Grandparental childcare in Australia: Gender differences in the correlates of providing regular grandparental care while parents work

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Abstract

Grandparents' regular care for children while parents work has been mostly studied from the parental perspective. This paper focuses on the grandparents. Using the Australian Bureau of Statistics *Time Use Survey* 2006 (N=7,672) we investigate regular-caring grandparents' demographic characteristics, which childcare activities they undertake, and how regular childcare provision relates to their time in other activities, subjective time pressure and satisfaction. Results indicate the correlates and nature of regular care differ by gender. Regular and non-regular caring grandmothers' relative time allocation to different childcare tasks barely differs, while regular-caring grandfathers' care includes a much higher proportion of active care and travel than non-regular caring grandfathers'. Regular care provision is associated with less leisure than non-regular caring counterparts for both genders, but with only grandmothers' housework, personal care and sleep time. Providing regular care doubles the likelihood of grandmothers reporting high subjective time pressure compared to non-regular caring grandmothers; there is no association between regular care and time pressure for grandfathers. We conclude that in taking on regular care, grandparents echo the gender patterns found among parents, namely that it is women who are disproportionately impacted by meeting family care needs.

Keywords: grandparents; grandparental childcare; time use; child-raising; childcare

Introduction

Grandparents have historically underpinned the functioning of families raising children. This has particularly occurred through emotional support and guidance, though intergenerational transfers have also taken financial and practical forms (Cherlin & Furstenberg, 1986; Herlofson & Hagestad, 2012; Ochiltree, 2006; Szinovacz, 1998). Recently, maternal labour force participation has propelled modern grandparents into a more active role. Across OECD countries, grandparents increasingly provide regular childcare for grandchildren while parents (particularly mothers) work (Arnstein, Arpino, & Goisis, 2012; Geurts, Tilburg, Poortman, & Dykstra, 2014; Posdas & Vidal-Fernandez, 2012). In Australia, half of all childcare is provided by grandparents, meaning that they play a vital role in underpinning parental employment (ABS, 2012). Yet to date little is known about grandparents as regular childcare providers. Research has focused on the characteristics of families who use grandparental childcare, with relatively little attention paid to the grandparents themselves.

This paper uses data from the nationally representative Australian Bureau of Statistics' *Time Use Survey* (TUS) 2006 to address this gap in knowledge. The TUS provides detailed time use information, and also contains survey questions on the type of care grandparents provide. We identify 'regular carers' as those who self-reported providing regular care to grandchildren while their parents were at work. First, this paper expands upon what is known about the demographic characteristics of this group of grandparents. Second, this paper compares and contrasts the type of care-giving tasks they do with those of same-gender grandparents who are not regular carers. Finally, this paper looks at relationships between regular childcare and grandparents' other activities, including sleep, leisure, and socialising, and examines whether regular carers differ from other grandparents in their self-reported time pressure and in their levels of satisfaction with how they spend their time. All analyses differentiate by gender.

Background

Many working parents call on grandparents to help them manage the care of children (Wheelock & Jones, 2002). Grandparental care can offer advantages over other forms of childcare. The vast majority of grandparents do not command payment (ABS, 2012). In knowing the grandchild and the family intimately, they are often considered the 'next best thing' to parental care (Wheelock & Jones, 2002). Grandparents are more flexible than formal care providers in regard to non-standard hours, such as nights or weekends, and unusual situations, such as holidays or when children are sick (Goodfellow & Lavery, 2003; A. Gray, 2005; Qu, 2003). Some characteristics of families make them more likely to choose grandparent care; having children aged three years and under (ABS, 2012; Fergusson, Maughan, & Golding, 2008; Harrison & Ungere, 2005); being a single parent (Guzman, 2004); and if mothers have lower levels of education (Fergusson et al., 2008).

The drivers toward grandparental care do not lie entirely with parents, however. Grandparental childcare requires decision-making at two levels: that of grandparents *in addition* to parents. Yet because the literature has foregrounded parents' needs and experience in framing grandparental care, research from the grandparents' perspective, particularly on grandparents who provide regular care while parents work, is very sparse. However, we could expect the grandparental side of the arrangement to echo the process for parents in some regards. Theorising on parental work-care decisions has moved beyond untenable assumptions that it is primarily a financial calculation (see for example Becker, 1991) to acknowledge that it involves weighing economic, moral and emotional factors (see for example Folbre, 2001; Himmelweit, 2002). Scholars argue that decisions about care and who is to provide it are embedded in contextualised moralities; namely, what individuals consider the 'right thing to do' within the social frameworks in which they live (Duncan, Edwards, Reynolds, & Alldred, 2003; Lewis, 2009). Such a moral framework is also likely relevant to

grandparents weighing their options for how they could otherwise use their time against the impetus to care for grandchildren, which is simultaneously a form of care provision to their own (now adult) child.

Grandparents' decisions to provide regular care while parents work may thus be motivated by a mixture of duty, love and familial obligation and not be necessarily personally advantageous. There may be intrinsic benefits, but grandparental childcare can also generate financial, psychological and time-related costs for carers (Da, 2003; Goodfellow & Lavery, 2003; Whelan, 2012). We could expect the time costs, particularly, to be higher if they do it regularly. It is also likely that regular grandparental care and its consequences are highly gendered. Because women perform the vast bulk of care, it is generally women who must juggle competing work-family demands, or tailor other activities around their care commitments (Craig, 2007; Duncan & Edwards, 2003; Folbre, 2001). The well-known gender differences between parents are likely to also pertain in the grandparental generation, as a result of traditional role ideology and divergent male and female care and employment trajectories over the life course (Jenkins, 2013). It follows that grandmothers would be more likely than grandfathers to step into the regular supportive role, and to have their time and activities impacted by this addition to their lives.

