



“I Cry For Those Kids; Grandparents Raising Grandchildren, an Interpretive Phenomenological Analysis of Loss and Grief Experienced”

By

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Submitted in partial fulfilment of the Requirements for the Degree;

Masters of Applied Social Science by Research

Submitted to the Limerick Institute of Technology, July 2015

Acknowledgments

I would like to acknowledge and show my appreciation to many people who supported me throughout this research. Firstly I would like to thank my supervisor Jennifer Moran Stritch who has been an amazing mentor and supporter. Without Jennifer's guidance and belief, I would not have been able to complete this research. Her patience and constant supervision was appreciated beyond words and will never be forgotten. I consider Jennifer a mentor that I will forever look up to and be thankful to.

Karen Sugrue, Lisa Scott, Cathy Jones and the entire Applied Social Studies (superhero) team have been a source of support and inspiration throughout this research project and my time at Limerick Institute of Technology. I am grateful for the opportunity and wisdom I was given by each and every one of you. My research colleague, Diane and Maeve, you are both the true definition of superwomen who empower other women to achieve beyond their dreams.

I would also like to thank the patience and love from my partner, Conor who supported me every step of the way and always kept everything in perspective. To my mother, father and sister who always trust me and the next step in my path, you know my love for you runs deeper than words.

I would like to thank from the bottom of my heart, the grandparents who participated in this research piece and allowed me into their lives for a short time. I think you are the most amazing group of women I ever had the pleasure of meeting. To all the grandparents in Ireland who are raising grandchildren, I acknowledge you and what you are doing. You are all amazing.

Declaration:

The work presented in this thesis is the original work of the author, under the direction of Mrs. Jennifer Moran Stritch and due reference has been made, where necessary, to the work of others. No part of this thesis has been previously submitted to LIT or any other Institute.

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Abstract

Grandparents have traditionally stepped in as care givers during a time of crises in the first generational family and have been referred to as ‘family watchdogs’ (Troll 1983 cited in Gladstone et Brown 2007). However, taking on the responsibility of grandchildren does not come without challenges and experiences of loss and grief (Backhouse et al 2012). This study explores the experiences of 10 grandparents raising grandchildren on a primary basis in the Munster region of Ireland. Grandparents take on the care of grandchildren because of the absence of adult children because of substance abuse, mental health issues, imprisonment, abandonment or death (Ruiz et al 2004). Therefore strong experiences of loss and grief can accompany the care giving responsibilities. Semi structured interviews using Interpretive Phenomenological Analysis allowed the researcher to explore parenting grandparent’s experiences in performing this role. It was found that multiple forms of loss was experienced by these grandparents such as the loss of relationship with adult child, loss of choice and the loss of the traditional grandparental role. Additionally, significant health implications suggest the need to acknowledge and address the complex experiences of grandparents who are acting as the main caregivers to their grandchildren. Health implications found in this study included stress, exhaustion and fatigue. Strong recommendations are made in this study to support grandparents performing this role such as stronger support structures and specialised training for caring professionals. Parenting grandparents experience complex and unique needs therefore specialised training will allow compassionate and improved support to be provided by caring profession.

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1.0 Introduction

“No elements of fear appear until the wolf devours the grandmother-until something interferes with the established, safe situation” (Olavi 2006 p.218)

Grandparents have historically been extremely involved in the managing and upkeep of younger generation families and have traditionally stepped in as full time carers during a family crisis (Loue et al 2008). As the above quote suggests, this tale goes back much further both in our cultural consciousness and in our literature. Folklore and fairy tales such as Little Red Riding Hood and the more modern ‘Heidi’ have long explored the relationships between grandparent and grandchildren and the occurrence of grandparent headed families. However it can be suggested that in recent times the occurrence of family crisis that lead to grandparents raising grandchildren are increasing due to complex social issues. Some of these crises include substance abuse issues, mental health issues, imprisonment, abandonment and death (Ruiz et al 2004). Therefore there is a need for research that explores the experiences of grandparents raising grandchildren and the effects of performing this role. This will provide communities with grandparent’s perspective and voice and will also provide caring professionals who support grandparents with their insight into service provision and recommendations for the future.

The literature review will overview research that has primarily been completed in countries such as Canada, the USA, Australia and the UK which are much further ahead in terms of highlighting the complexities of grandparent caregiving. Pioneering models and interventions around this topic will be

investigated and recommendations made for the future. Irish- based research on grandparent headed families will also be reviewed as will historical and current considerations in Ireland on this topic. A core focus of literature provided will be on loss and grief theory, since the aim is to examine possible loss experienced by grandparents. A chapter has been dedicated to the reflexivity and self-care of the researcher as the topic is sensitive and the research process can be isolating. This chapter reviews the personal journal kept by the researcher and allows an honest view into the research process and experiences of the researcher. Scott and Usher (1996) suggest that the viewpoints of the researcher will not only influence the topic of study but the significance placed on data and how it is evaluated and presented. It was therefore crucial for a distinct chapter examining the researcher's experience and reflections to be included. Critical reflection as suggested and followed by Gardner (2014) was something that was practiced throughout the project and was crucial to ensure the protection of participants and the researcher. Consistent supervision, mindfulness and social engagements with other postgraduate students were some of the self-care techniques that proved invaluable and are also explored in this chapter.

This research aims to gain the experiences of 10 grandparents raising grandchildren in the Munster region of Ireland. Grandparents raising grandchildren on a primary basis or who had raised their grandchild in the past 5 years were recruited to participate in this research. Grandparents raising grandchildren on a primary basis concerned grandchildren whose parents were completely absent in raising them and this responsibility was now held by the

grandparent/s. This study used semi-structured interviews which allowed flexibility in the research process with the 10 grandparents who were interviewed using Interpretive Phenomenological Analysis (IPA). Smith et al (2009) suggests IPA is interested in looking in detail at how someone makes sense of life transitions whether positively or negatively. The common thread is the significance to the person and the reflection and thinking the participant does to work through the experience and its meaning. IPA was the methodology chosen as it most closely expressed the beliefs and ethos of the researcher. As Ethical consideration was core throughout this study because of the sensitive nature with ethical approval received from Limerick Institute of Technology Research Ethics Committee.

The results and discussion chapter are presented together in this study as it provides a comprehensive and collective view of the experiences gathered from grandparents. The results are presented using participant's quotes which highlight the main themes analysed by the researcher. The results highlight the multiple kinds of loss and grief experienced by grandparents who are raising grandchildren. The loss experienced took many forms including the loss of relationship with the adult, the loss of the grandparent role and the loss of the assumptive world and plans the grandparent may have had for the older stage of life. The results will be discussed by the researcher and reviewed against relevant loss and grief literature. Other results found include loss in a family cohesion, loss in choice and freedom and significant health implications. These findings are crucial as this is the first known study in an Irish context to have a core focus of exploring the feelings and reflections of grandparents through the lens of loss and

grief. Acknowledging loss is an element crucial to prevent disenfranchised grief which is grief that is not recognised, validated or supported by the world of the person who experienced the loss (Doka cited in Walter&McCoyd 2009).

A detailed recommendations chapter will follow that will both consider researcher and participant recommendations. Each grandparent was asked during the interview what advice or recommendations they would make to another grandparent or to service providers. It was important from the perspective of the researcher that these recommendations were emphasised as the grandparents were the people experiencing and performing this role. Recommendations explore possible further research, additional support services, peer to peer support and financial assistance. Parenting grandparents are crucial to the lives of grandchildren whose parents are not in a place to raise them. The researcher feels strongly that the role grandparents perform for their grandchildren is of utmost importance in society and believes additional research must be conducted around the experiences of these amazing grandparents. It was a great honour to complete research with grandparents raising grandchildren and the families they are raising and it is hoped that this study will contribute in some way to the awareness and consideration for parenting grandparents.

“All grandparents continually impart their values and beliefs to their grandchildren, whether we do so consciously or unconsciously. Even more so parenting grandparents, you give your grandchildren a family circle, wherein they are very important members, they belong in, and to, this circle. Your

commitment to them creates a commitment to being a family, where together, you live and share your core values and beliefs” (Williams 2011 p. 10).

The next section will explore the reflexivity of the researcher as the sensitive topic of loss and grief requires significant critical reflection and self-care. The importance of this required a stand-alone chapter to examine how the researcher maintained personal wellbeing and protected the research by doing this.

2.0 Researcher Reflexivity; Running through the Woods

The reflexivity of the researcher was central to this study for many reasons which warrant a chapter to discuss. As the research piece was grounded in IPA, the role of the researcher is of utmost importance to acknowledge and is recognised by Brocki & Weardon (2006) who firmly assert the researcher is central to the study. This is because of the personal connection, bias and misconceptions the researcher may hold and will be discussed throughout this section. The self-care methods used by the researcher will be highlighted and the overall reflections documented in a personal journal will be provided. The value of this is reinforced by Smith et al (1999) cited in Brocki & Weardon (2006) who states that the reflections of the researcher are very important as they shape the final analysis and can sometimes be included in the final research document.

2.1 Axiology

“Thus the topic one chooses to study is likely to derive from personal concern” (Wilkinson 1988:494 cited in Scott and Usher 1996 p.36)

Axiology is a segment of the research which the author perceives as crucial to the research methodology and overall investigatory process. Killam (2013) states axiology is the nature of ethical behaviour and more specifically to this research, addresses what the researcher believes is valuable and ethical. As this definition would suggest, the research paradigm is essential in the consideration of any research pursuit. Killam (2013) also suggests that axiology is important in

research as it guides, essentially, the entire research decision making process. Cederblom and Paulsen (2001) cited in Klenke (2008) provide that all research is loaded with bias pointing as to why the author cites it as so crucial to acknowledge. Lincoln and Guba (2000) cited in Klenke (2008) expand the reasoning behind why this is the case, suggesting bias stems from disciplinary methodologies and allegiances as well as personal history and experiences of the researcher. As the research topic is loss and grief, an experience every person encounters, self-care and awareness is essential.

Powers et al (2010) suggest that there is a much more neutral connotation with the presence of bias in research and that it is strongly connected to the axiological assumption that research bias is present at all times throughout research. Powers et al (2010) also suggest that this neutrality and recognition of bias allows the researcher to build this into the research and use strategies to avoid letting the bias lead to misrepresentation of data. This allows for comfort, in the opinion of the researcher, to outline personal bias as it is understood academically with a positive connotation.

Scott and Usher (1996) illustrates the fact that bias is present in all research as they suggests that there is a personal element in all research pursuits as it is guided by an aspiration to explain and understand elements that always point back to self-constructions. This leads the author to conclude in reading Scott and Usher (1996) that the viewpoints of the researcher will not only influence the topic of study but the significance placed on data and how it is evaluated and presented. However it is not sufficient to outline the presence of bias without offering both

opinions of the authors plan to overcome this and provide academic reference to bracket bias.

It is essential to point out the concept of reflexivity which is aimed to be achieved in this research piece. Reflexivity is described by Creswell (1994) cited in Klenke (2008) as the researcher actively reporting and being transparent in values and bias. Powers et al (2010) also state that a method by which bias can be addressed is by using critical self-reflection to account for unprejudiced beliefs. This will be done in this research pursuit as well as a research diary being kept throughout by the author to note personal feelings and bias towards both literature and data collected. This is important to do as Killam (2013) suggests that the purpose of research inquiry needs to be balanced between what the researcher values along with other ethical considerations throughout the research. It is being suggested by the researcher therefore that this research diary will allow for critical self-reflection to allow this balance between values and ethical consideration to be achieved throughout.

2.2 Personal Connection

“The woods are lovely, dark and deep,
But I have promises to keep,
And miles to go before I sleep,
And miles to go before I sleep.”
(Robert Frost 1923)

The personal connection of the researcher to the area of grandparents raising grandchildren is something that must be made transparent to the reader. The researcher holds a personal experience in her family of grandparents raising grandchildren, in the past and more recent present. The instance of grandparents stepping in as a primary care giver occurred in previous generations and more recently with immediate family which sparked a sincere and raw passion to further researching the area. However this research did not proceed without self-care, reflexivity and supervisory support. The researcher's supervisor was made aware at the start of the research process where immediate advice and guidance was provided. A core element to being critically reflective is the researcher linking context and history through acknowledging their own social and cultural influences (Gardner 2014). One extremely beneficial piece of advice received was to keep a personal journal to reflect on feelings. This was seen as beneficial by the researcher as many feelings of worry and sadness was evoked through many stages of the research process, particularly the transcribing stage.

The personal journal was used throughout which documented reflections of the researcher and also record poetry and imagery that resonated with the researchers feelings. The use of poetry was something that was invaluable as it articulated feelings more beautifully than I could express. A core value of critical reflection is suggested by Gardner (2014) as openness and creativity and the researcher had this space through the personal journal.

“In my mind it conceptualises my experience in the most beautiful, simplistic way that I probably could never”-Journal extract

The reflections of the researcher were included in multiple public presentations and occasions for research dissemination which included thoughts on the loneliness experienced. The researcher had previously completed a degree in social care with over 100 fellow students therefore the transitions to a Masters in research whereby the study was completed alone was strenuous at times. These reflections were also honestly documented in the personal journal with a title of 'A Girl in The Woods' which placed an image to the feeling of isolation in the research process.

“There are sometimes many contradictory feelings and experiences which reflect my personal understanding of the woods. The woods can be experienced as a beautiful, fertile and rich condition where it is bright and rewarding but can also be experienced as a dark, lonely and murky place where there can be little but callous conditions and unkind weather. If I am asked today how I feel about being a researcher I would describe the personal and professional reward, the enlightenment you find and discussions you start on sometimes difficult issues. However it would be untrue and disillusioned if I stated that there is not seclusion, loneliness, difficult and demanding times. Being alone is something needed to be accepted by a researcher it seems”-Journal Extract

There were times during the interview transcribing process that the grandparent reflected upon feelings of family members affected by this care giving process that strongly resonated with the researcher. However it allowed a level of empathy and understanding but also prompted the need for self-care techniques to protect both the research, participant and researcher which will be discussed further later in this section.

“There are times when I’m nodding my head and I really know what she means, more than she knows”-Journal extract

The passion the researcher holds to the topic of grandparents raising grandchildren is driven by a personal experience and understanding. When the feelings of loneliness and isolation occurred, this passion and understanding drove the researcher to continue during this difficult process. However this extract also highlights the internal conflict that faced the researcher during the interviewing process. During the researchers undergraduate degree she completed her thesis on the caring professional’s experience of supporting grandparents raising grandchildren. This allowed the researcher to slowly engage with this topic and feel the comfort level of connecting with this personal experience. The research highlighted multiple disadvantages faced by grandparents which ignited a deeper passion to further research this area. The imagery of the woods which has been consistently symbolic of the researchers experience loaned itself again during the reflection of this. The researcher saw herself during the undergraduate research piece as slowly walking through the woods, very carefully and with friends. However completing research on this at a Masters level for two years and alone, was an exciting but daunting step. The researcher was aware that she would no longer be able to walk and would have to allocate significant energy to running with this research through the woods but knew that

“Maeve said to me recently, if not me then who will do this research? If I don’t, who will?”-Journal Extract

This perfectly represented how the researcher felt about running with this research piece as she was aware that this area must be highlighted and if she did not, it might not be done. The researcher having this experience and understanding would provide more than academic interest but passion that cannot be formed unless personal understanding is held.

2.3 Self-Care

The self-care methods used by the researcher, because of the personal connection to topic, is something therefore crucial to outline. The topic of loss and grief is one which can evoke many personal experiences of loss in the researcher and ways of coping is something outlined by Machin (2009) as crucial to identify.

Self-care techniques used throughout this research process was consistent, clear and honest supervision with the supervisor. This allowed the researcher to voice feelings and had a safe, confidential space to do this. Guidance was also received by the supervisor on steps to take to reduce bias and increase resilience. The researcher shortly after engaging in this study, began practising yoga which has proved crucial for physical and emotional self-care. Mindfulness was also used throughout and featured in the personal diary used throughout the project.

The researcher also used exercise and appropriate breaks from the research to maintain and increase resilience. There were instances throughout the study that substantial breaks were needed and taken by the researcher so to allow space from the topic and ensure safety for all involved. Open communication with family members also helped reduce stress that was being encountered.

2.4 Conclusion

The reflexivity, self-care and critical reflection of the researcher not only aided the research process but also allows learning to occur from the experience (Gardner, 2014). The researcher learned much about her own personal circumstance and in depth reflection of this. The personal journal allowed the researcher to guide the self-care during the study and the learning of self. Since engaging in this research piece and critical reflection, the researcher has learned and regularly practices mindfulness which has become an invaluable resource in academia pursuits such as other research and in everyday life.

“Practicing critical reflection enables those who prefer action to get better at staying in the moment, taking time to understand their own reactions and those of others in a similar circumstance”(Gardner 2014 p. 147)

The following chapter will review the methodology used by the researcher to complete this study. Ethical considerations, research limitations, reasoning and epistemology will be explored in detail to highlight the research framework used. To conclude this section, the researcher wishes to acknowledge the personal growth and mindfulness achieved through critical reflection used during the study and the supports that allowed this.

3.0 Methodology

The focus of this chapter is to both review the chosen methodology for this research piece which Gopaldas (2013) suggests, are guidelines for empirical research. It is also the aim of this chapter to look at the theories which strengthen research pursuits with a particular focus on ontology, epistemology, axiology and phenomenology. It will also deal with the epistemological considerations and chosen research method to conduct this research project which is qualitative research, namely interpretive phenomenological analysis. The researcher supports Klenke (2008) in the assumption that before any research can be carried out philosophical theories must first be understood. Klenke (2008) also states that these theories are critical to frame research and provide transparency which is the aim of the research.

Kothari (2004) lists the importance of having in-depth knowledge of research methodology as providing guidance to the researcher which enables better research, develop disciplined thinking and to observe the field objectively. Kothari (2004) also lists that knowledge of concepts allows the researcher to use and evaluate research results with confidence by the researcher. Although understanding research methodology provides numerous benefits to the research itself, it also provides a new way of looking at everyday experiences and provides tools to look at the world objectively. This is a point the researcher wishes to highlight as it is the aim of the research methodology that are concepts provided that highlight an objective way of looking at the phenomenon and the world itself. These points illustrates the importance in an in-depth research methodology.

