan, Griggs & Grandparents Plus 2009). Buchanan and Griggs found evidence of strong relationships between adolescents and maternal grandmothers in particular (Buchanan and Griggs, 2009). They also found that adolescents who had a close relationship with a grandparent were more prosocial, and that grandparental involvement in education, hobbies and interests was associated with fewer emotional and behavioural difficulties (Buchanan and Griggs, 2009).

However, the evidence on the impact of more intensive grandparental involvement in the lives of grandchildren is somewhat mixed. For example, on the one hand Hamilton (2005) using data from the 1995 U.S. National Longitudinal Study of Adolescent Health found less deviant behaviour among adolescents who co-resided with grandparents (as well as their parents) in comparison to those who did not (Hamilton 2005). It was hypothesized that the beneficial effect of grandparents in such households may have been due to the grandparent (i) acting as an advocate, mentor, or as a stress buffer; (ii) providing emotional support to the child's parent; and (iii) enhancing parent-child relationships and increasing control over the grandchild (Hamilton 2005). On the other hand, a study examining the emotional and behavioural problems of custodial grandchildren aged 4 to 17 found them to be at higher risk of psychological difficulties than children in the general population particularly among boys (Smith & Palmieri 2007). In a study of grandparental care in the U.K. Avon Longitudinal Study of Parents and Children (ALSPAC) greater grandparental care in the first two years of life was related to greater emotional/behavioural difficulties at age 4 (Fergusson, Maughan & Golding 2008). However, it is difficult to distinguish whether such living arrangements led to psychological difficulties or the psychological difficulties were associated with the family difficulties which led to the living arrangements. A study based on 113 children in 2 local authorities in England indicates that children can have good outcomes when raised by grandparents who are primary carers, particularly where the child was young (under the age of 5) at the time of placement and had a low level of difficulties before placement. Children experienced the best outcomes with single grandparent carers who had instigated the placement and had no other children apart from the grandchild's siblings living with them, and where the grandparents' parenting capacity had been positively assessed before the placement. Few studies were identified which compare the psychological health of children in the custodial care of a grandparent with those in foster care with a non-relative or in institutional care.

#### Grandparental influences on the psychological well-being of grandchildren in low-income families

Many of the skipped-generation households in the U.S. are found in disadvantaged areas and are low-income households at risk of poverty; perhaps not surprisingly under these disadvantages, there is a lack of evidence that the psychological well-being of children is enhanced by grandparental care. In the U.K. Farmer and Moyers (2008) in their study comparing 142 children in kinship care placements (grandparents were the largest group of caregivers) with 128 children living with unrelated foster carers found high levels of emotional problems and trauma among children living with their grandparents although the level of problems was similar to those children in public care (Farmer & Moyers 2008). Pittman (2007) examined the relationship between grandparental involvement (co-residence and level of caregiving responsibility) and grandchildren's socio-emotional well-being by studying low-income children aged 0 to 4 and 10 to 14 years from high poverty neighbourhoods in the U.S. (Pittman 2007). Her findings showed that children living with a custodial grandmother demonstrated more problem behaviours in comparison to their similarly disadvantaged counterparts (Pittman 2007). Conversely, young adolescents co-residing with a grandmother as well as a parent showed fewer behavioural problems than their peers (although once other factors were accounted for such differences disappeared) (Pittman 2007). As Pittman's study was cross-sectional it was not possible to investigate further whether behavioural problems led to such living arrangements or whether the problems reported resulted from living in such households.

Multigenerational low-income minority households were investigated in a second study by Pittman and Boswell (2008). The study, using the same low-income urban sample described above, found few differences in behavioural outcomes among children when comparing multigenerational and non-multigenerational households (Pittman & Boswell 2008). However, multigenerational households with young mothers experienced more behavioural problems with their children (Pittman & Boswell 2008).



## Summary

Research evidence suggests that extensive grandparent involvement in childcare is associated with negative behavioural outcomes and psychological affect among children and adolescents; however, it is hypothesised that the children's difficulties may be due to the family difficulties which led to the grandparent's involvement.

### 3.4.2 The influence of grandparenting on their own well-being

Given increases in children living with grandparents in the U.S. there has been increasing interest in the implications of these trends for grandparents' own well-being. Recent reviews examining the consequences of grandparental care have been conducted by Grinstead et al. (2002), Hayslip and Kaminski (2005), and Minkler (1999). The studies reviewed generally found a negative influence of grandparental childcare on grandparents' own physical and mental health, as well as an association with social and financial problems (Hayslip & Kaminski). These findings should be interpreted in the light of their focus on a high or intensive level of grandparenting.

#### Psychological well-being

However, much of the earlier evidence on the impact of grandparental care on well-being is based on small scale studies, often involving convenience samples (Grinstead et al. 2003). More recent research has used data from nationally representative surveys, such as the NSFH, the 1988 U.S. National Health Interview Survey (NHIS), and the U.S. Census 2000 Supplementary Survey/American Community Survey, to examine variations in physical and psychological health by different levels of grandparental caregiving responsibilities. These studies have often found poorer outcomes for those with parental responsibilities, whether custodial or co-parenting (Baydar & Brooks-Gunn 1998, Goodman & Silverstein 2002, Minkler & Fuller-Thomson 2005, Pruchno & McKenney 2002, Solomon & Marx 1999). For example, Solomon and Marx (1999) found grandparents who were solely raising grandchildren to report poorer physical health outcomes compared to their counterparts living in other types of family structures (Solomon & Marx 1999). Similarly, Minkler and Fuller-Thomson (2005) showed that African American grandmothers who had primary responsibility for a grandchild (whether or not a parent was in the household) were more likely to report functional limitations (Minkler & Fuller-Thomson 2005). In contrast, with respect to psychological well-being, Baydar-Brooks Gunn (1998) found no significant differences in the level of high depressive symptoms between caregiving and non-caregiving grandmothers (Baydar & Brooks-Gunn 1998); however, the intensity of 'caregiving' in this study was only once a month or more.

While on the one hand studies have identified skipped-generation households as being more likely to have a negative association with grandparents' health (Solomon & Marx 1999), other studies have found few differences between these and other household types in relation to grandparent health. For example, Goodman and Silverstein's (2002) study showed few differences in psychological well-being between custodial (defined as grandparents living with grandchildren without the child's parent present) and coparenting (defined as grandparents living with grandchild(ren) and with the child's parent present) grandparents once parental stress factors were taken into account (Goodman & Silverstein 2002). Some evidence suggests that the reason grandparents in skipped generation households appear to be in worse physical and mental health is that their ill- health predated a grandchild's move into the household. For example, Bachman and Chase-Lansdale (2005) in a three-city study in the U.S. found that differences in chronic disabilities between custodial grandmothers and biological mothers were related to their race/ethnicity and employment characteristics rather than resulting from grandparenting responsibilities.

---

**Some studies have found that those who provide primary care for a grandchild are more likely to report higher levels of depressive symptoms.**

---

More recently, researchers have used longitudinal data to examine changes in physical and mental health resulting from grandparental involvement taking into account pre-existing conditions. For example, using waves 1 and 2 from the U.S. NSFH, Szinovacz and colleagues (1999) showed a decline in psychological well-being among grandmothers whose grandchildren moved into the household; however, the effects were quite small (Szinovacz, DeViney & Atkinson 1999). Similarly, Blustein and colleagues (2004), employing the longitudinal U.S. Health and Retirement Survey (HRS) (1994-2000), investigated the increased risk of depressive symptoms among grandparents resulting from a grandchild moving into the household. The study found these increases to be significantly associated with ethnicity and gender. For example, grandmothers from African-American backgrounds were more likely to experience depression following such an event, although the same was true for unmarried grandmothers regardless of ethnicity (Szinovacz, DeViney & Atkinson 1999). The presence of co-resident

adult children or a partner acted to mitigate depressive symptoms, except among non-White women and men. Minkler and colleagues (1997) also found that those who provided primary care for a grandchild were more likely to report higher levels of depressive symptoms and Lee and colleagues (2003) showed that high levels of care provision to grandchildren to be related to increased risk of coronary heart disease (Lee et al. 2003, Minkler et al. 1997).

Similarly, Hughes and colleagues (2007), using various waves of the longitudinal U.S. HRS, did not find widespread negative effects on grandparent childcare on grandparents' health and health behaviours (e.g. smoking, problem drinking, obesity, etc.) (Hughes et al. 2007). However, the authors did find some support for the widespread perception that grandmothers in skipped-generation households experienced poorer health outcomes (Hughes et al. 2007). Although no major widespread negative effects of grandparenting were identified, the authors stressed that this does not imply that grandparents' involvement in childcare provides health benefits (Hughes et al. 2007).

Another approach to exploring the impact of grandchildcare on grandmothers' health is provided by Baker and Silverstein (2008) who examined preventive health behaviours between recent and long-term caregivers and non-caregivers. Baker and Silverstein (2008) using data from the 2000, 2002 and 2004 waves of the U.S. HRS found fewer health prevention behaviours among recent custodial grandmothers bringing up grandchildren, but higher levels of preventive behaviours (i.e. vaccination against influenza) among long-term carers, sometimes even higher than non-caregivers. The authors argued that while the initial period of grandparenting involves considerable adjustment, perhaps leaving less time for health care, once the period of adjustment is over there appears to be a resumption of health behaviours.

Much of the literature and research on health effects of grandparenting is based in the U.S. and concerns heavily-committed grandparents; there is a considerable need for investigation of the physical and psychological impact of caregiving grandparents in Europe.

#### Emotional well-being

Grandparenting is also likely to bring a series of positive outcomes not only to grandparents, but to society in general. Grandparents actively contribute to the family's general well-being and in addition often act as a safety net by providing care and support to families, especially grandchildren when needed. This role is likely to have inherent benefits for grandparents in that it may enhance their sense of purpose in life and the maintenance of family identity (Giarrusso et al. 2001) for review see Hayslip & Kaminski 2005. Jendrek's (1993) study found that even when grandparents felt emotionally drained by childcare demands they experienced an increased sense of purpose in living (Jendrek 1993).

Personal well-being of grandparents is related to the characteristics of the grandchildren involved as well as to the level of grandparenting responsibility. The study by Hayslip and colleagues (1998), based on a non-probability sample of grandparents in the Dallas-Fort Worth area of Texas in the U.S., examined the relationship between grandparents' psychosocial satisfaction and their grandchildren's characteristics (Hayslip et al. 1998). Findings showed psychosocial satisfaction to be higher among the group of grandparents without custodial responsibility for their grandchildren (defined as those who had assumed physical and financial responsibility for a grandchild aged 18 or under and living in the grandparents' home) (Hayslip et al. 1998). Among custodial grandparents, those with less-problematic grandchildren reported higher satisfaction levels in comparison to those with responsibility for more problematic children (Hayslip et al. 1998). Similarly, Goodman (2003) investigated the relationship between grandmothers' well-being and quality of the intergenerational relationships in grandparent-headed households among a sample of grandparents in a Los Angeles county in the U.S (Goodman 2003). The study found that custodial grandmothers reported significantly lower levels of well-being regardless of whether or not the parent was co-residing.

The results reported above are somewhat surprising, and contrasting evidence on the limited positive effects makes the picture unclear. Grandparents have reported in various studies a great deal of satisfaction with their role, though experiences may vary according to the extent to what grandparents are involved in caring for grandchildren.

---

**Some studies suggest that grandparents raising their grandchildren are at risk of social isolation, loneliness and lower self-esteem.**

---

### Social well-being

There is considerably less literature on the relationship between grandparenting and social well-being than on its relationship with physical and psychological health. There is, however, growing concern about social well-being among grandparents parenting grandchildren. It has been suggested that grandparents who raise their grandchildren are at risk of social isolation, loneliness and lowered self-esteem among their peer group (Fergusson, Maughan & Golding 2008, Giarrusso et al. 2001). Jendrek (1993) found that 86 per cent of custodial or co-parenting grandparents had to modify their usual social and individual activities. More than half of grandparents reported lack of privacy, decreased contact with friends, and less time for leisure. For example, the intensive childcare offered by custodial grandparents poses greater risks to grandparents' health as it results in limited time for their own needs (Baker & Silverstein 2008, Minkler 1999, Smith & Beltran 2001). In a recent literature review, Mitchell (2007) pointed to increased risks to social well-being among grandparents who responded to extra care needs by supporting families with disabled children. According to the author's findings, while grandparents act to help parents cope with a disabled child, they are also at higher risk of isolation (Mitchell 2007).

### Financial well-being

The continuing reliance among low-income groups on extended family support for childcare has led to growing concerns about the income and job implications of active grandparenting. Grandparents who are bringing up their grandchildren are thought to be among the most vulnerable groups financially, especially if neither parent lives in the household; clearly this has important implications, both because grandparents might have to give up work or reduce their working hours, and because of extra care-related expenditure (Age Concern 2004, Grandparents Plus 2009, Wang & Marcotte 2007, Wheelock & Jones 2002).

Much of the research on financial hardships is based in the U.S. and is limited to the implications of co-residence between children and grandparents (Brandon 2005, Mutchler & Baker 2009). In the U.S., grandparents can formally be granted foster care of their grandchildren and are then eligible for state support for the children, but not all grandparents have this formal status. Studies have shown a higher prevalence of low-income families and African American grandparents living at or below the poverty line (Goodman & Silverstein 2002, Fuller-Thomson & Minkler 2001, Minkler & Fuller-Thomson 2005, Mutchler & Baker 2004). Grandparents living in skipped-generation households have lower incomes when compared to other household types (Fuller-Thomson & Minkler 2001, Fuller-Thomson, Minkler & Driver 1997). There is also evidence that younger custodial grandmothers are more financially strained than their older counterparts (Bachman & Chase-Lansdale 2005); however, these studies were conducted after the child had already moved into the household.

Even in the U.S. there is a dearth of evidence on the direct economic impact of providing care for a grandchild. Wang and Marcotte (2007) investigated the effect of taking parental responsibility for a grandchild on the decision actively to participate in the labour force and on hours worked using data from the longitudinal U.S. PSID. The study found that grandparents who assumed parental responsibilities were younger, more likely to be female and Black and less likely to be married (Wang & Marcotte 2007). More importantly, they found that grandparents living with grandchildren were more likely to work and to work longer hours. They also investigated differences between grandparents in skipped-generation households and three-generation households. The authors found that grandparents in three generation households, perhaps as a result of being younger and therefore having better health, were more likely to work than grandparents in other household structures (Wang & Marcotte 2007). They further investigated whether differences were a result of a grandchild moving into the home. Among grandfathers, no change in work behaviours was detected as a result of taking in a grandchild (Wang & Marcotte 2007). However, grandmothers experienced a large decline in labour force participation, although there are differences according to whether or not the child's parent was also in the household (Wang & Marcotte 2007). In skipped-generation households, married grandmothers were more likely to participate in the labour force but unmarried grandmothers were more likely to reduce their hours. In contrast, Szinovacz and colleagues (2003) found an association between grandchildren being in the household and decline in work hours among grandfathers. However, they did not find any changes at the time the grandchild moved into or out of the household.



Another trigger factor for financial strains identified in the literature is a lack of state support or information about social programmes where they exist. Such situations, especially among surrogate grandparents, have been reported in several studies in the U.S. as direct factors in grandparental financial hardship (Gordon 1999, Minkler & Roe 1996). Cuddeback (2004), in his review of kinship foster care, identified a serious lack of resources and information on services and support programmes for grandparents raising their grandchildren in comparison to non-kinship caregivers (Cuddeback 2004). The study concluded that grandparents are at higher risk of being poor not only because of additional grandchild related costs (for example, medical and mental health care or school expenses), but also because they often did not claim additional benefits for which they were eligible (Smith & Beltran 2001). There is also a group of grandparents who would benefit from state assistance but do not seek it because of fears that government agencies may not respect their values (Jefferson and Beltran 2000).

Studies by Goodman and colleagues (2004 and 2007), based on a small grandparent sample (73 public and 108 private caregivers), compared the financial hardships of grandmothers bringing up grandchildren outside the child welfare system and those who did so within it (Goodman 2007, Goodman et al. 2004). The study found that although both groups had similar needs and demands, those who were outside the system were worse off as they were not able to access services such as respite care, legal advice and public assistance (Goodman 2007, Goodman et al. 2004). A small study based on a non-probability sample of parents and grandparents in the U.S., Hayslip and Kaminski (2005) found that over 50 per cent of grandparents reported problems accessing childcare services for their grandchildren (Hayslip & Kaminski 2005).

### Summary

In the UK, preschool children with middle class parents who are cared for by a grandparent or other informal carer are at increased risk of being overweight than children who are looked after only by a parent. A possible explanation is that grandparents may lack information about healthy nutrition and are less likely to follow parents' dietary preferences and may not encourage as much physical activity as parents. This association between being overweight and looked after by an informal carer only applies to more advantaged groups, i.e. children whose mothers had a higher educational level, were from a professional background and lived with a partner.

Research evidence suggests that extensive grandparent involvement in childcare is associated with negative behavioural outcomes and psychological affect among children and adolescents; however it is hypothesised that the children's difficulties may be due to the family difficulties which led to the grandparent's involvement.

With respect to grandparents, those who actively contribute to families' well-being and provide care and support to grandchildren benefit from an enhanced sense of purpose in life and of family identity, even where they are emotionally drained by childcare demands.

The evidence on the impact of extensive care and becoming a primary caregiver on grandparents' wellbeing is mixed, with some studies showing negative effects on wellbeing. Research from the US indicates lower levels of preventive health behaviours among grandparents who are raising their grandchildren; however, once the period of adjustment to the new situation is over, there appears to be a resumption of health behaviours. Grandparents raising grandchildren may be at risk of isolation, lack of privacy and leisure time and have less contact with friends. Isolation is also a concern for grandparents providing extensive support to families with a disabled child. Grandparents who are primary caregivers are vulnerable to financial hardship, especially if neither parent lives in the household. In the US, grandparents raising their grandchildren are often young grandmothers and are likely to be Black and unmarried. However, grandparents in three generation households are more likely to be younger and working.

Grandparents who are not formally recognised as primary caregivers are worse off financially than those bringing up children within the formal child welfare system in the U.S., and report difficulties in being able to access services such as respite care and legal advice, despite having similar needs.

## 4. Identification of policies on family and grandparenthood in Europe



**Increasing employment of mothers, demographic change, changes in family formation and living arrangements make this an important issue for social policy.**

The previous section reviewed the known literature on grandparenting. While in the US the policy environment has been extensively studied for its impact on changes in the structure of grandparenting, particularly the growth in skipped generation and three generation households, or on the experience of grandparenting, for example in access to information and benefits, very few studies in Europe illustrate how policy might impact on either the structure or experience of grandparenting (for exceptions, see Lewis et al, 2008; Smith Koslowski 2009). Yet the increasing employment of mothers across the EU and demographic changes in age structures, as well as changes in patterns of child-bearing, family formation and dissolution, lone parenthood and living arrangements across the EU make understanding and supporting grandparenting an important issue for social policy. This has led Lewis et al (2008: 34) to suggest that ‘the role of grandparents as care providers seems to warrant more attention in policy development’.

The third part of this scoping study is aimed at the policy strand of this comparative project. Our aim ultimately is to research how different family policy environments across Europe contribute to the social structure of grandparenting. In this initial scoping exercise, we have considered three issues:

- **4.1 What analytical frameworks for considering different family policy environments across Europe might be appropriate?**
- **4.2 What types of family policies could theoretically impact on variations in grandparenting across Europe; and**
- **4.3 For ten European countries, how do those policies vary?**

### **4.1 Analytical frameworks for considering family policy environments**

As noted above, very little analysis exists of how policies impact on grandparenting. There is a substantive body of academic work, however, on how policies impact on parenting, especially motherhood. In this section, which reviews these theoretical ideas, we consider how these analytical frameworks might be adapted for a study of the impact of policy on grandparenting. Readers can skip to ‘Implications for a Study of Grandparenting: Our Proposed Framework’ on page 40 for the conclusions, followed by country comparisons.

#### **Family and social care policy**

The period since the Second World War has brought a series of radical changes across Europe to family and social care policies, providing benefits, allowances and job protection to families and dependent individuals (Hantrais 1999). These policies have a direct and indirect impact on the welfare of families and children, as well as on wider society.

Alongside this development of the welfare state, recent socio-demographic changes have included the reconfiguration of the traditional male-breadwinner models of family formation, and an increase in employment-led family policy which aims to increase the employment rates of women in particular. These changes lead to new social risks, whereby care of children and adult dependents become problematic (Lewis, Campbell & Huerta 2008). For example, increases in female labour participation over the last decades have led to a lesser availability of mothers to care for their children (OECD 2007b), but mothers vary greatly in the extent to which they would like their children cared for outside the family (Lewis, Campbell & Huerta 2008). Further, employment trends towards greater flexibility of working times and locations, and towards instability of employment, have posed a series of new challenges to parents

---

**The extent to which the extended family is recognised by legislation will be shaped by beliefs and norms regarding the family.**

---

regarding the care of their children (and dependent adults) (Le Bihan & Martin 2004). As grandparental involvement with children is likely to depend in part on the need and desire for informal childcare, the changing role of family and social care policies in responding to these demographic and social changes is an important component in the study of grandparenting and its implications.

The policy focus on increasing women's (particularly mothers') employment rates across Europe has led to the exploration of new policy initiatives under the rubric 'family-friendly' policies (Bernal & Fruttero 2008). These are employment-related social policies that promote strategies to reconcile work and family life. Family friendly policies might include maternity and paternity leave, flexible working hours, reduced working hours and different types of temporary leave for childrearing/child caring. An increase in the provision of paid and unpaid parental leave, day care for children, and sometimes even direct payments which may be used flexibly to choose childcare, can be found throughout Europe.