Decisions about care provision are highly contextual, differing between social groups and shaped by particular policy-scapes (Gornick & Meyers, 2003; Lewis, 2009). Families - nuclear and extended - make decisions within the scope of available childcare options, their own resources, and informed by the prevalent attitudes in the context they live in. For example, within societies such as Australia which value intensive mothering (Craig, Powell, & Smyth, 2014), grandmothers may 'scrutinise themselves through the lens of a maternalist culture' (Horsfall & Dempsey, 2013, p. 3), subscribe to the view that care by a close female relative is best for children, and therefore be willing to support their working children by providing regular care. This study is situated in Australia, which like all countries has developed a particular social organisation of care, within which grandparental care is nested.

Childcare in Australia

Grandparental care rates vary across OECD countries. A recent study utilising data from the Survey of Health, Ageing and Retirement in Europe (SHARE) found that between 23% (Denmark) and 70% (Italy) of grandparents take care of their grandchildren age ten or below on a daily or weekly basis (García-Morán & Kuehn, 2012). The number and proportion of Australian grandparents who provide childcare to grandchildren is not known, but both are likely to be large, given that grandparents account for around half of all childcare arrangements (ABS, 2012).

Esping-Anderson's influential typology categorised welfare states in the developed nations into three models, 'liberal', 'corporatist' and 'social democratic'. Australia, like the U.S., Canada and New Zealand, is usually categorised as a liberal welfare state, characterised by 'means tested assistance, modest universal transfers, or modest social-insurance programs' (Esping-Andersen, 1990, p. 26), and there is an emphasis on market-based provision of human services. Accordingly, in Australia, raising children is seen as a private concern rather than a collective responsibility and there are relatively few institutional supports (such as the right to request flexible work hours, long parental leaves and accessible affordable childcare) for working parents (Gornick & Meyers, 2003; Pocock, 2005). Therefore, in contrast to some countries, such as the Nordic social democracies where childcare is heavily subsidised by the state, Australia relies heavily on private markets to deliver childcare, with parents positioned as active consumers of childcare services (Newbery & Brennan, 2013; Sumsion & Goodfellow, 2009).

However, commentators argue that the current system is failing many parents on both affordability and availability indicators. Although a proportion of formal childcare fees can be claimed as tax rebates, cost is a problem for many (AIHW, 2006; Grace & Bowes, 2010). Places can be hard to get, especially in metropolitan areas (ABS, 2012; Breunig, Weiss, Yamauchi, Gong, & Mercante, 2011). Service provision does not always fit with parental work hours, especially non-standard schedules such as nights and weekends (Breunig et al., 2011; Nowak, Naude, & Thomas, 2013). Also, with norms perhaps reflexively arising from the policy framework (Lewis, 2009), significant discomfort still surrounds the quality and desirability of formal care (Boyd, 2012; M. Gray, Baxter, & Alexander, 2008; Meagher, 2007). Thus many grandparents become involved in care, including regularly for work-related purposes. In 2011, of 451,900 Australian children who were usually in grandparental care only, for half (227,000) parental employment was the main reason for care (as opposed to 'personal' or 'beneficial for the child') (ABS, 2012).

Who are the grandparental care providers?

Little is known about the demographic characteristics of regular-caring grandparents in Australia, but the literature that covers both regular-caring and non-regular caring grandparents provides some limited insight. Paralleling patterns of parental care (Craig, 2006a), grandparental childcare is highly gendered in Australia, as it is internationally (Guzman, 2004; Hank & Buber, 2009). Analyses of the longitudinal survey *Household, Income and Labour Dynamics in Australia* (HILDA) suggest that around three-quarters of grandparent child carers are women (Horsfall & Dempsey, 2013; Whelan, 2012). Condon and colleagues' (2013) longitudinal study of 430 first-time grandparents found that 70% of grandmothers provided childcare at least once a week by the time the first grandchild was aged 12 months. Though the proportion of caring grandfathers was not much lower (60%), there were marked gender differences in weekly care durations of five hours or more (43% versus 25%).

There are indications that associations between grandparental care and some demographic characteristics differ for men and women. Partnered grandfathers are more likely to care; partnership status makes no difference to grandmothers' care propensity (Horsfall & Dempsey, 2013; Whelan, 2012). This suggests grandfathers commonly rely on their wives to facilitate their time with grandchildren, and are less involved with extended family if they are single (Condon et al., 2013). Although gender roles in grandparenthood are in transition, researchers argue the normative grandmother role is still understood as entailing active caring and kin-keeping, while the grandfather role is experienced both as more voluntary and more self-defined in terms of contact and activities with grandchildren (Bates & Taylor, 2013; Reitzes & Mutran, 2004). In this context, grandfathers' contact with grandchildren tends to be mediated by marital status to a much greater degree than that of grandmothers (Horsfall & Dempsey, 2013; Whelan, 2012).

Research indicates that the impact of other factors also differs by gender. Retirement or lower work commitments do not strongly impact grandfathers' propensity to care (Condon et al., 2013). Studies suggest grandmothers' care propensity is more sensitive to time availability, although some find grandmothers are more likely to provide childcare if they are employed than if they are not (Condon et al., 2013), while others have found the opposite (Horsfall & Dempsey, 2013; Whelan, 2012). With many factors associated with care, the direction of causality could run either way. For example, grandmothers may scale back on their employment specifically in order to be available for care, or conversely those who are not employed may more readily offer themselves as carers (Goodfellow & Lavery, 2003). International studies, which have mostly looked at grandmothers, have identified other factors associated with childcare (again not differentiating between regular and non-regular carers). These include age, with younger grandmothers more likely to provide care (Baydar & Brooks-Gunn, 1998); co-residence (Chen, Short, & Entwisle, 2000); geographical proximity to the family (A. Gray, 2005; Guzman, 2004); and health status (Baydar & Brooks-Gunn, 1998).