3.1 Qualitative Research

“Qualitative research is an umbrella term covering an array of interpretive techniques which seek to describe, decode, translate and otherwise come to terms with the meaning, not the frequency of certain, more or less, naturally occurring phenomena in the social world” Van Maanen cited in Merriam 2009 p.13)

Merriam (2009) firmly states that there are reasons behind the term ‘qualitative research’ being complex and difficult to define. Preissle (2006) cited in Merriam (2009) echoes this suggesting the term ‘qualitative research’ is both broad and vague so to cover a wide range of fields and is therefore inclusive in nature. This point has affected qualitative research being used in this research piece as it allows for an unfamiliar research piece in Ireland such as grandparents raising grandchildren to be completed under this broad umbrella term. Outlining the lack of research in Ireland, a report published by social care Ireland by Share and Kerrins (2009) suggest that grandparents raising grandchildren requires further empirical investigation, policy considerations and support. There is also a big focus on meaning and understanding in qualitative research and qualitative researchers are therefore concerned with how people interpret their experience and then what meaning they ascribe to the experience they encounter. This will be the case in this study as it will examine if grandparents attribute the feeling of loss and grief to the experience of raising their grandchildren.

As Parkington (2002) points out the nature of qualitative research consists of researching through the means of observations and words. Parkington (2002)

suggests that qualitative research is concerned with a particular phenomenon which requires an in-depth exploration which is comparative, descriptive and prescriptive in presentation of data. This relates to this research piece as the question posed is concerning the phenomenon of grandparents raising their grandchildren in Ireland. This research project is descriptive in nature and adheres to Miles and Huberman (1994) cited in Parkington (2002) criteria for descriptive qualitative research. This criteria is described as contact in chosen field, designed to achieve a holistic representation and perception is gained from interviewee's. The research being compiled adheres to these criteria and therefore follows the qualitative research guidelines.

The main reasoning behind qualitative research being chosen is highlighted perfectly by Parkington (2002) when it is suggested that the nature of qualitative research allows for a level of unstructure in the research and data being presented that was not originally asked or explored. This sits well with the chosen research as it allows feelings and experiences which may not have been initially addressed or explored due to the lack of research in Ireland of this particular phenomenon. However it is suggested by Parkington (2002) that this implies a level of flexibility by the researcher to be open to unexpected themes and not to become limited to their original expectations which the researcher aims for in this research piece.

3.2 Epistemology

Killam (2013) suggests that

“Epistemology examines the relationship between knowledge and the researcher during discovery...” and therefore refers to how we know what we know. (p.8)

Bryman (2008) suggests that epistemological considerations concern the question on what is seen to be as suitable and adequate knowledge in a discipline with the core issue in relation to epistemology whether the social world should be studied using the same principles and ethos as the natural sciences. It is the position of the researcher that in choosing phenomenology as the grounding of this research piece, the epistemological position taken is interpretivism. This contrasts the positivism stance completely which suggests the natural sciences should be replicated exactly. The reasoning behind this contrast is highlighted perfectly by Von Wright (1971) cited in Bryman (2008) who suggests that the clash in approaches signifies the division between the importance on the explanation of behaviour, which is the positivism approach, and the understanding of behaviour which is the interpretivism approach. This research piece is concerned with understanding human behaviour, mainly the experiences and feelings of the grandparents raising grandchildren. Their personal interpretation of this will be explored and therefore this will be the epistemological stance taken. It is also important to outline that the interpretivism approach is being taken as phenomenology is the research method chosen by the researcher and

phenomenology is suggested by Bryman (2008) as the anti-positivist position in intellectual tradition.

It is necessary before addressing ontology for it to be outlined that ontology is tied into epistemological considerations and the researcher keeps this as a consistent thread throughout the research. Klenke (2008) proposes that the ontological assumption affects whether a researcher places themselves aside from the research or interacts with what is being researched. Due to the nature of the topic, loss and grief which affects all individuals, the researcher is acknowledging that interaction with the research is unavoidable however steps will be taken to interact with the research while being aware of personal beliefs and bias which will be discussed in the axiology section. This perfectly highlights the connection between all the concepts which will be a reoccurring theme throughout.

3.3 Ontology

According to Klenke (2008) ontology represents the philosophical question, what is the nature of reality. Everitt et al (1992: 16) cited in D'Cruz and Jones (2004) defines epistemology as a theory of knowledge or a method of questioning the underlying assumptions within a discipline. Ontology is interconnected to this as it refers to how we understand reality and therefore how a researcher carries out research and evaluates data in different ways. This echoes many critical realists, like Buchanan and Bryman (2009) who view ontology as a serious issue as it can affect research pursuits. These theorists such as Danermark et al 2003; Sayer

2000; Trigg 2001; Reed 2005 cited in Buchanan+Bryman (2009) suggest that the way in which an individual defines the world and how it works has serious associations with how an individual then attains knowledge about it. This proposes to the researcher the way in which reality is constructed by an individual is highly influential in the research being carried out. It therefore deserves an in-depth description and analysis to provide transparency and awareness into the research concept of ontology, which clearly affects the research so profoundly.

Qualitative researchers according to Klenke (2008) and in union with the researcher, assume that there are multiple and dynamic realities which exist and deny an external reality. Searle (1995) cited in Klenke (2008) defines an 'external reality' as one which exists outside of a person and is dependent of their individual interpretation of reality. However this does not sit well with this research piece as it does not allow for multiple realities people build from their personal interpretation. In relation to the aging population of Ireland, Thompson (1998) also raises a number of questions about the ontological status of aging and reinforces the importance of loss in relation to ontology. This is essential to look at as ontology deals with the notion of 'self' in dealing with loss and Thompson (1998) states this sometimes points to dealing with the loss of meaning, which is very relatable to the research being carried out. Grandparents raising grandchildren could experience a loss of meaning in their lives as the expected role of the 'grandparent' as they perform the primary care giving role. This relates to research conducted by Baldock (2007) who found that grandparents noted social isolation and loss of friends as effects from raising their grandchildren, which suggests to the researcher the presence of loss of meaning in the

grandparent's lives. The importance of ontology in relation to this research project is reinforced by Klenke (2008) who states that this philosophical question affects way we do research and engage in forms of inquiry. This therefore demonstrates how the concept of ontology can affect both the researcher and the research participant.

3.4 Phenomenology

The researcher has found that academic journals and text reinforce the current research piece ethos and aims in relation to phenomenology, which is one of the many reasons why it was the research method chosen. Schrag et Ramsey (1994) suggests that phenomenology research allows you to

“Suspend your methodological preconceptions, obsession with rules, criteriological postulates and permit the data to speak for themselves” (p.131)

This statement is meaningful to the researcher as it is a focus on the data rather than the insignificant points aforementioned.

Bryman (2008) tackles the meaning of phenomenology by providing the initial application of phenomenological ideas by Alfred Schutz (1899-1959). This is important to note as Schutz classification of phenomenology is well captured in early works and it also outlines the epistemological position taken. Schutz (1962) states that

“The world of nature as explored by the natural scientist does not mean anything to molecules, atoms and electrons. But the observational field of the social scientist-social reality-has a specific meaning and relevance structure for the

beings living, acting and thinking within it” (Schutz 1962:59b cited in Bryman 2008:16).

This quote has particular significance and relevance for this research with grandparents as it supports the importance of grandparents experience and the importance of this in their reality. The researcher also was attracted to the historical presence and importance of phenomenology as Tesch (1990) cited in Delgado (2013) states that it cannot be contested that phenomenological research is has been the main method of research in psychological tradition.

It is essential in examining phenomenological approaches to explore the contribution of Edmund Husserl (1859-1938) who is known as the father of phenomenology and began lecturing in phenomenology in 1907(Seamon 2000 cited in Miller 2008). Husserl believed that a researcher must separate themselves from any preconceptions and judgements in order to research an area from a ‘fresh viewpoint’. Husserl (1970) cited in Giorgi (2012) states phenomenology was initiated by Husserl by interest in human consciousness and objects which present themselves to the consciousness. Husserl believed that the consciousness is a medium between a person and the world. The researcher sees this as a main point behind choosing phenomenology as the human conscious is of prime interest and is seen as the medium between the person and allowing the world to understand their experience.

However, a main point of disagreement between Husserl’s view of phenomenology and the researcher’s viewpoint is the reality of being able to separate oneself from the research. This is supported by Husserl’s student, Heidegger (1927-1962) who suggested in his theory of phenomenology that

nothing can be investigated without reference to the researchers background (Miller 2003 cited in Miller 2008). This form of phenomenology is therefore referenced to as hermeneutic phenomenology or interpretive phenomenology and will be the method of investigation used. This has been chosen by the researcher as Hermeneutic phenomenology proposes that the interpretation of the researcher is seen as critical to the process of understanding and led to interpretive phenomenological analysis being the method of analysis used. Heidegger believed that interpretation of the researcher's encounters is influenced by the researcher's background (Lavery 2003 cited in Miller 2008). Phenomenology is seen as Hermeneutic when the method is taken from being descriptive to interpretative which this research will be as interpretive phenomenological analysis was used which is discussed further in the next section.

Morgan (2000) suggests above all else, the researcher should pay close attention to the nature of consciousness as actually experienced by someone, not as pictured by common sense. Langdrige (2007) echoes this ethos suggesting phenomenological research hold the aim to focus on people's perception of the world in which they live, therefore their lived experience. The intention of many in this field and in this research project, is the rich description in some aspect of experience such as grandparents who are raising their grandchildren due to the absence of the adult child. Not only will the rich description of experience be beneficial to professionals but to the grandparents who will have the benefit of what Moustakas (1994) describes as being 'really understood' through phenomenological research. It is being suggested that the interviewee is able to

feel understood as Moustakas (1994) suggests the researcher determines the principal structure of an experience through interpretation of the experience. The concept of interpretation is expanded by Giorgi (1985) cited in Moustakas (1994) who provides two levels of the interpretation definition which was used in this study.

1) Level one is explained to contain the raw data which is obtained through open ended questions and dialogues compromising the interviewee's descriptions. This research project used semi -structured interview's to obtain the data.

2) Level two then details the researcher using reflective analysis and interpretation to describe the structure of the experience.

This method is appealing to the researcher and one which is proposed to be used throughout the data analysis section of the study and again reinforces why phenomenology was chosen as research method.

Cerbone (2006) suggests that pure phenomenology, which is the aim for the proposed project, asserts that research is to proceed without the interruption or use of unexamined theories or assumptions. This is essential when researching the area of loss and grief where unexamined assumptions can harm the research, data collection and interviewee. Schrag et Ramsey (1994) supports this notion stating that the method chosen should never prejudge the data or issues being researched. This notion is often referred to as humility in scholarly research. Schrag et Ramsey (1994) define this concept of humility as bringing the research 'back to

earth'(p.132) and returning the research back to the social and political source at which it originated. This simplified and humble approach is a true reflection of the aims and hopes for this research and beliefs in relation to it.

3.5) Intentionality

Another aim of the research project important to outline as part of the methodology is the concept of intentionality in phenomenological research. This concept is suggested by Pollio et al (1997) as one which outlines the basic structure of human existence as it highlights issues relating to human beings and the core relation to the context or world in which they live. Intentionality therefore highlights the relationship between a person and the world. This is important to discuss as a phenomenological methodology cannot be used without understanding of its core concepts. Pollio et al (1997) advocates the importance of intentionality and states that the description of any psychological activity in the form of any impersonal third party process is one which is significant. One must never lose sight that the description is dependent upon direct experiences and understanding of the world from the person. Since this research piece is examining a large part of a person's experience in their world relating to loss and grief, the concept is important to address. Pollio et al (1997) suggests that intentionality describes structures of situations for different people. However echoes that although the situation is similar, the experience can be vastly different and is crucial to keep this in mind in this study also.

It is the aim of the researcher to narrow down phenomenology to the area of study which is loss and grief and to name why phenomenology is the best applicable methodology for this area. Douglas (2004) states that few studies of bereaved individuals have considered the perspective of these individuals to the experience of loss. Douglas (2004) therefore highlights the method taken in this study to assess the experience of loss of individuals which is done through phenomenological methods to formulate a description of the lived experience of loss. Douglas (2004) reports that choosing a phenomenological methodology illustrated participants' experience of loss and allows them to be understood. This then creates more understanding and more tailored support which can be provided by caring professionals. This reinforces the reasons behind the chosen methodology of phenomenology as crucial to exploring grandparent's experience of loss and grief in raising their grandchildren which will contribute to appropriate recommendations being made to caring professionals. The importance of this is highlighted in The Citywide Family Support Network Report (2004) who found in relation to the social work department, that grandparents had the perception that social work teams "focused on child protection and crisis so the needs of the carers were a lower priority" (pg. 13 of Citywide Family Support Network 2004 cited in Lundstrom (2005) Comhlaire Social Policy Report pg. 9) The researcher therefore suggests that there is a need for thorough information and research so professionals are aware of the impact of loss and grief on grandparents and support can be applied in their everyday lives.

3.6) Interpretive Phenomenological Analysis

“Additionally another reason we may use IPA in health research might be that people are interested in hearing others illness narratives, satisfying an innate need to learn about the lives and experiences of others”

(Brockie&Weardon 2006 p.89-90)

The researcher wishes to specifically analyse the research through interpretive phenomenological analysis (IPA). Eatough&Smith (2010) describe IPA as a distinctive psychological approach which can be suggested to be experimental research rather than discursive research. IPA holds a focus on understanding, representing and making sense of peoples thinking and actions. Although this approach holds similarities to discursive analysis, Eatough &Smith (2010) state that there is much more to analyse than linguistics and IPA focuses on how people feel about things and then how they attach meanings to indefinable aspects of their emotional life.

The importance and significance of people’s emotional lives and their collective effects on the individual is the most attractive aspect to this approach and the reason IPA will be used by the researcher. Aisbett (2006) also suggests that the poignant focus on gaining a deeper understanding of the participants’ experience which makes IPA such a versatile tool in the exploratory stages of health research. Eatough&Smith (2010) suggest that IPA is concerned with unravelling the relationship between what people think, say and do. Smith et al (2009) discusses

in detail the 'experience' which they suggest is a complex concept in itself which has to be examined before IPA can be discussed. Smith et al (2009) state that there is a hierarchy of experience which people can encounter. An example used in Smith's piece which illustrates this is that of a person walking on a beach in the heat; however the person only acknowledges the heat on the back of their neck when they think of going into the cold water. The elemental level of experience is the 'unselfconscious' everyday flow of experience until one becomes aware of something happening that it is the beginning of an experience. However it is strongly stated by Smith et al (2009) that it would be impossible to do an IPA research piece on such small elemental experiences but is more interested in the more comprehensive unit of experience that has a larger significance on the person's life. IPA is interested in the reflection people put on experiences that have major significance in their lives and engage with these reflections. Smith et al (2009) suggest that IPA is interested in looking in detail at how someone makes sense of these transitions whether positively or negatively. The common thread is the significance to the person and the reflection and thinking the participant does to work through the experience and meaning.

Smith et al (2009) suggests that the endeavour by the participant to make sense of their situation marks the second phase of the IPA theoretical axis which is the interpretive process and is informed by hermeneutics. The researcher in IPA and in this research piece is dependent on the account of experience given by the participant and the researcher then interprets that account to understand and illuminate that experience.

IPA has been chosen as the central methodology as it is committed to the detailed examination of the particular case and wishes to discover in detail what the experience for this person is like and what sense they make of the experience. Smith et al (2009) also state that IPA uses a small number of participants and therefore then aims to reveal something of that experience from each of those individuals in the research. This is very attractive to the researcher as it holds the main intent of the research in the illumination of experiences from a small number of people experiencing the same major life experience and/or transition and voicing that experience. Smith et al(2009) states that semi structured interview are the main way of data collection in IPA and the participant holds a main claim in what is discussed and covered. Smith&Osbourne (2003) cited in Aisbett (2006) furthers this in saying that the interviews are usually intense and in-depth and can last a considerable amount of time (an hour or more). Transcripts of the interviews are analysed comprehensively and the researcher compiles a narrative account where the analytic interpretation is provided with extracts of participants quotes to support this. The main aim of IPA is to say something in a detailed account about the participants world “rather than making claims about the nature of the world” (Aisbett 2006 p.53)

3.6.1) Data Analysis Using IPA

IPA is suggested by Aisbett (2006) to use a 2 stage interpretation process because as the participant makes sense of the world or phenomenon around them, the researcher is making sense of the participant making sense of their world. Aisbett

(2006) suggests that the first task of analysis using IPA is going through the interview transcripts and searching for contextual variables. As themes develop thereafter the researcher can begin to organise and concentrate the ideas and emerging theories. The researcher can then make a table consisting of the major and subordinate themes from the interview transcript. However it is essential to outline and is suggested by Smith et al (1999) cited in Aisbett (2006) that the themes which are identified are truly represented in the transcribed data and all analytical decisions are reasonable and justified. This is then done with each interview however the researcher must be constantly open to new emerging themes and not simply be looking for connection to previous interview's themes. The final stage of data analysis using IPA is then creating a master table of themes however the themes are not chosen solely on the frequency at which they present in the transcripts but can also be on the richness of description of quotations used to give meaning to the participants account of experience (Smith et al 1999 cited in Aisbett 2006). Although the final write up of an IPA research report is time-consuming as the researcher must then transfer the theme from a table to an understandable and consistent report, Aisbett (2006) suggests the layout is flexible as there is one correct way to give an account of the findings. Direct quotations which highlight these identified themes are then carefully chosen to fully illustrate and give a direct voice to the participant's experience. Words that were coded during the analysis stage and used to develop themes are bolded in the participant's quotations throughout this study.

Brocki&Weardon (2006) firmly assert that the transcripts of interviews should be provided to the reader in the appendices of study so to enable the reader to

determine the quality and influence of analysis. Therefore in keeping with this methodology core element, all interview transcripts will be provided in the appendices of this study. Smith et al (1999) Brocki&Weardon (2006) echoes this suggesting the researcher should discuss themes that are reflected in the interview transcripts and are not highlighted purely because of prevalence. The IPA methodology does not place significance on prevalence but rather on the ‘articulacy and immediacy’ (Smith et al 1999 cited in Brocki&Weardon 2006).The manner in which a participant can articulate their reflections is important to a research piece using IPA as at times one participant can express perfectly how many others participants could have suggested to, but not have been able to express as clearly. Many IPA studies therefore ground the themes in extracts from transcripts to highlight the words and meaning given by the participant. The researcher will therefore centre the results on quotations from the grandparents interviewed to illuminate to the reader the reflections given.