The characteristics of such policies both arise from and shape the concept of family and who is responsible for providing social care. Any study considering these questions must therefore take into account the different cultures, traditions and socio-economic changes that have shaped particular systems of formal-informal care for children and other dependents (Daly & Lewis 2000, Duncan et al. 2003, Skinner & Finch 2006, Wheelock & Jones 2002). The availability of formal services for children and other parenthood-related policies and how they are provided, as well as the extent to which the extended family is recognised by legislation, will be shaped by beliefs and norms regarding the family, and all of these will also contribute to shape the structure of grandparenthood.

Alongside individualised and workplace family policies, the last two decades in particular have witnessed increasing concern surrounding public provision and financing of care for children and older people as Europe's population grows older and family structures become more vertical (Esping-Andersen & Sarasa 2002). These financial strains on European welfare states, as well as social demands, are progressively changing public-private relationships such that some commentators argue that tensions are developing between generations insofar as they represent net donors and net recipients of welfare benefits (Esping-Andersen & Sarasa 2002, Hagestad & Uhlenberg 2005). However, intergenerational relationships within families seem not to support this thesis in that family support and provision of care of children and elders is deeply embedded in European societies, and acknowledged as essential given the limits on public support in many countries for providing care for dependants (Hank & Buber 2009, Kalmijn & Saraceno 2008).

To summarise, we have seen a growth in 'family policies' whereby the state impacts directly on the structure of family life by the payments of benefits, the provision of social care, direct payments, employment protection for childbirth and periods of family care, and the promotion of workplace 'family friendly' policies. This has reflected and helped to shape the changing role of women (and to a lesser extent, men) in the home and the workplace. Simultaneously, the ageing of the population is causing concern about public finance of care for older people, and fears have been expressed of a breakdown in intergenerational relations. It is well known that grandparents play an important and sometimes essential role in the family, yet the impact of family and social policies on grandparenting has not been considered. Comparative studies across Europe provide fertile ground for such studies, because of the "natural experiment" of policy variation across nation states.

In order to consider how these various family and social care policies do in practice impact on grandparenting structures across Europe, we need to have some organising principles. Since the detail of these policies will inevitably vary widely from country to country, what sort of differences between policies should we be looking for, and what sort of outcomes can be expected? What is it about the policies of different countries that might plausibly be seen as influencing how families behave? If we simply view all policies as "country-specific" then it is difficult to draw conclusions about which policies might be especially helpful to families and in what contexts.

In looking at the impact of policies on parenthood, and especially the experience of mothers, many academic writers have grappled with similar questions. We plan to draw on this literature to provide an analytical framework within which to consider the varying policy environments across Europe.

### Analytical models for family and social care policy

Much research has focussed on providing a typology of welfare state systems to understand the relationships between the public and private spheres. This means that researchers have looked for commonalities in policies between nation states, and concluded that some countries are similar to each other, and others very different, and it is the group, or family, that a country belongs to that determines social outcomes for its citizens. One of the most well-known and acknowledged typologies was developed by Esping-Andersen (1990), who used the concept of the extent to which individuals within a country were ‘de-commodified’ by government policy to create three models of the welfare state in Europe: Liberal, Conservative and Social-Democratic. Decommodification here means the extent of access to benefits / services as a right regardless of participation in paid work or market position (Esping-Andersen 1990), so for example, the extent to which a citizen was entitled to benefits (such as unemployment or pension benefits) as of right, rather than having had to build up entitlement through paid labour. Which “group” a country belongs to is argued to then explain social outcomes in that country.

However, Esping-Andersen’s original analysis did not include family policies nor the role of women, which led to a substantial critique of his work (Daly 2000, Gornick, Meyers & Ross 1997, Lewis 1992, Lewis 1997, O’Connor 1996, O’Connor, Orloff & Shaver 1999, Orloff 1993, Sainsbury 1994). As a result, in later work he added a fourth model titled ‘Southern Mediterranean’ and developed the concept of de-familialisation – the extent to which care is undertaken through the market or by the state, rather than the family (Esping-Andersen 1999). This model requires classifying countries according to whether their policies support different styles of family life – that is, the extent to which policies encourage or facilitate women’s paid and unpaid work. A high level of ‘defamilialisation’ in a country means that policies across a number of spheres support parents working in the paid labour force, and a low level of ‘defamilialisation’ in a country means that policies across a number of spheres support at least one parent (mothers) being full time carers at home for their children.

This theory suggested that the UK and other liberal regimes, fall into the category of ‘Liberal Countries.’ Such countries have a high level of de-familialization of welfare responsibilities through the private market, which translated into family policy means that in these countries policies encourage parents to use private arrangements to a great extent for childcare, and most of the benefits are means-tested; in these countries the welfare state is not a large provider of care services but women’s participation in paid work, and the market for childcare, are encouraged. A second group is the ‘Conservative’ welfare regime, which includes France, Germany and Italy, among others. This group of countries is distinguished by a low level of de-familialization, with limited public support for childcare and families, encouraging mothers to stay at home to look after their children. A third group is formed by Northern-Scandinavian countries (Sweden, Denmark and Finland) that have a very high level of de-familialization due to extensive and generous public provision for families and childcare. Finally, the Mediterranean countries are characterized again by very low de-familialization<sup>4</sup>. This kind of analysis is often used to explain cross-national variations in women’s working patterns or wages (for recent examples see: Aisenbrey 2009, Del Boca, Pasqua & Pronzato 2008, Mandel & Shalev 2009).

However, a limitation identified in Esping-Andersen’s typology is the lack of fully distinguished and intrinsically coherent models, and there is argument about the extent to which his categorisations hold, as family care in each country has a combination of market and family resources (Kalmijn & Saraceno 2008). Nor does this typology obviously fit the Eastern European countries. Daly and Lewis (2000) aimed to undertake a more coherent analysis of family policy and its impact on family behaviour. They classified countries according to the extent to which a country provided social care and cash transfers for care, and how these interact with patterns of care and women’s employment in each country (Daly & Lewis 2000)<sup>5</sup>. They developed the analytical-conceptual term ‘mixed economy of care’ referring to the interrelation between the public (state or market) and private (home) spheres for care. They found that only Scandinavian countries form a coherent cluster, characterised by strong, tax-funded and universal public provision of childcare services, though with punctual help from informal networks when public services are not available. By contrast, Middle-European and Mediterranean countries tend to privatized care but with major differences between and within countries on the nature of this private delegation of care responsibilities. In Mediterranean countries care is largely provided from within families, with very limited private childcare services (e.g. Spain and Greece). On the other hand, Germany as a Bismarkian country has privatized care to the family, but has also developed a large voluntary sector publicly funded which provides care services for elderly and children. France is a different case with a very

4 though some aspects are actually less familialistic than other European countries, leading to Esping-Andersen’s conclusion that Mediterranean countries do not represent an entirely distinctive model

5 Note however that this study predates the UK national childcare strategy and childcare tax credits, which may have changed the landscape



strong distinction between care for children, which is strongly publicly supported with scarce participation of the voluntary sector, and care for elderly adults which has limited public support. Finally, they distinguished the Beveridgean countries (UK and Ireland) which are also characterized by a strong division between care for children and older people, with childcare largely privatized to families and the market.

Pursuing this theme, Leitner (2003) undertook a comparative study of family policy in 15 EU countries with the specific aim of developing a gender –sensitive concept of “familialism” to identify country variation. She analysed public policy explicitly according to the extent to which parental leave policies and policies for childcare under the age of three:

- (i) strengthened the family as a care provider (for example, parental leave, care leave, cash benefits and tax deductions for family care, social rights such as pension rights that attach to family care; or derived rights to non-employed spouses); if so, this was classified as “strong familialisation”; and/or
- (ii) weakened the family as a care provider (e.g. public provision of care or strong care provision through the market); if so, this was classified as “strong de-familialisation”.

It is possible for policies in a country to be strong in each dimension, weak in each dimension, or a combination of both. She therefore identified four types of familialism. The study found very significant differences from Esping-Andersen’s typology, and high variability or inconsistency in the policy logic between policies within the same countries, which may suggest either confusion over the function of the family in policy logics or a failure to reflect the common view in coherent policy.

Thévenon (2008) similarly investigated family policies in different countries across Europe, especially looking at public assistance for children under the age of three and work-life balance related policies. The study distinguished between four main sets of countries - Nordic, Liberal, Southern and Eastern – though with high variation within groups. Nordic countries had comprehensive family policy; Liberal countries had very low support for children aged under three and the balance is found through the market; Southern countries were “characterized by a deficit of policies” (Thévenon 2008) (Thévenon 2008, p. 172), though disparities were found, as in Portugal which had more generous cash benefits than the other southern countries. Finally, Eastern countries varied with some countries closer to Southern countries (e.g. Slovakia) and others closer to Nordic (e.g. Hungary). In a different but related approach, LeBihan and Martin (2004) investigated arrangements for childcare in three countries in Europe (France, Finland and Portugal) according to the extent to which employees can arrange or negotiate atypical hours with their employers, public services incomes, family situation and the perception of parental role. While considering the policy variations between countries, this study was not concerned with explaining behavioural differences by policy regime; rather at considering cultural and social factors which impacted on the daily lives of families. The study reinforces the benefits of undertaking cross-national comparisons in order to understand why social life and social structures vary in the way that they do. Social care and informal, unpaid, care are thus intimately connected both at policy level and at the level of the individual family.

#### Implications for a study of grandparenting: our proposed framework

When considering the question of how grandparenting across Europe is shaped, these studies lead us to conclude that countries across Europe can be grouped according to (i) the extent to which their family and ‘family friendly’ employment policies enable, support and encourage mothers and fathers to participate in the paid labour market and (ii) the extent to which policies encourage or discourage substitutes for parental care for children which are state based, market based, from the voluntary sector, or the extended family (including grandparents). In each case, this will also depend on cultural factors (for example, the local norms and beliefs about the role of extended family in childcare), institutional structures (for example the ways in which state, market or voluntary sector care is structured and funded), and demographic patterns (for example, the extent of lone parenthood or the ages of grandparents).

We would aim to consider, therefore, for each employment and childcare policy within each country, two dimensions:

- (i) whether it is a policy that encourages the paid employment of mothers and fathers, and if so, what types of employment;
- (ii) whether it is a policy that supports an alternative mode of childcare, and if so, what type of childcare.

This provides an analytical framework within which to consider the role of grandparents. Instead of asking in each case as the above studies do: what impact do these policies and institutional structures have on parenting or care of older people, we propose to ask: what impact do these policies and institutional structures have on grandparenting.

The role of grandparents has been considered tangentially to understanding motherhood, work and care of children. Lewis et al. (2008) investigated the patterns of paid and unpaid work in 13 EU countries using European Social Survey data from 2004-2005 (n=5,562 households – couples with dependent children). They looked at the preferences of parents for childcare arrangements given a certain amount of formal provision and parents' participation in the labour market. They found that care arrangements are closely associated with the number of working hours, work conditions and work preferences. For example, formal childcare in Nordic countries and France encouraged the participation of mothers in the labour market. The study also found a significant number of fathers in Britain working atypical hours and providing childcare, due to the structure of employment in Britain. They concluded that where working mothers have young children, grandparental care is a vital resource for most families, although less so in Sweden, Denmark and France. They also found however that mothers from Portugal, France and Spain showed strong preferences for publicly provided childcare services over familial care, which may suggest concern over the effect of familial care on either the older or the younger generation or an expectation that childcare will be provided by the State.

---

**Grandparental care for young children of working mothers is a vital resource for most families although less so in Sweden, Denmark and France.**

---

In summary, family policy and the social environment will shape the social structure of grandparenting (Hank & Buber 2009). To what extent grandparents are involved in their grandchildren's care will depend upon female employment regimes, state childcare provision, forms of taxes or benefits in kind or cash transfers, parental leave and rights, maternity and paternity policies, direct support for grandparental care, and beliefs and norms which contribute to shaping the needs and demands of care. We can expect countries with sets of policies to cluster together, and therefore provide comparable outcomes, depending on the policy logic of the welfare regime. They hypothesise here is that it is a combination of family, social and employment policies, together with demographic, socio-economic and cultural characteristics, that create the conditions for different regimes of grandparenthood.

#### **4.2 Family policies with relevance to grandparents**

It should be noted that of course many other policies impact on grandparenting, including health care structures, migration, housing and transport, for example. However, this study focuses on family policies, or policies (such as 'family friendly' policies) which are specifically, and politically, designed to affect family life.

This leads to the question, which family policies can be expected to impact on grandparenting? As discussed above, the availability and generosity of governmental support (maternal and parental leave options, provision of childcare) may influence the need of parents for informal childcare arrangements and thus have an indirect effect on patterns of grandparenting. However, grandparents may also be directly affected by family policy, if they are entitled to benefits themselves in their role as grandparents, or if they become a child's primary caregiver. In this section, we consider policies under two headings: policies with direct impact on grandparents and policies with indirect impact on grandparents.

##### **Family policies with direct impact on grandparents**

Some countries offer family benefits to a wider circle than the nuclear family and entitle working grandparents (or even family members such as great-grandparents, aunts and uncles, and siblings) to some benefits, like parental leave, parental allowances or sick leave to care for a child. These regulations acknowledge the situation that many families face, when working parents are not able to take or choose not to take leave from their employment and grandparents are willing to step in. Such policies also help to reduce the time mothers may stay away from paid work; this may act to limit the known negative effects of absence for women's careers and incomes. A few countries (e.g. Finland and Norway) provide childhood benefits which may be used to purchase childcare direct; such provision, where it exists, offers parents a flexible choice of care arrangement including formal or informal care, and could include payments to grandparents.

Grandparents are much more affected by family policies when they take over the role of primary caregiver themselves; as discussed above, this may arise when the parents are still teenagers, are severely sick or disabled, have died, are incarcerated or have problems with alcohol or substance abuse. Nowadays, authorities tend to favour grandparents and other close family members as foster carers of a child and children are often put in the care of grandparents if necessary (Pittmann 2007; see the literature review, chapter 4.2). Once grandparents become the primary carer, they are most affected by their eligibility to family allowances and benefits, i.e. the support provided to them, which influences their financial and social well-being. The lack of entitlement in some countries may lead to an increased risk of poverty for grandparents who take care of grandchildren.

#### Family policies with indirect impact on grandparents

All policies directed at the well-being of families will influence the role of grandparents in family life. To take one example, if maternal or parental leave is not available or not paid, grandparents may offer regular and reliable support. A similar situation may occur when a child becomes ill or is permanently dependent on support, where parental leave and family allowances are unavailable or insufficient to the child's needs. In this way, the lack of availability of parental leave, for example, may lead to grandparents taking on more care of children.

#### Family policies considered

In the country section which follows, we have therefore explored the following policies as being potentially influential in the way that grandparenting is structured:

- (i) Maternity and Paternity Pay
- (ii) Cash benefits for children and childcare
- (iii) Single parent allowances
- (iv) Childhood education and care services
- (v) Maternity leave, paternity leave and parental leave
- (vi) Cash sickness benefits
- (vii) Benefits to care for sick children and adults
- (viii) Fostering and Adoption

### 4.3 Policies with relevance to grandparents in selected european countries

The final part of the scoping exercise for the policy study involved ascertaining what these relevant policies are, currently, in ten countries: Denmark, France, Germany, Hungary, Italy, The Netherlands, Portugal, Romania, Spain and the United Kingdom. The countries have been selected to include Southern, Continental, Eastern and Nordic countries. The focus is primarily on those policies that have a direct or indirect impact on the role of grandparents in family life. In this section, we give an overview in the Tables which follow of our findings relating to current family policies in each of these spheres in these ten European countries. In Appendix I, the detailed policies for each country are set out. Here, we present three summary Tables. Table 1 compares parental policies. Table 2 compares countries according to child benefits, family allowances and childcare services. Table 3 summarises policies that directly impact on grandparents. As can be seen in these Tables, our research has shown that there is wide variation in family policies across Europe, and we expect these variations to contribute to the different roles that grandparents play across these European countries within the context of differing cultures and institutional contexts.

#### Parental policies

Table 1 summarises three types of parental policies across the ten countries: maternity policies, paternity policies, and parental leave policies.

It can be clearly seen from Table 1 that maternity benefits exist before and after delivery in the ten countries observed in this study. Maternity leave is rather homogenous in all observed countries ranging from 14 weeks in Germany to 52 weeks in the United Kingdom, though the latter is an exception. In the majority of cases mothers must have been employed for a period of time before confinement and in only a few cases are they entitled to a State allowance if they do not meet the requirements (for example, Germany allocates €210 a month to those mothers who are not entitled to cash maternity benefits). Eligibility for cash benefits during maternity leave also varies. Although in the first period of maternity leave this is fairly even at between 70 per cent and 100 per cent of earnings (sometimes with a ceiling), after that it varies widely between countries. The availability of, eligibility for, and cash benefits attached to paternity leave vary widely from country to country, but paternity leave usually amounts to a few days only. For example, Romania only grants 5 days to new fathers, and the longest periods of leave



---

## Germany, Hungary and Portugal entitle a grandparent under certain circumstances to take parental leave.

---

are in Denmark and the UK at 2 weeks. In the remaining observed countries Germany stands out because of the lack of individual leave for fathers (although as noted below, it does have parental leave which can technically be taken by either parent, and fathers can take parental leave while the mother is still on maternity leave).

Parental leave and its associated allowances are important in distinguishing to what extent family policies contribute to gender equality. As such, the possibility of sharing parental leave and the generosity of the benefits associated to it are strikingly different depending on the country. Opportunities to take parental leave vary largely between the countries, as some countries (such as Germany) offer generous paid leave of up to 14 months, while others (e.g. the UK) offer only 4 weeks of unpaid leave per year or a longer period which is unpaid (e.g. Spain).

All in all, the observed countries in this study show a great variety on parental policies between them.

### Child benefits, family allowances and childcare services

Table 2 summarises the detail of policies on child benefits, family allowances and childcare services for children under three in each country. Once again, it can be seen that financial support of families and the provision of childcare services vary largely between these countries.

Financial benefits for children and families are on average higher and less restricted (universal) in Northern (e.g. Denmark) and Continental European Countries (e.g. Hungary and Germany) than in Southern European (e.g. Italy) and liberal countries (the UK). Child benefits and other family allowances also show a great variability between the studied countries. Some countries offer non-conditional cash support to cope with the extra expenses deriving from a new born child. A number of countries offer means-tested cash benefits, though with different requirements for families and varying generosity in the benefit. For example, France offers almost non-conditional cash benefits which are fairly generous, especially for large families. On the other hand, requirements for child benefits in Italy are very difficult to meet and hardly generous.

When focusing on childcare services for the youngest children (aged 0-3), Southern European countries (i.e. Portugal, Spain and Italy) stand out with scarce provision of day care centres compared to Continental (e.g. Hungary) or Northern European countries (e.g. Denmark), and most mothers who return to work have to arrange their childcare privately and traditionally rely on mothers remaining at home or extended family support. By contrast, countries such as Denmark or Hungary strongly support public services for children aged 0-3, which encourages mothers to return to employment.

As with maternal, paternal and parental leave policies, we once again witness wide variation across these European countries in the ways that they support children and childcare.

### Policies affecting grandparents

In Table 3, we detail those policies across the ten countries that directly impact on grandparents, in part extracted from Tables 1 and 2. Benefits are divided into (a) those to which grandparents are eligible if they are the primary caregiver of a child, and (b) policies that specifically name grandparents as a beneficiary.

It can be seen that even where the grandparent is the primary carer for a child, only half of the countries recognise grandparents by entitling them to some benefits, and in some countries there are no entitlements at all, for example, France and Spain. The general role of grandparents in family life is little considered. Only three countries, Germany, Hungary and Portugal, specifically entitle a grandparent under certain circumstances to take 'parental' leave, even if they are not the primary carer of a child. In addition, Germany is the only country to offer paid leave for grandparents to care for a sick grandchild. The United Kingdom has recently introduced National Insurance Credits (from April 2011) for grandparents who provide childcare for their grandchildren, being a rare example of formal recognition of grandparental care across Europe.

Table 1: Parental policies

Country	Maternity				Paternity
	Duration	Benefit	Eligibility	Notes	Duration
<b>Denmark</b>	18 weeks (4 weeks before childbirth)	100 per cent of average individual earnings	Affiliated employees with 120 hours during the 13 weeks preceding the leave or self-employed for 6 months in the last 12 months	Ceiling of DKK 683 (€92) per day	2 weeks
<b>France</b>	16 weeks; at least 3 weeks before childbirth and 10 after. 26 weeks in case of the third birth	100 per cent of individual earnings up to a ceiling of €2,885 per month	Insurance of at least 10 months before the baby is due	Non insured mothers are granted a state allowance	3 working days before the child's birth and 11 working days within 4 months after childbirth
<b>Germany</b>	3 months (6 weeks before and 8 after childbirth or 12 if multiple birth)	100 per cent average individual earnings of the last 3 months with no ceiling	Affiliated mothers' employees or co-insured spouses or daughters of insured persons (self-employed are not entitled)	Non insured mothers are granted a single payment of €210 a month	-
<b>Hungary</b>	24 weeks (6 mandatory weeks after childbirth); 4 weeks can be taken before childbirth	70 per cent of the individual gross average income of the last 180 days in employment	Mother has to be insured: minimum 180 days within the last two years before delivery	The benefit is taxed and deduction for pension	5 days within the first two months after childbirth

## Parental

	Benefit	Eligibility	Notes	Duration	Benefit	Eligibility	Notes
	100 per cent of average individual earnings	Affiliated employees with 120 hours during the 13 weeks preceding the leave or self-employed for 6 months in the last 12 months	-	32 weeks; up to the child is 48 weeks old	60 per cent of the unemployment insurance benefit rate	Either father or mother	46 weeks with reduced payments
	100 per cent of individual earnings up to a ceiling of €2,885 per month	Insurance of at least 10 months before the bay is due	-	6 months (one child); 1 year (second or subsequent child)	€552.11 per month or €789.84 per month for large families	Means-tested. Parents must have worked same company at least 1 year for entitlement and 2 years to receive the benefit	Individual right
				Periods of 6 months with two months' notice, up to child's 3rd birthday	Unpaid leave from work	Mothers from end of maternity leave; fathers from birth	Can be shared
	-	-	See parental leave	Up to child's 3rd birthday; 12 months until age 8	Unpaid	Parents can work up to 30h a week	-
				12 or 14 months; up to the child's 14th month	67 per cent of average earnings. Minimum €300 and maximum €1,800	Parents (father or mother or guardian, or both parents) have to care for the child and live in the same household and can work maximum 30h a week	Grandparents entitled if severe disability, disease or death of a parent
	Employed father	-	-	Until the child's third birthday	Flat-rate benefit of €110 a month	All non insured parents and insured parents from the child's 2nd to 3rd birthday	-
				Until the child's second birthday (until first birthday only for mothers or single fathers)	70 per cent of the gross average income of the last 180 days in employment	Mother or father has to be insured: minimum 180 days within the last two years before confinement, receive no other income	The benefit is taxed and deduction for pension

continued...