Overall, the literature suggests both that grandmothers have a higher propensity to care than grandfathers, and that some predictors of grandparental care show differential associations by gender. We expect (Hypothesis 1) that the demographic predictors of regular care while parents work will differ for men and women also. In particular, we expect grandfathers who are not partnered to be much less likely to provide regular care than partnered grandfathers (H1a), and non-working grandmothers to be much more likely to provide regular care than working grandmothers (H1b). In addition, we expect class and economic resources (captured through measures of socio-economic status of geographical area, household income, and education), to be associated with grandfathers' regular care, but not with grandmothers' regular care (H1c). Higher SES predicts greater father involvement (Craig, 2006b; Gracia, 2014), and we expect grandfathers who care regularly to exhibit a similar class gradient. In Australia the class gradient is less salient for mothers than fathers (Craig et al., 2014) and grandmothers provide more overall care than grandfathers (Horsfall & Dempsey, 2013), so we do not expect to find SES differences between regular and non-regular caring grandmothers.

Which childcare activities do grandparents perform?

Few studies have examined grandparents' care-giving activities closely. The detail is important, however, because childcare consists of a range of quite different tasks, some of which are more demanding than others. Research has established that fathers spend more time talking, reading, teaching, listening and playing with children, than doing more routine care tasks such as transporting children, or physical care activities such as bathing, dressing, feeding, changing, and putting them to bed (Craig, 2006a; Fuligni & Brooks-Gunn, 2004). Thus a greater proportion of mothers' than of fathers' care involves the more laborious and routine care activities (Craig & Mullan, 2011a). Qualitative research suggests that these gendered patterns are replicated in the older generation (Horsfall & Dempsey, 2013). Again, however, this research does not distinguish grandparents who provide regular childcare, which may make a difference to care composition. For example, grandparents who only babysit intermittently may spend more of their time with children playing, and less of it in physical and routine care, whereas regular carers might participate across the range of care tasks, to relieve parents of more day-to-day care work. While the above literature on gendered care composition suggests that gender differences in the tasks that comprise care are likely to be present for regular carers as well as non-regular carers, we hypothesise that (because involved caregiving is less usual for men than women) being a regular carer will engender more differences in care composition between grandfathers and their non-regular caring counterparts, than between grandmothers and *their* non-regular caring counterparts (Hypothesis 2). That is, we expect regular caring to affect the proportional composition of care differentially by gender, because men's participation in family care is less usual than women's. In particular we expect that, compared to other grandfathers, more regular caring grandfathers' care will be active, focused attention, rather than supervising without active involvement (H2a). We also expect that they will take on more of the tasks such as physical care and transporting children, which must be done routinely (H2b). We expect that regular caring grandmothers' care will also involve proportionately more physical and routine care than non-regular caring grandmothers' (H2c), but because women are more usually involved in this type of care than men, the compositional differences by regular/not regular care status will be only narrow for women (H2d).

What are the relationships between regular childcare and other activities, time pressure and satisfaction?

Providing childcare can engender positive outcomes for grandparents, including building close relationships with grandchildren and feeling happy that they can assist parents meet their work commitments (Goodfellow & Lavery, 2003; Wearing & Wearing, 1996). However, there can also be

negative outcomes, including feeling stressed and tired; feeling under pressure by parents to provide care; and bearing some direct financial costs such as food for the children (Da, 2003; Horsfall & Dempsey, 2013). Small-scale qualitative studies (on grandmothers only) also suggest that care provision can negatively affect health (Binks, 1989) and reduce leisure time, particularly if they provide care for longer than 10 hours a week (Jenkins, 2013). It is yet to be investigated whether providing care impacts upon other forms of time use as well. For example, it may engender more housework, such as cooking or cleaning up after children, and these tasks may be gendered, as has been found in the case of parents. In addition to being negatively associated with hours of paid work (Whelan, 2012), providing care could also curtail other activities such as voluntary work, or social and community interaction. It could also be associated with feeling more harried and rushed for time, or with diminished satisfaction with the way time is spent, but research has not addressed these possibilities.

The studies cited above did not differentiate between regular and non-regular carers, but we expect (Hypothesis 3) that regular care will be related to grandparents' time allocation to other activities (H3a), subjective time pressure (H3b) and satisfaction (H3c). Because women provide more family care than men, we further expect (H3d) that associations between each of these factors and being a regular carer will be stronger for grandmothers than grandfathers.

Research focus

In summary, grandparents providing regular care while parents work is a ubiquitous phenomenon underpinning family functioning and supplementing the formal childcare market. Yet, like much unpaid labour, it is largely invisible, and little research attention has focussed directly on the grandparents' experience. This study advances knowledge by identifying which grandparents are more likely to be regular carers, looking in detail at the composition of grandparents' care, and identifying associations between regular care and grandparents' own day-to-day lives: how they spend their time, what activities they curtail and whether or not they are time stressed or dissatisfied with the way their time is spent. Because a clear and consistent link between gender and grandparent childcare pervades the literature, we examine these issues in relation to grandmothers and grandfathers separately.

Data and method

We use the most recent Australian Bureau of Statistics (ABS) *Time Use Survey* (TUS), 2006. The TUS is a nationally representative survey which gathers information on the time allocation of all members over the age of 15 in sampled households. In a paper-pencil time-diary, respondents record the activities they undertake on each of two days, to a detail level of five minutes. The TUS also collects demographic data through survey questions. We identify grandparents through the question "do you have a grandchild under 15?"

Further survey questions ask what types of care grandparents provide (see Table 1). Using the question "do you provide regular care to grandchildren while their parents are at work?" we create as our key independent variable a dichotomous indicator (yes=1, else=0). We acknowledge that this self-reported indicator is subjective, but it is a more reliable way of identifying regular carers than the diary information on childcare, which cannot indicate whether any childcare observed on a sample day is regular or not.

Dependent variables are minutes per day (mpd) spent in a range of childcare and other activities and selected subjective measures:

1) *Childcare*: comprised of i) *talk-based care* including talking, listening, reading, teaching and playing games with children; ii) *physical care*, including feeding, bathing, dressing, putting children to bed; iii) *travel*: accompanying and transporting children, waiting for or meeting children, ensuring their safety and handing them over to substitute carers; iv) *minding* children, caring for children without active involvement, monitoring children, being an adult presence to turn to, and supervising.