3.7) Research Sample

This research piece used purposive sampling which is most common to the qualitative research structure (Bryman 2008). Bryman (2008) also highlights purposive sampling as a form of sampling which selects participants that have direct reference to the question being asked. This is in keeping with IPA studies as IPA research sampling is usually purposive and all participants have experience of the phenomenon the researcher wishes to explore (Brocki& Weardon 2006). In this case, grandparents in the Munster region who are currently raising or in the

past 5 years have raised their grandchildren will be interviewed in this research. Although Smith and Osborn (2003) cited in Brocki & Weardon (2006) firmly assert that there is no right or wrong sample size, small sample sizes are in keeping with an IPA research piece. This is because a larger sample size may leave the researcher losing vital but indirect experiences or reflections. Therefore the researcher has chosen to complete 10 interviews with grandparents who are primarily raising their grandchildren. Smith and Osborn (2003) cited in Brocki & Weardon (2006) echo the validity of the research sample size stating IPA is a distinctive research methodology which wishes to illuminate a particular experience or phenomenon and provide an in-depth interpretation of data.

The researcher accessed participants for this research project through snowball sampling which is sampling through networks. Kumar (2011) illustrates the method of sampling as identifying people in organisations who could identify participants to research.

3.8) Method of Research; Semi-Structured Interviews

This research piece used semi-structured interviews to gain and analyse the interviewee's experiences and reflections. This method is used versus unstructured interviews or structured interviews as it allows for flexibility but also ensures questions and points the researcher wishes to be addressed are met. Bryman (2008) highlights the semi-structured interview process as one which allows a research beginning an investigation with a clear focus rather than a general notion to address specific issues. The researcher was aware throughout

this research project that structured interviews, like Bryman (2008) discusses, do not allow for genuine understanding of the participant's view of the world.

A pilot interview was completed to assess the layout and questions in the interview schedule (see appendix 2). The pilot interview also allowed the researcher to receive feedback on the thoughts of the participant so was crucial to research field work. The pilot interview data was used in the research results as no issues arose in the interview and the experiences and reflections of the interviewee were essential to voice. Reis & Judd (2000) suggest the pilot phasing in research is not one to be skipped as it can provide valuable insights for layout, content, flow and clarity of questions. It can also be essential to inform the researcher of the usefulness of the questions for the development of coding. This proved important post pilot as the researcher removed one question which she felt was not consistent with the flow of the interview. Post pilot, the researcher also discussed with the participant how she felt the questions and layout was. The participant gave feedback on elements of the interview that the researcher had not initially addressed or thought of such as the body language of the interviewer which was commented on as very engaged, attentive and interested.

Although the thought of using other methods to complete research such as focus groups passed the researchers mind, there were several reasons that this was decided against. The researcher holds the opinion that focus groups are a beneficial form of data exploration; the research topic was simply too personal and sensitive to discuss in a group. Flick (2007) states that focus groups are ill advised when the main concern or aim of the research is to attain a person's individual narrative or lived experience which severs it from this research piece.

Morgan (1997) supports this notion stating that when the research goal is to learn about each participant in detail, then the interview is the best research method.

In semi-structured interviews, Bryman (2008) discusses the researcher having a list of questions referred to as an interview guide. However in this form of interview the interviewee has a great deal of flexibility in how they reply. The most attractive motive behind using semi structured interviewing is the nature of spontaneity that the researcher is allowed have in the interview. Bryman (2008) discusses explains this as the researcher being able to add questions throughout the interview as the researcher picks up on topics or issues not originally thought of. This is very fitting to this project as the issue in Ireland is relatively unknown and there may be a wealth of issues and topics which the researcher would not have included until it arose in the interview process. This research piece will have an interview guide with 10-15 questions (see appendix 2)

3.9) Semi- Structured Interviews & IPA

In reference to semi-structured interviews and the methodology used, IPA, Smith and Osborn (2003) cited in Brocki& Weardon (2006) suggest semi-structured interviews are the standard way to conduct an IPA research piece. Brocki&Weardon (2006) found that many IPA studies used semi-structured interviews in their analysis of research and many held a loose interview schedule. This schedule, although had questions prepared for the interview, the interviews were open ended and held the aim to facilitate the interviewee to express feelings

and reflections “in their own words” (Smith et al 1997 cited in Brocki&Weardon 2006).

The interviewee should be in a powerful position to influence the interview process and how it progresses (Smith and Osborn 2003 cited in Brocki&Weardon 2006). The researcher held this as an ethos of the interview’s carried out with the grandparents who strongly influenced the timing, layout and direction of the interview.

3.10) Ethical Consideration

Due to the nature of the research which is around loss and grief, the ethical consideration is something of great importance. This section will firstly outline the confidentiality of participants and security of information and later discuss the ethical issues that present in researching sensitive issues. It is the opinion of the researcher, like Birch et al (2012) that ethical issues that are encountered in qualitative research are practical, theoretical and infused in the research process. It is furthered by Birch et al (2012) who suggest that ethical issues cannot be addressed by the mere application of principles and guidelines. Therefore the researcher wishes to immerse the ethical issues into the research throughout. Stroebe et al (2003) illustrates this point and suggests;

“As a researcher, one is potentially an intruder into the world of the bereaved and one must, for example, fully respect the decision of a bereaved person not to participate in the research project”(Stroebe et al, 2003 p.239)

This point by Stroebe et al (2003) echoes this research projects letter of consent which details the research and then points out to people that participation is fully voluntary and the right to withdraw at any time is withstanding throughout. This point, Stroebe et al (2003) suggest reflects the most basic ethical consideration by any researcher which is to protect participant’s rights, dignity and wellbeing. To protect the participant’s wellbeing, the researcher must have a professional support system in place in the case of participants becoming distressed from sharing emotion in the interview. This will be done by the researcher who will provide the details of local, accessible support services who can provide professional support. There will be three support services provided which will be phone support, web based support and one to one support which ensures the wellbeing of participants. The details of support agencies are provided in informed consent form which a copy of will be left with participant including a leaflet of one to one counselling support details (please see appendix 1)

Stroebe et al (2003) as previously mentioned also discuss the researcher protecting the participant’s dignity which will be shielded in this research as part of the core ethical consideration. This will be achieved by remaining respectful and non-judgemental of the participant’s feelings and situations that they discuss. Their dignity will also be protected by having robust confidentiality and anonymity in the research process and results. All identifiable information was changed throughout such as names and location to ensure confidentiality.

A part of ethical consideration that the researcher took in the recruitment stage of the research was the use of time. All participants who were interested in the study were given adequate time to read the research plan and letter of consent so to participate voluntarily and not out of pressure. This ensured that the participants knew fully the details of the research before consenting to participating and had time to fully think it over.

Ethical Consent was received by the Limerick Institute of Technology Ethics Committee and validated the ethical considerations and safety measures put in place by the researcher for all interview participants.

3.10.1) Limitations

A knowledge and understanding of the limitations of this exploration is a very important aspect throughout as it is the belief of the researcher that there is a continuous limitation that must be discussed to provide transparency to the research. As Patton (2002) cited in Marshall & Rossman (2011) states “*There are no perfect research designs. There are always trade-offs*”. Marshall & Rossman (2011) also advises that discussing the limitations demonstrates that the researcher comprehends this reality.

It is the opinion of the researcher that the limitations of the research are as transparent as possible. The limitations of the methodology can be seen initially in the choice of using semi structured interviews. This is due to the spontaneous

nature which although can be beneficial to the research, can also harm the results. This is echoed by Mitchell & Jolley (2013) who suggests that the data from follow up questions added during the interview process can be difficult to analyse and interpret as it is not asked to all participants. Mitchell & Jolley (2013) also states that due to the nature of interview questions being asked in different order in all interviews can lead to the results being influenced. This is due to follow up questions being asked to some interviewees to pick up on something said and then asking the next question which can influence the response compared to a participant who was not asked a follow up question. However Mitchell & Jolley (2013) suggest that the semi structured interview is the only method applicable if a researcher does not know enough about the topic being examined and needs a semi structured nature interview. This is the case in this exploration supporting the researcher's choice to use this methodology.

Gerrish et al (2010) also discuss the limitations of phenomenology research which is essential to highlight in this research piece. The use of observation is problematic as phenomenological research wants to gain the inner perspectives of people from their point of view. However critics have suggested that it is not always humans who can best explain their behaviour especially when their behaviour is caused by forces which can be analysed instead such as social or political analyses. Gerrish et al (2010) also discuss the problems with phenomenological research as the element of the research based on the descriptions of lived experiences by rich, verbal accounts from people. However this causes a limitation in the methodology, who cannot transact a verbal account

of their experience due to age (such as children) or emotional state. This limitation is taken on by the researcher and is aware of these issues aforementioned however it is the opinion in reference to this research piece regarding grandparents raising their grandchildren, the participants being accessed are the best persons to explain their behaviour and feelings. Another limitation worth noting is the point mentioned by Gerrish et al (2010) that phenomenological research can be elitist as it is strongly situated in artistic literacy method of narrative. Although this is seen in all research, phenomenology is on the literacy side of the scientific continuum. However the researcher in this case will be aware of the limitations around phenomenological research and although it is not the aim to confront them all as this is not the focus of this piece, they will be in consciousness and literature of the research.

Other research limitations arose from this research project that the researcher wishes to make transparent. The size of this project is relatively small considering the large amount of grandparents raising grandchildren in the Munster region which was echoed by many social care and social work professionals that the researcher spoke with. However the time limitations would not allow for further field work or snowball sampling. It was also found after data analysis that because of the large amount of data and experience gathered that a large sample size would require considerable extra time that the researcher simply did not have in a 2 year research project. Budget limitations also meant that the researcher could not travel further than the Munster region and could not advertise through media platforms.

Another limitation encountered was the gender imbalance with interview participants. All 10 participants were women which although was not the intention of the researcher, created a gender imbalance. It is also important to note that the researcher was also female which can create a limitation in the one-sidedness of experience with women interviewed.

The researcher wishes to make clear that this research project is not suggesting that the experience highlighted by participants is the experience for all grandparents raising grandchildren. This study highlights the reflections and feelings of the participants interviewed and does not look to generalise all grandparents raising grandchildren's experiences.

3.11) Conclusion

This section has dealt with the fundamental methodological concepts to frame this research projects ethos. It is the belief of the researcher in conjunction with Kumar (2011) that research is not simply a set of skills but a way of thinking which is essential for guiding and governing policies and procedures in multiple lines of professions. It is in acknowledging the importance of research that it becomes clear the significance of studying the framework behind it. Kumar (2011) states "it is through the application of research methodology that they strengthen and advance their own profession" (p.4). In going forward in this study, the researcher aims to attain a consistent learning of these theories both in text and in practice. It is essential, in the opinion of the researcher to bear all these theories in mind to achieve an objective, successful piece of research which will

enrich the field of social care and the participants of which the research affects. Further to this, an in-depth account of the main methodology of the research has been given including ethical consideration which is a core consideration in this research.

Following this comprehensive overview of methodology used, the next chapter will consider a detailed review of literature in relation to loss and grief theory and grandparent caregiving.

4.0 Literature Review

4.1 Introduction

Historically the assumption of a grandparent taking on the primary caregiving role of grandchildren has been attributed to life events such as death or abandonment (Milburn-Pinson et al 1996). However Milburn-Pinson et al (1996) suggest there may be situations in which parents are now 'in the picture', but are not able to care for their children. This can be because of substance abuse issues, emotional or neurological disorders or incarceration. The societal issues which have contributed to grandparent headed families have added to the negative effects on grandparents which will be discussed throughout the literature section. In the literature review multiple perspectives and research will be discussed to highlight the complex issues and unique problems facing grandparents who are raising their grandchildren.

4.1.1 Circumstances behind Grandparent Caregiving

The reasons why grandparents are taking the full time care of their grandchildren has been extensively documented. Billingsley (1992) Burton (1992) Minkler, Roe and Price (1992) cited in Ruiz et al(2004) suggest the family crisis which can lead to grandparents assuming responsibility of their grandchildren can emerge from issues such as; drug use, unemployment, teen pregnancy, divorce, abuse and neglect, abandonment or death. The research of Strom&Strom (2011) has detailed that grandparents often become caregivers in response to tragedies such as divorce, separation, abandonment, unmarried adolescents and drug or alcohol addiction. Other societal issues which lead to grandparents care giving

include unemployment, illness or disease, imprisonment and mental health issues. This research demonstrates the reasoning behind grandparent headed families and why it is essential to acknowledge and recognize the emotional situations and positions the grandparents are in. Sands & Goldberg-Glen (2000) exemplify the societal issues leading to parental absence such as substance abuse and imprisonment however not much research focuses on the impact on the grandparent's health, both mental and physical. Cox (2000) a leading author in the area of gerontology and care giving also reiterates the parental issues which lead to grandparent headed households but also suggests that grandparents never anticipate becoming parents again and are often thrust into the parenting role due to the loss or the incapacity of the adult child.

There are no definite figures or statistics behind grandparent care giving from Ireland therefore this review will draw on international research to fully explore grandparent care giving. However, to examine this in an Irish context, recent figures from the Central Statistics Office (2013) around the societal issues that lead to grandparents assuming the parenting role will be examined. The Central Statistics Office (CSO) found that in 2013 there were 11,203 offences of drug possession for personal use and 15,394 for controlled drug abuse offences. This does highlight the substance abuse issues currently in Ireland and can support the research of Cox (2000), who suggests parental substance abuse is a reason behind grandparent care giving. The CSO (2013) also provides statistics on the instance of child abandonment, child abuse and neglect as 224 cases in 2013. Another reason Cox (2000) suggests behind grandparent primary care giving is that of unemployment which the CSO found in 2013, 64.6% of men and 55.9% of

women were unemployed. Mental health issues in Ireland are also important to illustrate as it is constant theme throughout literature that parental mental health issues can lead to the breakdown in parenting ability and therefore result in grandparent headed households. In 2012, the CSO states that the rate of admission to psychiatric units for men were 401.6 per 100,000 population and women 391.2 per 100,000 population. The main reason behind admission was stated as depressive disorders for men and women however women had a higher rate of 19% over men. Although it is not highlighted in the CSO research if the women or men have children and their caregiving situation when incarcerated or hospitalised in psychiatric units, it is important to reflect on Ireland and the prominence of these issues as they are arguably, the main reasons behind grandparent care giving.

4.2 Theoretical Perspectives on Grandparent Caregiving

Milburn-Pinson et al (1996) suggested in the mid 1990's that the difficulty facing grandparents raising grandchildren is the level of unpredictability of each situation for both grandparents and professionals. Grandparent care giving is very diverse and grandparents can differ in age, patterns of household, care giving arrangement or the time limit to caregiving. Therefore Milburn-Pinson et al (1996) states that it would be difficult to provide one theory on aging or life span that could adequately describe the challenges facing these grandparents. However it is also suggested that an inclusive approach detailing the possible effects is the

most appropriate route to take. The researcher will therefore provide multiple models and theories on life aging models and grandparental roles.

Thomas et al (2000) suggest it is important to include and examine a theoretical background to psychological development and aging. This allows the reader to fully acknowledge the proposed stages in later life and the implications of grandparent care-giving on these stages. One of the classic aging theories Cumming et Henry (1961) 'Aging and Disengagement Theory' suggests that aging is a process of gradually and mutually withdrawing from social involvement roles by the older person compared with the roles held in younger years such as employee or spouse. However this withdrawal does not include family roles; in fact family involvement appears to become more significant as other roles become less important. However this does not necessarily occur for grandparent caregivers as social involvement in employment or schools cannot cease when providing full time care for the grandchildren. It will also be discussed in terms of loss and grief as grandparents cannot perform their expected societal role of 'grandparent' and the possibility of grandparents grieving the distinct role loss.

Thomas et al (2000) suggest that some sociologists have commented on grandparenthood as a role that lacks clear, agreed upon behavioural norms to be followed in society. Examples of this ambiguous role are suggested as legal status, extent of financial support and responsibility varies to the child. This is unlike other roles by society members such as students, employees, parents where clear

roles, responsibilities and rules are provided. However a grandparent is raising their grandchild has a clear role in their life, as a parent. Although certain elements of the primary care giving role can remain ambiguous such as legal status and financial support, the responsibility to the child is very clear in the parenting role. Rosenberg & Turner (2004) suggest that a lack of role knowledge alone is not always sufficient to make a situation problematic and other factors must be present. These two additional factors are suggested by Rosenberg & Turner (2004) as

- 1) A lack of necessary information to fulfil the role
- 2) The processes which are usually used to fill the gaps of knowledge are inoperable.

However it is suggested by Thomas et al (2000) that other sociologists have challenged the role ambiguity of grandparents. Rosenberg & Turner (2004) agree with this to a certain extent stating that to have a lack of role knowledge one must be a complete novice and additionally suggest that the latter condition mentioned earlier can occur when a rapid personal and social change occurs where they are in a role they did not expect to be. This could be applicable to grandparent care-giving as many grandparents do not expect to become a full time carer to grandchildren and may only do so after an unexpected crisis.

Another theory which contributes to the understanding of role performance and grandparents is that of 'Role Conflict'. Subberwal (2009) states inter role conflict is used to refer to conflicting demands of two or more roles occupied by one person. Inter role conflict as a sociological perspective connects to what grandparents face such as tension between being the role of 'grandparent'

and the role of 'the parent'. Backhouse et al (2011) support role conflict occurring for grandparents in this study stating;

*"For most grandparents in the study the
Movement between role identities (of 'being' both
Grandparent and parent) resulted in a complexity of
Experience they had to negotiate on a daily basis"* (Backhouse et al 2011 p.311)

This highlights the inter role conflict grandparents who are raising grandchildren can experience however it is essential that the researcher also illustrates that grandparents are not prepared for this dual role or as aforementioned, given the necessary information or training to fulfil the role fully. Cox (2000) also suggests that role ambiguity and uncertainty is responsible for many issues facing grandparent and can be experienced because of the lack of role definition or legal and emotional stability. An essential factor in learning how to perform new roles, Cox (2000) suggests is the presence of support services as these relationships help grandparents define and accept new roles. However few grandparents are able to avail of the supports because of child minding restrictions, making it a new role taken on with difficulty. In the course of aging, Riley et al (1969) cited in Cox (2000) suggests that a person renounces an old role and begins the transition into a new one. This transition can be easier if the person accepts the requirements of the role. This research piece aims to examine if grandparents in this study accept the new role and its requirements and whether this affects the overall perceptions held by grandparents.

Neugarten, Havighurst & Tobin (1968) cited in Cox (2000) also examine 'Continuity Theory' in relation to grandparent care giving. Continuity theory hypothesizes that people endeavour to maintain a continuity of psychological stability throughout aging by replacing lost roles with new roles which provides a sense of self-esteem and life satisfaction. Cox (2000) asserts a loss could also be the reduced status or freedom which makes role transition stressful. For many grandparents it is perceived as a positive transition as an important new role is acquired. However there are grandparents who perceive the traditional grandparent identity as a loss which is important to note.