Table 1: Parental policies continued...

Country	Maternity				Paternity
	Duration	Benefit	Eligibility	Notes	Duration
<b>Italy</b>	20 weeks (4 mandatory weeks before childbirth and 8 weeks maximum); 12 weeks more in case of multiple birth	80 per cent average individual earnings with no ceiling; 100 per cent public employees	All women with social security insurance (self-employed included)	-	3 months
<b>The Netherlands</b>	16 weeks (6 weeks before and 10 after childbirth)	100 per cent of individual earnings with a ceiling (€177.03 a day)	All women employee (self-employed are excluded)	-	2 days
<b>Portugal</b>	42 days or 6 weeks are mandatory after childbirth; 30 days before childbirth	100 per cent of the income reference (RR)	Insured mothers who have paid contributions for 6 months	Non eligible mothers entitled to a flat-rate benefit of €335 for 120 days or €268 for 150 days	20 days after childbirth (10 days are mandatory)
<b>Romania</b>	126 days (42 mandatory days after childbirth)	85 per cent of average gross earnings over the last 6 months	Mothers must have 12 months of taxable employment income	-	5 days
<b>Spain</b>	16 weeks; 6 mandatory weeks	100 per cent of individual earnings	Affiliated employees with 180 days of contributions in the previous 7 years	10 weeks can be transferred to the father. Non-eligible mothers entitle to 100 per cent minimum wage for 6 weeks.	13 days plus two mandatory days
<b>United Kingdom</b>	52 weeks (26 weeks are mandatory)	39 weeks are paid (13 unpaid): 6 weeks at 90 per cent of average individual earnings with no ceiling; 33 at a flat-rate 124.88	Mother must have been employed by the same employer for at least 26 weeks and earn at least 95 a week before tax	Non eligible mothers who have worked 26 weeks in the 66 weeks before the child's birth can take £128.88 per week or 90 per cent of average gross earnings for 39 weeks whichever is lower	2 weeks

## Parental

Benefit	Eligibility	Notes	Duration	Benefit	Eligibility	Notes
80 per cent average individual earnings with no ceiling; 100 per cent public employees	Father only if death of mother or father is the sole carer	-	6 months until the child's 9th birthday	30 per cent average of earnings if child under the age of 3; unpaid thereafter	All insured parents (either or both parents)	-
100 per cent of individual earnings	Mother's partner has to be insured	-	13 times the number of hours worked per week; until the child's 8th birthday	Unpaid leave	All employed parents with at least 1 year with the same employer	-
100 per cent of the income reference (RR) with no ceiling	Insured fathers who have paid contributions for at least 6 months	Non insured fathers receive 80 per cent of IAS (€419.22) for 10 days	120 or 150 days (if multiple birth or shared with father)	100 per cent of the income reference (120 days); 80 per cent (150 days)	Insured mother or father who have paid contributions for 6 months	Non eligible mothers or fathers are entitled to a flat-rate benefit of €335 for 120 days or €268 for 150 days if family income below 80% IAS
100 per cent of individual earnings	Insured fathers	-	Until the child's second birthday or third if disabled child	€145 a month or 85 per cent of average individual wage with a ceiling	Mother, father or foster parent who has been employed and paid contributions in the last 12 months before childbirth	-
100 per cent of individual earnings	Affiliated employees with 180 days of contributions in the previous 7 years	2 days have to be used immediately after the child's birth	3 years	Unpaid leave	No job tenure requirements	Individual right
£124.88 or 90 per cent average individual earnings (whichever is lower)	Employed father, mother's husband or partner	-	13 weeks per child and parent (maximum 4 weeks per year until the child's fifth birthday)	Unpaid leave	Parents or formal guardians	Individual right

Table 2: **Child benefits, family allowances and childcare services**

Country	Child benefits				Other family allowances
	Benefit	Duration	Eligibility	Notes	Benefit
<b>Denmark</b>	€184 for 0-2 children; €146 for 3-6 children; €115 for 7-17 children monthly basis	Children aged 0-17 years old	One of the parents must be a taxpayer	An income-related allowance for children of whom one or both parents are retired	Maximum 85 per cent day nursery costs or the maximum daily rate of maternity benefits
<b>France</b>	Monthly sum of €177.95	Children aged 0-3 years old	Means-tested benefit based on family income and number of children	The recipient is not eligible for means-tested family supplement	€566.79 for a pregnant women; €755.72 for a single-parent
	One-off sum payment of €889.72 per child	Paid once at the 7th month of pregnancy	Income-tested on the number of children and parents working	€1,779.43 for an adopted child	€161.29 a month
<b>Germany</b>	€164 (first and second child); €170 (third child); €190 (fourth or more child) a month	Until child's 18 birthday	Paid to the person caring for the child	Benefit can be granted to a parent or grandparent or foster carer	€ 3,684
<b>Hungary</b>	225 per cent of the minimum old-age pension (€237)	Once after childbirth	Completion of four prenatal medical examinations		-
	€41 (first child); €45 (second); €52 (third or subsequent child) a month	Up to the child's 18th birthday or 23 if full-time student	The claimant must be the parent or guardian of the child (including grandparents)	Additional support for single parents or families with disabled child	-
<b>Italy</b>	€10.33 to €1,132.50 a month	Up to the child's 18th birthday or 21 if in full-time education	Means-tested based on the family's taxable income and family size	Grandparents are eligible to claim child benefits for a dependent child	€124.89 a month
<b>The Netherlands</b>	€190 (children up to the age 6); €230.95 (7-12); €230.95 (12-18)	Up to the child's 16th birthday or children aged 16-17 attending full-time education	All children living with parents or grandparents or foster carers	The benefit can be conceded to children living abroad (EU residence)	-



## Childcare services (0-3 years old)

	Duration	Eligibility	Notes	Benefit	Duration	Eligibility	Notes
	8 weeks to 1 year per year	Parents of children aged 24 weeks old to 6 years	Parents must take care of their children at home	Income-related fee up to the child's fifth birthday with a maximum of 30 per cent of the costs	6 months to 5 years	Working parents	Additional financial support for low-income families
	12 months	Means-tested for single parents with one child or pregnant	-	The salary paid to a home helper cannot exceed €44.57 per day	Up to the child's sixth birthday	Parent/s must work: minimum income €389.20 single parents; €778.40 cohabitation	-
	Families with two children older than age 3 and younger than age 20	Means-tested based on family income and number of children	Cash supplements for families with 3 or more children	€232.67 a month: work less than half the normal working period; €134.13 for those who work 50 per cent to 80 per cent	Paid for 6 months or until the child's third birthday in case of numerous families	Parents' contributions for at least 4 quarters in the 2 years before the child's birth	Supplement for reduced work
	Annual	Income-related	Income-tax child allowance	Publicly provided day centre or family day care homes supported care	Up to the age of 3	Children with working parents in poverty or with special needs	8.5 per cent of children under 3 years old attend publicly funded care
	-	-	-	€105 a month	Up to the age of 3	Parents caring for their child at home	Grandparent carers also qualify
	-	-	-	Public provided day care centres or day nurseries	Up to the age of 3	Priority of places for working parents	One year of kindergarten is compulsory
	Up to the child's 18th birthday	Families with three or more children. Family income must not exceed €22,480.91	-	Publicly provided day centre. Income-related benefit covering 20 per cent of costs at most	Up to the age of 3	Working parents	6 per cent attend to childcare (Asilo Nido)
	-	-	-	Cost shared by parents, employers and government	6 weeks to the age of 4	Fees are income-related	14 per cent (2009) of under 4 attend to day care centres; 98 per cent children aged 4 years old

continued...

Table 2: **Child benefits, family allowances and childcare services continued...**

Country	Child benefits				Other family allowances
	Duration	Benefit	Eligibility	Notes	Duration
<b>Portugal</b>	It ranges from €174.72 to €11.29 a month	Up to the child's 18th birthday	Income-related cash benefit	the first 12 months and single parents receive a higher amount	20 per cent more than child benefits
<b>Romania</b>	€48 (children aged up to 2 or 3 in case of disability); €10 (children 2 or older) a month	Up to the child's 18th birthday	All children living with parents or in foster care	-	€12 (one child); €14 (2 children); €16 (three children); €17 (four or more)
	€55 a month	During the first year after childbirth	New mothers	-	
<b>Spain</b>	€ 2.500	One-off tax deduction or allowance after the child's birth	All mothers' residents	-	€ 1.000
	€100 a month	Up to the child's 3th birthday	Mothers	-	€41.67 (children under age 3 non-disabled); €24.25 (over 18 non-disabled); €83.33 (under 18 disabled at least 33 per cent)
<b>United Kingdom</b>	Monthly: £86.67 (first child); £57.20 (each other child)	Up to the child's 16th birthday or 20th if non-advanced education	The parent or guardian caring for the child	Supplement of £14.30 a week for people bringing up orphans or families with one dead or unavailable parent	£35.65 (parents aged 16-17 years old); £59.15 (parents over 18)
					Child tax credit on a sliding scale of up to £2,300; Additional contribution to childcare costs for working parents of 80p in the £ up to a maximum of £140 per week for one child or £240 for two or more children

## Childcare services (0-3 years old)

	Benefit	Eligibility	Notes	Duration	Benefit	Eligibility	Notes
	Up to the child's 18th birthday	Single parents	-	Crèches provided by non-for-profit organizations (80 per cent), private and public	Up to the age of 3	Means-tested	Private childminders or family crèches are vastly used
	Up to the child's 18th birthday	Means-tested based on family income and family size (€112)	Same allowance for single parents though higher amounts (e.g. €17 for one child)	-	-	-	All public provision granted from the age of 3 onwards
	One-off payment after childbirth	Means-tested; large families or mother with disability greater than 65 per cent	Granted to large families after birth or adoption of a child	-	-	-	Almost inexistent provision of public-funded provision for children aged 0-3 years old
	Either up to the age 3 or 18	Means-tested (maximum yearly earnings or family income of 11,264.01), except in case of disability	Disabled children over 18 receive higher benefits (65 per cent or 75 per cent of disability)	-	-	-	-
	Up to the child's 7th birthday	Means-tested	-	Child-minders or day nurseries	6 weeks to 5 years old	Means-tested	34 per cent (2006) of children aged 0-2 were in formal care
	Parents of child under 16; For childcare element parent must be working in paid work for more than 16 hours a week	Subject to a means test on a sliding scale	Eligibility and benefit may be reviewed by incoming government				

Table 3: Policies impacting directly on grandparents

a) Grandparents, who are the legal primary caregiver of a child, satisfy the criteria of receiving benefits.

b) Policies, in which grandparents are named as entitled persons.

a) Grandparent entitled if primary caregiver				
Country	Benefit	Duration	Eligibility	Notes
<b>Denmark</b>	For each child of 0 - 2 years: DKK 1,369 (€ 184) per month. For each child of 3 - 6 years: DKK 1,084 (€ 146) per month. For each child of 7 - 17 years: DKK 853 (€ 115) per month.	Until the child's 18th birthday	Universally paid to all children including adoptive children	Child benefit
<b>France</b>	None applicable			
<b>Germany</b>	€164 per month for the first and second child, €170 for the third and €195 for any subsequent child	Until the child's 18th birthday (until 21 if unemployed and 27 if in full time study)	Grandparents and foster parents may receive child benefits, if they are the primary carer for the child and the child lives in the same household.	Child benefit
	Foster parents receive an allowance to cover for the child's expenses	Parental leave of up to 3 years can be taken from parents from when they become responsible for the child for children up to 8 years of age (12 months are transferable until the child	Adoptive parents and foster parents	Parental leave

## b) Grandparents named as entitled persons

Benefit	Duration	Eligibility	Notes
None applicable			
None applicable			
67 per cent of the adjusted net income (at least €300 and at most €1,800 a month)	Up to the child's 14th month	Grandparent entitled in case of severe disease, severe disability or death of parent, works up to a maximum of 30 hrs per week and the grandchild lives in the same household.	Parental allowance
Up to 14 months are paid with parental allowances	Any period of time until the child's 3rd birthday (12 months are transferable until the child is 8)	In case of severe disease, severe disability or death of parent, as well as when the parent is a teenager or in the last two years of a full time education, working grandparents are entitled to take leave to care for a child. Grandparent must be primary carer, work at maximum 30 hrs per week, and grandchild must live in same household	Parental leave
Paid	10 days	Grandparents are entitled to take paid leave of 10 days to care for a sick grandchild. In addition, they may take a unpaid leave of up to 6 months in acute situation with necessity to care for the grandchild.	Sick leave

continued...

Table 3: Policies impacting directly on grandparents continued...

Country	a) Grandparent entitled if primary caregiver			
	Benefit	Duration	Eligibility	Notes
Hungary	From HUF 12,200 (€45) per month to HUF 17,000 (€ 63) per child	Until the child's 18th birthday (until 23 if child is in full time education)	To legal guardians. Child needs to be cared for in guardian's household (e.g. grandparent or foster carer)	Family allowance
	22 per cent of the minimum old-age pension per month per child and additional biannual payments of HUF 7,500		Paid only to children living with a guardian (e.g. grandparents) in addition to child social support	
Italy	Very variable - varies on household size and family income	Up to the child's 18th birthday (and above if child is disabled)	Grandparents may receive benefits for a dependant child if they are the primary caregiver	Child benefit
The Netherlands	Up to 5 years (€64.99 per month); age 6-11 (€78.92); age 12-18 (€92.89)	Until the child's 18th birthday	Foster children and grandchildren who live in the same household with the claimant	Child benefit
		10 days	Foster parents are entitled to take sick leave to care for a child	Sick leave
Portugal	None applicable			
Romania	None applicable			
Spain	None applicable			



## b) Grandparents named as entitled persons

Benefit	Duration	Eligibility	Notes
Between €110 and 70 per cent of average earnings per month (depend on if claimant is insured)	From the 1st to the 3rd birthday of a child	Parents have to agree to transfer their entitlement to allowances to the grandparent and child must live in same household with grandparent. Grandparent is not eligible to work.	Parental leave and allowance
None applicable			
None applicable			
100 per cent of reference income	30 days after childbirth	Grandparents who are employed and parent is 16 years old or younger	Childcaring
65 per cent of reference income	Until the child's 18th birthday and days not taken from parental leave	Only granted to grandmother or grandfather if both parents work and cannot arrange time off from work	
None applicable			
None applicable			

continued...

Table 3: Policies impacting directly on grandparents continued...

Country	<b>a) Grandparent entitled if primary caregiver</b>			
	Benefit	Duration	Eligibility	Notes
<b>United Kingdom</b>	£20.30 a week for eldest child and £13.40 for subsequent children	Child is under 16, or over 16 and in education or training that qualifies for Child Benefit, or 16 or 17, has left education or training and is registered for work, education or training with an approved body	Grandparent brings up children and mother agrees to sign over child benefit	
	£14.30 a week per child	Up to the child's 16th birthday	Legal Guardians. Grandparent brings up grandchild and qualifies for child benefit	Guardian's allowance in case of death of both parents or death of one parent born in the UK
	Fostering allowances - amounts vary	Up to the child's 16th birthday or 20 if in non-advanced education or undertaking approved training	Formal foster carers. If the grandparent is the claimant (foster parent) residing with grandchild and living in the UK	Many grandparent and other family and friends (kinship) carers in the UK are not assessed as foster carers but instead may be caring for a child with a residence order or special guardianship order. In these cases the local authority is not obliged to pay to help with the child's accommodation or maintenance, but has a discretion to pay a Residence Order Allowance or Special Guardianship Order Allowance to grandparents with these legal statuses. Where paid, these are usually means tested, and can be disregarded in some benefit calculations but not all.
	Child tax credit on a sliding scale of up to £2,300; Additional contribution to childcare costs for working parents of 80p in the £ up to a maximum of £140 per week for one child or £240 for two or more children	If grandparent is the primary carer of child under 16; For childcare element grandparent must be working in paid work for more than 16 hours a week	Subject to a means test on a sliding scale	Eligibility and benefit may be reviewed by incoming government. Foster carers cannot claim tax credits and benefits for children they foster.

## b) Grandparents named as entitled persons

Benefit	Duration	Eligibility	Notes
National Insurance Credits (Class 3) (From April 2011)	Up to the child's 12th birthday	Of working age, and providing childcare for a child under 12	National insurance credits toward state pension accumulation
Can be paid for childminding from childcare element of working tax credit at 80p in the £ up to a maximum of £140 per week for one child or £240 for two or more children	Child under 16	If grandparent is a formally registered childminder and looks after the child outside the child's home	Child tax credits may be reviewed by incoming government

## **Conclusion**

Our tabulation of policies in three spheres: parental policies, support for children and childcare, and direct support for grandparenting, has revealed widespread differences across Europe in terms of the benefits available, duration and eligibility. Parental policies help to shape men's and women's working patterns, which will influence the need for childcare. For the first time, we are considering those policies in terms of their impact on grandparenting. Child support and childcare policies help to shape the need to use the extended family as carers, as opposed to other forms of state, market or voluntary sector care. Policies directly affecting grandparents will help to shape the extent to which grandparents take on that care. We have observed sufficient variation in these policies around Europe to pose interesting research questions about how these differing family and care policies help to shape the structure of grandparenting, within the context of different demographic, cultural and institutional settings across Europe. Through further research, we aim to understand what kinds of policies would support families in their desire for grandparental care, and support grandparents in their willingness and ability to care for their grandchildren.

## 5. Conclusion



**Policies directly affecting grandparents, whether as primary carers or providing occasional or regular childcare will help to shape the extent to which grandparents take on that care.**

The review of literature is as notable for the omissions it has uncovered as for the findings. Some comparative European data on levels of childcare provided by grandparents are available (Hank & Buber 2009); these are based on the Survey of Health, Ageing and Retirement in Europe (SHARE). They show differences between Southern Europe and other regions in the likelihood of providing high levels of grandparental care, which might be expected; but they also show unexpected differences by country in more general grandparental involvement. The SHARE surveys are extremely useful, since the object of study is people aged 50 or over, but the early waves offer a limited number of European countries for study and none in Eastern Europe until 2006-7. More detailed research from sources which included a wider spread of European countries would allow richer analysis, would offer the opportunity of forming hypotheses about differences between countries, which must include differences in welfare regimes and other social policies, and would provide a basis for considering the future of inter-generational ties and exchanges of support.

For many of the other research questions considered – relationships between grandparents and grandchildren, grandparents who assume parental responsibilities, effects of childcare by grandparents on both parties – much of the literature identified was based on the U.S. Some of these findings have been shown to be applicable in some European countries; for example, the complicated interplay of motives for intergenerational exchanges of support which altruism theory and exchange theory try to delineate. But other factors suggest caution in the assumption that American findings may be valid in Europe; for example, while most European countries have experienced declines in multigenerational households, this does not appear to be the case in Europe and intergenerational relations can be expected to reflect this difference.

In many areas, there is no way of knowing whether findings in the U.S. are valid in some, or any, European countries. For example, there are no published, comparable data for European countries which reveal whether the much-studied growth in grandparents who have parental responsibility for grandchildren in the U.S. has any counterpart here. This is surprising as data on household structure and the age, and some family relationships, of the household members can be gleaned from census data or its equivalent in all European countries. We conclude that grandparents have not been identified as a topic for research in most European countries in the way that they have in the U.S.

We may also note another implication from the preponderance of research on grandparents who are primary caregivers and co-parenting grandparents, apart from the fact that it is largely based in the U.S. This situation – a grandparent with parental responsibilities – is easier to interpret than less intense levels of grandparenting. This is partly because support may be assumed (though the assumption can be questioned) to flow largely in one direction, which is not by any means the case where three generations, each composed of varied individuals, are interacting. It is partly, also, because it may be assumed (though the assumption is even more questionable) that the responsibility has been assumed voluntarily by the grandparent – the law will not force him/her to act as a parent - in response to an unhappy or even a dangerous situation which has caused the grandchild to lack adequate parental care. This assumption solves one of the unknown factors in the study of most family interactions, which is the balance

of motivating forces such as a donor's pleasure in the interaction itself, a donor's self-affirmation on performing a costly interaction (meaning 'cost' in time, energy, emotional strain, money or other resources), a donor's response impelled by a recipient's need, and a donor's response to felt social pressures. How far do grandparents offer weekly childcare because they (or the children) enjoy it? How far do they offer it because the parents want or need to work? How far do they offer it because their understanding of the role of grandparent demands that they will? Furthermore, what are the implications of taking on care for grandparents' own labour force participation, their own ability to balance paid work and family care, and the implications for their own financial well being, now and into retirement? These and many more complexities of most grandparenting can be set aside in the case of custodial or co-parenting grandparents, but in most other studies they are an important, if often unanswerable, question.

A related area of uncertainty is the perceived quality of grandparental care by comparison with other sources of childcare, both formal and informal, and the extent to which the grandparent has been selected as carer in preference to other sources or whether no other possible sources are perceived to exist – and if a selection has been made, who was the principal decision-maker. Such research findings as exist on levels of childcare by grandparents in European countries suggest that there is considerable variation by socio-economic status even when employment status (of both parents and grandparents) has been taken into account and it is likely that the range of alternatives to grandparental care, and their perceived quality, may partly explain this variation. This is an area where some research data do exist (for example, Childcare and early years survey 2008 report from the Department of Children, Schools and Families) is one such source for (England), and where comparisons between countries could be made.