Physical care and transporting children must be done regularly, often at certain times of the day, and are frequently referred to as routine care activities, while talk-based care is more time-flexible (non-routine) (Craig & Mullan, 2011b). Together the four activity categories comprise childcare as a main (primary) activity. In addition, we calculate time when respondents record doing *childcare as a secondary activity* while doing something else at the same time. Secondary childcare is mostly minding or supervising without active involvement. (Minding can be done as a primary activity, but is more commonly secondary.) When childcare is recorded as both a primary and a secondary activity in the same time period, we count it only once.

2) Minutes per day spent in non-childcare activities: sleep, personal care, paid work, education, domestic work, shopping, voluntary work and care, social and community interaction, recreation/leisure. Together with childcare these activities account for the 24 hours of each day.

3) Subjective time pressure captured through a survey question in the TUS “how often do you feel rushed or pressed for time?” In the TUS it is rated on a 5 point Likert scale, but because the distribution is not even to simplify interpretation for regression analyses we created a binary variable that contrasts those who “always” or “often” (coded 1) feel rushed or pressed for time with those who “sometimes”, “seldom” or “never” do (coded 0).

4) Satisfaction with current patterns of spending time, captured through a survey question “how satisfied are you with your current pattern of spending time?” rated in the TUS on a 5 point Likert scale. The distribution is not even, and to simplify interpretation, for regression analyses we created a binary variable that contrasts those who are “dissatisfied” or “very dissatisfied” (coded 1) from those who are neutral, “satisfied” or “very satisfied” with their current pattern of spending time (coded 0).

Analysis plan

We ran logistic regression to identify demographic characteristics associated with grandparents caring regularly while parents are at work, first on both men and women to test the direct effect of gender, and then on each gender separately. Second, we calculated daily time grandparents spend in childcare by whether or not they are a regular carer, by gender, and compared the proportional composition of that time in each of the childcare activities described above. T-tests identify significant differences. We then ran a series of linear regression models, separately by gender, to test associations between being a regular carer while parents are at work, and time in other (non-childcare) activities. Finally we ran logistic regression to test whether, compared to grandmothers’ and grandfathers’ non-regular caring counterparts, providing regular care is associated with being “always” or “often” rushed or pressed for time, and whether regular care is associated with feeling “dissatisfied” or “very dissatisfied” with current patterns of spending time.

We enter as key variables of interest gender (first logistic model only) partnership status, education, household income, index of relative socioeconomic disadvantage of the geographical area (SEIFA, ABS, 2006), and employment status. As controls, we enter age, age squared and self-rated health status. For all but the first logistic model (into which we enter gender (male(omitted)/female), the multivariate analyses are stratified by gender because we wish to know whether significant covariates differ systematically for men and women. Partnership status

(partnered(omitted)/unpartnered), household income (low(omitted)/middle/high), SEIFA (lowest 20%(omitted)/2nd quintile/3rd quintile/highest 40%) and employment status (not in the labor force(omitted)/part-time/full-time), are entered as categorical variables. Consistent with ABS practice, part-time work is defined as less than 35 hours per week. Age and years of education are entered as continuous variables. Age squared is entered because relationships between age and care provision are likely to be non-linear. Self-rated health is measured on a Likert scale (1-5) ranging from poor (1) to excellent (5) and entered as a continuous variable. It is a limitation of this study that our data did not supply some variables we would have wished to include in the models. We were unable to know how close grandparents lived to their grandchildren or the exact age of grandchildren under 15 regularly cared for.

For all variables, missing data rates were low (<10%). Highest rates were for income (8.2%), subjective time pressure (6.1%) and self-rated health (5.5%). Variables were imputed using age, gender, years of education, income, and whether the respondent rented their house (only used to impute income). SEIFA is an area level characteristic not appropriately imputed to individuals, so respondents with missing data on this variable (diaries = 18) were deleted from the analysis, leaving 3332 diaries. In order to remove the potentially complicating effects of co-residence and primary care-giving, we excluded those who were the main caregiver to their grandchildren, or lived with their grandchildren (65 grandparents). These exclusions yielded an analytic sample of 1620 grandparents (3203 diaries: 738 males (1457 diaries) and 882 females (1746 diaries)). As appropriate, analyses accounted for clustering of persons within households and diaries within persons and were weighted to ensure an equal distribution of days of the week. Multivariate analyses were executed using the survey command (STATA version 11.2).

Results

Table 1 shows descriptive statistics on the sample of all grandparents of children aged up to 15. Their mean age was 64 (SD= 10.3) years and 55% were women. Most were partnered (76%) and not employed (62%). Gender differences were apparent, however, in that a higher proportion of men than women worked full-time, with conversely higher proportions of women than of men employed part-time, or not in the labour force, and in that 83% of grandfathers were partnered, compared to 70% of grandmothers. On average 30% of grandparents reported feeling that they were rushed or pressed for time “always” or “often”, and 21% that they were “dissatisfied” or “very dissatisfied” with their current pattern of spending time. Overall, 60% of grandparents indicated in answer to survey questions that they engaged in some form of care. Of this group, 85% provided babysitting, with occasional care and school holiday care being done by 40% and 49% respectively. Nearly 30% (n=281 grandparents) identified themselves as providers of regular care while parents work (‘regular carers’). While a higher percentage of grandmothers than grandfathers reported performing “any form of care” (66% and 50% respectively), for those that did provide care, broadly similar proportions of women and men performed each care type.