George (2008) writing in Encyclopedia of Elder Care provides an A to Z resource on issues facing the aging population and as grandparents are entering a later stage of life, makes this crucial to consider. Within this work the issues surrounding grandparents raising grandchildren is detailed under 'life events' and George (2008) signals its significance in the area of issues facing elders. George (2008) affirms that there are times when a concept or theory is so irresistible that it takes the scientific community by storm and firmly states that "the concept of life events to the social and biomedical sciences had precisely that effect" (p.473). Life events, although not clarified as grandparent care giving by the author, are defined by George (2008) as "identifiable, discrete change in life patterns that create stress" (p.473). Life events are later identified in this piece as mainly losses such as bereavement and although older people do not experience as many life events as younger adults, it remains an area of interest to the social sciences as the aging population have decreased resources available to them. This is echoed by the World Health Organisation (2010) who suggest that although people in Ireland

are living longer, the number of years people are experiencing poor health has risen. The amount of years where poor health was experienced rose from 9.5 years in 1999 to 14.7 years in 2007 by men and 11.3 to 16.8 by women. The lack of policy, provision and resources available to the aging population of Ireland is reiterated by the Centre for Aging and Development in Ireland (CARDI 2010) which stated in 2010 people in Ireland are living longer and policy makers and researchers need to work closely with older people to plan the changes needed in Ireland. It is an interesting point to outline that George (2008) proposes life events to be especially intriguing and essential to consider as there is a consensus that social environments play a vital role in health and illness. One issue facing the aging population of Ireland is being suggested in this research as the instance of grandparents raising grandchildren and the complex issues experienced by grandparents.

4.3 Loss and Grief Literature

It is not simply enough to speak of loss and grief without pointing to research which explores loss and grief as a stand-alone topic. Hayslip et al (2002) proposes that the theoretical development in psychology regarding loss and grief, marks the beginning of understanding grandparent's feelings of ambivalence, hostility and guilt. Therefore the outlining of the developments in loss and grief theories will illustrate the possible experiences that grandparents may experience.

Wright (2008) highlights the importance of exploring this topic by suggesting that feelings and thoughts connected with loss, grief and bereavement have always concerned people. It is important to note that much of the literature

associated with loss is embedded and connected with death. However there are many other forms of loss and grief that can be experienced by people in society. Wright (2007) acknowledges this proposing there are several different forms of loss with one being a change in a significant relationship. This is applicable to grandparents who are raising their grandchildren who experience a significant change in the role they play and the dramatic shift in the relationship between grandparent and child. It is therefore proposed by the researcher that this form of loss can be faced by grandparents raising their grandchild which is an important initial argument to set. The importance of the proposed research is underlined by Wright (2007) when he states that a person's ability to deal with loss can be based upon an individual's physical and emotional wellbeing, as other research demonstrates stress and the physical demands of raising children are often combined with physical aging making grandparents who are raising their grandchildren a group causing public health concern (Baker and Silverstein 2008; Hughes et al 2007 cited in Today's Research on Aging newsletter 2011). This connection between loss and decreased resources in physical and emotional wellbeing promotes the necessity of this research in addressing loss and grief experiences.

Wright (2007) explores the many different experiences of loss a person can experience such as death of a family member, prison sentences, and major changes in health or behaviour in family members, pregnancy and/or gaining new family members through birth or adoption which demonstrate the complexity of the different forms of loss. Although all these experiences of loss can be applied to the area of grandparent care giving, this is not cited by Wright (2007). This

presents itself to the researcher as a lack of awareness in the area of grandparent care giving and an opportunity for the proposed research exploring the experiences of grandparents raising grandchildren.

It is essential to look at the core theories and concepts that distinguish and define grief and bereavement, using the The Diagnostic and Statistical Manual of Mental Disorders (DSM) definition of grief and competing and complementary bereavement theories. Bonanno et al (2001) states that bereavement literature has yet to show agreement on a clear definition of normal and abnormal grief reactions which is important to note. Therefore, it should be pointed out that grief explored cannot be categorized or defined but is tied inextricably to the person's experience. In this project however it is intended to relate particular symptoms or descriptions of loss to bereavement theories in order to point out the possibility of a corresponding relationship between data and theory. Bonanno, (1998); Hansson, Carpenter & Fairchild, (1993) support that bereavement literature has yet to agree on a clear definition on grief and its normal and abnormal course and manifestations. The author supports that this deficiency will motivate the present research and data collection to draw attention to grief experienced by this population and support Bonanno et al (2001) recommendation for subsequent research.

Although there is much dispute on the clear, empirical definition of grief there is progress being made, as the DSM-IV notes there is grief that can be experienced by individuals in situations other than death. Reichenberg (2014) states the DSM-IV expands the caution of diagnosing a major depressive episode

to include other significant losses such as the loss of children through custody disputes. This is relatable to the current research piece as grandparents raising grandchildren may have to go through court system to receive legal standing with the grandchild... In the prior versions of the DSM clinicians were unable to diagnose a patient as experiencing a major depressive episode when grieving after the first 2 months after a death of loved one. This indicates that a person would be considered to be grieving rather than experiencing a depressive episode. However this exclusion has now been lifted which points to the acknowledged complexity and significance of grief on individuals and the changing significance of grief to therapeutic professionals. This recent exclusion also shows the shifting and changing perception of grief in society and to different individuals and cultures and is something to be mindful of throughout this project.

4.3.1) Biological Effects of Loss

Grief is defined by Wright (2007) as “the reactions a person experiences while in a state of bereavement” (p.9) Grief is an important aspect to research as the reaction of the person to an experience of loss is as significant as the event itself. Wright (2007) echoes this as he suggests that grief is an essential experience to explore as it is a process by which people can develop and heal from the experience of loss. It is also worth examining the biological effects of grief and loss which Walter&McCoyd (2009) suggest as seldom addressed in literature. However the basic understanding of how loss and grief affects cardiovascular systems, immune systems and neurological systems can help

identify the impact of psychosocial factors on physical health. There has been significant research (Salovey et al 2000 cited in Walter &McCoyd 2009) that shows that the immune system decreases the secretion of immunoglobulin A, during a bereavement which can cause individuals to become less immune to viruses. Walter& McCoyd 2009 state “Recent work(Gundel et al 2003, Kie-Colt-Glaser&Glaser 1992, O’Connor et al 2007) provides an intriguing link between the biological effects of grief and the reasons narrative meaning-making is a useful intervention”(p.22) and this relates strongly to this research piece where participants are given a space and voice on their experiences of loss. This was done by researchers using a MRI scan to assess a bereaved individual’s brain after speaking about their loss. During the scan the words the individual used to describe their loss was reiterated to them and the responses in the brain logged. It was found the posterior cingulate cortex, cerebellum and the inferior temporal gyrus are all aroused when speaking of loss and have a role “in the autobiographical memory and creation of the storyline of individuals lives”(Walter&McCoyd 2009 p.22).

Further to this, Laudenslager et al 1993 cited in Walter&McCoyd (2009) states that cardiac arrhythmias occur more commonly during separations. It is therefore well established by looking at the research on biological effects of bereavement that interventions are needed whether it through validating the loss, like McCoyd(1987) cited in Walter&McCoyd(2009) suggests in his interventions model of the 5 V’s or the encouragement of physical health. This framework created by McCoyd (1987) called the ‘five V’s’ are validating, valuing, verifying,

ventilation and being visionary. Validating has been cited as the most important and initial step in helping the bereaved (Levers 2012).

4.3.2) Disenfranchised Grief

It is being suggested by the researcher that grandparents who are the primary caregivers of their grandchildren are not given support in Ireland nor is their loss and grief recognised or explored in research. It is therefore essential to point to disenfranchised grief theory to illustrate the effects of loss that is not being validated. Doka (1989, 2000, 2002) coined the term *disenfranchised grief* and used it to refer to grief that is not recognised, validated or supported by the world of the person who experienced the loss (Doka cited in Walter & McCoyd 2009) This form of grief can leave the griever unsure if the experience they have encountered is actually a loss. This can relate to grandparents who have severed relationships with children, lost the traditional grandparent role and lost personal freedom. Doka (2002) cited in Walter & McCoyd (2009) defines disenfranchised grief in three categories and these are extremely relatable to grandparents raising grandchildren.

1) Grief in which the griever is excluded and is seen to not feel the pain of grief. This can be related to grandparents who are raising a grandchild due to the death of adult child where the grandchild is given sympathy and support and the grandparent is excluded to this support.

2) Grief in which the circumstance of the death can result in social stigma such as alcoholism, crime or AIDS or any moral failure on behalf of the deceased. This perception of a moral failure can also be transferred to the grandparent as the parent of the child who is experiencing addiction issues or died as a result of a perceived social stigma. Therefore some grandparents raising grandchildren because of substance abuse may strongly experience disenfranchised grief.

3) Grief which is not expressed in socially accepted ways such as being too expressive or not expressive enough. This can cause disenfranchised grief in any situation if the person does not behave aggrieved in the most socially accepted.

Walter&McCoyd (2009) explains if disenfranchised grief is experienced people may not receive support or societal sympathy which is suggested to be necessary to overcome pain and grief in a healthy way. This may lead therefore to prolonged or complicating grieving and is crucial to be aware of for grandparents who are raising grandchildren.

“The very core of this experience (for most) is to actively engage the pain of grieving. Yet many have that pain exacerbated by social isolation or rejection with little support provided” (Walter&McCoyd 2009 p.19

4.3.3) Ambiguous Loss

“As I was walking up the stair,
I met a man, who was not there,
He was not there again today,
Oh, how I wish he’d go away”

(Boss, 1999 p. 6)

It is important to explore the theory of ambiguous loss by Pauline Boss (1999) in terms of grandparent caregiving in Ireland because grandparents may experience this form of loss. To highlight how they may be experiencing this, one must firstly provide the definitions of ambiguous loss. Boss (1999) refers to ambiguous loss as a frozen grief as the clarification of the person who is lost is so uncertain. In ambiguous loss, the person can be

- 1) Physically present but psychologically absent e.g. a person with substance abuse issues
- 2) Physically absent but psychologically present e.g. Someone kidnapped or in prison

The uncertainty can cause difficulty as the person experiencing the loss does not know whether to grieve or not. Boss (1999) suggests that grieving cannot occur for mainly two reasons: the person does not want to grieve as it may socially look harsh, or as it may remove any hope for the person grieved from returning to their prior status. Boss (1999) continues this by suggesting that ambiguous loss can cause challenging effects to the person’s psyche as initially,

the person cannot adjust to the loss as the person is uncertain as to what adjustment to make and people experiencing loss cannot rationally identify adjustments needed in their life to begin to overcome the grief. There are no rituals involved in ambiguous loss like there would be in a case of death or social supports which further adds to its complexity to those experiencing it. Although a grandparent may not have a relationship with their adult child because of substance abuse issues, there is no ritual that allows for the mourning of this relationship. This point is one which resonates with grandparent caregiving as it is noted numerous times throughout research that there is a significant lack of social supports for grandparents raising their grandchildren. Boss (1999) cited in Walter&McCoyd (2009) suggest that the lack of social supports heighten the experiences of ambiguous loss and can lead to an unending grief being experienced. Therefore this type of loss due to strong element of uncertainty can be extensive and extremely complex for those experiencing it.

Personal narratives illustrate the bittersweet legacy of ambiguity about psychological family and absence for immigrant families. Boss suggests that people hunger for certainty and at times death is more welcome than uncertainty of someone's absence or presence. Uncertainty can make ambiguous loss the most upsetting of many losses and is suggested to lead to symptoms that need diagnosis but are often misdiagnosed. Boss (1999) suggests that even in what we think are permanent relationships such as the parent-child relationship, the human hunger for lasting certainty is rarely satisfied. This is a point worth noting in terms of the current research as grandparents can experience frayed relationships with

their adult children once they become primary caregivers to grandchildren. This can then lead the grandparent to experience ambiguous loss in a relationship once believed to be permanent and certain. Not only can ambiguous loss cause extremely challenging issues to the person experiencing the loss but also to a family which is again important to note in terms of the current research.

4.3.4) Loss of the Assumptive World

“There is a sense in which traumatic loss of the assumptive world is a paradigm for the psychology of change, in that there is a kernel of trauma at the psychological core of all change experience; when we understand the traumatic loss of the assumptive world, we understand a core wound in bereavement”(Kauffman 2002 p.2)

Kauffman (2002) defines the theory of the assumptive world as assumptions or beliefs that secure people and provide a sense of purpose and meaning to their life. These assumptions can be extensive, differ to each person and can range from ‘I will grow old with my spouse’ to an aspect of a person’s self-such as ‘I have self-confidence’. An interruption in the assumptions or beliefs a person held can cause disturbance and is hard to believe for the person experiencing it. Kauffman (2002) furthers his explanation stating that the assumptive world is constituted by the psychological act of believing. The assumptive world is a perceived world that is true to the person but is in fact an illusion rather than reality.

Parkes (1971, 1988) cited in Kauffman (2002) introduced the concept of the assumptive world and stated

“The assumptive world is the only world we know and it includes our interpretations of the past and our expectations of the future, our plans and prejudices. Any or all of these may need to change as a result of changes in life space” (Parkes 1971 cited in Kauffman 2002 p.2)

Although Parkes (1971) introduced this theory as a framework for understanding loss, Janeff-Bulman (1992) developed this theory of assumptive world into a new psychology of trauma. Janeff-Bulman (1992) states the trauma was the loss of beliefs that are deeply embedded and deeply accepted such as self-worth, goodness and meaning. The shattering of oneself and the persons identity is the traumatic loss. This is worth noting as the loss grandparents may experience in their identity could be experienced as traumatic and may shake beliefs that are entrenched in the psyche of the person.

4.4 Loss of Family Cohesion

*“The care giving activities and emotional consequences have unique aspects that may strain the family to an **extraordinary, painful level**”*

(Brody 1989 cited in Ryff & Seltzer 1996 p.574)

Brody 1989; Brody, Dempsey & Pruchno 1990 cited in Ryff & Seltzer (1996) examined the strained relationships within a family because of caregiving activities. Although this research looked at caregiving for an elderly relative, it discussed the stress that can be created for both the caregiver and the family as a whole, which can be applied to grandparent’s caregiving for their grandchildren. Given this stress, it is strongly suggested that midlife parents and children’s relationship will be characterised by disagreement than families not in a caregiving situation. The loss of family cohesion because of the caregiving that the grandparent performs is therefore something that requires exploration as it not only affects the grandparent but the individual family members and essentially, family as a whole.

Orbuch (1992) exemplifies a long standing theory in family studies called the ‘family development approach’ which describes the processes of change that can occur within a family. This is essential to discuss in relation to this research piece as the family goes through many processes of change which can lead to a lack of family cohesion. The family development approach focuses on systematic aspects of the family, the structure of the family and the roles within the family. Orbuch

(1992) explores three elements that are core to the family development approach

1) Interdependence 2) Boundary Maintenance and 3) Ability to adapt to change.

1) Interdependence- Each family member is connected to one another and can be described as a web of relationships in which each is tied

2) Boundary Maintenance- Each family is alert and responsive to the outside influences which then creates identity and family history

3) Ability to adapt- Families need to have the ability to change to each individual family member's needs. However the needs of society are also considered and adapted to and during this adaptation, new behaviours are created and the old behaviours reduce.

An important aspect to this theory especially in relation to the present research exploring the experiences of grandparents raising grandchildren is the critical tasks performed by family members. Orbuch (1992) states that family members perform critical roles which are essential for the family to survive. Therefore the family must behave in certain ways to sustain this survivability, one of which could be suggested to be grandparents raising grandchildren because of the absence of the adult child.

Reiss et al (2000) cited in Boss (2006) firmly states that families create identities based on assumptions that are shared among all family members. These assumptions are not only developed by the society or world the family lives in but assumptions on how to interact to environmental influences. A family can face

challenges when environmental influences are around loss, particularly ambiguous loss. This is the case as the family has to re-shape and re-construct their identity which can lead to a loss or decrease in family cohesion in the reconstruction as the shared assumptions change. Hayslip&Kaminski (2008) discuss ambivalence in relation to the intergenerational relationships and pressure the grandparent can feel caught between two polarities of wanting to keep the grandchild out of foster care, help the adult child and the reluctance of re-entering the parental role. Other adult children can experience jealousy and resentment toward the situation as the grandparent has to focus significant attention on the adult child in question and their child. Although siblings can be very compassionate towards the situation posed to the grandparent, they can still experience ambivalence on how this will affect the roles and relationships within the family. The idea of atomization is referred to by Hayslip&Kaminski (2008) in reference to grandparent care giving who states that atomization refers to the loss of family cohesiveness. This is also a significant point as the lack of cohesion in the family can ultimately lead to possible isolation to the grandchild being raised by the grandparent because of the tension experienced. It is important to note here the crippling effects of isolation and exclusion discussed by Kipling (2011) such as lowered immune system.

Members of the family may have different opinions or perceptions on occurrences that can happen within or to the family. Over the years, families may need to restructure or recreate roles or characteristics specifically if there has been a trauma within the family which can be the case for grandparents raising grandchildren as often, there is a trauma such as death, addiction or

imprisonment(Billingsley, 1992;Burton,1992; Minkler, Roe and Price 1992) Role confusion within the family after a trauma is discussed by Boss (2006) who also suggests that re-married families may experience this and the researcher is suggesting grandparents headed families may also experience role confusion. It is essential for the family to be flexible on roles so that there can be an easier transition and family cohesion is ensured. If a family is rigid on roles, it can lead to obstruction in other family members accepting and being supported in the identity shifts. A loss of family cohesion can result from an individual member experiencing a loss of identity within the family. Boss (2006) states that a loss of identity can be extremely stressful and finding or accepting a new identity is equally as stressful. To counteract this, family members must place an importance and focus on not only the new role as primary care giver but also on the previously held identity such as the traditional grandparent role.

4.4.1) Loss of Relationship with Adult Child

Harlow&Harlow (1965) cited in Archer (2001) states the term ‘Affectional bonds’ are used to describe biologically significant social ties. Any disturbance or change in this relationship can result in grief being experienced with Ainsworth (1989) cited in Archer (2001) suggesting affectional bonds are long-lasting and can relate to a bond that involves security and comfort (e.g. child parent relationship). Therefore when this bond is broken because of addiction, mental health issues, imprisonment or the caregiving of grandchildren, it can cause tremendous grief for the parent.