Social policies relating to families and family-related employment policies can be expected to impact on grandparenting. Parental policies help to shape men's and women's working patterns, which will influence the need for childcare. Child support and childcare policies help to shape the need to use the extended family as carers, as opposed to other forms of state, market or voluntary sector care. Policies directly affecting grandparents, whether as primary carers or providing occasional or regular care, will help to shape the extent to which grandparents take on that care. We have observed sufficient variation in these policies around Europe to pose interesting research questions about how these differing family and care policies help to shape the structure of grandparenting, within the context of different cultural and institutional settings across Europe. Through further research, we aim to understand what kinds of policies would support families in their desire for kinship care, and support grandparents in their willingness and ability to care for their grandchildren.

Overall, we conclude that grandparents are becoming more prominent in European society, in the sense that a greater proportion of the population is a grandparent and that people are grandparents for much longer periods; both of these are due to the demographic changes described. At the same time, policies throughout Europe have focussed on increasing women's participation in the paid labour force, significantly increasing the demand for childcare. The current role of grandparents in the European family is much under-researched and this should be remedied; in particular, longitudinal research or other work which would allow trends to be identified would help us all to discern the future of family life.



## 6. Appendix 1: Country specific policies



**75% of grandmothers in Denmark report providing childcare for their grandchildren; however, most of the care provided was less often than once a week.**

### 6.1 Family policies in Denmark

Like most of the Nordic countries, Denmark has a very generous, universal and comprehensive family welfare scheme. Its policies are child oriented and provide cash benefits that keep poverty low (at 2.1 per cent the lowest child poverty rate of all OECD countries in 2005; (OECD 2007b)). It has well developed early childhood education and care services that support the reconciliation of work and family life. Female employment rates are among the highest in the EU and OECD countries (71 per cent in 2005, (OECD 2007b)).

The very generous provision for childcare in Denmark would suggest very little participation of grandparents in providing childcare. However, grandparents in Denmark reported high participation in childcare provision. In 2004, almost 75 per cent of grandmothers reported that they had provided childcare for their grandchildren and 59 per cent of grandfathers had done so. Despite the very active participation of grandparents in childcare, they reported below-average levels of regular childcare and most of the care was provided less often than once a week (Hank & Buber 2009).

#### Parental leave policies

Maternity leave, paternity leave and parental leave are regarded as one leave, the “Childbirth Leave” (Barselsorlov), however specific regulations for each leave apply.

Maternity leave is 18 weeks, comprising 4 weeks before the expected date of birth and 14 weeks after childbirth. It is paid at 100 per cent of average earnings with a ceiling of at maximum DKK 683 per day before taxes for full-time employees in 2007 (approximately EUR 92 (Rostgaard 2007)). Those eligible have been employed for at least 120 hours during the 13 weeks preceding the leave, or were self-employed for at least six months within the last 12 months before the leave including the last month, or have just completed a vocational training of at least 18 months. Unemployed persons are entitled to benefits from unemployment insurance, students are eligible to an extra 12 months of educational benefit, and people on sickness benefit will continue to receive these allowances which equal the maternity benefit. There is no additional leave time for multiple births. Almost all mothers take maternity leave (European Commission 2009b, Rostgaard 2007).

Paternity Leave is 2 weeks and the same conditions as for maternity leave apply. Some employers (in the industrial sector) offer an additional family leave of 9 weeks, adding another 3 weeks to the mother’s and the father’s leave respectively (which is lost if not taken) and 3 weeks to share. Sixty-two per cent of children have a father who took leave after their birth; fathers took 25 days’ leave on average in 2004 (Rostgaard 2007).

Parental Leave is 32 weeks per family (until the child is 48 weeks old) and either the mother or the father may take up the job-protected leave under the same conditions as maternity leave. Compensation amounts to 60 per cent of the unemployment insurance benefit rate. In the public sector 24 weeks of the total leave period of 52 weeks (considering all three kinds of leave) are paid at full earnings, while some employers in the private sector offer full payment for the total leave period. Eight to 13 weeks of the leave can be taken at a later time (until the child's 9th birthday), but only if the employer agrees. There is some flexibility in taking the leave, as it may be extended to up to 46 weeks with reduced payments (equalling those for 32 weeks). In addition, it is possible to work part-time during the leave and receive the benefit amount for the extended period of time (e.g. work half time and receive benefits for 64 instead of 32 weeks). The employer has to agree to these choices. Fathers may also use their holiday instead of taking leave from work in order to avoid the loss of income (Rostgaard 2007).

Adoptive parents have the same rights to leave as biological parents, with one condition: two weeks of leave in the child's first 48 weeks have to be taken by both parents together. There is no particular entitlement to persons other than the parents (e.g. grandparents) to take leave to care for a child.

Cash Sickness Benefits (Plejevederlag) to care for a sick dependant are limited to care for a terminally ill relative or close friend at home. Cash sickness benefits are also paid to a parent to care for a seriously ill child younger than age 14. Additional leave of up to 3 months is awarded if the child is hospitalized as a result of a disease contracted in connection with birth. There is no statutory right to care for a sick child at home, but most employers allow one day off work to care for a sick child at full pay. Therefore, the mother has to use up her own allocation of sick leave if there is no grandparent or other person to provide cover (Clearinghouse 2009). This lack of benefits permitting care for a sick child is the subject of ongoing discussions in media and politics. Statutory paid caring days for carers other than parents, and time off for grandparents to care for their sick grandchildren are among the benefits which have been suggested (EWCO 2008).

#### Childcare policies

Family and child allowances are universal and offer generous cash benefits for families with one or more children under the age of 18. The child must reside in Denmark and one of the parents must be a taxpayer in Denmark. Child benefits (børnefamilieydelse) vary by the age of the child and benefits are higher for younger children. They amount to DKK 1,369 (EUR 184) per month for a child aged 0-2, DKK 1,084 (EUR 146) for each child aged 3-6, and DKK 853 (EUR 115) for children aged 7-17 per month (Clearinghouse 2009, European Commission 2009b). Adopted children are also entitled to child benefits. A special income-related allowance is designed for children of whom one or both parents are retired.

Childcare allowances can be introduced by municipalities for parents with children aged 24 weeks to 6 years, who take care of their children themselves instead of putting the children in day care. The benefit is granted to residents of Denmark for a period of 8 weeks to one year and for a maximum of 3 children. It cannot exceed 85 per cent of the costs of a day nursery or the maximum daily rate of maternity benefits (European Commission 2009b).

Allowances for single parents consist of two benefits: a general benefit (ordinært børnetilskud) of DKK 380 (€ 51) per month and an additional allowance (Ekstra børnetilskud) DKK 386 (€ 52) per month per household. Single-parent status must be proven once a year.

Early Childhood Education and Care is provided for children of working parents from 6 months to 5 years of age, and for all children from 5 to 7. The day care is located in crèches, play parks, kindergartens, family day-care homes, own homes and preschools. An income-related fee applies for the care of younger children up to the age of 5 (parent fees are no more than 30 per cent of costs), but childcare is free for children aged 5-7. Low-income families are granted additional financial support. The coverage is very high - 66 per cent of children aged 6 months to 3 years and 93 per cent of the 3 to 6 year olds attend day care (Clearinghouse 2009).

## 6.2 Family policies in France

---

**Grandparents in France rarely offer regular care but 65% of grandmothers provided some childcare in the past year.**

---

France has a wide range of family policies aimed at helping parents to cope with childcare demands (OECD 2007a). The French policy system offers long and paid leave periods before and especially after a child is born. Special mention needs to be made of the extension and generosity of parental leave and child benefits for larger families, i.e. those with two or more children. Furthermore, child benefits allow parents to arrange formal care flexibly by either a home helper or by using childminders. This flexibility for parents to arrange childcare makes reconciliation of work and family life possible without penalising mothers or low income families.

Social policies regarding the family include a series of benefits and allowances for childcare and out-of-school hours care services to help parents strike a balance between work and family life. The majority of these allowances and benefits, unlike in countries from the 'Liberal' tradition, are not income-tested but universal. However, family and social care policies are narrowly focussed on nuclear families.

Grandparents in France are active participants in providing care for their grandchildren. Almost 65 per cent of grandmothers provided any childcare in the last 12 months. Also, grandfathers are highly active in providing any childcare with 54 per cent of grandfathers doing so. However, grandparents in France rarely offer regular care and most often provide care less than once a week (Hank & Buber 2009).

### Parental leave policies

Mothers are entitled to a maternity leave period of up to 16 weeks ("Congé maternité"), of which at least 10 weeks have to be used after childbirth and no less than 3 weeks before the child's birth. In addition, 3 optional weeks can be used either before or after childbirth. In the case of a third birth mothers are entitled to 26 weeks of statutory maternity leave. Women with multiple births are awarded 3 extra weeks of maternity leave. Jobs are protected during maternity leave.

In all cases, eligible mothers are granted 100 per cent of their income up to a ceiling of €2,885 per month (this income is taxable). Eligibility for maternity leave allowance ("Indemnités Journalières des Salariés") depends on the employment status of mothers. They must have paid national insurance contributions for at least 10 months before the baby is due. Furthermore, they have to comply with other requisites such as having completed 200 hours of paid work or an equivalent status in the 3 months before maternity leave and must take at least 8 weeks' maternity leave. Mothers who are not eligible receive an allowance from the state social security office.

The mother of a child may delegate part of her maternity leave period and payment to the father. After 14 compulsory weeks, mothers can transfer up to 4 weeks to fathers for the first child and 14 weeks in case of multiple births. In France, like other European countries, the maternity leave period is variable and transferrable. This explains why in 2006 7.4 per cent of women employees on maternity leave were actively participating in the labour market (OECD 2007a). However, mothers in work only accounted for 47 per cent of all mothers with children aged 3 years or younger in 2003.

Paid paternity leave ("Congé paternité") is granted to all employed fathers of a new born child for a period of 3 working days close to the birth, not necessarily consecutive, and a further 11 days to be taken consecutively at any time within the 4 months after childbirth (18 days for a multiple birth). It is estimated that about two-thirds of fathers took paternity leave in 2003<sup>6</sup>. Eligibility criteria are the same applied for maternity leave, that is, 10 months' possession of a national insurance card and a minimum number (200) of hours worked in the previous three months.

---

6 Data from European Council Family policy database. [http://www.coe.int/t/dg3/familypolicy/Source/3\\_3\\_6\\_per cent20Estimates per cent20for per cent20take per cent20up per cent20of per cent20leave.pdf](http://www.coe.int/t/dg3/familypolicy/Source/3_3_6_per cent20Estimates per cent20for per cent20take per cent20up per cent20of per cent20leave.pdf) [online source, last consulted 4/04/10].

Either fathers or mothers can take parental leave for a maximum of 6 months for the first child. This period can be up to a year in the case of a second child and each subsequent child. The remuneration increases with each subsequent child after the second. Parental leave must be taken within the child's first three years. This right is an individual and not transferable entitlement and subject to certain conditions (means-tested). Parents are only eligible for parental leave if they have worked at least one year in the company before childbirth. However, eligibility for benefits is conditional upon two years of uninterrupted work prior the birth of the first child. Insurance contributions for each subsequent child are more relaxed in terms of length for qualifying.

The main benefit for eligible parents is the Supplement for freely chosen occupational activity (CLCA). It is a flat-rate remuneration (€552.11 per month) paid on a monthly basis to families with an income below a certain threshold, though around 90 per cent of families are eligible. A second benefit is the Optional supplement for freely chosen occupational activity (COLCA). This benefit (€789.84 a month) is aimed at large families (3 or more children) and paid to a parent who stops working for a period no longer than a year. Parents can only receive either CLCA or COLCA. An individual who has been granted parental benefits may work part-time, though the employer has the right to refuse permission for this.

The French government has no exact figures for parents on parental leave. However, some studies indicate a very large proportion of women on parental leave and a tiny percentage of men in this situation. Estimates are fairly difficult to calculate due to a large proportion of non-qualified mothers and the low collaboration rates of employers<sup>7</sup>. Data from the OECD (2007) report that the percentage of employed women with children aged 1 year-old or younger on parental leave is 35.5 per cent, but only 1.1 per cent for men. This suggests that it is mainly women who take parental leave.

Unpaid parental leave can be taken by either fathers or mothers or shared between them until the child's third birthday. Mothers can take parental leave right after maternity leave finishes or any other time before the child is three; fathers are eligible to take parental leave at any time after the child is born. The beneficiary of parental leave has to stop working and look after the child in the home for at least a period of six months. Mothers or fathers can renew parental leave for another six-month period as long as notice is given at least two months prior the end of the leave.

In France, employed parents are entitled to extra time off for the care of their children in unexpected circumstances. Care for a sick child is unpaid and for a maximum of three days in a year, though public sector employees can take up to 14 working days per year. In the event of a disabled child, a special allowance is paid to eligible parents (after at least one year working for the same employer) for up to 310 days for over a period of 3 years.

#### Childcare benefits and allowances

In France, like other European countries, family and child allowances are not means-tested but are universal to all residents. Such an allowance is granted to families with 2 or more dependent children under the age of 20 years old. It is paid on a monthly basis and the amount is dependent upon the number of children (i.e. families with 2 children receive €123.92 per month; 3 children €282.70; 4 children €441.48).

In addition, a birth grant is allocated to women who have or adopt a child ("Prestation d'accueil du jeune enfant" – PAJE – "Prime à la naissance"). It is, however, an income-tested benefit dependent upon the number of children per household and the number of parents working. The benefit consists of a one-off lump sum payment paid at the 7th month of pregnancy fixed at €889.72 per child expected (€1,779.43 for an adopted child).

Cash benefit for childcare ("Complément de libre choix du mode de garde) is a supplement to allow parents to choose childcare arrangements, in other words, direct payments granted for childcare. This benefit is an income-related cash benefit to be used to pay an approved home help or child minder. The parents have to be working at a minimum level (minimum income €389.20 if living alone or €778.40 if cohabiting). The salary paid to a home helper cannot exceed €44.57 per day (for care of one child).

A benefit for single parents or pregnant women is also available. It is dependent upon a minimum family income (means-tested) for families with a single parent who has at least one child or is pregnant. The monthly earnings of the beneficiary in the last 3 months must be less

---

<sup>7</sup> Council of Europe Family Policy Database 2009. [http://www.coe.int/t/dg3/familypolicy/Source/3\\_3\\_6\\_per cent20Estimates per cent20for per cent20take per cent20up per cent20of per cent20leave.pdf](http://www.coe.int/t/dg3/familypolicy/Source/3_3_6_per cent20Estimates per cent20for per cent20take per cent20up per cent20of per cent20leave.pdf)

than the single-parent allowance amount (beneficiary with no income €566.79 for a pregnant women, €755.72 for a single-parent with one child). The benefit is granted up to 12 months with no possible extension.

Single parents with a child under 10 who start work or start an approved course of education may be eligible for a one-off payment to help purchase childcare (AGEPI). This allowance can only be claimed once in any one-year period; the amount varies by whether the work/course is full time or part time and how many children the parent has. For example, a single parent of one child starting part-time work would receive €170.00.

There is a supplement for large families. This supplement is allocated to families with at least three children older than three years but younger than 21 years. However, the supplement is not universal; hence, total family income (means-tested) must not exceed a determined ceiling depending on the number of children and family situation. If family income exceeds the ceiling by a small amount, a proportionately reduced allowance may be awarded. The benefit amounts to €161.29 a month per family.

The French welfare system also offers a monthly sum (€177.95) to families of a new born child up to the child's 3rd birthday. This benefit is means-tested: total family income must not exceed a ceiling that varies according the number of children and family situation. The recipient of this benefit is not eligible for the means-tested family supplement.

Another supplement to assist with caring for children under the age of 3 is a supplement for reduced work. A monthly payment is paid to parents who suspend or reduce work to look after their children under the age of 3. The parent must have contributed for at least 4 quarters in the 2 years before the child's birth for the first child or in the last 4 years for families with two children. The payment is paid one child or up to the age of three for families with more than one child. The amounts paid are as follows: €232.67 a month for a person who works less than half the normal working period; €134.13 a month for workers working between 50 per cent and 80 per cent of the normal working period.

Services for children under 3 years of age are mostly supported through the supplement for freely chosen occupational activity, which is a PAJE-related benefit. Only 11 per cent of children attend nursery schools<sup>8</sup>

### 6.3 Family policies in Germany

---

**Germany's family policy includes provision for other family members including grandparents.**

---

Germany has a very well developed and generous family policy system, which offers a wide range of support to families. It enables parents to make choices on how to care for a child by providing flexible parental leave and childcare services, supporting both parents who decide to care for their children themselves as well as those who choose to work while raising a family. In addition there are a number of policies which help the family to overcome times of financial hardship that may occur when a baby is born.

Germany's family policy includes provision for other family members such as grandparents, entitling them to benefits that were previously provided for parents only. Grandparents have a close relationship with their family members, especially when helping with the care of a grandchild. Grandmothers, for example, provided childcare in 57 per cent of the cases and 53 per cent of grandfathers had been involved in childcare in 2004. However, most often both grandmothers and grandfathers provided care once a week or less often (OECD 2007a).

#### Parental leave policies

Mothers benefit from a maternity protection period ("Mutterschutz") of 3 months. This maternity leave includes 6 weeks before and 8 weeks after the expected date of birth. In case of a preterm birth or a multiple birth the latter period expands to 12 weeks. The period before giving birth may be reduced or omitted on request of the mother, while a maternity leave after birth is compulsory and an employment ban for the mother is effective, which is why all women take up maternity leave. During the maternity protection period the mother receives maternity benefits ("Mutterschaftsgeld") equal to 100 per cent of average earnings of the previous 3 months with no ceiling. All employed women are eligible to receive maternity benefits, including those in part-time employment (social insurance is compulsory for all employees; members of the statutory health insurance scheme receive benefits of a maximum of EUR 13 a day from the sickness insurance fund, with the difference between this and the average earnings paid by the employer). Self-employed women have no entitlement to maternity

---

<sup>8</sup> Council of Europe Family Policy Database.



benefits except that they may receive benefits from the statutory health insurance if they have sickness cover. Female employees who are not insured receive a smaller single payment, a maximum of EUR 210 (BMG 2009, European Commission 2009b).

Parental allowance (Elterngeld) is treated separately from Parental leave (Elternzeit). Paternal allowance (“Elterngeld”) can be received for a child until it is 14 months old by the mother or the father. The period can be split between the parents or even taken at the same time (however, the amount of time is still limited to 14 months in total). If just one parent takes up parental leave, it is limited to 12 months, but single parents may take the whole 14 months. Maternity benefits (described above) are considered part of the parental allowance, but the father can take “Elterngeld” at the same time. Parents entitled to parental allowance are those who care for the child themselves, live in the same household as the child and work up to a maximum of 30 hours per week. The allowance amounts to 67 per cent of previous average earnings, at least 300€ and no more than 1800€ in 2009 (BMFSFJ 2009, European Commission 2009b).

In case of severe disease, severe disability or death of a parent, relatives up to the 3rd grade (defined as grandparents, great-grandparents, uncles, aunts and siblings, as well as their spouses) are also entitled to receive parental allowance if they care for the child. The same conditions as above apply: the relative must be the main care provider, the child has to live in the same household, and the relative may only work up to 30 hours a week. Foster parents are not entitled to parental allowance, as a monthly allowance to cover the child’s living expenses are provided by the youth welfare office.

Parental leave (“Elternzeit”) can be taken for any period of time until a child is 3 years old. Twelve months are transferable to a later time-point (until the child is 8 years old) if the employer agrees (for example if a second child is born during the first period of parental leave). If a mother takes the leave, maternity leave is considered part of parental leave; however, fathers are entitled to take parental leave from the birth of the child on. It is a job-protected leave, which needs no approval from the employer. Parents are eligible to work for up to 30 hours a week during parental leave and have the legal right to work part-time between 15 and 30 hours if a company employs more than 15 people. Thus, this type of leave provides an opportunity for fathers to look after their child. Parental leave is unpaid, however the parental allowance (“Elterngeld”) of 67 per cent of average net income is paid until the child is 14 months old (see above).

In case of adoption or caring for a foster child up to 8 years of age, parental leave of up to 3 years can be taken by parents from when they become responsible for the child (again 12 months are transferable until the child is 8). The same conditions apply as above. Working mothers and fathers who are members of the statutory health insurance scheme are entitled to be released from work to care for a sick child under the age of 12. Eligibility is 10 days per year per parent and a maximum 25 days per parent if there is more than one child. Single parents may use 20 days per year to care for a sick child, and up to 50 days if they have more than one child. Also working grandparents have the legal right to take paid leave of up to 10 days to care for a grandchild. Another possibility for both parents and grandparents is to take an unpaid release from work for up to 6 months. The eligibility is limited to acute situations with necessity of care and is designed to encourage people to combine work and family care. The leave can be taken only once for each child (ISSA 2008).

### Childcare policies

Universal child benefits (“Kindergeld”) are paid for all children under age 18. These benefits are paid for unemployed children up until age 21, for children in full-time education, for children searching for an apprenticeships, or for children volunteering up to age 27. In 2009 child benefits amounted to EUR 164 for the first and second child, EUR 170 for the third and EUR 195 per month for any subsequent child (European Commission 2009).

Children aged under three years with working parents, in poverty or with special needs are eligible for public childcare, which is provided in day centres or family day care homes. All children aged 3-6 are eligible to attend preschools. In Germany 8.5 per cent of children aged under three years are in publicly supported care and 90 per cent of children aged 3-6 attend preschool (Clearinghouse 2009). Fees for these early childhood education and care services are income-related but cover at most 14 per cent of the costs (the remaining costs are met by the state).