[Table 1]

Table 2 presents the results of logistic regression models examining associations between demographic characteristics and whether or not the grandparents were regular carers. The first model, on grandparents of both genders, confirmed that net of other covariates gender is by far the strongest predictor of whether grandparents will provide regular care. Grandmothers were nearly one and half times as likely as grandfathers to provide such care. The more years of education, the higher were the odds of providing regular care. Those who were not partnered were about 50% as likely to provide regular care as those who were partnered. Being employed full-time was associated with less than half the odds of providing such care than was not being employed. Age had a curvilinear

relationship with regular care provision, suggesting that grandparents are more likely to provide such care if they are older, but only up to a point beyond which they are less likely to do so. Post-regression analyses found that the age from which care becomes less likely is 64.

[Table 2]

Running the models separately by gender revealed that many of these associations with the dependent variable, being a regular carer while parents work, were different for men and women. Education and partnership status were significantly associated with regular caregiving only for grandfathers. Employment status was significant for all grandparents, but patterns slightly differed. Grandmothers were less likely to provide regular care if they worked full-time compared to those who were not in the labour force, with no difference between being employed part-time and not being employed. Compared to not being employed, grandfathers were also less likely to provide regular care if they worked full-time. Results suggest they were much more likely to provide regular care if they worked part-time, but recall that this group of grandfathers is small. Age and age squared was significantly associated with regular caregiving only for grandmothers (see Table 1).

We next explored the types of childcare activities regular grandparent child carers undertake, and how the amount and proportional composition of these activities compared with non-regular caring grandparents. Figure 1 shows average minutes per day in each of the childcare tasks described above. Unsurprisingly, there are wide gender differences in amount of care: grandmothers, whether regular carers or not, spend more time engaged in all childcare activities than equivalent grandfathers (Figure 1). Also as is to be expected, performing regular care while parents work is related to grandparents of both genders spending much more time in all childcare activities, and the gaps in amount were widest for women.

[Figure 1]

More novel and pertinent to our focus, there are gender differences in the proportional composition of care by regular and non-regular caring status. Figure 2 shows each activity as a proportion of respondents' total childcare time. Results suggest, partially consistent with Hypothesis 2, that the proportional composition of regular-caring grandfathers is different from that of other grandfathers, but that regular-caring grandmothers' care is similar to that of other grandmothers.

[Figure 2]

Grandfathers who care regularly have a very different composition of care time than other grandfathers largely because the proportion of their total care that is spent in secondary childcare is much lower (44% versus 63% p -value <0.001). This confirms H2a that less of their care time is comprised of supervision without active involvement, but rather is more active. Also, confirming H2b, it includes a higher proportion of one aspect of routine care: child-rated travel (10% versus 5% p -value <0.01). This implies that they are doing school pick up/drop off, perhaps explicitly delegated as a discrete practical task. We note however that in both groups of grandfathers, physical care contributions are low, both in absolute and relative terms (See Figures 1 and 2). This suggests that even regular-caring grandfathers do not take on much of the hands-on physical care aspects of childcare, but rather in this regard conform to gender-stereotyped care patterns. In contrast to grandfathers, grandmothers' care composition is not significantly different by whether or not they care regularly while parents are at work, so H2c was not confirmed. H2d was not confirmed either, with the null result suggesting not narrow, but rather non-existent, differences in care composition by regular/not regular care status for grandmothers.

Next we explored relationships between regular childcare provision and grandparents' time in other activities, satisfaction and time pressure. Using linear regression, we tested associations between being a regular carer and time in other daily activities; sleep, personal care, paid work, education, domestic work, shopping, voluntary work and care, social and community interaction, recreation and leisure. Net of covariates, few were significantly associated with regular care. For grandfathers, the only activity significantly associated with being a regular carer was leisure, which was nearly 50mpd lower than for grandfathers who were not regular carers.

[Table 3]

Grandmothers' non-childcare time varied more with being a regular carer than did grandfathers'. Grandmothers too had lower leisure, but the effect was smaller (32mpd) than for grandfathers. In addition, there was also a significant negative association between regular care and grandmothers' time in personal care (18mpd). Conversely, regular-caring grandmothers averaged more time sleeping (17mpd) and in indoor domestic work (14mpd) than other grandmothers. The latter may be because caring for children engenders work such as cleaning, picking up toys and laundry, which is captured as domestic labour rather than as childcare in time-diaries. The finding that grandfathers' domestic labour time did not change with regular care provision underscores the result noted above that they do much less physical care (routine work-like activities) than grandmothers, by suggesting that they also do not do the ancillary domestic work associated with childcare.

[Table 4]

Finally, we examined whether being a regular carer was significantly associated with subjective time pressure and satisfaction with the way time is spent. Results showed regular caring grandmothers are more than twice as likely as other grandmothers to report being "always" or "often" rushed or pressed for time (Table 4). There was no equivalent finding for grandfathers, confirming H3b only for women, consistent with H3d. This implies that the compositional changes in childcare by caring status that were greater for grandfathers than for grandmothers do not engender more time pressure, but that the increased amount of care, which was greatest for grandmothers (see Figure 1), does.

[Table 5]

However, contrary to both H3c and H3d we found no significant associations between caring regularly while parents work and grandparents' satisfaction with the way their time is spent, for either gender (results not shown). This lack of association implies that despite their high subjective time pressure, regular caring grandmothers are as happy with their time choices as other grandmothers. The latter may result from a bias toward null findings for satisfaction measures, however (Baxter & Western, 1998) and qualitative research may be appropriate to probe this issue further (Horsfall & Dempsey, 2013).

Discussion and conclusion

The childcare arrangement in which grandparents look after their grandchildren regularly while parents work involves both generations. However, research to date has predominantly framed regular grandparental childcare through the lens of parents' views, experiences and characteristics. This paper drew on nationally-representative time use data and foregrounded the grandparents themselves. It investigated which Australian grandparents are more likely to provide regular care; how the amount and composition of the care they provide compares to that of other grandparents; and the associations with grandparents' time in other activities, subjective time pressure and satisfaction.