Aneshensel & Phelan (1999) explores the effects of the relationship between parent and child. The quality of relationship between the parent and child is essential to the mental health wellbeing, particularly to the parents. Umberson (1992) cited in Aneshensel & Phelan (1999) firmly states that strained relationships with adult children can create psychological distress for parents. Although much of the research that has been done on parenting and the effects on mental health have been focused on depression as the variable, Ross & Willigen (1996) cited in Aneshensel & Phelan (1999) instead looked at anger as a variable. It was found that because of economic and child care strains, women expressed a lot of anger. This anger can be explained by the parental strain, more often than not, that women experience. O'Connor (2000) states that regardless of age or life stages, women are continuously structurally and culturally provided with cues which define them as women and as caregivers. It could be argued therefore that grandmothers have strong feelings around the situation of care giving they are in at this later stage of life. It is also an important point to note, as many grandparents may experience anger at the caregiving and strain of parenting which could be directed to the adult child. This anger can be explained by Mercer & Garner (2001) who assert that grandparents who are raising grandchildren are rarely expecting to perform the parenting role again for their grandchildren and can affect both wellbeing of the grandparent and grandchild.

Roberto, Allen and Blieszner (1999) cited in Mercer & Garner (2001) note that how mothers see themselves and construct their identity as an individual and as a parent in older age, is shaped by the relationship they hold with their adult

child. Blieszner, Mancini and Marek (1996) cited in Mercer & Garner (2001) affirms that older parents advocate a yearning for affection and thoughtfulness with their adult children rather than a desire for direct caregiving. This is a very interesting point when exploring the relationship effects between parent and adult child when the grandparent is the primary caregiver of the grandchildren as this strongly suggests that older parents want a close relationship based on communication and love rather than the caregiving role.

4.5 Loss of Choice and Freedom

“Vital, productive families are essential to the world's future; they are the cradle of the generations to come. Their strengths and weaknesses largely reflect the societal fabric of every country. As the world's oldest form of expression of human relationship, the family has survived thousands of years, adapting itself constantly to changing socio-economic conditions and the progress of humanity”

(UN Publications on family challenges for the future 1996 cited in Daly
2004)

From the above quote, the pressure of the success and wellbeing of the family in society is palpable. Grandparents have been referred by Troll (1983) cited in Gladstone et Brown (2007) as “Family Watchdogs” and highlight the responsibility placed on grandparents in families to act as a protector and family kin keeper. Arber & Timonen (2015) discusses a strong theme of research on

grandparent caregivers which refer to grandparents who are raising grandchildren as 'child-savers'. Further to this, in the 1990s a major American newspaper also adopted this term and referred to grandparents who were performing a parenting role as 'child-savers' on the front cover. However these labels have not only been found in the USA and similar reports have been found in Sub-Saharan Africa where AIDS were prevalent and affected family cohesion. This was also found in rural Asia and areas of Africa where parents would immigrate to work and leave grandparents caring for the grandchildren. Although the labels of 'child-saver' have not featured in European literature or media, the presumption and pressure of caregiving on grandparents is clear in this discourse that cannot be ignored.

Recent research in Ireland points to the possible loss of choice and freedom Irish grandparents' experience, because of the childcare costs with an example of parents needing to earn over 30,000 euro to afford childcare for two children. The Irish Longitudinal Study on Ageing (TILDA) cited in Phelan (2015) suggest that grandparents who are providing grandchildren care for over 60 hours a month experience higher depressive symptoms and may need to have a honest discussion with adult children to say no to providing childcare. However grandparents who are providing full time care are providing care to the grandchild over 60 hours a week and may not be able to refuse due to the implications. Implications may be the grandchild going into HSE or state care highlighting the lack of choice the grandparent may have in Ireland.

4.5.1) Cultural and Societal Constructs

The loss of choice in the decision to be the caregiver for their grandchildren can also be related to the societal constructs of grandparents, particularly grandmothers. Fairy tales and media has developed strong imagery and constructed a definite role for grandmothers both historically and in modern times. This can be seen in historical fairy tales such as Little Red Riding Hood which Olavi(2006) asserts places strong significance on the role of the grandmother and the importance of this relationship on the emotional wellbeing of the grandchild. Further to this, Olavi (2006) suggests that the role of the grandmother in ‘Little Red Riding Hood’ has been suggested to be similar to the current research piece. “Most of all she was loved by her grandmother”(p.219) is a quote in the fairy-tale that Olavi (2006) suggests meaning the role of the grandmother was stronger than the mother and Little Red Riding Hood and her grandmother lived together. Concluding this point, fear and upheaval was only experienced by little red riding hood when her grandmother was not present anymore rather than any other situation experienced. This is a very strong point to suggest that grandmothers are constructed as the family kin-keepers and protectors of grandchildren, particularly when there is an absent parent.

“No elements of fear appear until the wolf devours the grandmother-until something interferes with the established, safe situation” (Olavi 2006 p.218)

However there are modern day examples of the construction of identity which can be suggested to lead to the personal pressure grandparents put on themselves to step in as caregivers. Fearnley-Whittingstall (2005) is the author of ‘The Good Granny Guide’ which provides grandmothers with tips and rules of being ‘a good

granny' with the e-book version made available in 2012. This guide highlights the different constructs of identity that grandmothers can assume, such as the 'old fashioned granny', 'glam granny' and the opposite to glam granny, the 'hands on granny'. The 'hands on granny' is explained in this guide as a granny who will play on the floor with grandchildren for hours, does not mind the baby vomit on their clothing and does not perceive anything to be too much trouble for them in performing their role. Fearnley-Whittingstall (2005) also explores the concept of the granny who is the 'wise woman of the tribe' and explains this granny to uphold the family stories and connections and is the 'Mother Goose' of the family. Interesting, there was a concept highlighted of 'the granny from hell' who was old, depressed and very strict and was a granny who had no relationship with her grandchildren at all. These modern day constructs can shape a person's perception of what it means to be a grandparent and what perceptions one can have if you do not live to these constructs. Further to this, what constructions can grandparents raising grandchildren take if the grandparents are performing many aspects to each role. Primary grandparent caregivers who may need to be strict or cannot play on the floor for hours with their grandchildren therefore may find themselves experiencing a sense of loss and confusion.

“As for our well-loved fairy-tale, Little Red Riding Hood, in which the gentle, harmless granny metamorphoses into the wicked wolf, what can one say? These stories do grannies no favours at all” (Fearnley-Whittingstall 2005)

4.6 Literature on Grandparent Care giving

It is well noted in multiple studies that grandparents are the safety net that prevent children from entering the foster care system (Brown& Mars 2000 et al cited in Wilson&Crewe (2011). Wilson&Crewe et al (2011) state it is a general consensus that grandparents have for many generations, kept families together and this has continued to this day but is now interwoven with the child welfare system. Hayslip et al (2002) suggest that when grandparents take on the primary caregiving role they often face personal and social issues as accommodations are made to their daily lives to support their new parental roles. However it is reported by Poe (2011) cited in Hayslip et al (2002) that grandparent's identity themselves as being alone, judged, criticized and abandoned by society, family and friends.

Backhouse et al (2012) studied the complex role identity grandparents experience in care giving for their grandchildren and is therefore critical to mention. Backhouse et al (2012) completed in-depth interviews with 34 Australian grandparents and identified a number of common themes which arose from these interviews. This is a fundamental piece of supportive research as it details the paradox of feelings woven throughout the grandparent's narrative such as pain/pleasure and inclusion/exclusion. The researcher acknowledges that although this examination is based on loss and grief that the positive effects of grandparent caregiving cannot be ignored and therefore wishes to acknowledge the conflict between loss and grief and the positive rewards gained from raising their grandchildren. The research firstly presented the main challenges facing the grandparents which echo a lot of previous research such as limited physical or

emotional health, balancing work and caregiving, financial pressures, legal issues and so on. The challenges faced by grandparents are cited by Backhouse et al (2012) as consistent with findings of other Australian and overseas research. It then highlights the numerous benefits to both the grandparent and grandchildren lives. Grandparents also stated that they noticed the benefit to the grandchildren's lives in being raised by them and in providing for their grandchildren as suggested by Backhouse et al (2012) with patience, tolerance and caring for children with a range of behavioural issues.

It is also important to note that in this research it stated that the sadness, loss and grief and frustration were 'palpable' in the interviews conducted therefore underpinning the importance of addressing these profound emotions to be experienced by grandparent participants in this research.

Hayslip et al (2003) addresses the loss and grief experienced by grandparents making it important to explore in the literature review. This research suggests that in order to understand the emotions and experiences of grandparents that a model of grief and loss must be examined and also states that theoretical developments in loss and grief models will hold the key to understanding grandparental emotions such as ambivalence, guilt and hostility (Strobe et al cited in Hayslip et al 2003). Hayslip et al (2003) echoes the lack of research and acknowledgment to grandparents and their experiences in literature as something that deserves more attention. Isolation from peers, feeling different in comparison to peers and impacts on their relationships can be interpreted as a form of loss and

is suggested by Hayslip et al (2003) as undermining their access to services and support.

The proposition of Hayslip in this work is to provide a framing of custodial grandparent caregiving illustrating both its experiences and effects and the researcher's aims reflect this purpose.

Strom&Strom (2011) reinforce the grief and feelings of loss grandparent's experience. This research is also an important starting point as it discusses the feelings of grandparents in raising their grandchildren. Strom&Strom (2011) suggests that grandparents feel a mix of emotions ranging from remorse and guilt to anger and resentment. There is also discussion of the sadness that grandparents feel for their grandchildren, the isolation they experience and the continued obligation towards others.

Williams (2011) also exemplifies the reasons behind grandparent headed families and discusses the issues and hardships associated with grandparent caregiving. This article is therefore important as it resonances the research proposed hypothesis of the loss and grief experienced by grandparents in Ireland. Williams (2011) suggests that research supports the daily difficulties experienced by grandparents who are primary caregivers and therefore "this article also serves as a reminder of what this population may be coping with and some ways that the helping professionals can provide meaningful assistance to them and their community" (Williams 2011 p.949).

A piece of research which is important to discuss is one which explores loss from the perspective of grandparents who are not raising their grandchildren. The aim of this literature is to highlight the understanding of grandparent's feelings of loss and isolation from their peers (Hayslip et al 2008). This is achieved by presenting scenarios to non-custodial grandparents depicting custodial grandparents and then completing a perception of loss scale (PLS) where higher scores indicated higher awareness of loss. This is an important piece of research in the area of grandparent caregiving as the results have implications for grandparent's disenfranchised grief and isolation from peers.

As Baird (2003) cited in Hayslip et al (2008) states the decreases in the quality of mental health in grandparents such as depression may be associated with the loss relating to the reason of assumption of primary care giving of their grandchild/ren. This places, in the opinion of the researcher, appropriate importance on the primary experience of loss which is the reason why their adult child cannot raise their child/ren which is not fully addressed in previous research. An example of this is suggested by De Toledo&Brown (1995) cited in Hayslip et al (2008), as a grandparent grieving with the death of their child and helping support their grandchild through the grief of losing a parent. This research also discusses secondary losses which can be experienced by custodial grandparents such as the loss of the traditional grandparent role, social stigma and not being able to spend time with other non-custodial grandchildren (Hayslip et al 2008). Other experiences of loss were outlined as the loss of interaction with same age peers, financial and personal freedom and a sense of loss that accompanies a feelings of failure. This feeling of failure can stem from the social stigma

associated with the behaviour of their adult child resulting in being unable to be the primary caregiver. It is also cited in this research that a common concern among custodial grandparents is lack of support and social isolation from peers due to a lack of understanding of the multiple forms of loss experienced by caregiving grandparents (Hayslip et al 2008). This echoes the importance of the proposed research as this project aims to give understanding and comprehension to the issue of loss and grief.

The premise of this study encapsulates the purposed research as Doka (2002) cited in Hayslip et al (2008) states;

*“Perceptions of others regarding these losses experienced
By the custodial grandparent may result in a lack of validation by society.
This sense of “disenfranchised grief” can result when others fail to
appropriately
Acknowledge one’s sense of loss and, consequently, fail to provide
appropriate
Empathy and support” (p.165)*

It is essential to then look at the effects of being ignored or ostracised from peers/groups that grandparents may face. This will provide a strong theoretical research basis of some possible emotions and brain reactions that can arise from the grandparent caregiving situation. It has been found that grandparents do experience isolation from peers so it is therefore crucial to include the research of

Williams (2011) who defined the term ‘ostracism’ as being ignored or excluded. It also implies a situation where a group shuns an individual, an individual ignores another individual or a group excludes another group. In the grandparent caregiving situation research suggests the individual grandparent can experience exclusion from other individual peers. Participants completed a standard survey to look at their psychological state and the results showed that participants who experienced exclusion for only a few minutes reported abnormally low levels of belonging to groups/society, diminished self-esteem and lack of meaning and control over their lives and feelings of sadness and anger. The neuroscience of the experience of exclusion demonstrates that under a MRI scan taken when a person is ostracized shows movement and activity in the dorsal anterior cingulate cortex in the brain which is associated with emotional aspects of physical pain. However participants who were not ostracized showed no activity in this region highlighting the emotional pain which can transfer to physical pain.

Kipling (2011) suggests in recommendations that rekindling ties to family members and old friends provides regaining a sense of belonging however in the case of grandparent caregiving, it remains unknown how this could occur. This was highlighted previously in the loss of family cohesion where the family relationships can become distanced and frayed because of care giving and increase the instances of isolation.

4.6.1 Health Implications of Grandparent Care giving

Grandparents raising grandchildren can experience significant physical and mental health implications. Sands & Goldberg-Glen (2000) found stress to be so prominent and considerable in relation to grandparents raising grandchildren, they completed a cross-sectional study of 129 grandparents in relation to stress. Sands & Gold-berg-Glen (2000) suggest that most others researchers of grandparent headed families are descriptive of physical and mental health impacts on grandparents; this study however used a stress theoretical framework to analyse the experiences of grandparents. Stress theory evolved from the physiological research of Cannon (1932) and Seyle (1976) and defined stress as *“the non-specific response of the body to any demand”*. Lazarus & Folkman (1984) cited in Sands & Goldber-Glen (2000) viewed stress more broadly and in the context of transactions between the environment which makes demands and a person responds. This research is using the definition of stress of a person psychological reacting to events or conditions they view as threatening. It is further explained that stressors are being observed as life events or changes to the family that have the capability to cause psychological stress to the grandparents, in this case.

Characteristics of grandparents, is suggested by Sands & Goldberg-Glen (2000) can be a determinant of stress experienced which is applicable to this research piece as the participants ranged from 42-68. Age is a characteristic which is suggested to be influential to stress generation. It could also be suggested that

older grandparents experience a higher level of stress due to the not being the 'reflection' stage of life. Conversely, Minkler, Fuller-Thompson, Miller and Driver (1997) cited Sands & Goldberg-Glen (2000) found in a study that younger age grandparent caregiving is associated with depressive symptoms. This could be due to still being in the workforce and performing other caregiving roles such as caring for elder parents (Kimmel, 1990; McGoldrick, 1989 cited in Sands & Goldberg-Glen 2000). Grandparent caregivers are subject to the same life stressors as non-grandparent caregivers in terms of financial insecurity, family conflict and employment issues. However Strawbridge et al (1997) cited in Sands & Goldberg-Glen (2000) in a comparison piece between grandparents who were caregivers and grandparents who were not, grandparent caregivers faced challenges that other grandparents did in terms of depressive symptoms, health implications, and happiness and activity limitations. Sands & Goldberg-Glen (2000) found that of 129 grandparents who were raising grandchildren were experiencing stress due to low family cohesion and physical/psychological issues with grandchildren.

Blustein et al (2004) discusses the depressive symptoms that grandparent caregivers experience and is extremely noteworthy due to the longevity of the research design. The grandparents in the US took part in the health and retirement survey and were resurveyed every two years through 2000. The principal findings were the wide variant of demographics of grandparent caregivers and furthermore the different impacts of grandparent caregiving based upon the different demographics. An example of this provided by Blustein et al (2004) is the higher probability of depressive symptoms experienced by grandparents who were single

and without the adult child co-residing in the same house. This research found that grandparents who have a grandchild living in their home have higher and elevated depressive symptoms and conclude in stating that identifying support strategies for these grandparents is of highest priority. Wilson&Crewe (2011) found that there were notable differences in older participants than the younger participants. It was found the older participants (70 years and older) focused on more positive attributes of the caregiving situation. The initial responses from the age group of 64 and older were the affection and love between grandchild and themselves. Quotes from participants on affection were “I feel like I have accomplished something in my life” or “my 17 year old grandson is like my right arm”. However the younger participants (63 and younger) spoke of the stress and burden associated with caregiving. Grandparents in this study reported the caregiving situation as both rewarding and challenging and although there were many shared challenges among the grandparents some were specific to particular participants e.g. Grandparents without legal standing and had to rely on non-government resources.

4.6.2) Grandparent Care giving in Ireland

A Limited amount of research can be presented in this section as very little published research has been done in Ireland in relation to this topic. This can be perceived as both a hindrance in terms of the author’s research as little demographics or statistics can be given. However it can also be viewed as an

opportunity to provide the research needed to inform professionals and society issues and feelings of this family type. All research in Ireland in relation to grandparent care giving will be provided can signal demographics' and experiences in an Irish context.

The most recent study on grandparents in Ireland was by TILDA in Trinity College in 2015. This was a large study of 7,500 which examined the effects on grandparents who provide childcare for grandchildren for parents who are working. Phelan (2015) highlighted that results indicated that of the 7,500 grandparents nearly 60% of the grandparents had provided childcare at some point in the last month with one in five providing more childcare for more than 60 hours in a month. An important result in this study was that negative health implications was extremely evident among the sample surveyed. Negative health implications such as higher depressive symptoms were one of the effects that the study strongly highlighted. However the study found that these depressive symptoms were not as prevalent among grandparents who engaged in social and leisure activities. This is something that is very interesting in relation to possible resilience factors that grandparents who provide primary care of grandchildren could consider to buffer the stress associate with the role. However grandparents who are raising grandchildren may not have the resources of a child minder. Another point on resilience that was mentioned was by Phelan (2015) was that of expectations associated with the care giving. It was found that grandparent's happiness about providing childcare was based on the expectation that the grandparent had in the beginning. Although this study was not specifically focusing on grandparents as parents, it is extremely noteworthy that grandparents

providing childcare are experiencing such effects which could point to the heightened experiences of grandparents who are primary caregivers.