In recent years there has been an ongoing discussion in Germany about the pros and cons of direct payments, which could be used by parents to purchase the childcare arrangements of their preference. Objections have been raised that parents might divert the cash benefits away from the intended purpose; one favoured alternative might therefore be a voucher system for care services instead of the cash payments, but this might exclude parents who care for their child themselves or who wish to pay relatives. So far, direct payments to parents have not been introduced in Germany.

Tax credits for parents are the Income-tax child allowance “Kinderfreibetrag” of EUR 3,864 (in 2009) and the income-tax care allowance “Betreuungsfreibetrag” of EUR 2,160 (in 2009) for both parents together per year (Finanztip 2010). An Income tax education allowance “Ausbildungsfreibetrag” of EUR 924 per year (2009) is applicable for a child aged 18-27 in secondary education, who is still receiving child benefits, provided that the child does not earn more than EUR 1,848 and does not live in the same household as the parents. An additional Income tax allowance for single parents “Entlastungsbeitrag” (or “Alleinerzieherfreibetrag”) of EUR 1,308 per year can be claimed by single parents for a child that is eligible to child benefits and lives in the same household (European Commission 2002, Finanztip 2010).

#### Grandparents' family policy entitlements

Parental leave can be taken to care for a grandchild in case of severe disease, severe disability or death of the parent. They are also eligible to take the leave if the parent is underage (teen parents), or if the parent is in the last or penultimate year of full-time education which was started before age 18. Working grandparents are only entitled to take this leave if the parents do not take the parental leave themselves. In addition, the same conditions as above apply: the grandparent has to be the primary carer for the child, live in the same household with the child and can work only up to 30 hours per week (BMFSFJ 2009).

Grandparents can also take Child benefits. These are paid to the person caring for the child, who may be the grandparent or a foster parent. A parent living in the same household as the grandparents is usually the beneficiary, but can transfer the entitlement to the grandparent by a written statement. This may increase the amount of benefit received, if the grandparent has other children and grandchildren to care for (including the parent, if underage), as benefits are higher for the third and subsequent children. If there is no agreement who is entitled to the child benefit the final decision is taken by the authorities.

#### Other related policies

Housing benefits are child-conditioned tax benefits and subsidies for home ownership and rent assistance. Eligibility criteria are means-tested and geared towards low-income families with children and large families. Grandparents are entitled to receive these benefits, and other members of their household will be taken into account, including grandchildren or foster children (European Commission 2002).

### 6.4 Family policies in Hungary

Hungary has a long history of family policies – in 1967 it was among the first countries to introduce parental leave and childcare benefits with the aim of increasing the birth rate. Lengthy leave for mothers also lowered unemployment rates, but had negative implications for the return of women into the labour market afterwards.

Hungary nowadays supports a more comprehensive model of family policies with high quality childcare and generous parental leave supporting families with options to combine employment and family life (Robila 2008). Public spending on childcare services is higher than in other Eastern European countries (Thévenon 2008). Hungarian policies also reflect the fact that Hungary has a high teenage pregnancy rate (three times higher than in Western Europe), by entitling grandparents to the benefits of family policies and thus encouraging grandparents to take care of grandchildren if necessary, with the object of facilitating the teenage parents' further education and avoiding the abandonment of children (Robila 2008).

---

**Grandparents in Hungary are seen as important sources of support for teenage parents.**

---

### Parental leave policies

Maternity leave (“Szulesi szabadsag”) amounts to 24 weeks, with a minimum of 6 weeks that have to be taken after childbirth. Up to 4 weeks can be taken before the expected date of birth. The leave is job-protected – women who return to work must be provided with their original or an equivalent position at same earnings or higher (Hemmings 2007, Korintus 2007). A paternity leave of up to 5 days can be taken by the father in the first two months after the birth of each child (Hemmings 2007).

A maternity grant (“Anyasági támogatás”) is paid as a one-off cash benefit at birth and amounts to 225 per cent of the monthly minimum old-age pension. It is not counted as taxable income (Hemmings 2007) and is also paid to adoptive parents (European Commission 2009b). A Pregnancy and Confinement Benefit (“Terhességi gyermekágyi segély”, TGYAS) is paid for up to 24 weeks during the statutory maternity leave. The claimant has to be insured (required 180 days of contribution within the last two years, with times in secondary and tertiary education being counted) and may not have any other income apart from family allowances. TGYAS amounts to 70 per cent of the average gross earnings of the last 180 days before the leave. The benefit is taxed and further reduced by the pension contribution (8.5 per cent) (Hemmings 2007).

In Hungary there are two parental allowances which are combined with the entitlement to take leave from work. The Childcare Benefit (“Gyermekgondozási díj”, GYED) provides support for parents with children aged 0-2. GYED is paid to a mother (or to a father instead of the mother) after the Pregnancy and Confinement Benefit and until the child is 2 years old. A claimant has to be insured to receive GYED benefits (requires 180 days of employment in the previous 2 years). As for TGYAS, GYED amounts to 70 per cent of the average gross earnings of the last 180 days before the leave, but is limited to 70 per cent of the doubled minimum wage. The benefit can only be claimed if the insured person has no other income and the child is not attending a nursery school. It is taxable and further reduced by the pension contribution of 8.5 per cent (Hemmings 2007).

The Childcare Allowance (“Gyermekgondozási segély”, GYES) is paid to the the mother or father of a child aged under three and is not based on previous employment. Persons without insurance will receive GYES already from the birth of a child on, insured persons after receiving GYED benefits until the child is 3 years old (or until age 10, if the child is permanently ill or seriously disabled). The allowance equals the value of the minimum old-age pension at the time for each child (which was HUF 25,800 per month in 2009 was €105 a month). Since 2006, claimants have been allowed to work full time with no loss of benefit once the child is 1 year old (before that claimants were only allowed to work up to 20 hours per week to remain eligible). GYES is non-taxable if there are no earnings, but pension contribution is deducted (8.5 per cent) (Hemmings 2007).

Those who receive GYES or GYED benefits (but not GYET, see below) are eligible to take parental leave from work and the same rights as for maternity leave apply. Apart from this, parents are entitled to two supplementary days of annual holiday, if they have at least one child under 16, four days for two children, and 7 days for three or more children. To support breastfeeding mothers, working mothers are eligible to an extra hour off work twice a day during the first 6 months of nursing and one hour off work until the ninth month (Hemmings 2007).

In addition to the two mentioned parental allowances there is a Child Raising Support (“Gyermeknevelési támogatás”, GYET) paid to families with three or more children under the age of 14, where the youngest is between 3 and 8 years of age. Like GYES, the benefit is a flat rate payment which equals the minimum amount of the old-age pension at the time (HUF 25,800 per month in 2006 – around EUR 110) (Hemmings 2007).

### Childcare policies

A Family Allowance (“Családi pótlék”) is paid as a universal cash benefit for each child under age 18 (up to age 23, if the child is a full-time student). The monthly benefit amounts to HUF 11,000 for the first, HUF 12,000 for the second and HUF 14,000 for the third and any subsequent child. Single parents receive an additional HUF 1,000 per child (Hemmings 2007). The claimant must be the child’s parent or guardian (e.g. grandparent or foster parent) (ISSA 2008).

Since 2006, only families with three or more children are entitled to Family Tax Credits (“Családi adókedvezmény”). The same age limits as for the family allowance apply. Tax credits for families amount to HUF 4,000 per month per child. The credit can be divided between the parents and is non-refundable (Hemmings 2007).

Child Social Support (“Rendszeres gyermekvédelmi kedvezmény”) is paid to families with a per capita household income below 120 per cent of the minimum old-age pension (130 per cent for single parents). It consists of biannual payments of HUF 5,000 and also entails various in-kind benefits. This scheme replaced a more generous one in January 2006, which offered a monthly income-related child protection support (Hemmings 2007).

Supplementary Child Social Support (“Kiegészít gyermekvédelmi támogatás”) is paid to legal guardians (which can include grandparents) of children who are receiving Child Social Support. The scheme was introduced in 2006 and amounts to 22 per cent of the minimum old-age pension per month per child and additional biannual payments of HUF 7,500 (Hemmings 2007).

Early Childhood Education and Care is provided in smaller day care centres and in day nurseries (“bölcs de”) for children under age 3 and in kindergartens (“óvoda”) for the 3-6 year olds. Communities are legally obliged to provide childcare services for children up to 3 years of age. Places are allocated with priority to parents who are working and the service quality is evaluated and checked by official childcare experts. One year of kindergarten is compulsory (87 per cent of children are sent for the full three years, (Thévenon 2008)). Municipalities are responsible for the provision of these childcare services and are subsidised by the state. Kindergartens are open 10 hours per day for 50 weeks per year. Day care and kindergartens are free of charge and the only fees applying are for meals (Hemmings 2007).

#### Grandparents’ family policy entitlements

Grandparents can claim GYED or GYES benefits instead of the parents and are then also entitled to take the associated leave (Hemmings 2007). GYES can be taken by grandparents from the child’s 1st birthday until the child is 3 years old, if the parents agree to transfer their entitlement and if the child is looked after in the grandparent’s home. Grandparents taking GYES are not eligible to also work. (ISSA 2008). This regulation allows some flexibility in the organisation of childcare within families and can support teenage parents in continuing their education. Grandparents can also look after grandchildren in case of parent’s absence due to studying or illness until the child’s 18th birthday, though they are not entitled to any cash benefit.

Finally, grandparents that are foster carers or guardians of their grandchild and live in the same household can take a cash benefit of €55 a month until the child’s 18th birthday.

### 6.5 Family policies in Italy

---

**Italy is characterised by a rapidly ageing population and the smallest percentage of children and lowest fertility rates in Europe.**

---

Italy is characterised by a rapidly ageing population (18 per cent aged 65 and older) with the smallest percentage of children (14.5 per cent) and the lowest fertility rates (1.2) in Europe. The state provides relatively little support for families, but the traditional model of support within the extended family is still strong and traditional family roles and structures continue to prevail in Italy. Lone parenthood, teenage pregnancies and cohabitation are not common and over 90 per cent of children under age 18 live with both parents. Adult children tend to remain with their parents until they get married (90 per cent of the under 24-year olds and over 30 per cent of the age group 24-35 years still live with their parents), and 60 per cent of women under 30 are still single (Morgan 2006). Women continue to have primary responsibility for children, and female labour force participation was below the EU average at 45.3 in 2005 (OECD 2007a).

Social policies target the older population mainly and family policies including the provision of paid parental leave and childcare benefits are limited. This helps to explain the wide use of childcare provided by grandparents. Although not among the highest, only 53 per cent of grandmothers and 43 per cent of grandfathers reported that they provide any childcare, in most cases childcare was provided once a week or more often (Hank and Buber 2009). However, Italy has well developed universal early childhood education and care services for children aged 3-6, which are widely used (Clearinghouse 2009, Morgan 2006).

### Parental leave policies

A Maternity Leave (“Congedo di Maternità”) of 20 weeks is compulsory for working mothers, and a minimum of 4 weeks (maximum of 8 weeks) has to be taken before the expected date of childbirth. The length of the leave increases by 12 weeks in the case of multiple or premature births. All women with social security insurance are entitled to the scheme (both employees and self-employed women). The benefit is equal to 80 per cent of average earnings with no ceiling; employees in the public sector receive 100 per cent of earnings (Giovannini 2007, ISSA 2008).

There is no general statutory eligibility for Paternity Leave (“Congedo di Paternità”), but the father may take paternity leave of three months under certain circumstances: if the mother has died or is severely ill, if the child is left by the mother, or if the father is the sole carer. The same conditions as for maternity leave apply (Giovannini 2007).

Parental leave (“Congedo Parentale”) consists of up to 6 month job-protected paid leave, which can be taken by each parent. Parents can take their leave at the same time, but the total amount of parental leave cannot exceed 10 months. The leave can be taken as a single period or in shorter periods amounting to a maximum of 6 months. Fathers who take Paternity Leave (described above) are eligible to an additional month (added to the total 10 months). Single parents are entitled to 10 months of parental leave. The leave can be taken at any time until the child’s 9th birthday; it is available for each child, so (for example) the entitlement is doubled for twins. The income-tested benefit is equal to 30 per cent of average earnings if the child is under 3 years old (employees in the public sector receive 100 per cent for the first 30 days), but is unpaid when taken for an older child aged 3-8 unless the parent’s income is less than 2.5 times the minimum pension, i.e. the annual earnings do not exceed approximately EUR 13,000, in which case the allowance is equal to 30 per cent of average earnings. All employed parents are entitled to take parental leave apart from domestic workers and home helps. Self-employed workers are generally eligible for three months of paid leave. A father is entitled to take leave even if the mother is not eligible (e.g. if she is a housewife) (Giovannini 2007).

For adoptive and foster parents the same regulations apply as for biological parents. They have the right to take three months leave following adoption or assuming care of a child aged under six year. After this first leave they have the option to take a parental leave of 10 months for children under the age of three.

Parents have the right to take an unlimited and unpaid but job-protected leave to care for a seriously ill or disabled child under the age of 3. For children aged 3-8 sick leave of 5 days per year can be taken for each child (Clearinghouse 2009, Giovannini 2007).

### Childcare policies

Family and child allowances (“Assegni familiari”) are means-tested, tax-exempt cash benefits, which are provided for children up to the age of 18 (age 21 for children in full-time education, age 26 for university students, and with no age limit for disabled children). The total family’s taxable income (except for pensions and social benefits) must not exceed an amount adjusted annually according to the retail price index. The benefit varies according to family size and income and is among the least generous in Europe; it ranged from EUR 10.33 to EUR 1,132.50 per month in 2008 (ISSA 2008). Family allowances are higher for a lone parent with a child and the income ceiling is higher for families with a disabled child (Clearinghouse 2009).

An additional family support allowance is paid to families with at least three dependent children under age 18. It is means-tested and the annual family income of a five-member family must not exceed a defined amount (EUR 22,480.91 in 2008). The benefit is paid monthly with a thirteenth payment in December. The allowance was EUR 124.89 in 2008 (ISSA 2008).

Early Childhood Education and Care is divided into Childcare (“Asilo Nido”) for children from 3 months to 3 years, and Preschool (“Scuola Materna”) for the 3-5 year olds. Only 6 per cent of children under age 3 attend childcare, but over 95 per cent of the 3 to under 6 year olds are in a preschool programme.

Asilo Nido is primarily for children from working parents and is provided in childcare centres. It is a publicly funded and mostly publicly operated childcare facility with income-related fees, which cover a maximum of 20 per cent of the costs. The day nursery is open during 11 months of the year and often open 11 hours a day. Even though they are designed for children from three months of age on, children usually start attending childcare when the parental leave ends (i.e. at 9 months or 1 year). Apart from Asilo Nido there is little or no family day care available and working mothers have to employ nannies to look after their child at home.

The Scuola Materna (or Scuola dell' Infanzia) is for all children and free of charge. It is located in preschools and almost 95 per cent of children are enrolled (two thirds of whom are in public preschools, 10 per cent in church programmes) (Clearinghouse 2009). The Scuola Materna is now generally regarded as an essential socialization and educational experience for all children. Compulsory primary school begins at age 6.

#### Other related policies

Parents have the right to flexible working until a child is 12 months old. All full-time working mothers are entitled to two hours a day of rest time during the first year after birth (one hour if working less than 6 hours a day). Fathers are eligible to use this allowance in certain situations: if the mother is self-employed or not employed, if she decides not to use it herself or if the father has the sole custody of the child. Employees (mothers and fathers) who have parental responsibility for a child under the age of 6 or a disabled child under the age of 18 have the legal right to apply for flexible working (e.g. to reduce their working hours). Employers can refuse, but have to state a clear business reason in writing (Giovannini 2007).

#### Grandparents' family policy entitlements

Grandparents are eligible to claim child benefits for a dependent child until the child's 18th birthday (European Commission 2009b). However, the benefit is means-tested and conditional on 70 per cent of earnings deriving from employed work.

### 6.6 Family policies in the Netherlands

---

**Two thirds of grandparents in the Netherlands provide childcare occasionally, less than 20% provide childcare weekly or more.**

---

Dutch family policies are among the most liberal of all EU countries in the sense that programmes and policies support diversity and individuality, show cultural acceptance of diverse family forms and life styles and are thus oriented towards all private households, although family life is still largely traditional. Family policies attempt to offer opportunities to combine child rearing and employment, especially as female labour participation has increased and fertility has declined (Clearinghouse 2009).

Grandparents childcare provision is very similar to that in Denmark: high extensive provision of childcare by grandparents, but rarely frequent. As such, grandmothers reported having provided any childcare to their grandchildren in 66 per cent of the cases and grandfathers had done so in 64 per cent of the cases. In both cases, childcare was most often occasional and less than 20 per cent of grandparents provided help almost weekly or more often (Hank & Buber 2009)).

#### Parental leave policies

Maternity leave ("zwangerschaps- en bevallingsverlof") consists of a total of 16 weeks, including 6 weeks before and 10 weeks after childbirth. The period after birth is not reduced if the birth is later than the expected date of delivery. Leave can be started more than 6 weeks before the due date, and must be started by 4 weeks before (pregnant women are not allowed to work after that point). Eligible are all female employees (but self-employed women have been excluded since 2004 and need to arrange private maternity insurance in order to receive payments). Maternal leave is paid at 100 per cent of earnings up to a ceiling equivalent to the maximum daily payment for sickness benefit (EUR 177,03 in 2008, ISSA 2008). The leave is not transferable (Groenendijk 2007).

Paternity leave ("kraamverlof") is a paid leave of 2 days. It can be taken within the four weeks after the birth of a child. The person entitled is any male or female employee who is the partner of the woman giving birth or who acknowledges the child. It is paid at 100 per cent of earnings with no upper ceiling by the employer (Groenendijk 2007).



Parental leave (“ouderschapsverlof”) amounts to thirteen times the number of hours worked per week by the working parent (e.g. if working full-time at 38 hours a week the entitlement amounts to 494 hours), which can be taken until the child is 8 years old. There is some flexibility in the use of these hours, if the employer agrees (more hours a week during a shorter period or fewer hours a week over a longer period). With the employer’s consent the leave may be also taken in two or three blocks. In the case of multiple births each parent is entitled to additional leave (leave is per child). Those entitled are all employed parents, who have worked for their present employer for at least one year continuously. Parental leave is unpaid (Clearinghouse 2009, ISSA 2008) and there are no child-rearing allowances of any kind (European Commission 2009b), but special Collective Labour Agreements are permitted. In 2006, the Life Course Savings Scheme (“Levensloopregeling”), a savings scheme with tax incentive elements, was introduced, which offers employees a way to finance longer periods and diverse types of leaves. Parental leave is not transferable (Groenendijk 2007).

In case of adoption or long-term foster care, each parent is entitled to 4 weeks leave with the same payment as for maternity leave (100 per cent of average earnings with ceiling). The leave can be taken two weeks before the placement of the child and up to 16 weeks afterwards. Adoptive parents have the same right to parental leave as other parents (Groenendijk 2007).

Parents can take short-term leave to care for a sick child living at home; leave to care for a foster child, a sick partner or a parent is also possible. A maximum of 10 days per year may be taken per parent and payment amounts to 70 per cent of earnings. All employees are eligible, if the care is necessary and provided by the employee himself or herself, but an employer can refuse the leave if the business interests of the company will be seriously harmed (European Commission 2002); Groenendijk, 2007 #4092}.

In addition, working parents are entitled to unpaid leave to care for a child (or partner or parent) with a life-threatening illness. Leave may be taken for up to six times their working hours per week. Again, the employer may refuse the leave if in serious conflict with the interests of the company (European Commission 2002, Groenendijk 2007).

A further emergency leave, consisting of a “reasonable amount of time” from a few hours to a few days, can be taken in exceptional circumstances, such as the sudden illness of a child, a death in the family or other emergencies. The leave ends after only one day, if short-term leave is taken subsequently. It is paid at 100 per cent of earnings (European Commission 2002, Groenendijk 2007).

All types of leave described are non-transferable, thus grandparents are not entitled to any kind of leave for a grandchild, unless they are the foster parent.

### Childcare policies

Family allowances are paid for children younger than 16 years of age, if the child lives in the same household as the insured person (if not, the benefit may be paid under certain conditions). Benefits are payable to a child living abroad, if the place of residence is an EU country or a country where reciprocal agreements exist. Older children aged 16-17 may receive benefits, if either attending school (at least 213 hours per quarter), or vocational or university training (at least 1,680 hours per school year), or some other type of training of at least 1600 hours per year. Children who receive a student grant under the Dutch Student Financing Act are not eligible. Children who work more than 19 hours a week or who are receiving unemployment benefits are not entitled to family allowances. The family allowance for children up to age 6 ranges from EUR 271.70 to EUR 366.40 per child per quarter for children born before 1995 and EUR 190.19 for children born from 1 January 1995. For children aged 7 to 12 the benefits amount to EUR 230.95 and for those aged 13 to 18 to EUR 271.70 (ISSA 2008).

The entitlement to Child Benefits includes all children living in the same household with the claimant (a family relationship is not necessary), thus parents can receive child benefits for their own children, stepchildren and foster children, and grandparents may claim benefits for a co-residing grandchild (European Commission 2002).

Early Childhood Education and Care has improved since the increase of female labour force participation in the 1990s, with the provision of maternal and parental leave as well as of childcare services (Clearinghouse 2009). In the Netherlands childcare is provided by the government, the employer and by private bodies, however, informal care rendered by relatives



or child-minders still remains most common due to the relatively short duration of (unpaid) parental leave compared to other EU countries and the limited provision of day care. Formal care for children aged 6 weeks to 4 years is offered in childcare centres, which are often private initiatives. The cost of care is shared among parents, employers and government and the fees parents have to pay are income-related and publicly subsidised. Fourteen per cent of under 4 year olds and 98 per cent of the 4 year olds are attending formal childcare while compulsory education starts at 5 (Clearinghouse 2009)). Many mothers work part-time and many lone mothers are not employed, which further reduces the need for childcare (Clearinghouse 2009). Grandparents' family policy entitlements

Grandparents can take child benefits if they are foster parents or guardians of a child under the age of 18 and are insured. The benefit varies depending on the age of the child: up to 5 years old they receive €64.99 a month; aged 6-11 the amount is €78.92 a month and aged 12-18 €92.89 a month.