Consistent with previous research, our analyses showed that gender is central to understanding grandparental childcare. We found that grandmothers were over 1.5 times more likely than grandfathers to provide regular care while parents work. This confirmed that in taking on regular care, grandparents echo the gender patterns found amongst parents, namely that it is women who are disproportionately responsible for meeting family care needs (Duncan & Edwards, 2003; Folbre, 2001). Australia has historically had a high incidence of female withdrawal from the workforce upon motherhood, and part-time work for women thereafter (Pocock, 2005). Thus the generation of women who are now of grandparental age are likely to have had disrupted work histories, and to have been the primary care provider for their own young children (Jenkins, 2013). With Australian maternal work force participation rising, but social norms still valuing non-institutional family-based childcare options (M. Gray et al., 2008), the gender differences found here suggest many grandmothers support parents' market work through providing regular care.

Moreover, many of the demographic variables significantly associated with regular care differed by gender. Extending previous research on general grandparental care (e.g., Whelan, 2012), we found that grandmothers were equally likely to provide regular care regardless of their partnership status, whereas grandfathers were much more likely to provide regular care if they were partnered (confirming H1a). This speaks to the normality of grand-maternal care across differing family circumstances, and suggests that in contrast, regular grand-paternal care is more contingent on having female partners to mediate and facilitate their family involvement (Jenkins, 2013). Also, partially confirming H1c, higher education predicted grandfathers were more likely to be regular carers, perhaps reflecting class differences in attitudes to men's family involvement in the elder generation, as has been found for fathers (Sayer, Gauthier, & Furstenberg, 2004). Again no equivalent result was found for grandmothers. In regard to employment, grandmothers were equally likely to be regular carers if they worked part-time or were not employed. This was not consistent with our expectations (H1b), but further underlines the ubiquity of grandmother care across demographic variation.

However, suggesting that time availability is a pertinent factor, both genders were less likely to be regular carers if they worked full-time. This association could logically run both ways, with full-time employed grandparents less available to provide regular care, and regular carers less available for market work. In another exception to the more prevalent finding that grandmother's regular care was consistent across demographic categories, higher household income unexpectedly predicted that grandmothers, but not grandfathers, were more likely to be regular carers. This may be because traditional gender divisions of labour result in higher household resources generated through grandfathers' earnings supporting grandmothers' higher care involvement. A limitation of this study is that we can examine current behaviour only, and therefore cannot tap work-care histories or whether grandparents intentionally scale back their own employment in order to facilitate that of the middle generation.

The centrality of gender was further confirmed by our comparison of how much and what types of childcare activity regular caregiving grandparents undertake, and how these compare with non-regular caring grandparents. As is to be expected, regular-caring grandparents of both genders averaged more time caregiving than their non-regular caring counterparts, and regular-caring grandmothers averaged more time caregiving than regular-caring grandfathers. Less obviously, however, relationships between regular care and *relative* time allocation to specific childcare activities were quite different by gender. Contrary to expectations, regular-caring grandmothers' care composition did not significantly differ from other grandmothers (H2d), indicating that the *nature* of the care they provide remains constant, though the actual hours of care are higher. The implication is that grandmothers participate across the full range of care activities, whether or not their care directly

supports parents' work. In contrast, grandfathers' care composition differed markedly by regular/not regular caring status, with a higher proportion of active and routine care suggesting that regular carers deviate from the norm of relative non-involvement by males (Horsfall & Dempsey, 2013). Since most regular-caring grandfathers are partnered, the differences may arise from their care commitments being facilitated and managed by grandmothers. We noted that regular-caring grandfathers did significantly more child-related travel than other grandfathers, which could reflect them being assigned pick-up and drop-off to day care or school as a discrete responsibility. Together with the findings above that they perform little more physical childcare and no more domestic work than non-regular caring grandfathers, it may also be that their regular care actually arises because they are called upon fetch the children or to take them out while grandmothers clean up or prepare food for their return.

Our third hypothesis was that regular caring status would be related to grandparents' time in other activities (H3a), time pressure (H3b) and time satisfaction (H3c). As we expected (H3d), results showed that regular care has more associated consequences for grandmothers than for grandfathers. Specifically, while both genders averaged less leisure if they provided regular care than if they did not, regular-caring grandmothers also had relatively less personal care time. Further, regular-caring grandmothers spent more time sleeping, more time in indoor domestic work, and were more likely to report feeling highly time pressured, than non-regular-caring grandmothers. The higher time pressure may reflect the fact that regular-caring grandmothers perform more hands-on labour, as well as dedicating more overall time to child care. The results suggest that providing regular care in support of their children's work impacts what else grandmothers do and how rushed they feel. As do mothers, grandmothers fit other activities around childcare, and accommodate their (now adult) children's needs (Craig, 2007; Wearing & Wearing, 1996). Notwithstanding (and not confirming H3c or in this regard H3d), regular-caring grandmothers were just as likely as other grandmothers, and as grandfathers, to report satisfaction with their time use, despite shouldering more care work, and recording a higher flow-on impact on their time in other activities. Overall the results suggest a normative grandmother role entailing a higher level of support and intensive involvement than that of grandfathers (Horsfall & Dempsey, 2013). In this light, regular-caring grandmothers may report a similar level of satisfaction to other grandparents because they see these duties as part of the standard expectations upon them.

This study was subject to a number of limitations. Our measure of being a regular carer while parents work is self-reported in answer to a survey question, so is a subjective indicator. Because it is binary, we have no information on how much care it entails, although our results do show it involves higher average amounts of care than grandparents who do not self-identify in this way. Our data are cross-sectional and cannot identify causality. Further limitations are that we do not know how many grandchildren are cared for by grandparents, their exact age, or how closely they lived to their grandchildren. These factors may partly explain the differences between regular and non-regular carers, but we cannot test for this. Also, the data do not allow us to link parent and grandparent families, so we are unable to investigate family decision making related to grandparental childcare from both generations perspectives simultaneously.