"It also needs to be recognised that as a grandparent gets older or their health deteriorates, they are not as able to look after young children. They may need to reduce the amount of childcare they provide or to stop altogether."(Age Action cited in Phelan 2015)

Although Age Action Ireland discusses grandparents in Ireland possibly needing to drastically reduce or stop childcare altogether of their grandchildren, this option is sometimes not available to grandparent primary care givers. This again links to the lack of choice and freedom over their life and health which may occur. Grandparents providing childcare for the adult parents have the implication of increasing financial pressure for the adult child however grandparents who are primary caregivers will risk the child going into HSE/state care. This research from TILDA dominated Irish media when released and was discussed in both newspapers and on local radio stations which proved a positive step towards acknowledging grandparents who provide such a vital but crippling role in society. This research is being presented over the coming months in New York and a report to be published with future research to influence policies in the planning.

The CSO (2013) report on women and men in Ireland reflect multiple issues and situations men and women are facing in Ireland per year. However, it does not provide statistics on family home situations or grandparent caregiving, more specifically. However it does provide statistics on the recipients of carers

allowance and benefits by age in Ireland in 2013. The highest categories of carers allowance by age are all categories over 45 which is the first point worth highlighting. The category of 45-54 is the highest with 11,955 in this age range (26.1%), 55-64 age category is 8,799(19.2%) and 65 and over is 8,136(17.8%). This is in comparison with younger age ranges such as 25-34 at 10%. This could be suggested by the author as the prevalence of grandparent caregiving in Ireland.

The Department of Social Protection in 2008 completed a research piece which examined grandparenthood in modern Ireland. 58 grandparents were interviewed in Ireland to gain their views and experiences on being a grandparent in Ireland. Although this was a very broad study, it does provide a demographic of grandparents in Ireland and acknowledged grandparents who are raising their grandchildren. Social Protection (2008) suggest that in Ireland on average grandparents have 10 grandchildren which has risen since the previous research piece was completed and is significantly higher than UK and the US. Grandparents ranged in age from 40-92 with half the sample widowed and having and educational attainment of the primary certificate. The main feelings of grandparents in relation to having grandchildren were delight however some grandparents reported feelings of shock and horror. It is then highlighted that the grandparents who reported shock/horror had children who had babies outside of wedlock or during teenage years. It was categorised in this piece that there are 6 main forms of grandparent care giving in Ireland, one of those being in house care due to a parent being absent. Grandmothers are more prevalent caregivers than grandfather and some grandparents who engage in care giving suggest that it is a tiring activity.

4.6.1 Challenges Facing Irish Grandparent Caregivers

Significant findings by The Department of Social Protection (2008) were that of the grandparents concerns for their grandchildren, challenges faced and wishes for their grandchildren in the future. The majority of grandparents worried about the rising problems around drug and alcohol abuse in Ireland and grandparents who had non-legal custody of grandchildren worried that the children would be removed from their care and returned to a neglectful or abusive parent. These findings are crucial in terms of exploring the feelings and experiences of grandparents in Ireland who are raising grandchildren. It is prevalent from this research that was broad in nature that grandparent care giving was prevailing and dominant throughout the report. The main wishes of grandparents for their grandchildren was a stable family background and when asked to formulate social policies it was stated grandparents need recognition as a resource within Irish family life. In terms of family support, grandparents reported that they were unable to find out exactly what access, custody and welfare entitlements were and reported a lack of respect from state employees, especially social workers and social care workers.

A piece of research completed in Ireland examining grandparents raising grandchildren and is most applicable to the researchers project, is that by Lundstrom(2005) in a Comhairle social policy report. Lundstrom (2005) state cases began to emerge in social policy records in 2004 of grandparents enquiring about financial supports who were raising grandchildren. It is also suggested that

although the number of cases were small, the issues emerging from the records were considered serious enough to ignite research into the issue. This research looked at the extent of grandparents rights in Ireland and also examined the extent of issues facing grandparents in Ireland reported by citizen's information services workers. Although it is noted in the report that grandparents who take the full time care of grandchildren prevent a traumatic move to care, there are many issues that grandparents face. These issues will be highlighted as it is essential to make clear the issues facing grandparents in Ireland as not only is it the most applicable piece of research done in Ireland, but it also sheds light on issues relating to practical challenges facing grandparents. These issues are listed as

- 1) Delays in payments
- 2) Clients distraught after meeting community welfare officers in regard to payments
- 3) No practical help offered
- 4) No representative from HSE called in person to assess family
- 5) Children in this caregiving situation are neglected by the State.

These points in the report highlight the practical issues which could possibly affect the mental health of grandparents in Ireland who feel 'neglected' by HSE and state. This can lead to disenfranchised grief where the person is not sympathised with or grief acknowledged (Doka 1989, 2000, 2002). Further to this the grandparent can feel isolated and excluded by professionals which was previously discussed by Kipling (2011) and the harmful effects that can arise from exclusion. Furthermore it was reported in this that the social work department are

perceived among grandparents that social workers are purely focused on child protection which left the grandparents to feel like a lower concern. Lundstrom (2005) states that in Ireland it is unknown how many grandparents there are in Ireland as this is not questioned in the census. However it is noted that other Countries do record the numbers of grandparents and their role in the family households. An example of this listed in the US in 2000 highlighted 6.3% of children under 18 years old (4.5 million) lived in grandparent headed households. It is also documented that in the US between the years 1990-1998, the numbers of grandparent headed households with no parent present increased by 53%. The US census body is therefore aware of the instance of grandparent headed households and have a system of tracking this in the census so to allow progressive recording of increase or decrease which the author feels Ireland's census should follow.

The Money Advice and Budgeting service (MABS) in Dublin also contributed to the writing of this Comhairle Social Policy Report by Lundstrom (2005) and stated that the service has contact with many grandparents who were raising grandchildren on an informal basis. The grandparents were mainly raising grandchildren due to death of spouse, substance abuse and addiction and mental health issues. MABS reported that grandparents were keeping this as an informal family arrangement for the following reasons;

- 1) Were worried they would be considered too old or ill by authorities to be cleared as foster parents

2) Grandparents suggested they were afraid of losing grandchild to system if the adult child did not recover from addiction issues

3) Grandparents did not want to report abuse or neglect by parent and hoped matters would improve

4) Fear if grandparent went to make situation formal with authorities, the adult child would try to take the grandchild back.

These reasons behind keeping social work and formal support services found are very sinister as these fears and worries are keeping grandparents from receiving support they need and are entitled to. In reference to There are two types of grandparents raising grandchildren in Ireland, relative foster parents and private family arrangements. It was found in this research that grandparents can be assessed and granted the legal position of foster parent which entitles them to over €300 a week per child and social work involvement and support. However the criteria between relative foster carers and private arrangements are confusing, slight and inadequate. The following quote is from O'Connor (2012) from a professional who works with grandparents in a support service and highlights the ineffectiveness of criteria between foster carers and private family arrangements.

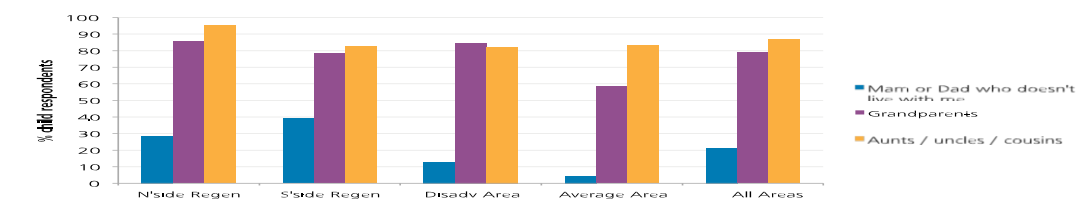
“Well there would have to be child protection issues, if the social worker didn't feel the child was in danger then the child would basically be in a private arrangement, now there are some situations where basically the grandparents come and take on the child and because the child is now in a place of safety they can get caught in the trap of not getting any payment” (O'Connor 2012 p.43)

Williams et al (2010) discussed in the Growing up Ireland Report that grandparents can provide support for parents in ways such as childcare, financial and emotional support, and can provide parenting advice. Levels of contact with grandparents are relatively high in Ireland which is suggested by Hogan et al (2002) cited in Williams et al (2010) because of the size of the country but also because of the value placed on extended family in Ireland. Williams et al (2010) found that in the Growing up in Ireland report, 5% of infants were living in households in which there was a resident grandparent; 3% lived with one grandparent and 2% lived with two grandparents. Just under 1.5% of all infants were living in their grandparents' home with their mothers at the time of interview.

Another piece of research will be used in the proposed research by the author is "How Are Our Kids Report" which was a large scale study in Limerick. This research is recent and in-depth of the Limerick area in regard to children with a particular focus on disadvantaged areas. Although there is currently no dedicated research in Limerick with a particular focus on grandparent care giving, the researcher is adapting some of these findings to this issue. The How Are Our Kids (2012) report details that there is 16.5% parents/carers aged between 45-54 years old in all areas of Limerick researched which was "*broadly representative of Limerick as a whole*". Although as previously highlighted, this report did not specifically research grandparents raising their grandchildren, it did explore children's contact with grandparents in multiple areas of the city and with parents who do not live with the children. The report found that the highest numbers of

this was in the regeneration areas (Southhill/Moyross) versus the control areas of Limerick (Corbally/Rhebogue). This again highlights the high level of grandparent involvement in grandchildren’s lives in Limerick specifically where there may be issues of drug use, unemployment etc.

Figure 2.3a- Children’s Regular Contact with People in the Extended Family by Area (How Are Our Kids Report2012:1



This research based in Limerick is vital as it has been suggested by Williams (2011) that many grandparents are taking on the role of the parent more frequently due to the increased fragility of family arrangements exposed in the increased rates of divorce, prison, drug abuse etc. This is an issue mirrored in Limerick as exposed in this report that there are still the difficulties in Limerick which Ryan (1967) cited in How Are Our Kids Report (2012:17:18) found in the 1960’s such as

“Drink, family quarrels, bad management, sickness, and unemployment, mental and physical difficulties, each one of these alone is sufficient to create endless problems for the families that experience them”.

Although grandparents are clearly experiencing loss and hardship in looking at literature in Ireland and abroad, there is evidence and data indicating the positive effects on both the grandparents' and grandchildren's lives which cannot be ignored. Most recently an article by Crawford (2014) in the Irish Independent.ie with grandparent, Paddy Daly (73) who is raising his granddaughter, expressed his joy from raising her for the past 12 years. Crawford (2014) in discussion with this grandparent details that both Paddy and his wife, in their 70's, state that raising his grandchild keeps them young, active and terrific. Crawford(2014) states that Paddy attends school meetings and reports seeing many other grandparental care givers ,nearly 60% attending school meetings and it is now perceived 'as common'. It is refreshing also to include a recent piece from Ireland which is so positive and encouraging to grandparents as Crawford (2014) concludes that;

“If we didn't have Emma it would be a very quiet life. She keeps us active and she keeps us young. Without her I wouldn't know how to fill the time. It's a great way to stay close to your grandchildren” (Crawford 2014 p.1)

Exploring the benefits to both grandparents and grandchildren is something which is important to look at, as there are strong elements of resilience and advantages to this care giving situation and will be discussed thoroughly in the resilience section.

4.7 Loss, Grief and Grandparent Care giving

It is intended by the researcher to provide supporting research into loss and grief provisions and the importance of addressing this subject matter, therefore Machin (2009) in a piece titled “Working with Loss and Grief” is fitting to this. The introduction to this book focuses on the ethos of the current research stating;

“Personal stories provide a rich source of knowledge about grief, which is distinct from the research-based theoretical literature on loss and bereavement”
(p.1-2).

Machin (2008) proposes that too much of a focus on theories and stages can create a guideline that allows practitioners to disregard the individuality of grief and loss. Therefore this section will detail the possible experiences of loss and grief by grandparents raising grandchildren.

In connecting loss and grief loss and grief to grandparent caregiving an essential piece to point to is that of Elizabeth Kubler Ross, a renowned theorist on loss and grief. Kubler-Ross (2009) developed the well-known 5 stages of grief in the 1960’s from her in-depth interviews with the dying. In the fourth stage titled ‘Depression Stage’, Kubler Ross details that one of her interviewees who was terminally ill was once a grandparent caregiver. In the interview transcript, the man describes the lack of anxiety and pain towards his impending death as he has faced so much pain already in his life from the death of his daughter and raising his grandchildren for three years. In order to illustrate the contribution of loss and

grief from grandparent caregiving long term on this man's life due to not dealing with the pain and loss, a transcript of the interview will be given.

Doctor: *After you had this news you must have been thinking about how it's going to be when you die. How long you are going to live. How does a man deal with those questions?*

Patient: *Ah- Actually I had so many personal griefs in the meantime in my own life that it didn't seem like much. That's about it.*

Doctor: *Does that mean that you had a lot of personal losses?*

Patient: *Yes, my mother and father died, brother died, a twenty-eight year old daughter died, leaving two small children which we took care of for three years, up until last December. And that was the worst blow of all because it was a constant reminder of her death.... It kept on going and I look upon it as a matter of unresolved grief*

Doctor: *Yes, what Mr H is really saying is there was so much grief that it is very hard to take more grief now*

Patient: *That's right*

Doctor: *How can we help you? Who can help you? Is there anybody who can help with this?*

Patient: *I think so*

Doctor: *Has anybody helped you?*

Patient: *I have never asked anybody but you*

Doctor: *Has anybody talked with you like we are talking now?*

Patient: *No*

(Kubler- Ross, 2009 p. 75-76)

There are multiple issues here in relation to grandparent caregiving and unresolved grief which relates to the aforementioned. Kubler-Ross (2009) suggests that Mr H in this interview shows signs of being so occupied with personal losses, the most overwhelming the loss of his daughter, which renders him incapable of accepting his terminal illness. This pre-occupation was having an extremely detrimental effect on his mood and attitude with Kubler-Ross suggesting he was in a stage of depression.

“When there is so much pain already some added pain is not experienced as much as when it hits a healthy, pain free body. Yet we felt this pain couldn’t be eliminated if we could find means to communicate with Mr H” (Kubler-Ross 2009 p.89)

The lack of acknowledgment and ability to overcome the loss of his daughter caused Mr H to leave the dialogue of his impending death unspoken which in turn led to a lack of acceptance and peace. This highlights the essential nature of communicating loss and grief to overcome and accept and therefore move on to acknowledge other pain and loss. Elizabeth Kubler Ross (2009) echoes the researcher’s aims and objectives in communicating with grandparents and voicing their experiences of loss and grief so professionals and society can acknowledge and support them.

As previously mentioned Doka (2002) cited in Walter&McCoyd suggests disenfranchised grief that one can experience disenfranchised grief if the griever is excluded and is seen to not feel the pain of grief. This can be related to grandparents who are raising a grandchild due to the death of adult child and the

grandchild is given sympathy and support and the grandparent is excluded to this support. To strengthen this argument and illustrate the possible disenfranchised grief experienced, it is applicable to mention Lundstrom (2005) report on grandparent care giving in Ireland where it was found that;

“Social workers are focused on the task of child protection and crises and so the needs of carers were considered low priority” (Lundstrom 2005 p. 13)

This highlights the exclusion from the supports which are given to grandparent care giving which are more so focused on the child’s pain and needs. Although this is the basis of Irish law and social care services, these experiences and feelings of exclusion by grandparents cannot be ignored or dismissed in terms of loss and grief.

4.8 Resilience

“When we ask people to remain resilient with chronic stress and traumatic loss, their answers are coloured by their views of the world and how much control they feel they should have to manage their lives their way” (Boss, 2006 p.98)

There are different perspectives of resilience that will be discussed to highlight the ability and importance of a person developing resilience. Boss (2006) suggests that there is no commonality among disciplines in defining resilience, however there will be a focus on relationships such as parent-child,

families and communities. Multiple elements of resilience will be explored including individual resilience, family resilience and religion as a form of resilience.

In relation to grandparents in Ireland, TILDA (2015) cited in Phelan (2015) who completed research with 7,500 grandparents who provide childcare for grandchildren found that happiness of grandparents was connected with the expectation the grandparent had of the role. This is an important factor in role acceptance and knowledge which could influence the resilience the grandparent may have or may create if the expectation is realistic. This will be a factor in recommendations for professionals as social care workers and foster support can help develop this resilience if there is clear and informative communication on the role expectations.

4.8.1) Individual Resilience

“Blaming oneself or others in one’s relational network for the ambiguous loss blocks ones natural social support system from being mobilised. Blame becomes a barrier between the individual and the other people they care about. Self-blame becomes a barrier to tempering mastery and resiliency because it paralyzes an individual with guilt and shame” (Boss, 2006 p.105)

Boss (2006) defines individual resilience as the ability to stretch and flex in response to pressure that occur within a person’s life. Although this can be everyday stresses and strains, it can also include major crises, family death or unexpected traumatic events. Boss (2006) states that *“resilience is defined as the ability to bounce back to a level of functioning equal to or greater than before*

crisis”(p. 48). Resiliency also relates to the maintenance of mental and physical health even in the mist of stress and trauma. Where there is ambiguous loss, the resilience involves being able to function and live with the ambiguity. The resiliency of a person will be looked at through the lens of ambiguity as many grandparents may experience ambiguous loss because of substance abuse and mental health issues. Resilience under ambiguous circumstances refers to the person being comfortable with the absence and presence of the loved one.

Boss discusses a concept called mastery as a ‘consistent moderator of stress and trauma’ (Pearlin&Schooler, 1978: Pearlin, Menaghan, Lieberman&Mullan, 1981 cited in Boss 2006 p.98). Mastery is the ability of an individual to manage their life and the ability of that person to exert power when needed to this. Pearlin (1995) cited in Boss (2006) theorised mastery by researching people who had illnesses such as AIDS and Alzheimer’s disease. Pearlin (1995) clarified the connection between chronic stressors, social forces and health and then documented how different people had different reactions to the same event, based on the skill of mastery. This sense of mastery helps in resilience for two main reasons which are vital to discuss in relation to this research piece. Firstly, having a sense of control itself reduces feelings of vulnerability which can ultimately reduce fear in a threatening situation. The second factor is that mastery can provide a person with a sense of self ‘self-fulfilling prophecy’ which can then allow a person feel they are responding with control to a threat and have the ability to overcome it(Pearlin 1995 cited in Boss 2006 p.100). However it is vital to outline that there is a concept called ‘Tempering Mastery’ which explains that each situation needs a reasonable value

of mastery and too much or too little mastery can ultimately weaken resiliency. This means a person having too much mastery such as insisting to try fix an impossible situation or not having mastery and not exerting any control or decisions, both of which can be toxic to the wellbeing of the person. This can be related to grandparents raising grandchildren as the grandparent may need to exert control over decisions regarding the grandchild but may not be able to influence the wellbeing of the adult child.