#### Other related policies

All employees who have been working for the same employer continuously for over a year are entitled to flexible working (i.e. increasing or decreasing their working hours). The regulation applies only to companies with more than 10 employees and may be refused by the employer if the interests of the company will be seriously harmed.

### 6.7 Family policies in Portugal

---

**Many families rely on informal care to reconcile work and family life especially those with low financial resources.**

---

Portugal has an unusual combination of low public support to families with children and a high percentage of women – and mothers – in full-time jobs. In 2005, 66.6 per cent of mothers with children aged under three years were in work (COE 2009). Portugal is one of the few OECD countries, together with the Nordic countries, that clearly pursue gender equity in work and is moving towards a dual-earner model (Lewis, Campbell & Huerta 2008). Significant action has been the substitution of the concepts of maternity and paternity leave for a single and non- gender based concept titled 'parental leave'. On the other hand, many families still rely on informal care to reconcile work and family life (Le Bihan & Martin 2004), especially those families with low financial resources that cannot afford private childcare services for their children aged three years or younger.

#### Parental leave policies

In 2009, major changes in parental leave policies were introduced. Maternity leave was replaced by "initial parental leave", and paternity and parental leave were integrated under 'parental leave'.

Mothers are entitled to a maternity leave period of up to 30 days ('initial parental leave') before child-birth. They are obliged to take at least 42 days (6 weeks) leave post child-birth; both of these periods are included in the total parental leave of 120 or 150 consecutive days (see below). In case of a multiple birth, the maternity leave period is extended by one month per each additional child. The payment is granted to mothers and paid at 100 per cent of the reference income<sup>9</sup>.

Eligibility for maternity leave depends on the employment status of women. All women employees who have been employed and paid insurance contributions for six months are eligible for mother's initial parental leave. Mothers and fathers who are not eligible are entitled to a monthly benefit of €335 for 120 consecutive days or €268 for 150 consecutive days only if their family income is below 80 per cent of the index of social support (IAS) figure. Self-employed workers who contribute to social security and unemployed men and women receiving unemployment benefit are also eligible for maternity leave.

In Portugal, there is also a special maternity leave. Women who take this leave receive an allowance; it is paid to pregnant women, to women who have recently given birth, or to women who are breastfeeding an infant and who are exposed to health and safety risks in the workplace or work at night. The benefit is equal to 65 per cent of the reference income. Paternity leave (included in the 120 or 150 days of parental leave, but only available to men) is granted to all employed fathers; it consists of up to 20 days after the childbirth. Ten of these 20 days are mandatory, of which 5 consecutive days have to be taken immediately after child-birth and 5 other consecutive or interrupted days in the next 30 days after child-birth (with 2 extra days in the case of twins). The other ten (of the 20) days are optional days during the 'initial

---

<sup>9</sup> It is equal to the income of the last 6 months prior to the second month after confinement or in cases where work is not possible, divided by 180.

maternity leave' (with 2 extra days in the case of twins). The leave is paid at 100 per cent of the reference income with no ceiling on earnings. Fathers who have no record of or insufficient contributions to the social security system are entitled to 10 days' obligatory leave paid at 80 per cent of the IAS figure (IAS: €419,22).

The remainder of parental leave is allocated either to mothers or to fathers or divided between them after the child is born. However, fathers can only take parental leave if the mother chooses not to use it and is working. Parental leave consists of total of 120 consecutive days of which 45 must be taken by the mother. Parental leave can be extended to a total of 150 consecutive days for twins or if the parents opt for shared childrearing. The payment varies depending on the number of days: 100 per cent of earnings in case of 120 or 80 per cent in case of 150 days when shared. Parents can also divide between themselves 180 days at 83 per cent of earnings as long as the leave is shared (the father must take at least 30 consecutive days without the mother at home).

The proportion of employed women with children under the age of one year who were on maternity or parental leave in 2006 was only 27.3 per cent, while only 0.7 per cent of fathers took up parental leave.

In Portugal, there are also entitlements to reconcile work and family life. For example, parents with children below age 12 are entitled to "flexible working" which means that the employee may choose, within limits, when to start and finish daily work. Employees may work up to 6 consecutive hours and up to 10 hours daily as long as the normal weekly hours of work are fulfilled. Parents with children below 12 years old are also entitled to work part-time for a maximum period of 2 years.

Parents are entitled to time off work to care for a sick child. The entitlement is granted to fathers or mothers in order to give exclusive care to his/her child due to sickness or accident, but only if the other parent works, cannot provide care and has not been granted the benefit before. The entitlement consists of 30 consecutive or interrupted days per year for children aged up to 12 years old or children with chronic illnesses or disability. In addition, parents can take 15 consecutive or interrupted days per year to care for sick children aged 12 or older (max. 18). Time off work for such a reason is paid at 65 per cent of average earnings.

#### Grandparent childcare policy entitlements

Grandparents, unlike in other countries, are eligible for a special leave for caring for new born grandchildren ("subsídio por faltas especiais dos avós"). They are entitled to up to 30 days following the grandchild's birth. The conditions for eligibility are, however, seriously limited to very particular cases. The grandchild has to live in the same household with the grandmother or grandfather and the parent must be 16 years old or younger. Those grandparents who are entitled to such benefit for childcaring receive 100 per cent of the reference income.

Finally, grandfathers or grandmothers can have time off work to care for their sick grandchildren. Grandparents may be allowed to provide exclusive care to grandchildren under 18 years old or if they suffer from a chronic condition. However, it is only granted if both parents work and cannot arrange time off work with their employer. The time off work is dependent upon the period left unused for parents to care for sick children. It is paid at 65 per cent of the reference income.

#### Childcare policies

In the last decade, public and private childcare services in Portugal have experienced a large expansion for children of all ages. For children under 3 years old, there are three main options in terms of childcare provision. The first one is crèches that can be run by either the private sector, the public sector or by not-for-profit organizations. Crèches run by non-profit institutions are the most prevalent (80 per cent of children)<sup>10</sup> and extensive (open for 10 to 12 hours a day). However, payments by parents are means-tested. The second option is to pay for registered childminders or family crèches. Finally, the third option is unlicensed childminders which are widely used by parents with irregular working hours.

Parents in Portugal are entitled to a benefit to care for their children. However, this benefit is income-related. It is a cash allowance that varies in its amount depending on the basis of the joint income of the family and children's age. It is granted on a monthly basis to cope with extra expenses from childcare and ranges from €135.84 a month (for an annual family income up to

---

10 Council of Europe and Family Policy Database 2009.

0.5 times €407,41 x 14) to €11.03 a month (for an annual family income of between 2.5 and 5 times €407.41 x 14).

In 2006, the percentage of children aged 0-2 years old enrolled in formal care was 43.6 per cent. Almost 80 per cent of children aged 3 to 5 years old were enrolled in formal care.

## 6.8 Family policies in Romania

---

### In Romania the lack of formal care for children aged under three oblige mothers to either stay at home or use grandmothers.

---

In Romania, family and social care policies for children are significantly limited. The scarcity of formal care for children aged under three years old and the various benefits for child raising children in the home oblige mothers to stay in the home or to use informal networks, especially grandmothers. Furthermore, the sexual division of labour is deeply embedded into social norms and social policies. A reflection of this is the low female participation in the labour market; in 2007, 52.8 per cent of all women were in employment (COE 2009), and in 2006 employed mothers were only 39.7 per cent<sup>11</sup> of all mothers with children under 3 years old (OECD 2006).

#### Parental policies

Mothers are entitled to maternity leave for a period of 126 days, of which 63 can be used before giving birth and the remaining 63 days after the child's birth. Mothers are obliged to take at least 42 days leave after the child's birth. Maternity leave is paid at 85 per cent of the average gross monthly earnings over the last 6 months for the insured person. Eligibility for paid maternity leave depends on mothers having earned taxable employment income for a period of 12 months before giving birth.

In addition, special maternity leave may be granted to mothers who are at risk because of their work. Maternal risk leave and allowance can be granted either during pregnancy or after childbirth for a period of 6 months (120 days) and is paid at 75 per cent of the average gross monthly wage over the last 10 months prior to confinement.

On the other hand, paternity leave consists solely of a 5-day leave period immediately after the child's birth.

Mothers, fathers, foster parents or guardians are also entitled to take parental leave and associated cash benefits as long as they have had earnings and have paid contributions for the last 12 months before the child's birth. The parental allowance consists of a cash benefit (600 lei = €145) paid on a monthly basis or, alternatively, 85 per cent of the parent's average wage earned during the last 12 months with a ceiling, and can be granted until the child is two years old or, three years old in the case of a disabled child.

Parents are also entitled to take some time off work to care for a sick child until the child is 7 years old. The leave period can be granted up to 45 days per year and per child and is paid at 85 per cent of the average gross monthly income of the last 6 months of the parent in benefit. The leave period to care for a sick child is extended to a maximum of 90 days in case of a disabled child.

Another option for parents is reducing working hours until the child is 18 years old.

#### Childcare policies

Childcare benefits in Romania are universal and paid at a flat rate. These benefits are granted to all children, whether living with a parent or in foster care.

The State allowance for children is paid on a monthly basis until the child is 18 years old and the payment varies depending on the child's age. For a child aged up to two years, or three years in the case of disabled children, the rate is €48 a month per child; thereafter the rate is €10 per month

There is also a birth allowance granted to mothers for each of the first four children. The amount is paid at a flat rate of €55 a month during the first year and for each of the first four childbirths.

A complementary family allowance may be granted to families with children up to age 18. However, this allowance is means-tested and depends on the family structure and family

---

11 Not including mothers on maternity and parental leave. The total percentage of mothers in employment with children under 3 years old, including mothers on maternity and parental leave, was 53.4 per cent in 2006 (OECD 2006).

12 However, this threshold is reported as 168 RON i.e. €40.7 at <http://www.demogr.mpg.de/cgi-bin/databases/cdb/cdb>.

income, with a threshold of net income per family member up to €112 a month<sup>12</sup>. The payment varies according to the number of children in the household: 1 child (€12); 2 (€14); 3 (€16); 4 or more (€17).

A similar allowance is paid to single parents with children up to the age 18; adopted or fostered children are also entitled to the benefit. This benefit is means-tested (with a threshold of €112 a month per family member) and paid on a monthly basis depending upon the number of children: 1 child is paid at €17 a month; 2 at €19; 3 at €20; and 4 at €21. For fostered children a flat-rate allowance of €23 is paid on a monthly basis.

Formal childcare services are non-existent for children aged less than three years old and childcare is provided within the family. However, formal care for children aged 3-5 years old is widely available (72.5 per cent of children in 2006)<sup>13</sup>.

## 6.9 Family and social care policies in Spain

---

**Grandparents in Spain are more likely to provide regular care with 40% of them providing care weekly or more often.**

---

Despite recent changes in family policies Spain remains a country with limited assistance to families and individuals with children. Limited support to mothers by either cash benefits or public childcare provision contributes to explaining (and is explained by) the low female participation rates in the labour market (54 per cent of all women in 2006)<sup>14</sup> and low percentage of part-time mothers with children under 2 years old (45 per cent in 2006).

The traditional male-breadwinner model is widely extended and embedded in family life. Mothers are in charge of children and remain for long periods off work after the child is born, while fathers are continuously in the labour market. The gender division of labour is thus clearly accentuated. Further, informal networks, especially grandparents, are of high importance in reconciling work and family life.

Grandparents in Spain play a very important role in family care. Despite the low percentages of grandmothers (52 per cent) and grandfathers (41 per cent) providing any childcare in the last 12 months in comparison with other European countries (e.g. France or Denmark), grandparents in Spain are more likely to provide regular care with almost 40 per cent of them providing care almost weekly or more often (Hank and Buber 2009).

### Parental policies

In Spain, mothers are entitled to maternity leave for a maximum period of 16 weeks (with an additional two weeks in case of a multiple birth). If the employee in receipt of the maternity benefit continues to require medical care beyond this 16-week period, she will be treated as temporarily unfit for work. Maternity leave is paid at 100 per cent of earnings during the 16 weeks of maternity leave. In case of a multiple birth, a special allowance is paid for the first 6 weeks, at a value of 100 per cent of the weekly minimum wage (calculated from the monthly minimum wage).

All employed mothers are entitled to maternity leave, as long as they are affiliated employees with active social security contributions at the beginning of the leave. If the insured woman is younger than age 21, there is no minimum contribution period. If aged 21 to 26, the insured must have at least 90 days of contributions in the 7 years before childbirth or before the official date of fostering (or adopting) a child; or a career total of at least 180 days. If the mother is older than age 26, she must have 180 days of contributions in the 7 years before childbirth or before the official date of fostering (or adopting) a child; or a career total of at least 360 days. The adopted or fostered child must be younger than age 6 (age 18 if disabled or with assessed social or familial difficulties).

Mothers can delegate up to ten of their 16 paid weeks of maternity leave to the father or it can be shared by both parents.

Paternity leave consists of 13 days off work. The daily benefit is equal to 100 per cent of the insured man's daily average earnings in the last calendar month before the paternity or adoption leave period and is paid for 13 days. These 13 days can be used during or immediately after the end of maternity leave. An additional two days have to be used immediately after childbirth ("Permiso por nacimiento"). Paternity leave can be extended by 2 days per child in the case of multiple births, adoption, or fostering. To be eligible, the father must have contributions for at least 180 days in the previous 7 years.

---

13 Council of Europe Family Policy Database, 2009. [www.coe.int/familypolicy/database](http://www.coe.int/familypolicy/database)

14 Council of Europe Family Policy Database, 2009. [www.coe.int/familypolicy/database](http://www.coe.int/familypolicy/database)

Parental leave is granted either to the mother or to the father until the child is 3 years old. The leave is an individual right and guarantees the right during the first year to return to the same job position. After the first year the job is protected but not the position. During parental leave no payment is made to families, but workers are credited with social security contributions. All employees are eligible for parental leave.

There are limited leave arrangements for childcare or career breaks. For example, parents can take two paid days' leave to care for a sick child. Also, parents in employment can take leave for up to two years or reduce their working hours to care for a dependent relative including their child. This leave entitlement is unpaid but workers are credited with social security contributions for the first year.

Mothers are also entitled to one hour of absence from work during the first nine months after childbirth. The absence is paid by the employer and can be transferred to the father if both parents work.

A working parent can reduce his/her working day by either an eighth, a third or half of its normal duration to care for a child until the eighth year. There is no payment associated to the working hours reduction, but parents taking this part-time leave are credited with up to two years of full-time social security contributions.

#### Childcare policies

There are two main benefits for new born children. The first is a child benefit for birth. It is a one-off allowance of €2,500 for birth of a child or a tax deduction of €2,500 on the income declaration. Any legal parent who has lived in Spanish territory for 2 years prior to the birth or adoption is entitled to the birth grant.

The second benefit is a means tested single payment. It is a payment of €1,000 that is awarded for the birth or adoption of a child by a large family or one that becomes large because of this event, by a single parent family or by a mother who has a disability equal to or greater than 65 per cent, and only if their income is below a certain level. There is also a tax allowance for children under three years of age of €100 a month (a maximum of €1,200 per year).

Spain has very limited public provision of services for children aged under three years old; family or private care arrangements are the only options to care for toddlers. However, public provision for the pre-school period is extensive: infant schools, child houses (casas de niños), equipped play areas where parents can play with children (ludotecas), educative services in rural areas, centres for counselling.

In 2006, the percentage of children aged 0-2 years old enrolled in formal care was 34 per cent. In stark contrast, the percentage of children aged 3-5 years old in formal care was 97.7 per cent.

### 6.10 Situation in the United Kingdom

A series of leave arrangements and benefits help parents to cope with the demands and responsibilities of childrearing and contribute to structure the participation of grandparents. The United Kingdom is the paradigmatic case of the liberal regime in Europe. Parental policies and child benefits are highly conditional on family or individual income and childcare public services are severely limited, while market provision is extended.

#### Parental leave policies

Maternity leave in the UK is granted for a maximum of 52 weeks<sup>15</sup>, whether or not the woman is eligible for any payment, and women are expected to take at least 26 weeks off work. The mother's job is kept under the same terms and conditions. For those mothers who are eligible, 39 weeks will be paid by the employer; this is called Statutory Maternity Pay and is taxable<sup>16</sup>. The first 6 weeks are paid at 90 per cent of average earnings with no ceiling; the next 33 weeks are paid at a flat rate of £124.88 (or 90 per cent of earnings, whichever is lower). The last 13 weeks are unpaid.

---

**1 in 3 working mothers in the UK rely on grandparental childcare.**

---

<sup>15</sup> The leave may be taken from the 11th week before the baby is due.

<sup>16</sup> Before the 1 April 2007 the last 26 weeks of maternity leave were unpaid.

Eligibility for maternity leave depends on the employment status of women. To be eligible for Statutory Maternity Pay the mother must have been employed by the same employer for at least 26 weeks (some breaks are not counted) into the 15th week before the week the baby is due and should have average earnings of at least £95 a week before tax (being the level at which National Insurance contributions become payable).



---

## 1 in 3 working mothers in the UK rely on grandparental childcare.

---

Women not eligible for Statutory Maternity Pay may claim Maternity Allowance, a state benefit, if they have worked for at least 26 weeks of the 66 weeks before the date when the baby is due. Maternity Allowance is £128.88 per week or 90 per cent of average gross weekly earnings, whichever is smaller, and is payable for a maximum of 39 weeks. Other benefits may be available to women who do not qualify for Maternity Allowance if the family has a very low income.

In practice, almost no women are employed during the first 26 weeks of maternity leave (0.0 per cent) according to the OECD family and policy database (2007). However, some studies show that the take-up of maternity leave after the compulsory period is rather low, indicating a higher need for a third party to look after children. However, the employment rate of women with children under the age of 3 is just slightly over 50 per cent (52.4 per cent in 2006).

There is also Paternity Statutory leave which is a maximum of two weeks and is paid at either a flat-rate of £124.88 or 90 per cent of average weekly earnings (whichever is lower). The leave must be taken within eight weeks of the birth. The paternity leave may be taken by the biological father of the child, the mother's husband or her partner if they are involved in supporting the mother or caring for the baby.

An extra period of time off work after maternity and paternity leave is finished might be granted to both parents, by negotiation with the employer. In addition, parental leave in the UK consists of a total of 13 weeks per child and parent with a maximum of 4 weeks to be taken in one calendar year up to the child's fifth birthday (or 18th birthday for a disabled child). This right is neither transferrable nor paid and only parents or formal guardians are entitled; grandparents, therefore, may not take up parental leave in substitution for a parent. The proportion of employed men with children under the age of one year who took parental leave in 2006 was only 0.7 per cent; for women this figure was 0.1 per cent (OECD 2006).

The above types of leave arrangements may be complemented with extra time off work to care for dependants. However, in the UK, there is no special provision for childcare except for unexpected or sudden emergencies. In such cases only parents are entitled to take some time off work, which is unpaid. Surprisingly, in the legislation there is no clear mention of the amount of time employees might take off work; however, it is commonly agreed that two days should be sufficient to sort out any immediate problem. Grandparents are not eligible for these arrangements.

Finally, parents in employment may apply to employers for flexible working time. The right to apply for flexible working time and hours is provided to those with a child under 16 years old (or 18 years old if the child is disabled).

### Childcare policies

In the UK, Child Benefit is a universal, tax-free and non-means-tested payment per child. The person responsible for a child is entitled to receive the benefit of £20.30 a week for the first child or £13.40 for each other child. This is supplemented by Guardian's Allowance (£14.30 a week) for people bringing up orphans or in families with one dead parent and one unavailable parent. Grandparents can receive these benefits if they are responsible for looking after children, although in the case of child benefit, the parents must agree.

Families with children may be eligible to receive various family benefits. Income Support is a benefit paid under certain circumstances to people with very low incomes, including unemployed lone parents and (in some cases) grandparents who are primary carers for their grandchildren. Income Support is means-tested and varies by the age of the parent, with younger parents aged 16-17 years receiving £35.65 per week, while a parent of 18 and over will receive £59.15 per week. Depending on their situation, unemployed parents and parents on very low incomes may also receive benefits to cover some or all of the cost of rent and council tax; parents with disabled children are entitled to additional benefits.



In April 2003 the UK Government introduced a system of tax credits for low and middle income families, including both a maintenance and childcare element. The maintenance element is worth up to £2,300 a year per child, depending on parents' income. Working parents are entitled to use the childcare element of the tax credit covering up to 80% of the cost of childcare (depending on income) to purchase formal childcare, for example from private nurseries, children's centre nurseries and registered childminders, and for older children from registered after school clubs, holiday play schemes and registered childminders. Grandparents can become registered childminders but to be eligible must look after any child outside the child's home. The proportion of childcare costs met by parents therefore varies considerably according to their income, and also the age of their child (because of a free element for three to five year olds).

The UK has a mixed economy of formal childcare. The Government makes only restricted provision for public or subsidized childcare for children under three years old, and therefore such services are mostly private. Sixty five per cent of full day care and 59 per cent of sessional providers are privately owned (24 per cent and 20 per cent respectively are run by voluntary organisations)<sup>17</sup>. Only about 10 per cent of childcare providers are state owned. Among the services for under three-year-olds are child minders and private day nurseries, as well as playgroups or other sessional care. Sure Start Children's Centres also offer a range of services for children up to the age of 5 although it is likely that this provision will now be reviewed under the new government. Research published in 2004 showed that parents in the UK pay on average 75% of the total of their childcare costs (Daycare Trust 2004 as cited in Skinner and Finch 2006), however this situation may have changed as a result of the introduction of tax credits.

Children aged between 3 and 5 are entitled to 15 hours free childcare or early years education a week; this may be provided by state nursery schools and nursery classes or by private or voluntary sector pre-schools or playgroups for children 2 to 5 years old. In 2008 the Government announced that part-time free childcare would be extended to 2 year olds; although this is currently being piloted its future is uncertain under the new government.