However, this study offers new information from the grandparental perspective that complements existing knowledge on which parents draw on their own parents to assist with care. Lives are linked within families, across generations as surely as within nuclear households, and intergenerational childcare cannot be understood only from the viewpoint of the nuclear families which draw on it. Important though it is to understand how grandparental childcare is positioned on the spectrum of childcare choices available to parents, there is a need to build on the dominant existing research into the parental view, to examine the phenomenon from the perspective of grandparents also. Within the

constraints of our data, we have begun this endeavour, and future research could build upon this first step by investigating two-generation families together.

This study was situated in Australia, a liberal welfare state in which formal childcare is expensive and the belief that family care is best for children is widespread (Brennan, 2007; M. Gray et al., 2008). We found that in this context at least, regular grandparental care is gendered in its incidence, nature, and correlates. Further work drawing on other countries' data could place these findings in comparative perspective. It could usefully explore whether gender patterns in grandparental childcare vary with country differences in normative roles and ideology, and across the different national childcare systems within which families –nuclear and extended – live, work and care.

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Table 1: Sample description

		Grandparents		
		All	Male	Female
n/diaries		1620/3051	738/1475	882/1746
		Mean (SD)	Mean (SD)	Mean (SD)
Age		63.5 (10.3)	64.2 (10.3)	63.0 (9.7)
Years of education		12.5 (2.6)	12.9 (2.6)	12.2 (2.1)
		%	%	%
Gender	Female	54.4		
	Male	45.6		
Marital status	Not partnered	24.3	16.9	30.4
	Partnered	75.7	83.1	69.6
Socio–Economic Indices for Areas (SEIFA)	Lowest 20%	23.2	22.6	24.2
	2 nd quintile	22.2	22.7	22.5
	3 rd quintile	18.9	18.7	19.4
	Highest 40%	36.0	36.1	33.9
Employment status	Full-time (35+ weekly)	24.1	36.7	13.7
	Part-time (<35 weekly)	14.0	9.5	17.6
	Not employed	61.9	53.7	68.7
Self-rated health	Excellent	9.0	9.4	9.2
	Very good	27.0	28.8	28.0
	Good	37.3	37.4	37.4
	Fair	20.6	19.3	19.9
	Poor	6	5.1	5.5
Rushed or pressed for time				
Always/Often		30.6	28.8	32.1
Sometimes/Rarely/Never		69.4	71.2	67.9
Satisfied with current pattern of spending time				
Dissatisfied/Very dissatisfied		21.4	22.2	20.6
Very satisfied/Satisfied/ Neutral		78.6	77.8	79.4
Percent of grandparents who provided any form of care		59.6	50.3	66.2
n/diaries		955/1859	371/726	584/1133
Percent of ‘any care’ providers who performed				
Babysitting		85.1	83.8	84.1
School holiday care		40.6	39.3	41.5
Occasional care		48.5	47.7	49.1
Regular care while parents at work		28.2	25.6	29.9

Table 2: Logistic regression results, factors associated with odds of grandparents caring for grandchildren regularly while parents work

		Male and female (n=1620)		Grandmothers (n=882)		Grandfathers (n=738)	
		Odds ratio	95% CI	Odds ratio	95% CI	Odds ratio	95% CI
Female		1.46**	1.09-1.98				
Years of education		1.06**	1.00-1.13	1.02	0.95-1.10	1.14**	1.03-1.25
Self-rated health		1.13	0.98-1.31	1.18	0.98-1.43	1.04	0.82-1.32
Unpartnered		0.53**	0.37-0.77	0.66	0.43-1.02	0.35**	0.15-0.80
Household income (reference = low)	Middle	1.00	0.72-1.39	1.29	0.84-1.98	0.65	0.16-0.95
	High	0.74	0.44-1.27	1.06	0.53-2.08	0.39	0.16-0.95
	SEIFA (reference = lowest 20%) 2 nd quintile	1.08	0.71-1.66	1.27	0.73-2.18	0.88	0.44-1.75
	3 rd quintile	1.33	0.86-2.04	1.54	0.88-2.68	1.02	0.49-2.07
Employment status (reference = not in labour force)	Highest 40%	1.20	0.81-1.79	1.44	0.86-2.39	0.92	0.49-1.74
	Part-time	1.40	0.95-2.06	1.09	0.68-1.75	2.17**	1.10-4.26
	Full-time	0.39***	0.24-0.62	0.40**	0.17-0.65	0.59*	0.29-1.18
Age		1.32**	1.11-1.57	1.45***	1.16-1.18	1.24	0.93-1.66
Age squared		0.99**	0.99-1.12	0.99***	0.99-1.00	0.99	0.99-1.00
Self-rated health		1.13	0.98-1.31	1.18	0.98-1.43	1.04	0.82-1.32
Pseudo R-squared (McFadden's)		0.06		0.06		0.07	

Note: P-values <.001*** <.01** <.05*

Table 3: Linear regression coefficients for grandfathers' time spent in selected non-childcare activities