4.8.2) Family Resilience

Boss (2006) firmly states that a strong element of the healing process after a loss, is being connected to one's trusted and familiar community such as close friends and family. However there can be, as previously discussed, family conflict and loss of family cohesion. Boss (2006) attributes this to the blurred perceptions of the different family members on the presence or absence of the family member. To maintain or increase this sense of family resilience as a unit, the therapeutic goal is to ultimately increase tolerance within the family on the conflicting perceptions and to help restructure roles and rules in the family. Maintaining family cohesion can therefore affect how resilient a grandparent can remain while raising their grandchild.

4.8.3) Religion

Peluso et al (2013) examines models of grief that are used in counselling through grief and bereavement with newer models of grief therapy look at meaning-making (Nadean 2001 cited in Peluso et al 2013). Religion and spirituality is one of the factors associated with the contextual elements a professional can consider in supporting a family through a loss. However this has not always been done and family grief literature has not always put consideration on this spiritual or religious element. However academics and practitioners are now acknowledging the importance of religion as an essential facet to diversity and the therapeutic process and not acknowledging a person's religion or spirituality is seen as unethical.

Spall & Callis (1997) discusses that religion brings not only a special form of comfort and eases grief but can also be helpful to people who are not particularly religious. It is therefore essential to discuss how religion can be used as a form of resilience and coping for those bereaved or grieving. Religion can be defined as “a systematized belief system” that seeks to make sense of the world, the expression of that belief in ritual, and the following of moral codes (Spall&Callis 1997). Religion was also discussed by Elizabeth Kubler Ross (2003) who found that the acceptance stage of grief can hold a presence of religion. This occurred with Dr.G who found peace and comfort in Scriptures of God and can affect the families' sense of religious identity with experiences of loss deepening religious experiences.

It is important to note that Hayslip&Kaminski (2008) recommend that the culture and beliefs of grandparents are essential for professionals to recognise as parenting may differ due to this. This is essential to note so the religious resilience of a grandparent can be prioritised and valued to aid the raising of their grandchild.

4.8.4) the Caring Professional

It is important to discuss factors which can help the professional to alleviate stress and increase the resilience of the person experiencing a loss or grievance, which in this case would be the grandparent. There will be a strong focus on the factors which can help temper mastery, a concept discussed previously. However it is worth acknowledging that Boss (2006) does state that the acceptance of the professional on the inability to solve the person's problems can be extremely challenging. An ethos that may be useful to highlight can be that the goal of both professional and client is ever changing and when a goal is impossible, the goal can then be to temper mastery. However this requires extreme flexibility of a person to accept that the situation is imperfect and although cannot change it, is willing to live with the loss and not perceive themselves as the victim. The overall goal of the professional, as suggested by Boss (2006), can be for the professional and client to acknowledge their ability to live with ambiguous loss or a grievance and the ultimate goal being to live well despite the imperfect situation.

Boss (2006) lists skills for the professional to aid tempering mastery and below are skills which are seen to be applicable to supporting grandparents raising grandchildren.

- Recognising the world is not always fair
- Decreasing self-blame
- Managing and making decisions
- Increasing Success Experience
- Accepting(at times) what will not change
- Reconstructing rituals

Recognising the world is not always fair;

Lerner (1971) cited in Boss (2006) firmly states that many people in society believe that the world we live in is fair and just which can lead them to believe that they control what happens in their lives and can control external influences.

However Festinger (1957) cited in Boss (2006) states that if one is to hold this belief we must also acknowledge the objective result between effort and outcome and the possibility of this result for all people. People, who do not acknowledge this, can see negative things happening to people who deserve what they get and perceive that 'good people' can alter and control any event that happens to them or their loved one. If they cannot, there can be a sense of failure or blame that is not just and can be harmful to overcoming grief. Therefore it is essential for the professional to say to a person, that it is not their fault.

Increasing Success Experiences;

An important factor for professionals to take into account when supporting a grandparent who has experienced a loss is to gradually focus on successful and empowering experiences. Boss (2002) cited in Boss (2006) states ambiguous loss can be an uncontrollable experience both for the professional and the client which in this case is the grandparent, and depression can become an outcome so it therefore vital to encourage things in their life which can be achieved with success. These steps can aid a feeling of empowerment and control and can also decrease isolation which as previously mentioned is a factor which grandparents raising grandchildren can experience therefore encourages the professional to look at goals that increase empowerment ‘by constructing options, information and social support’ (Boss 2002c cited in Boss 2006 p.110).

4.9) Conclusion

“The youngsters of today live in a world that is drastically different from one in which their grandchildren were raised. Bridging the gap created by these differences takes energy, education, insight, understanding and adaptability. The first objective of this book is to help build the understanding....” (Williams 2011

xix)

This literature review provides the reader with an understanding of the unique and complex issues facing grandparents’ raising grandchildren. This understanding, as Williams (2011) suggests, aids the insight, adaptability and education in to this area. To achieve this, the literature review has given an overview of research both nationally and internationally. As discussed there is a

significant lack of research in Ireland so the researcher included multiple pieces from USA, Canada, Australia and the UK. Research from Ireland was highlighted with much consideration and discussion from the researcher as it is crucial to explore grandparental research completed nationally. Research that was completed in Ireland such as Lundstrom (2005) had a focus on service support rather than grandparent's feelings or reflections. The only similar piece of research in Ireland that explored grandparent's perceptions was compiled by the Department of Social Protection (2008). Although this research did not only look at grandparents raising grandchildren but explored all grandparents' reflections and experiences, it did find that many grandparents were worried and concerned for their grandchildren's future and at the rising substance abuse issues in families. Research from Ireland was highlighted with much consideration and discussion from the researcher as it is crucial to explore grandparental research completed nationally. Recent CSO statistics were examined to suggest the possible prevalence of grandparent's raising grandchildren in Ireland.

Much of the literature explored in this section was of qualitative nature however there is a visible gap in research acknowledging the loss and grief grandparents may experience and generally inviting a grandparent to give their experience and reflections on this caregiving role. The most relevant and similar research piece to this project was explored in this section which was from Australia by Backhouse et al (2012) where 34 grandparents raising grandchildren were interviewed and the loss experienced strongly palpable in the interviews. The literature therefore reinforced the crucial need for an Irish perspective from grandparents performing the primary caregiving role. The importance of

acknowledging loss and grief experienced was explored through the examining theoretical frameworks by key theorists in the area. The main theories considered in this section was ambiguous loss, disenfranchised grief and loss of the assumptive world. This was crucial so a knowledge was gained and understood before exploring the grandparent's possible experiences of loss and grief. Gathered from these theories it was found that loss and grief a person is experiencing is crucial to acknowledge and allow a space to be communicated.

Resilience was a dominant subject in the literature review as the researcher saw it crucial to highlight the strength and spirit grandparents can have. Resilience is also something that can be improved drastically by caring professionals engaged with grandparents so is therefore essential to illuminate. Resilience will also be a strong theme throughout this research piece and in the recommendations section.

The next chapter will review the results from interviews with parenting grandparents and discuss these findings in detail against relation to relevant literature.

5.0 Results and Discussion

5.1 Introduction

This chapter will explore and discuss the themes identified by the researcher from 10 interviews completed with grandparents raising their grandchildren full time. A table containing all themes to illustrate a clear and concise overview of results will be provided. Following this an in-depth look at the results and discussion by the researcher will be detailed. The results section will contain multiple quotes from participants as Smith et al (2009) cited in Drummond et al (2011) states the aim of IPA is to “illustrate, inform and master themes by firmly anchoring findings in direct quotes from participant accounts”(p. 21). This allows the exploration to go beyond a standard analysis and the use of participants’ captured speech and expressions furthers the rooting of meaning by highlights experiences in their own words (Brocki and Wearen 2006 cited in Drummond et al (2011)).

It is essential to reinforce, in the opinion of the researcher that the results do not seek to express a single truth or answer that was found but rather detail the coherent account that is expressed by words of participants. Primary losses such as death will be discussed but also losses associated with the full time caring of grandchildren will be highlighted. Lendrum&Syme(2004) state that losses can be experienced as loss of freedom, loss of health, loss of safety, loss of comfort and loss of hobbies, some of which correlate strongly with research results in this piece. However the researcher wishes to align the research and values with Hayslip&Kaminski (2008) who argue

“Rather than viewing custodial grandparents as deficient, inept and struggling, portrayals of custodial grandparents as wise, nurturing, patient and modelling prosocial behaviour are increasingly embraced, a rise that is consistent with the recent rise in positive psychology” (p.xix).

5.2) Loss and Grief Experienced

Initially the exploration of whether loss and grief had been experienced by the participants intimidated the researcher. The researcher was not sure if loss and grief would be evident or observable to form results. However similar to the research of Backhouse et al (2012) loss and grief experienced by grandparents was ‘palpable’ in the interview process and multiple forms of loss and grief were experienced by grandparents. The first section deals with the responses when asked about sadness or loss experienced or any mention of words such as ‘loss’ ‘grief’ and ‘sadness’.

Another element to this theme which will be discussed is the mention of other losses experienced by the grandparents such as family deaths etc. This is important to highlight as it was something found by Elizabeth Kubler Ross (2003) in research in 1966 with terminally ill patients. Kubler-Ross (2003) found that when participants were speaking of personal grievances, this brought up conversations and experiences of other losses in the person’s life that were significant. Although loss and grief literature was explored in the literature review, there are significant gaps in relation to direct reference to loss and grief experienced by grandparents which will become evident upon

discussion of results. This is echoed by Wright (2007) who states there are many different forms of loss a person can experience other than the death of a family member such as major changes in health or behaviour in family members, pregnancy and/or gaining new family members through birth or adoption. However grandparents who are raising grandchildren complex experience of loss, have not been explored which is not considerate to such a powerful and unique experience, which will become evident throughout this section.

Ms P;

*“Now I feel I am coming out of it but ya the **loss** was there”* (8.5.1-#145)

*“So I just couldn’t so I was going through the **grieving** process”* (8.5.1-
#150-151)

Ms D;

Do you have any sadness about the situation you’re in?

“Sometimes ya. You know I would, sometimes I say to myself- if I’ve had a really bad day with him- I should have been thought it through more or been giving more time to make up my mind.”(8.5.2 #348-351)

It is evident that there is a level of regret during times of sadness for this grandparent. Ms D spoke of the challenging behaviour that her grandson presents with and identifies this as the time she experiences sadness. This correlates with Wright (2007) who states a person can

experience loss when there is a major change in a person's health or behaviour.

Ms T;

*“I mean **I thought I would die** when she was coming but now that I have her, if anything happened her it would be devastating. I didn't even go and tell my own mother and father, I wasn't able **I was crying so much.**”(8.5.3 #658-660)*

*“Now talk about **loss**, it was like a **whole bereavement** thing going through. I nearly died, my whole worry would always be if something happened me who would take her on?”(8.5.3 #453-455)*

Ms H;

*“**I cry for those kids** that they don't have the mammy that they want.”
(8.5.4 #800)*

*“You do because I reared mine and I got the pleasure of the walking and mile stones and the crazy things that they do and **she is missing it** and they have to be missing her aswel.” (8.5.4 #800-802)*

Ms V;

*“But it was hard, the way Niamh was **I felt like giving up** myself.”(8.5.5 #1020)*

*“If the help is there whether they are grandparents no matter who it is, because that **child is bereaved** and has demons and everything and the first thing they will lash out on, is us.” (8.5.5 #1160-1162)*

Ms S;

*“**I don’t know how I cope with it** being honest with you, you know I just don’t know. I just never had the time to” (8.5.6 #1339-1340)*

*“When **Conor died** first he was buried here and **I would go down there a couple times a day** and that really helped me. It was good, I could go down and chat to him. But now I go every few weeks, I just don’t have the energy anymore” (8.5.6 #1340-1341)*

Ms S was the only grandparent interviewed that had experienced the death of her adult child resulting in the full time caring of her grandchild. Ms S therefore was experiencing the primary loss of her son and other secondary losses. Rando (1988) cited in Becvar (2003) states that although the mourning process can be different depending on the kind of relationship parents have with children and the child’s age and stages of life. However there is little literature asserting that the loss of a child is more or less painful based on the age of the child at time of when the death. De Toledo&Brown (1995) cited in Hayslip et al (2008) suggest grandparents can be grieving with the death of their own child and are also helping support their grandchild through the grief of losing a parent. This

research also discusses secondary losses which can be experienced as the loss of the traditional grandparent role, social stigma and not being able to spend time with other non-custodial grandchildren (Hayslip et al 2008).

Ms L;

“I buried my son and she was only a child then and that’s what started all her (problems)” (8.5.7 #1503-1504)

“It did hurt. I cried loads and loads of times. For the kids other than that no” (8.5.7 #1520-1521)

“The only way I wind down is to go to the grave and sit there for a few hours just to have time out” (8.5.7 #1564-1565)

Ms A;

“All I worry about is like that I am there long enough to see Harry, I absolutely idolise him and he is the same with me, we have a very close bond and occasionally if I drink a glass of wine I would smoke a cigarette and “Nana don’t be smoking” (8.5.8 #1761-1762)

Ms F;

“There is a big issue around trust there you know but am that would be my grief, the financial side and the babysitting side of it. Those two would be my main” (8.5.9 #2156-2157)

*“I have **fierce compassion for him** (grandchild). Fierce compassion, I brought him to the *support service and they rang again recently and I have to ring them back because he needs it again because she was back in his life when she was clean there a couple of months ago and **she’s gone again now**” (8.5.9 #2016-2019)*

*“That’s why I have to take him back to the *support service because last year after we moved from our house, running to the school and my whole time was taken up but we did a few sessions when she was back for the 6 months and he was going to see her and now she is gone again. I can’t allow it, I cannot allow it. Because I don’t want **him to turn out fucked up**, do you understand?” (8.5.9 #2122-2126)*

Mrs Y;

“I grieved for him. I grieved for him like I lost him for six or 8 weeks I grieved for him.” (8.5.10 #2300-2301)

It is clear that all grandparents make mention of some loss or grievance experienced. Many participants spoke of the pain and grief they feel for their grandchild and the loss the grandchild may experience. Strom&Strom (2011) suggests that grandparents may feel a mix of emotions ranging from remorse and guilt to anger and resentment which is seen in the participants’ quotes. It is also suggested grandparents can experience isolation and a continual obligation towards others, more specifically the obligation towards other family members and the non-custodial grandchildren. This will be highlighted and discussed further in the results section. Factors that affect an individual’s capacity to grieve

is suggested by Lendrum&Syme (2004) as their age, maturity and whether or not they are in a period of life transitions. It is then suggested that retirement age renders people vulnerable when a loss occurs. The age range of grandparents in this research piece was 42-68 and therefore strongly connects to transitioning to the later stages of life.

A theme that was evident to the researcher was one similar to Kubler-Ross (2009) who discovered that when a person was grieving, other losses they experienced over their lifetime could re-surface. This was found during interviews with participants who mentioned other family deaths and family struggles when speaking about loss.

Ms P;

*“I lost my mother and sister 3 years ago to cancer so there has **been a lot of loss in my family** and then my son was in prison and there was another loss there because it was 18months I didn’t speak to him, see him which would have been the first time in my life and his life and I didn’t deliberately set out to not see him but I couldn’t go there because I knew if I went there **I would be lost myself and never come back**”(8.5.1 #145-150)*

Ms S;

“My sister died and that took a lot out of my mother. Then my brother died of a heart-attack and then Conor died so the fact I had Joanne, I hadn’t time to think. You know it kept me going.” (8.5.6 #1426-1427)

Ms F;

“I buried two sisters, I only have two sisters and I buried both of them within 6 weeks of each other. One was 58 and the other was 62 and it was horrific. And I had to come back from Galway and was straight back into it again and I had no chance to grieve. I did my grieving when they were ill and like that again I was tied with Alan” (8.5.9 #2050-2051)

Kubler Ross (2003) highlighted that many participants who were terminally ill spoke of loss. She interviewed a patient who was severely preoccupied with personal losses that rendered him incapable of acknowledging and accepting his own mortality. The most significant loss he had experienced that he discussed was the loss of his daughter. The death of his daughter influenced the way he accepted the loss of his health. Kubler- Ross (2003) suggests “when there is so much pain already, some added pain is not experienced as much” (p. 120). This is important to note as many grandparents spoke of other personal losses they experienced throughout their lifetime, which can lead to a person not grieving each individual loss and rather see it as a cumulative lifetime of loss that cannot be grieved and accepted.

5.2.1) Loss of Assumptive World

This theory of loss was the most common experience among the grandparents interviewed. Parkes (1971, 1988) cited in Kauffman (2002) introduced the concept of the assumptive world stating “*the assumptive world is the only world we know and it includes our interpretations of the past and our expectations of the future, our plans and prejudices. Any or all of these may need to change as a result of changes in life space*” (Parkes 1971 cited in Kauffman 2002 p.2) Parkes (1996) cited in Parkes (2002) discusses psycho-social transitions where people, in this case grandparents, have to let go of redundant assumptions so as to learn how to function and live in this new world of reality. An example of this in relation to grandparents would be the assumptions that as they aged and became grandparents, they would be retiring, cease care-giving and start to travel and enjoy more freedom instead of undertaking parenting responsibilities.

In relation to IPA, it is suggested by Smith et al (1999) cited in Aisbett (2006) that it is essential themes which are identified are truly represented in the transcribed data and all analytical decisions are reasonable and justified. This is done with each interview and the researcher is constantly open to new emerging themes and is not simply looking for connections to previous interview results. Furthermore, results highlighted are not chosen solely on the frequency with which they present in the transcripts but also on the richness of description of quotations used to give meaning to the participant’s account of experience (Smith et al 1999 cited in Aisbett 2006). Although the loss of the assumptive world was the most frequent theme, it also had the most palpable significance for the grandparents in the interview.

Ms P;

*“we had kind of, we didn’t want any more children and then **all of a sudden** there was there at 2”*(8.5.1 #103-104)

Ms D;

*“I mean one part of you is saying your whole life is going to **change** and the other part is saying **what can I do.**”* (8.5.2 #414-415)

Mrs T;

*“Completely, you know my birthday was last week and I thought **my life is just passing me by** and what am I doing? Just minding, minding, minding.”*(8.5.3 #522-524)

*“You would see other women your age can go off in the car or even as a couple go away for a weekend but **we can’t ever do that**”* (8.5.3 #574-575)

A point worth noting in looking at Mrs T’s feelings on her experience of long-term caregiving is reinforced by Roberto et al (2001) cited in Arber & Timonen (2015) who suggest women are, in many societies, presumed to act as ‘kin keepers’. It is important to acknowledge the gendered expectations in caregiving in Ireland which are echoed in Mrs T’s account of her experience. This is reinforced by O’Connor (2000) who strongly asserts that regardless of age or life stages, women are continuously structurally and culturally provided with cues which define them as women and as caregivers. Mills et al (2001) cited in Arber&

Timonen (2015) examines this in direct relation to grandparents stating that grandmothers are more likely to be close to grandchildren than grandfathers.