In 2006 the percentage of children age 0-2 enrolled in formal care or early-education centres was 39.7% (23% full-time) and occupied an average of 18 hours a week. By contrast, almost 91% of children aged 3 to 5 years old were enrolled in formal care. More recent data for England showed an enrolment percentage of 46% for children aged 3 years old in a nursery class, 30 per cent in a playgroup and 15 per cent in a day nursery<sup>18</sup>.

Surveys carried out on the amount of informal care used by families show a high dependence on grandparents for looking after grandchildren; 49 per cent of families reported that grandparents had looked after children at some point in the previous year, with 26 per cent having done so during the last week<sup>19</sup> (Bryson et al 2006). Thus, informal care, and especially informal care provided by grandparents, is extensively used by families to cope with childcare needs and demands, especially for families with children under 3 years old in which both partners are working .

### Grandparents' policy entitlements

Among all the arrangements, provisions and policies on childcare and family dependants, there is no explicit mention of grandparents as valuable contributors to childcare or with possible entitlements to child benefits or leave for child-caring. However, grandparents can receive child benefits as long as they are the main carers (i.e. they bring up the own children), and the parents agree.

The Families and Relationships Green Paper on 'Support for All' highlights the importance of family ties and intergenerational relationships to cope with the needs and demands for support of children; it includes recommendations to improve and enhance fathers' participation in caring for their children and to a lesser extent demands greater social recognition of the role grandparents play in family life (DCSF 2010). However, the recently introduced National Insurance Credits for grandparents providing childcare for a grandchild under 12 (from April 2011) are a step forward in recognising the valuable contribution of grandparents as providers of childcare. They will receive Class 3 National Insurance Credits that count towards bereavement benefits and State Pension.

---

17 Council of Europe Family Policy Database, 2009. [www.coe.int/familypolicy/database](http://www.coe.int/familypolicy/database)

18 Data from the Council of Europe Family Policy Database 2009.

19 Data is from a survey carried out in 2004/05 for the Department for Education and Skills.

Grandparents with primary care of grandchildren might obtain parental responsibility if a court grants them with a residence order or special guardianship order. In such case a grandparent is allowed to make decisions about a grandchild but parents may retain parental responsibility. Local authorities are required to help children 'in need', but many children in family and friends care are not recognised by the local authority as children in need and so do not qualify for support. If formally fostered with grandparents, foster allowances are payable from the Local Authority until the child is 16 years old or 20 years old in case the grandchild is in non-advanced education or in approved training. Grandparents might also become legal guardians in the event of the death of both parents or one of them. They would then be entitled to a guardian's allowance which can be paid until the child's 16th birthday and amounts to £14.30 a week per one child.

## 7. Appendix 2 Useful websites



### General information on European family policies

#### **International Social Security Association (ISSA) & U.S. Social Security Administration (SSA), Office of Retirement and Disability Policy, Social Security Programs Throughout the World: Europe, 2008.**

<http://www.ssa.gov/policy/docs/progdesc/ssptw/2008-2009/europe/>

Very helpful information on European social security programmes, family policies, and demography by country (update 2008).

#### **The Clearinghouse on International Developments in Child, Youth and Family Policies, Columbia University.**

<http://www.childpolicyintl.org/>

Useful compilation of public policies (in particular family policies) for a variety of countries (last update 2009).

#### **European Commission, Employment and Social Affairs; Social Protection and Social Inclusion; Social Protection; MISSOC Database.**

[http://ec.europa.eu/employment\\_social/missoc/db/public/compareTables.do?lang=en](http://ec.europa.eu/employment_social/missoc/db/public/compareTables.do?lang=en)

Very helpful database of social policies by country including EU member countries (last update July 2009). This was developed as the successor of the publication “Family benefits and family policies in Europe” of the European Commission (MISSOC-INFO 01/2002).

#### **OECD (Organisation for Economic Co-operation and Development), Family Database**

[www.oecd.org/els/social/family/database/](http://www.oecd.org/els/social/family/database/)

The OECD family database includes indicators for all OECD countries categorised under 4 broad headings: the structure of families, the labour market position of families, public policies for families and children, and child outcomes. Comparative tables include information on family policies and public spending on family policies among others.

A detailed explanation of the OECD family database can be found here:

[http://www.uclouvain.be/cps/ucl/doc/demo/documents/Thevenon\\_Base\\_OCDE.pdf](http://www.uclouvain.be/cps/ucl/doc/demo/documents/Thevenon_Base_OCDE.pdf)

#### **Council of Europe Family Policy Database**

[http://www.coe.int/t/dg3/familypolicy/database/default\\_en.asp](http://www.coe.int/t/dg3/familypolicy/database/default_en.asp)

Compiled information and comparative tables covering 40 of the Council of Europe’s 47 member States, including all members of the European Union.

#### **Leave Policies and Research Network (including 24 countries)**

<http://www.sfi.dk/Default.aspx?ID=3172>

Very systematic and helpful information on leave policies in annual country reports (including most European countries; last update Aug 2007).



## 8. References



- Age Concern 2004, *Economic contribution of older people*, Age Concern, London.
- Aisenbrey, S 2009, 'Is there a career penalty for mothers' time out? A comparison of Germany, Sweden and the United States', *Social Forces*, vol. 88, no. 2, pp. 573-605.
- Albertini, M, Kohli, M & Vogel, C 2007, 'Intergenerational transfers of time and money in European families: common patterns - different regimes?', *Journal of European Social Policy*, vol. 17, pp. 319-334.
- Attar-Schwartz, S, Tan, JP, Buchanan, A, Flouri, E & Griggs, J 2009, 'Grandparenting and Adolescent Adjustment in Two-Parent Biological, Lone-Parent, and Step-Families', *Journal of Family Psychology*, vol. 23, no. 1, pp. 67-75.
- Attias-Donfut, C, Ogg, J & Wolff, FC 2005, 'European patterns of intergenerational financial and time transfers', *European Journal of Ageing*, vol. 2, pp. 161-173.
- Bachman, HJ & Chase-Lansdale, PL 2005, 'Custodial grandmothers' physical, mental, and economic well-being: Comparisons of primary caregivers from low-income neighborhoods', *Family Relations*, vol. 54, no. 4, pp. 475-487.
- Baker, LA & Silverstein, M 2008, 'Preventive health behaviors among grandmothers raising grandchildren', *Journals of Gerontology Series B-Psychological Sciences and Social Sciences*, vol. 63, no. 5, pp. S304-S311.
- Baydar, N & Brooks-Gunn, J 1998, 'Profiles of grandmothers who help care for their grandchildren in the United States', *Family Relations*, vol. 47, no. 4, pp. 385-393.
- Bell, A, Finch, N, La Valle, I, Sainsbury, R & Skinner, C 2005, *A question of balance: Lone parents, childcare and work*, Department for Work and Pensions, Research Report No. 230, HMSO, London.
- Bengtson, VL 2001, 'Beyond the nuclear family: the increasing importance of multigenerational relationships in American society', *Journal of Marriage and the Family*, vol. 63, no. 1, pp. 1-16.
- Bernal, R & Fruttero, A 2008, 'Parental leave policies, intra-household time allocations and children's human capital', *Journal of Population Economics*, vol. 21, no. 4, pp. 779-825.
- Blustein, J, Chan, S & Guanais, FC 2004, 'Elevated depressive symptoms among caregiving grandparents', *Health Services Research*, vol. 39, no. 6, pp. 1671-1689.
- BMFSFJ 2009, *Elternzeit und Elterngeld [Parental leave and parental allowance]*  
Retrieved February 2010, from <<http://www.bmfsfj.de/BMFSFJ/Service/Publikationen/publikationen,did=89272.html/>>
- BMG 2009, *Glossary*. Retrieved February 2010, from <[http://www.bmg.bund.de/cln\\_160/nn\\_1168258/SharedDocs/Standardartikel/DE/AZ/S/Glossarbereich-Schwangerschaft.html?\\_\\_nnn=true](http://www.bmg.bund.de/cln_160/nn_1168258/SharedDocs/Standardartikel/DE/AZ/S/Glossarbereich-Schwangerschaft.html?__nnn=true)>
- Bolin, K, Lindgren, B & Lundborg, P 2008, 'Informal and formal care among single-living elderly in Europe', *Health Economics*, vol. 17, no. 3, pp. 393-409.
- Bornat, J, Dimmock, B, Jones, D & Peace, S 1999, 'Stepfamilies and older people: Evaluating the implications of family change for an ageing population', *Ageing and Society*, vol. 19, pp. 239-261.
- Brandon, PD 2005, 'Welfare receipt among children living with grandparents', *Population Research and Policy Review*, vol. 24, no. 5, pp. 411-429.
- Bridges, LJ, Roe, AEC, Dunn, J & O'Connor, TG 2007, 'Children's perspectives on their relationships with grandparents following parental separation: a longitudinal study', *Social Development*, vol. 16, no. 3, pp. 539-554.
- Bryson, C, Kazimirski, A and Southwood, H (2006) *Childcare and early years provision: a study of parents' use, views and experience*, Department for Education and Skills, London.
- Buchanan, A, Griggs, J & Grandparents Plus 2009, *My second mum and dad: The involvement of grandparents in the lives of teenage children*, Grandparents Plus, London.
- Burholt, V & Wenger, GC 1998, 'Differences over time in older people's relationships with children and siblings', *Ageing and Society*, vol. 18, pp. 537-562.
- Caputo, RK 2001, 'Grandparents and coresident grandchildren in a youth cohort', *Journal of Family Issues*, vol. 22, no. 5, pp. 541-556.
- Cardia, E & Ng, S 2003, 'Intergenerational time transfers and childcare', *Review of Economic Dynamics*, vol. 6, no. 2, pp. 431-454.

- Casper, LM & Bryson, KR 1998, Co-resident grandparents and their grandchildren: Grandparent maintained families. Working paper no. 26, Population Division, U.S. Bureau of the Census, Washington, D.C.
- Chan, CG & Elder, GH 2000, 'Matrilineal advantage in grandchild-grandparent relations', *Gerontologist*, vol. 40, no. 2, pp. 179-190.
- Clarke, L. & Roberts, C. 2004, 'The meaning of grandparenthood and its contribution to the quality of life of older people', in *Growing older: Quality of life in old age*, eds A. Walker and C. H. Hennessy, Open University Press, London, pp. 188-208.
- Clearinghouse 2009, *The Clearinghouse on International Developments in Child, Youth and Family Policies*. Retrieved March 2010, from <http://www.childpolicyintl.org/>.
- Coleman, D 2000, 'Population and family', *Twentieth-century British social trends*, Macmillan Press, London, pp. 27-93.
- Commission of the European Communities 2005, *Green paper, confronting demographic change: A new solidarity between the generations*, Brussels.
- Copen, CE 2006, 'Welfare reform: challenges for grandparents raising grandchildren', *J Aging Soc Policy*, vol. 18, no. 3-4, pp. 193-209.
- Cox, D & Rank, MR 1992, 'Inter-vivos transfers and intergenerational exchange', *Review of Economics and Statistics*, vol. 74, no. 2, pp. 305-314.
- Creasey, GL & Kaliher, G 1994, 'Age-differences in grandchildren's perceptions of relations with grandparents', *Journal of Adolescence*, vol. 17, no. 5, pp. 411-426.
- Crosnoe, R & Elder, GH 2002, 'Life course transitions, the generational stake, and grandparent-grandchild relationships', *Journal of Marriage and the Family*, vol. 64, no. 4, pp. 1089-1096.
- Cuddeback, GS 2004, 'Kinship and family foster care: a methodological substantive synthesis of research', *Children and Youth Services Review*, vol. 26, no. 7, pp. 623-639.
- Daly, M 2000, *The gender division of welfare: the impact of the British and German welfare states*, Cambridge University Press, Cambridge.
- Daly, M & Lewis, J 2000, 'The concept of social care and the analysis of contemporary welfare states.', *British Journal of Sociology*, vol. 51, no. 2, pp. 281-298.
- Davis, MM, McGonagle, K, Shoeni, RG & Stafford, F 2008, 'Grandparental and parental obesity influences on childhood overweight: Implications for primary care practice', *The Journal of the American Board of Family Medicine*, vol. 21, no. 6, pp. 549-554.
- Del Boca, D, Pasqua, S & Pronzato, C 2008, 'Motherhood and market work decisions in institutional context: A European perspective', *Oxford Economic Papers*, vol. 61 (Special Issue), pp. i147-i171.
- Dench, G & Ogg, J 2002, *Grandparenting in Britain: A baseline study*, Institute of Community Studies, London.
- Dench, G, Ogg, J & Thomson, K 1999, 'The role of grandparents', in R Jowell, J Curtice, A Park, K Thomson, L with Jarvis, C Bromley and N Stratford (eds.), *British Social Attitudes the 16th report. Who shares New Labour values?*, Ashgate Publishing Company, Aldershot, Hants, England, pp. 135-156.
- Dex, S and Ward, K, 2007, *Parental care and employment in early childhood, an analysis of the Millennium Cohort Study Sweeps 1 and 2*, Working Paper Series no. 57, Equal Opportunities Commission.
- Drew, LM & Silverstein, M 2007, 'Grandparents' psychological well-being after loss of contact with their grandchildren', *Journal of Family Psychology*, vol. 21, no. 3, pp. 372-379.
- Duncan, S, Edwards, R, Alldred, P & Reynolds, T 2003, 'Motherhood, paid work and partnering: Values and theories', *Work, Employment and Society*, vol. 17, no. 2, pp. 309-330.
- Dunn, J 2004, 'Understanding children's family worlds: Family transitions and children's outcome', *Merrill-Palmer Quarterly-Journal of Developmental Psychology*, vol. 50, no. 3, pp. 224-235.
- Edgbeeen, DJ 1992, 'Family structure and intergenerational exchanges', *Research on Aging*, vol. 14, no. 4, pp. 427-447.
- Esping-Andersen, G 1990, *The three worlds of welfare capitalism*, Princeton University Press, Princeton, New Jersey.
- Esping-Andersen, G 1999, *Social foundations of post-industrial economies*, Oxford University Press.
- Esping-Andersen, G & Sarasa, S 2002, 'The generational conflict reconsidered', *Journal of European Social Policy*, vol. 12, no. 1, pp. 5-21.
- European Commission 2002, *Family Benefits and family policies in Europe (MISSOC 01/2002)*. Retrieved February 2010, from <http://ec.europa.eu/>
- European Commission 2009, *Employment in Europe*, Office for the Official Publications of the European Communities, Luxembourg.
- European Trade Union Institute 2009, *Benchmarking Working Europe 2009*, European Trade Union Institute, Brussels.
- EWCO 2008, *Work-life balance policies benefit working parents*. Retrieved March, from <http://www.eurofound.europa.eu/ewco/2008/06/DK0806059I.htm>.
- Farmer, E & Moyers, S 2004, *Children place with family and friends: Placement patterns and outcomes, Report to the DfES, DfES*, London.
- Farmer, ERG & Moyers, S 2008, *Kinship care: Fostering effective family and friends placements*, Jessica Kingsley, London.
- Fergusson, E, Maughan, B & Golding, J 2008, 'Which children receive grandparental care and what effect does it have?', *Journal of Child Psychology and Psychiatry*, vol. 49, no. 2, pp. 161-169.



- Finanztip 2010, Familienförderung: Kindergeld - Kinderfreibetrag - Erziehungsfreibetrag [Family support: Child allowance - income-tax child allowance - income-tax care allowance]. Retrieved April 2010, from <<http://www.finanztip.de/recht/steuerrecht/kinder-im-steuerrecht.htm>>.
- Fink, J 2004, 'Questions of care', in J Fink (ed.) *Care: Personal lives and social policy*, The Policy Press, Bristol, pp. 2-38.
- Fuller-Thomson, E & Minkler, M 2001, 'American grandparents providing extensive childcare to their grandchildren: Prevalence and profile', *Gerontologist*, vol. 41, no. 2, pp. 201-209.
- Fuller-Thomson, E, Minkler, M & Driver, D 1997, 'A profile of grandparents raising grandchildren in the United States', *Gerontologist*, vol. 37, no. 3, pp. 406-411.
- Gardiner, J 2000, 'Rethinking self-sufficiency: employment, families and welfare', *Cambridge journal of economics*, vol. 24, pp. 671-685.
- Geurts, T., Poortman, A., van Tilburg, T. And Dykstra, A., 2009, 'Contact between grandchildren and their grandparents in early adulthood', *Journal of Family Issues*, 30, 12, pp. 1698-1713.
- Giarrusso, R, Feng, D, Silverstein, M & Bengtson, VL 2001, 'Grandparent-adult grandchild affection and consensus - Cross-generational and cross-ethnic comparisons', *Journal of Family Issues*, vol. 22, no. 4, pp. 456-477.
- Giovannini, D 2007, Updated Report Italy 2007, Leaves Policies and Research Network.
- Glaser, K, Tomassini, C & Grundy, E 2004, 'Revisiting convergence and divergence: support for elderly people in Europe', *European Journal of Ageing*, vol. 1, pp. 64-72.
- Glaser, K, Tomassini, C & Stuchbury, R 2008, 'Differences over time in the relationship between partnership disruptions and support in early old age in Britain', *Journal of Gerontology: Social Sciences*, vol. 63B, no. 6, pp. S359-S368.
- Goodman, CC 2003, 'Intergenerational triads in grandparent-headed families', *Journals of Gerontology Series B-Psychological Sciences and Social Sciences*, vol. 58, no. 5, pp. S281-S289.
- Goodman, CC 2007, 'Intergenerational triads in skipped-generation grandfamilies', *International Journal of Aging & Human Development*, vol. 65, no. 3, pp. 231-258.
- Goodman, CC, Potts, M, Pasztor, EM & Scorzo, D 2004, 'Grandmothers as kinship caregivers: private arrangements compared to public child welfare oversight', *Children and Youth Services Review*, vol. 26, no. 3, pp. 287-305.
- Goodman, CC & Silverstein, M 2001, 'Grandmothers who parent their grandchildren - An exploratory study of close relations across three generations', *Journal of Family Issues*, vol. 22, no. 5, pp. 557-578.
- Goodman, CC & Silverstein, M 2002, 'Grandmothers raising grandchildren: Family structure and well-being in cultural diverse families', *The Gerontologist*, vol. 42, no. 5, pp. 676-689.
- Gordon, RA 1999, 'Multigenerational coresidence and welfare policy', *Journal of Community Psychology*, vol. 27, no. 5, pp. 525-549.
- Gornick, JC, Meyers, MK & Ross, KE 1997, 'Supporting the employment of mothers: Policy variation across fourteen welfare states', *Journal of European Social Policy*, vol. 7, no. 1, pp. 45-70.
- Grandparents Plus 2009, Family and friends care recognition respect reward, survey findings report, Grandparents Plus, London.
- Gray, A 2005, 'The changing availability of grandparents as carers and its implications for childcare policy in the UK', *Journal of Social Policy*, vol. 34, pp. 557-577.
- Griggs, J & Grandparents Plus and the Equality and Human Rights Commission (EHRC) 2009, *The poor relation? Grandparental care: Where older people's poverty and child poverty meet*, Grandparents Plus, London.
- Griggs, J & Grandparents Plus 2010, *Protect, support, provide: Examining the role of grandparents in families at risk of poverty*, Grandparents Plus and the Equality and Human Rights Commission (EHRC), London.
- Grinstead, LN, Leder, S, Jensen, S & Bond, L 2003, 'Review of research on the health of caregiving grandparents', *Journal of Advanced Nursing*, vol. 44, no. 3, pp. 318-326.
- Groenendijk, HaK, S 2007, Updated Report of the Netherlands 2007, Leaves Policies and Research Network.
- Grundy, E 2005, 'Reciprocity in relationships: socio-economic and health influences on intergenerational exchanges between Third Age parents and their adult children in Great Britain', *British Journal of Sociology*, vol. 56, no. 2, pp. 233-255.
- Grundy, E, Murphy, M & Shelton, N 1999, 'Looking beyond the household: intergenerational perspectives on living kin and contacts with kin in Great Britain', *Popul Trends*, vol., no. 97, pp. 19-27.
- Grundy, E, Tomassini, C & Festy, P 2006, 'Demographic change and the care of older people: Introduction', *European Journal of Population*, vol. 22, pp. 215-218.
- Hagestad, GO 2006, 'Transfers between grandparetns and grandchildren: the importance of taking a three-generation perspective', *Zeitschrift Fur Familienforschung*, vol. 18, pp. 315-332.
- Hagestad, GO & Uhlenberg, P 2005 'The social separation of old and young: a root of ageism', *Journal of social issues.*, vol. 61, no. 2, pp. 343-360.
- Hamilton, HA 2005, 'Extended families and adolescent well-being', *Journal of Adolescent Health*, vol. 36, no. 3, pp. 260-266.
- Hank, K 2007, 'Proximity and contacts between older parents and their children: A European comparison', *Journal of Marriage and the Family*, vol. 69, pp. 157-173.
- Hank, K & Buber, I 2009, 'Grandparents Caring for Their Grandchildren Findings From the 2004 Survey of Health, Ageing, and Retirement in Europe', *Journal of Family Issues*, vol. 30, no. 1, pp. 53-73.