		Grandfathers (n=738)							
		Recreation/leisure		Sleep		Personal care		Domestic (indoor)	
		B	β	B	β	B	β	B	β
Cares regularly while parents work		-48.64 *** (13.35)	-.86	11.20 (8.08)	.04	-4.21 (7.40)	-.01	-2.27 (5.75)	-.01
Education		2.77 (1.82)	.04	-2.15 (1.09)	-.05	-1.41 (1.00)	-.04	-0.05 (0.78)	-.00
Unpartnered		4.42 (12.13)	.01	-1.60 (7.34)	-.01	-13.55* (6.63)	-.05	21.04*** (5.22)	.010
Employment hours (reference = not in labour force)	Part-time	-94.97 *** (16.86)	-.14	-27.95** (10.21)	-.08	-14.17 (9.15)	-.04	-15.21* (7.27)	-.06
	Full-time	-181.97 *** (13.20)	-.46	-13.72 (7.99)	-.03	-8.89 (7.23)	-.05	-21.58*** (5.69)	-.14
Household income (reference = low)	Middle	36.03 ** (11.21)	.09	-13.72* (10.01)	-.07	-12.85* (6.13)	-.06	-2.79 (4.83)	-.02
	High	-0.15 (16.53)	-.00	-33.02 (10.01)	-.11	-7.67 (8.97)	-.03	-5.39 (7.13)	-.03
SEIFA (reference = lowest 20%)	2 nd quintile	17.11 (13.22)	.04	-6.44 (7.99)	-.03	-6.34 (7.30)	-.03	-7.33 (5.69)	-.04
	3 rd quintile	18.21 (13.87)	.04	-12.56 (8.39)	-.05	-11.82 (7.60)	-.05	-12.59* (5.97)	-.07
	Top 40%	11.11 (12.39)	.03	9.03 (7.49)	.04	-8.48 (6.79)	-.04	-11.34* (5.33)	-.07
Age		5.95 (4.81)	.31	-6.85** (2.91)	-.66	-0.74 (2.71)	-.08	-2.41 (2.07)	-.32
Age squared		-0.05 (0.04)	-.34	0.53** (0.02)	.05	0.02 (0.02)	.23	0.02 (0.02)	.42
Self-rated health		-12.31**	-.65	-9.60**	-.91	-8.31**	-.08	3.23	.04
Constant		215.13** (115.49)		601.37*** (94.37)		215.27** (87.89)		120.4 (67.00)	
R squared		0.20		0.05		0.06		0.06	

Note: P-values <.001*** <.01** <.05*

Standard errors in brackets

Table 4: Linear regression coefficients for grandmothers' time spent in selected non-childcare activities

		Grandmothers (n=882)							
		Recreation/leisure		Sleep		Personal care		Domestic (indoor)	
		B	β	B	β	B	β	B	β
Cares regularly while parents work		-31.73 ** (9.12)	-.08	16.60** (5.91)	.07	-17.76** (5.87)	-.07	14.37** (6.87)	.05
Education		2.44 (1.54)	.04	-3.35** (0.99)	-.08	0.89 (0.97)	.02	-1.42 (1.14)	-.03
Unpartnered		22.09** (8.17)	.06	6.12 (5.29)	.03	-13.54* (5.17)	-.65	-26.90*** (6.05)	-.10
Employment hours (reference = not in labour force)	Part-time	-75.27 *** (10.97)	-.18	-8.98 (7.11)	-.03	-0.91 (6.87)	-.01	-25.11** (8.04)	-.08
	Full-time	-112.77 *** (12.39)	-.25	-16.87* (8.03)	-.06	-12.41 (7.87)	-.05	-58.20*** (9.22)	-.18
Household income (reference = low)	Middle	2.79 * (8.64)	.01	4.72 (5.60)	.02	-20.98*** (5.42)	-.11	-3.74 (6.34)	-.02
	High	8.71 (13.87)	.02	13.87 (8.99)	.05	-23.07** (8.69)	-.08	-1.52 (10.17)	-.00
SEIFA (reference = lowest 20%)	2 nd quintile	29.49* (10.52)	.07	-16.90 (6.82)	-.69	-6.17 (6.65)	-.03	-16.38* (7.79)	-.06
	3 rd quintile	7.25 (11.11)	.02	-2.12 (7.20)	-.00	-3.06 (7.00)	-.01	7.38 (8.20)	.02
	Top 40%	13.23 (10.19)	.04	-13.37* (6.60)	-.06	-8.10 (6.43)	-.04	-15.91* (7.53)	-.06
Age		-1.00 (3.77)	-.62	-9.19*** (2.44)	-.91	4.85* (2.41)	.51	1.98 (2.82)	.17
Age squared		-0.02 (0.03)	-.18	0.07*** (0.02)	.85	-0.31 (0.02)	-.41	-0.01 (0.02)	-.15
Self-rated health		-1.35 (3.85)	-.01	-13.63*** (5.29)	-.13	-4.32 (2.44)	-.04	4.79 (2.86)	.04
Constant		256.56* (118.63)		600.59 (76.90)		32.94 (75.73)		128.31 (88.69)	
R squared		0.12		0.04		0.04		0.06	

Note: P-values <.001*** <.01** <.05*

Standard errors in brackets

Table 5: Logistic regression results, factors associated with the likelihood of grandfathers and grandmothers ‘always’ or ‘often’ feeling rushed or pressed for time

		Grandfathers (n=738)		Grandmothers (n=882)	
		Odds ratio	95% CI	Odds ratio	95% CI
Cares regularly while parents work		1.07	0.67-2.02	2.58 ***	1.76-3.80
Education		1.04	0.96-1.11	1.01	0.94-1.01
Unpartnered		0.90	0.55-1.45	0.84	0.58-1.22
Household income (reference = low)	Middle	0.78	0.50-1.39	1.03	0.69-1.53
	High	0.68	0.35-1.29	1.16	0.65-2.09
SEIFA (reference = lowest 20%)	2 nd quintile	1.05	0.61-1.84	1.42	0.88-2.23
	3 rd quintile	1.02	0.58-1.79	1.07	0.65-1.78
	Top 40%	1.34	0.81-2.21	1.22	0.77-1.95
Employment status (reference= not in the labour force)	Part-time	1.68	0.86-3.29	2.28 ***	1.46-3.55
	Full-time	4.72 ***	2.77-6.01	3.98 ***	2.39-6.61
Age		0.81**	0.67-0.98	0.87	0.73-1.03
Age squared		1.00	0.99-1.00	1.00	0.99-1.00
Self-rated health		0.98	0.80-1.89	0.97	0.82-1.16
Pseudo R-squared (McFadden's)		0.12		0.14	

Note: P-values <.001 *** <.01 ** <.05*

Figure 1: Mean minutes per day spent in childcare activities by grandparents, by regular/not regular care status, by gender

Figure 2: Proportion of total time spent in childcare activities by grandparents, by regular/not regular care status, by gender

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