- Hansen, K & Joshi, H 2008, Millenium cohort study third survey: A user's guide to initial findings, Centre for Longitudinal Studies, Institute of Education, University of London, London.
- Hantrais, L 1999, 'Socio-demographic change, policy impacts and outcomes in social Europe', *Journal of European Social Policy*, vol. 9, no. 4, pp. 291-309.
- Haskey, J 1994, 'Stepfamilies and stepchildren in Great Britain', *Population Trends*, vol. 76, pp. 17-27.
- Haskey, J 2002, 'One-parent families - and the dependent children living in them - in Great Britain', *Population Trends*, vol. 109, no. Autumn, pp. 46-57.
- Hastings, R 1997, 'Grandparents of children with disabilities: a review'. *International Journal of Disability, Development and Education*, vol. 44, no. 4, pp. 329-340.
- Hastings, R, Thomas, H & Delwich, N 2002, 'Grandparents support for families of children with Down's syndrome', *Journal of Applied Research in Intellectual Disabilities*, vol. 15, pp. 97-104.
- Hayslip, B & Kaminski, PL 2005, 'Grandparents raising their grandchildren: A review of the literature and suggestions for practice', *Gerontologist*, vol. 45, no. 2, pp. 262-269.
- Hayslip, B, Shore, RJ, Henderson, CE & Lambert, PL 1998, 'Custodial grandparenting and the impact of grandchildren with problems on role satisfaction and role meaning', *Journals of Gerontology Series B-Psychological Sciences and Social Sciences*, vol. 53, no. 3, pp. S164-S173.
- Hemmings, P 2007, 'Family Policy in Hungary: How to improve the reconciliation between work and family?' In OECD Economics Department Working Papers, No. 566 OECD Publishing.
- Henderson, CE, Hayslip, B, Sanders, LM & Loudon, L 2009, 'Grandmother-Grandchild Relationship Quality Predicts Psychological Adjustment Among Youth From Divorced Families', *Journal of Family Issues*, vol. 30, no. 9, pp. 1245-1264.
- Henretta, JC, Grundy, E & Harris, S 2002, 'The influence of socio-economic and health differences on parents' provision of help to adult children: a British-United States comparison', *Ageing and Society*, vol. 22, pp. 441-458.
- Hill, MS, Yeung, WJJ & Duncan, GJ 2001, 'Childhood family structure and young adult behaviors', *Journal of Population Economics*, vol. 14, no. 2, pp. 271-299.
- Hillman, J 2007, 'Grandparents of children with autism: A reiew with recommendations for education, practice and policy', *Child and Family Social Work*, vol. 12, no. 1, pp. 94-101.
- Hobbs, F 2005, Special Reports, CENSR-24, Examining American Household Composition: 1990 and 2000, U.S. Census Bureau, U.S. Government Printing Office, Washington, D.C.
- Hochschild, AR 1995, 'The culture of politics: traditional, postmodern, cold-modern and warm-modern ideals of care', *Social Politics*, vol. 2, no. 3, pp. 333-346.
- Hoff, A 2007, 'Patterns of intergenerational support in grandparent-grandchild and parent-child relationships in Germany', *Ageing & Society*, vol. 27, pp. 643-665.
- Hornby, G & Ashworth, T 1994, 'Grandparents' support for families who have children with disabilities', *Journal of Child and Family Studies*, vol. 3, pp. 403-412.
- Hughes, ME, Waite, LJ, LaPierre, TA & Luo, Y 2007, 'All in the family: The impact of caring for grandchildren on grandparents' health', *Journals of Gerontology Series B-Psychological Sciences and Social Sciences*, vol. 62, no. 2, pp. S108-S119.
- Hunt, J, Waterhouse, S. and Lutman, E. Keeping them in the Family: Outcomes for children placed in kinship care through care proceedings. BAAF 2008.
- ISSA 2008, Social Security Programs Throughout the World: Europe, 2008. Retrieved February 2010, from <<http://www.ssa.gov/policy/docs/progdesc/ssptw/2008-2009/europe/germany.pdf>>.
- Jendrek, MP 1993, 'Grandparents who parent their grandchildren - effects on lifestyle', *Journal of Marriage and the Family*, vol. 55, no. 3, pp. 609-621.
- Kalmijn, M & Saraceno, C 2008, 'A comparative perspective on intergenerational support', *European Societies*, vol. 10, no. 3, pp. 479-508.
- Kiernan, KE 2003, 'Changing European families: trends and issues', in J Scott, J Treas and M Richards (eds.), *Blackwell Companion to Sociology of the Family*, Oxford Blackwell, pp. 17-33.
- King, V 2003, 'The legacy of a grandparent's divorce: Consequences for ties between grandparents and grandchildren', *Journal of Marriage and the Family*, vol. 65, no. 1, pp. 170-183.
- King, V & Elder, GH 1997, 'The legacy of grandparenting: Childhood experiences with grandparents and current involvement with grandchildren', *Journal of Marriage and the Family*, vol. 59, no. 4, pp. 848-859.
- Kinsella, K, Wan, H & U.S. Census Bureau 2009, An Aging World: 2008, International Population Reports, P95/09-1, U.S. Government Printing Office, Washington, D.C.
- Korintus, M 2007, Updated Report Hungary 2007, Leaves Policies and Research Network. Retrieved from <[http://www.sfi.dk/graphics/Leave per cent20network/country per cent20notes per cent202007/hungary per cent202007.pdf](http://www.sfi.dk/graphics/Leave%20per%20cent20network/country%20per%20cent20notes%20per%20cent202007/hungary%20per%20cent202007.pdf)>
- Koslowski, AS 2009, 'Grandparents and the care of their grandchildren', in J Stillwell (ed.) *Fertility, living arrangements, care and mobility*, Springer, London, pp. 171-190.
- Le Bihan, B & Martin, C 2004, 'Atypical working hours: Consequences for childcare arrangements', *Social Policy & Administration*, vol. 38, no. 6, pp. 565-590.
- Lee, S, Colditz, G, Berkman, L & Kawachi, I 2003, 'Caregiving to children and grandchildren and risk of coronary heart disease in women', *American Journal of Public Health*, vol. 93, no. 11, pp. 1939-1944.
- Leira, S & Saraceno, C 2002, 'Care: actors, relationships and contexts', in B Hobson and J Lewis (eds.), *Contested concepts in gender and social politics*, Edwar Edgar Publishing, Cheltenham, pp. 55-83.

- Leitner, S 2003, 'Varieties of familialism. The caring function of the family in comparative perspective', *European Societies*, vol. 54, no. 4, pp. 353-375.
- Lennartsson, C, Silverstein, M & Fritzell, J 2010, 'Time-for-Money Exchanges Between Older and Younger Generations in Swedish Families', *Journal of Family Issues*, vol. 31, no. 2, pp. 189-210.
- Lewis, J 1992, 'Gender and the development of welfare regimes', *Journal of European Social Policy*, vol. 2, pp. 159-173.
- Lewis, J 1997, 'Gender and welfare regimes: Further thoughts', *Social Politics*, vol. 4, pp. 160-177.
- Lewis, J, Campbell, DA & Huerta 2008, 'Patterns of paid and unpaid work in Western Europe', *Journal of Social Policy*, vol. 18, no. 1, pp. 21-37.
- Litwin, H, Vogel, C, Kunemund, H & Kohli, M 2008, 'The balance of intergenerational exchange: correlates of net transfers in Germany and Israel', *European Journal of Ageing*, vol. 5, no. 2, pp. 91-102.
- Macran, S, Joshi, H & Dex, S 1996, 'Employment after childbearing: A survival analysis', *Work, Employment and Society*, vol. 10, no. 2, pp. 273-90.
- Mandel & Shalev 2009, 'How welfare states shape the gender pay gap: A theoretical and comparative analysis', *Social Forces*, vol. 87, no. 4, pp. 1873-1911.
- McGarry, K & Schoeni, RF 1995, 'Transfer behavior in the Health and Retirement Study: Measurement and the redistribution of resources within the family', *The Journal of Human Resources, Special Issue on the Health and Retirement Study: Data Quality and Early Results*, vol. 30, no. 0, pp. S184-S226.
- McGarry, K & Schoeni, RF 1997, 'Transfer behavior within the family: Results from the Asset and Health Dynamics Survey', *The Journals of Gerontology: Social Sciences*, vol. 52B, pp. 82-92.
- McGlone, F, Park, A & Roberts, C 1997, 'Relative values: kinship and friendship', in R Jowell, J Curtice, A Park, L Brook and K Thomson (eds.), *British Social Attitudes the 13th report*, Dartmouth Publishing Company, Aldershot, pp. 53-72.
- Minkler, M 1999, 'Intergenerational households headed by grandparents: Contexts, realities, and implications for policy', *Journal of Aging Studies*, vol. 13, no. 2, pp. 199-218.
- Minkler, M & Fuller-Thomson, E 2000, 'Second time around parenting: Factors predictive of grandparents becoming caregivers for their grandchildren', *International Journal of Aging & Human Development*, vol. 50, no. 3, pp. 185-200.
- Minkler, M & Fuller-Thomson, E 2005, 'African American grandparents raising grandchildren: A National Study using the Census 2000 American Community Survey', *Journals of Gerontology Series B-Psychological Sciences and Social Sciences*, vol. 60, no. 2, pp. S82-S92.
- Minkler, M, Fuller-Thomson, E, Miller, D & Driver, D 1997, 'Depression in grandparents raising grandchildren - Results of a national longitudinal study', *Archives of Family Medicine*, vol. 6, no. 5, pp. 445-452.
- Minkler, M & Roe, KM 1996, 'Grandparents as surrogate parents.', *Generations-Journal of the American Society on Aging*, vol. 20, pp. 34-38.
- Mitchell, W 2007, 'Research Review: The role of grandparents in intergenerational support for families with disabled children: a review of the literature', *Child & Family Social Work*, vol. 12, no. 1, pp. 94-101.
- Morgan, P 2006, *Family Policy, Family Changes: Sweden, Italy and Britain Compared*, Civitas, London.
- Mueller, MM & Elder, GH 2003, 'Family contingencies across the generations: Grandparent-grandchild relationships in holistic perspective', *Journal of Marriage and the Family*, vol. 65, no. 2, pp. 404-417.
- Murphy, M & Grundy, E 2003, 'Mothers with living children and children with living mothers: The role of fertility and mortality in the period 1911-2050', *Population Trends*, vol. 112, pp. 36-44.
- Murphy, M, Martikainen, P & Pennec, S 2006, 'Demographic change and the supply of potential family supporters in Britain, Finland and France in the period 1911-2050', *European Journal of Population*, vol. 22, pp. 219-240.
- Mutchler, JE & Baker, LA 2004, 'A demographic examination of grandparent caregivers in the Census 2000 Supplementary Survey', *Population Research and Policy Review*, vol. 23, no. 4, pp. 359-377.
- Mutchler, JE & Baker, LA 2009, 'The Implications of Grandparent Coresidence for Economic Hardship Among Children in Mother-Only Families', *Journal of Family Issues*, vol. 30, no. 11, pp. 1576-1597.
- O'Connor, J 1996, 'From women in the welfare state to gendering welfare state regimes', *Current Sociology*, vol. 44, pp. 1-124.
- O'Connor, J, Orloff, A & Shaver, S 1999, *States, markets, families: Gender, liberalism and social policy in Australia, Canada, Great Britain and the United States*, Cambridge University Press, Cambridge.
- OECD 2007a, *Babies and Bosses - Reconciling Work and Family Life: A Synthesis of Findings for OECD Countries*, OECD Publishing, Paris.
- OECD 2007b, *Babies and bosses: reconciling work and family life*, OECD, France.
- Orloff, AS 1993, 'Gender and social rights of citizenship: The comparative analysis of gender relations and welfare states', *American Sociological Review*, vol. 58, pp. 3030-28. Retrieved
- Pearce, A, Li, L, Abbas, J, Ferguson, B, Graham, H, Law, C & Millenium Cohort Study Child Helath Group 2010, 'Is childcare associated with the risk of overweight and obesity in the early years? Findings from the U.K. Millenium Cohort Study', *International Journal of Obesity*, vol. Advance online publication, pp. 1-9.
- Pebley, AR & Rudkin, LL 1999, 'Grandparents caring for grandchildren - What do we know?', *Journal of Family Issues*, vol. 20, no. 2, pp. 218-242.
- Peek, MK, Coward, RT & Peek, CW 2000, 'Race, aging, and care - Can differences in family and household structure account for race variations in informal care?', *Research on Aging*, vol. 22, no. 2, pp. 117-142.

- Pickard, L, Wittenberg, R, Comas-Herrera, A, Davies, B & Darton, R 2000, 'Relying on informal care in the new century? Informal care for elderly people in England to 2031', *Ageing and Society*, vol. 20, pp. 745-772.
- Pittman, LD 2007, 'Grandmothers' involvement among young adolescents growing up in poverty', *Journal of Research on Adolescence*, vol. 17, no. 1, pp. 89-115.
- Pittman, LD & Boswell, MK 2008, 'Low-income multigenerational households: Variation in family functioning by mothers' age and race/ethnicity', *Journal of Family Issues*, vol. 29, no. 7, pp. 851-881.
- Post, W, Van Poppel, F, Van Imhoff, E & Kruse, E 1997, 'Reconstructing the extended kin-network in the Netherlands with genealogical data: Methods, problems, and results', *Population Studies-a Journal of Demography*, vol. 51, no. 3, pp. 263-&.
- Pruchno, RA & McKenney, D 2002, 'Psychological well-being of Black and White grandmothers raising grandchildren: Examination of a two-factor model', *Journals of Gerontology Series B-Psychological Sciences and Social Sciences*, vol. 57, no. 5, pp. 444-452.
- Robila, M 2008, *Family Policies in Eastern Europe: Developments and Recommendations*, UN Department of Economic and Social Affairs (DESA), Division of Social Policy and Development (DSDP).
- Rosenthal, CJ, Martin-Matthews, A & Matthews, SH 1996, 'Caught in the middle? Occupancy in multiple roles and help to parents in a national probability sample of Canadian adults', *Journal of Gerontology: Social Sciences*, vol. 51B, no. 6, pp. S274-S283.
- Rostgaard, T 2007, *Updated Report Denmark 2007, Leaves Policies and Research Network*. Retrieved from <[http://www.sfi.dk/graphics/Leave per cent20network/country per cent20notes per cent202007/denmark per cent202007.pdf](http://www.sfi.dk/graphics/Leave%20per%20network/country%20notes%20per%20cent202007/denmark%20per%20cent202007.pdf)>
- Ruiz, SA & Silverstein, M 2007, 'Relationships with grandparents and the emotional well-being of late adolescent and young adult grandchildren', *Journal of Social Issues*, vol. 63, no. 4, pp. 793-808.
- Sainsbury, D 1994, *Gendering welfare states*, Sage, London.
- Shanas, E, Townsend, P, Wedderburn, D, Friis, H, Milhøj, P & Stehower, J 1968, *Old People in Three Industrial societies*, Routledge, Kegan Paul, London.
- Silverstein, M & Long, JD 1998, 'Trajectories of grandparents' perceived solidarity with adult grandchildren: A growth curve analysis over 23 years', *Journal of Marriage and the Family*, vol. 60, no. 4, pp. 912-923.
- Silverstein, M & Marengo, A 2001, 'How Americans enact the grandparent role across the family life course', *Journal of Family Issues*, vol. 22, no. 4, pp. 493-522.
- Silverstein, M & Ruiz, S 2006, 'Breaking the chain: How grandparents moderate the transmission of maternal depression to their grandchildren', *Family Relations*, vol. 55, no. 5, pp. 601-612.
- Skinner, C & Finch, N 2006, 'Lone parents and informal childcare: A tax credit childcare subsidy?', *Social Policy & Administration*, vol. 40, no. 7, pp. 807-823.
- Smith, CJ & Beltran, A 2001, 'Grandparents raising grandchildren', *Journal of Aging and Social Policy*, vol. 12, no. 1, pp. 7-17.
- Smith, GC & Palmieri, PA 2007, 'Risk of psychological difficulties among children raised by custodial grandparents', *Psychiatric Services*, vol. 58, no. 10, pp. 1303-1310.
- Soldo, BJ & Hill, MS 1995, 'Family structure and transfer measures in the health and retirement study - Background and overview', *Journal of Human Resources*, vol. 30, pp. S108-S137.
- Solomon, JC & Marx, J 1999, 'Who cares? Grandparent/grandchild households', *Journal of Women & Aging*, vol. 11, no. 1, pp. 3-25.
- Speight, S, Smith, R, La Valle, I, Schneider, V, Perry, J, Coshall, C & Tipping, S 2009, *Childcare and early years survey of parents. Research report DCSF-RR136*, National Centre for Social Research, London.
- Spitze, G & Logan, JR 1992, 'Helping as a component of parent-adult child relations', *Research on Aging*, vol. 14, no. 3, pp. 291-312.
- Stevenson, B & Wolfers, J 2007, 'Marriage and divorce: Changes and their driving forces', *Journal of Economic Perspectives*, vol. 21, no. 2, pp. 27-52.
- Summerfield, C & Babb, P 2004, *Social Trends No. 34*, HMSO, London.
- Sundström, G 1994, 'Care by families: An overview of trends', in OECD (ed.) *Caring for frail elderly people. New directions in care*, OECD Social Policy Studies, Paris, pp. 15-55.
- Szinovacz, ME, DeViney, S & Atkinson, MP 1999, 'Effects of surrogate parenting on grandparents' well-being', *Journals of Gerontology Series B-Psychological Sciences and Social Sciences*, vol. 54, no. 6, pp. S376-S388.
- Thévenon, O 2008, 'Family policies in Europe: available databases and initial comparisons', *Vienna Yearbook of Population Research* 2008, pp. 165-177.
- Tomassini, C, Glaser, K, Wolf, DA, Broese van Groenou, MI & Grundy, E 2004, 'Living arrangements among older people: An overview of trends in Europe and the USA', *Population Trends*, vol. 115, pp. 24-34.
- U.S. Census Bureau 2003, *Grandparents living with grandchildren: 2000*, U.S. Department of Commerce, Economics and Statistics Administration, Washington, D.C.
- U.S. Census Bureau 2004, *Table CH-7. Grandchildren Living in the Home of Their Grandparents: 1970-Present*, <http://www.census.gov/population/socdemo/hh-fam/tabCH-7.pdf>
- Ungerson, C 1995, 'Gender, cash and informal care: European perspectives and dilemmas', *Journal of Social Policy*, vol. 24, no. 1, pp. 31-52.



- Vandell, DL, McCartney, K, Owen, MT, Booth, C & Clarke-Stewart, A 2003, 'Variations in childcare by grandparents during the first three years', *Journal of Marriage and the Family*, vol. 65, no. 2, pp. 375-381.
- Walker, A & Maltby, T 1997, *Ageing Europe*, Open University Press, Buckingham.
- Wang, Y & Marcotte, DE 2007, 'Golden years? the labor market effects of caring for grandchildren', *Journal of Marriage and the Family*, vol. 69, pp. 1283-1296.
- Watkins, SC, Menken, JA & Bongaarts, J 1987, 'Demographic foundations of family change', *American Sociological Review*, vol. 52, pp. 346-358.
- Wheelock, J & Jones, K 2002, 'Grandparents are the next best thing': Informal childcare for working parents in urban Britain', *Journal of Social Policy*, vol. 31, pp. 441-463.
- Woodland, S, Miller, M & Tipping, S 2002 (revised version 2004), Repeat study of parents' demand for childcare, Research Report RR348, DfES, London.

- (i) Studies investigating the grandparental role were searched in Web of Knowledge. The following search strategy was used to identify relevant publications. Search terms were grandparent\* OR grandchild\* OR grandmother\* OR grandfather\* OR intergeneration\* "OR "more-generation\* famil\*" OR "four-generation\* famil\*" OR "three-generation\* famil\*" OR "multi-generation\* famil\*" OR "more generation\* famil\*" OR "four generation\* famil\*" OR "three generation\* famil\*" OR "multi generation\* famil\*" OR "more-generation\* household\*" OR "four-generation\* household\*" OR "three-generation\* household\*" OR "multi-generation\* household\*" OR "more generation\* household\*" OR "four generation\* household\*" OR "three generation\* household\*" OR "multi generation\* household\*". Search terms were initially used separately and together in one large combination string. The search covered words in the title, abstract or in key words.
- (ii) These search areas of the academic database "web of knowledge" were selected as of relevance for the intended purpose of this study.: area studies; behavioral sciences; business & economics; criminology & penology; ;demography; ;education & educational research; ethnic studies; family studies; geriatrics & gerontology; government & law; health care sciences; services; history; information science; library science; literature; medical ethics; pediatrics; philosophy;psychology; public administration; public, environmental & occupational health; religion; social issues; social sciences - other topics; social work; sociology; urban studies; orwomen's studies.
- (iii) Search strategy for additional databases- grandparent\*; grandchild\*; grandmother; grandfather\*; "multi-generational hous\*" OR "multigenerational hous\*" OR "three-generation hous\*" OR "three generation hous\*" OR "four-generation hous\*" OR "four generation hous\*"; coresidence or co-residence; "family policy"; grandparent\* OR grandchild\* OR grandmother\* OR grandfather\*; coresidence OR co-residence OR "multigenerational famil\*" OR "multi-generational famil\*" OR "multigenerational household\*" OR "multi-generational household\*" OR "four-generation household\*" OR "four-generation famil\*" OR "three-generation household\*" OR "three-generation famil\*"
- (iv) Family policies: Maternity / Paternity; Maternity leave / Paternity leave / Parental leave; Maternity and parental paid and job-protected leaves from employment; Family allowances; Early childhood benefits ; Early childhood education; Childcare benefits ; Childcare – formal and informal; Care benefits and services; Government benefits for care of children and family members may be direct payments, tax relief, tax credits; Early years/School (e.g. provision of nursery; hours in school day, structure of school semesters); Financial support for single mothers & fathers; Disability care; Foster care ; Custody; Other relevant policies (-> facilitating female labour force participation), Maternal and child health care; Child support / maintenance benefits; Housing allowances; Flexible employment / Working hours (part-time work); Carer credits into national insurance and pension schemes; long-term care (same policies for young and old?); Specific grandparental rights.



We champion the wider  
family who care for children

**Grandparents Plus**

18 Victoria Park Square

Bethnal Green

London E2 9PF

Telephone: 020 8981 8001

Email: [info@grandparentsplus.org.uk](mailto:info@grandparentsplus.org.uk)

[www.grandparentsplus.org.uk](http://www.grandparentsplus.org.uk)

Charity number 1093975