Ms H;

*“My life stopped, **I gave up everything**” (8.5.4 #700)*

Janoff-Bulman (1992) cited in Parkes (2002) developed a contribution to this theory on ‘Shattered Assumptions’ which affects security, self-worth and protection of others. This is poignant when reflecting on Ms H’s experience where she speaks of her perception of self and how drastically her life has changed.

Janoff-Bulman states the trauma experienced is the loss of beliefs that are deeply embedded and accepted such as self-worth, goodness and meaning. The shattering of the person’s identity i.e. ‘the grandparent’ is the traumatic loss which the researcher suggests is being experienced by grandparents raising grandchildren.

Mrs V;

*“When that came knocking on our door we **didn’t expect it**. Cause myself and Joe had **plans made** here when the kids were all grand that we **start our life**. Just work for another while and go off here or there for a weekend”. (8.5.5 #1079-1080)*

*“Because I spent my whole life, I reared my brothers, my sisters, my whole life was looking after someone else and **I thought it was my turn** but then*

*what happened with Niamh. Here I was saying **will it ever end** that I have to keep on fighting for someone” (8.5.5 #1084-1087)*

*“It was **the last thing we both expected to be doing**, you know You will go through hell yourself, but hang in there, get the help don’t be ashamed. There is a lot of us who are ashamed because we didn’t expect it, it happens to someone else, not us. **That belongs somewhere else, not here.**” (8.5.5 #1221-1222)*

It is apparent from the different participant quotes that there are varied experiences and multiple approaches in the theory of loss of the assumptive world. Bloom cited in Kauffman (2002) states that there are instances, particularly in cases of child neglect, where a person can grieve things they never had to lose, yet still grieve. This is extremely evident as Mrs V discusses the feeling of loss she experienced in the care giving and having to ‘fight’ for other people. Mrs V had the belief that once her children were raised, this care giving part of her life would end but it did not. This connects strongly with Bloom ideology that someone can grieve for something that they never had or experienced as Mrs V, although had never experienced not being in a care giving situation, is still grieving for this.

Ms S;

*“Still to this day sometimes I feel very, **it wasn’t fair**. But and I’m only thinking that lately because I never would have **thought why me, because why not me.**” (8.5.6 #1303-1304)*

The loss of the assumptive world was poignant for Ms S as she was the only grandparent whose child was deceased. Ms S spoke about how she felt it was not fair that her son had died. Walter et McCoyd (2009) reinforces the idea parents generally expect their children to outlive them; when this belief is disrupted it can lead to the loss of the assumptive world. This is seen as a natural expectation of the world and the ‘should be’ beliefs people hold which at times, are shattered. Walter et McCoyd (2009) also state that death alone is disorientating but the disruption of the assumptive world is extremely unsettling for a person. Often the parent will make a change or an effort to commemorate their deceased child which could be suggested in this case as the choice to care give for the grandchild of the deceased child.

Ms L;

*“It is tough for any grandmother because **she thinks she has her family reared** and all of a **sudden** they have to go back rearing another family.” (8.5.7 #1553-1554)*

Ms F;

*“Part of me is angry and I want to be very honest with you I would love to belt her. Because **she has taken my life**, ok. Like it’s **not very easy** going back at 42, my oldest is 21.” (8.5.9 #1943-1944)*

Ms Y;

*“I had my own child, she is 6 and Karen in 5 so we had two babies **all of a sudden** at 38 and I didn’t want another baby that was a shock and then to given another baby and then I had twins.” (8.5.10 #2268-2270)*

Although the loss of the assumptive world can be associated with the loss of the previous world, there are times after the loss where a new world is formed. This was apparent in the interview with Ms A who spoke of the new meaning she identified with since she took on the full time care of her grandson. Parkes (2012) suggests that although the assumptive world can be shattered and cannot be rebuilt, a new one can be discovered and reformed. Parkes specifies that the new assumptive world has new beliefs and realities that are now more realistic according to their circumstance.

Ms A;

*“You know, it can be challenging but I could not imagine myself not being in this situation. I wouldn’t know what to do with myself. Like I mean **I did have plans** I might do this or that or whatever but I’m quite content now with what I’m doing” (8.5.8 #1789-1790)*

*“Not really **I mean I adjusted** as I went along with Harry, I knew what I was taking on and I knew that’s what I wanted to do. If he had went into care that would never have made me happy I wanted to be his carer.” (8.5.8 #1719-1720)*

It is evident that Ms A recognises the assumptions and beliefs she lost of the life she once thought she would have, but has rebuilt her world around her grandson. Ms A also put significance on her new accepted identity as her grandson’s carer. The adjustment and acceptance to her new world had eased the negative effects seen with other grandparent caregivers. It is possible that this acceptance of her new role is because of certain factors in her care giving situation which will be discussed in a later section on resilience.

5.2.2) Ambiguous Loss

“As I was walking up the stair,
I met a man, who was not there,
He was not there again today,
Oh, how I wish he’d go away”

(Boss, 1999 p. 6)

Boss (1999) refers to ambiguous loss as a frozen grief as the clarification of the person who is lost is so uncertain. In ambiguous loss, the person can be

1) Physically absent but psychologically present e.g. Someone kidnapped or in prison

2) Physically present but psychologically absent e.g. a person with substance abuse issues/mental health issues. The second form of ambiguous loss, where the person is psychologically absent, was the one most significant to grandparents interviewed mainly because of addiction and/or mental health issues. Boss (1999) argues that this form of ambiguous loss is the most intense experience as mental illness or addiction issues can present complex issues of loss to the person living with it. Similarly the way ambiguity can complicate a loss, it can also complicate normal mourning.

Although there were many grandparents interviewed who had their adult child in addiction which is connected strongly to ambiguous loss, it did not arise in all participant interviews. Some of the adult children were struggling with addiction and also had mental health issues which are suggested to cause the most intense experiences of ambiguous loss Boss (1999). However ambiguous loss was strongly prevalent in some interviews and it is therefore important to acknowledge for these grandparents. Smith et al (2009) suggest that IPA is interested in looking in detail at how someone makes sense of transitions in their life and the common thread is the significance to the person and the reflection and thinking the participant does to work through the experience and meaning.

Ms P;

“Oh I lost my daughter, I lost her. It was like she was dead. I did lose her.”(8.5.1 #141-142)

Mrs V;

*“It was like I was going through some sort of **bereavement** that my daughter was **dead even though she was alive** but that was the way it was to me” (8.5.5 #1136-1137)*

Boss (1999) suggests that the ambiguity being experienced can leave a person feeling confused and not knowing how to make sense of the situation which is seen in the above quote from Mrs V. It can be felt from the speech captured that Mrs V is trying to make sense of the loss and express how she was making meaning for herself. Boss (1999) also states a person can try and resolve the loss by either acting as if the person is gone or denying anything has changed. Mrs V does respond in this part of the interview her daughter was gone but her uncertainty is present further on in the interview when she states “hopefully the next time you see me I’ll be in contact with my daughter”.

Ms F;

*“I feel I have **lost** my daughter” (8.5.9 #2145)*

Mrs Y;

*“But she could never **come back** as my innocent girl that I remembered and loved. I had decided then that I would forget about trying to get her back and deal with a **different girl** and a different person and she has grown to be a different adult.” (8.5.10 #2362-2366)*

Mrs Y, similarly to Mrs V, is responding to the ambiguous loss with an absolute response by deciding that her child is completely gone. Mrs Y discussed in the interview that she did a private ritual to mourn her child as she has accepted that she is gone from her life.

Ms H;

*“That was what they knew up to 6 months ago when she decided to tell them that she was sick in the head and then all the questions started ‘how can someone be **sick** in the head?’ ‘If someone is sick in the head they need to be in hospital’ and your sitting there thinking not that kind of hospital, it’s **hard to explain** to them.” (8.5.4 #*

809-814)

Boss (1999) discusses mental health issues and addiction in relation to ambiguous loss which relates strongly to Ms H statement on her daughter who is in addiction and has Bipolar Disorder. Ms H refers to her daughter as being alive but her mind not being present which Ms H struggles with in terms of how to

explain this to her grandchildren. This reinforces the distress and confusion ambiguous loss can cause specifically in relation to mental health issues.

As Boss (1999) states, personal narratives such as the participant quotes highlight the bittersweet legacy ambiguity creates. Uncertainty can make ambiguous loss the most challenging of all losses and is suggested to lead to symptoms that need diagnosis but are often misdiagnosed. It is the opinion of the researcher that ambiguous loss could have been present in other interviews but due to the nature of ambiguity, could have been unobservable by the researcher. Boss(1999) states that the human hunger for lasting certainty is rarely satisfied when ambiguous loss is experienced, which is why it can be the most challenging. This is evident in the participant quotes, particularly in relationships once thought to be everlasting an example of this being the parent-child relationship.

5.2.3) Disenfranchised Grief

Doka (1989, 2000, 2002) coined the term *disenfranchised grief* and used it to refer to grief that is not recognised, validated or supported by the world of the person who experienced the loss(Doka cited in Walter&McCoyd 2009) This form of grief can leave the griever unsure if the experience they have encountered is a loss. Doka (2002) cited in Walter&McCoyd (2009) defines disenfranchised grief with categories that can be experienced. Many of these are relatable to grandparents raising grandchildren so will be explored by the researcher.

1) Grief in which the griever is excluded and is seen to not feel the pain of grief. This can be related to grandparents who are raising a grandchild due to the death of the adult child. The grandchild may be given sympathy and support and the grandparent is excluded from this support. This is poignant in terms of Irish customs and law where the child is seen as paramount. However the grandparent providing care to the grandchild, may require intensive support.

2) Grief in which the circumstance of the death can result in social stigma such as alcoholism, crime, AIDS or any moral failure on behalf of the deceased. This perception of a moral failure can also be transferred to the grandparent as the parent of the child who died as a result of a perceived social stigma.

3) Grief which is not expressed in socially accepted ways such as being too expressive or not expressive enough.

It is crucial to illustrate the raw data and how the interpretation was concluded by the researcher (Forrester 2010). Although the researcher did not interpret all the grandparents as experiencing disenfranchised grief, this does not weaken the analysis of IPA. Forrester (2010) states the aim is to understand the experiences of the experiencer and their point of view.

Ms P;

*“And I was in **tears** and they were talking to each other (social workers) and a bit of the conversation was more or less, we know she’s not **in it for the money** we will pay her. You know. And that was so (trails off) I was **feeling***

bad enough and to hear that “we know she’s not in it for the money” it’s like you’ve passed. It shouldn’t be like that” (8.5.1 #259-263)

Doka discusses disenfranchised grief as a form of grief in which the survivor is not allowed to grieve. The reasons behind the person not being allowed to grieve can be due to the nature of the loss which is being suggested by the researcher to be the case with Mrs P. The nature of the loss with Mrs P was the substance abuse issues of her daughter which left her unavailable to care for her child. Therefore no death or primary loss had occurred; Mrs P experienced a loss which society is not acknowledging and the above quote illustrates support workers not acknowledging this grief.

Mrs T;

*“I didn’t even go and tell my own mother and father, I wasn’t able I was **crying** so much. I mean it took two weeks, **I didn’t want to see anyone**, all I could do was cry” (8.5.3 #660-661)*

The above participant quote highlights Raphael (1983) cited in Doka’s (2002) who suggests that there is significant loss in people who put their children in foster care or up for adoption. Doka (2002) states “we have yet to explore the grief related implications of surrogate motherhood” (p.11). Mrs T became aware during her daughter’s pregnancy that she would be the main carer of the child once born. The grief evident from her above quote could therefore be linked to the awareness of becoming a surrogate mother of her

grandchild. This was echoed throughout the interview with Mrs T who stated she “may as well of had her herself”

Mrs Y;

*“Now she is a **different person** and she is not my child” (8.5.10 #*

2313-2314)

*“It felt she was completely different girl and she could **never come back** because I reckon she’s been raped, she’s been robbed, she’s been starved but she could never come back as my innocent girl **that I remembered and loved**. I had decided then that I would **forget** about trying to get her back and deal with a **different girl** and a different person and she has grown to be a different adult.” (8.5.10 #*

2362-2366)

Mrs Y discussed the loss of her adult daughter to substance abuse issues over a number of years. The experiences expressed by Mrs Y connect strongly to Doka (1985) cited in Doka (2002) theory of psychosocial death, where the persona of a person has changed so drastically through mental illness or addiction that family members or friends see the previous identity as dead. This was poignant for Mrs Y who discussed doing a burial of her daughter’s baby bracelet to help her overcome the loss of her child to addiction.

Ms S;

*“I accepted it ok but now and then **I was very cross** with my son and with Emma, you know for leaving. Now it wasn’t their fault they died, both of them in accidents but I was still and still to this day sometimes I feel very, **it wasn’t fair**” (8.5.6 #1301-1303)*

*“**I couldn’t grieve** for Emma because Conor and Joanne were here at the time and they were devastated.” (8.5.6 #1316-1317)*

*“But I felt I couldn’t, when Conor died, there was, I couldn’t, **I couldn’t grieve** you know.” (8.5.6 #1323-1324)*

Ms S reflects on the death of her son and the feeling of not being able to grieve because of caring for her grandchild who is also experiencing this loss. This correlates with Doka’s theory of disenfranchised grief (2002) where the person is seen to be excluded from grieving which then leads to a lack of support and validation for the grandparent. The perceptions and reactions of others when a loss occurs is important to a person’s capability to mourn which is conceptualised perfectly by Doka (2002) cited in Hayslip et al (2008) who states;

*“Perceptions of others regarding these losses experienced
By the custodial grandparent may result in a lack of validation by society.
This sense of “disenfranchised grief” can result when others fail to
appropriately*

Acknowledge one's sense of loss and, consequently, fail to provide appropriate Empathy and support" (p.165)

5.3 Loss of Relationship/Difficult Relationship with Adult Child

A complex and difficult relationship with the grandparent's adult child was a poignant experience and result and was significant among grandparents who had a child in substance addiction. In exploring the loss of the relationship with the adult child, the researcher examined attachment theory by John Bowlby. Weiss (1973) cited in Parkes et al (1999) states that there is still much to learn in exploring the attachments of parents to mature children such as triggers and modifications to relationships over time. However it is noted that attachment in adults is as critical as it is for children in continuing security and emotional stability. Therefore the effects of the loss or modification to the attachment between parent and child can be seen in grandparents' accounts of their experience. Weiss (1991) cited in Parkes et al (1999) states that attachment of a parent to an immature adult child has been seen in research interviews and systematic observations. It has been suggested that in these types of relationships where the adult child does not have a strong relationship with the parent, the parent can develop very strong investments into newly born children in the family. Grandparents, it is being suggested, re-invest in new attachments if the relationship with the adult child is fractured or severed. This is seen with all of the participants in this research as each

grandparent is investing in the attachment with their grandchildren by raising them on a primary basis.

A theme which will be a thread throughout this section was the theory of ‘uncertainty’ by Marris (1991) cited in Parkes et al (1999) who states that uncertainty unsettles previously held beliefs, assumptions and meaning. Attachment is believed to be core to the organisation of meaning in human beings. It is suggested that wellbeing is based on securing and protecting our attachment figures. The ‘uncertainty’ faced can take different forms but one that is most applicable to grandparents is an event where it disrupts actions which make life meaningful such as the loss of an attachment to an adult child. Uncertainty can cause a person to create strategies to overcome it such as reformulating ideas and purposes in life with other significant attachments. In this case it is being suggested the significant attachment is the grandchildren they are now raising.

Ms P;

*“I had her child taken off her, she literally I mean all her **vengeance and hatred**, everything was **aimed at me**” (8.5.1 #43-44)*

*“I had to **choose** and that put Mary back more and **distanced us** more because I had to choose and I chose Amy (grandchild). So that was a **heart-breaking decision** for me to make and it still is. Because Amy will come first but Mary is my daughter and I love her, I could kill her (laughs) but I love the bones of her” (8.5.1 #121-124)*

*“The **actual hatred** that would come from her and I know where it was coming from and from the training I do here so I know all that, up here(point to head) but being a **mother in your heart**, you are still human”.*(8.5.1 #129-132)

Ms P spoke in-depth about the turbulent relationship she has with her adult daughter. It can be interpreted from the quotes that although there was no death, there was a painful loss of relationship with her child and the ensuing grief that accompanied this loss. Marris (1991) cited in Parkes et al (1999) state that loss can fundamentally disrupt the purpose of life and can provoke severe grief. Another point worth noting is the conflict that can arise when a grandparent takes over the parenting role of the grandchild. Although this is done in order to preserve the family institution and the grandparent may want the grandchild to have a relationship with the adult child, they may also experience uncertainty about those ties (Hayslip&Kaminski 2008).

Ms P;

*“Tom would say sure we can collect her an hour early, they (**social work**) **won’t know** nothing and **I said no**. and that’s another tough area then aswel because Mary is my daughter and I love her and I know she is missing her child and I know she is going through a tough time”*(8.5.1 #117-120)

*“Ya because when everything is quiet and when everyone is gone home, our **relationship is in bits** with her saying “you told the social*

*workers this, you told the social workers this” and **there are risks** like that that are very **hard to mend**”(8.5.1 #228-230)*

This can be seen in Ms P’s experience of having to limit the relationship between her grandchild and mother because of social work restrictions on visitation and access. There can also be uncertainty on the relationships and ties between child and parent because of lack of trust and sobriety, highlighting the complexity of the experience for the grandparent. However Ms P acknowledges that the involvement of services that limit access can ultimately cause tension between the parent and adult child.

Ms F;

*“She wrote him a letter in treatment and it just came in the door as I was walking out to meet you and she was on the phone yesterday give it to him, give it to him. I’ll read it first and then **I’ll decide** whether to give it to him or not because I don’t want to upset him.” (8.5.9 #2117-2120)*

Mrs Y;

*“She **broke our heart**, she **attacked nana**, and she didn’t come and see Karen, loads of things. And then she rang me out of the blue saying “Hi I’m in prison again” and I said oh right that’s lovely for ya and I hung up the phone and rang back and I said **remove my number**” (8.5.10 #2344-2347)*

*“But she could **never come back** as my innocent girl that I remembered and loved. I had decided then that **I would forget about trying to get her back** and deal with a different girl and a different person and she has grown to be a different adult. This is what she has chosen to do rather than what I taught her to do.” (8.5.10 #2362-2366)*

Ms H;

*“I actually, at this precise time, 5 years down the road, **feel nothing for her**. She’s my **daughter, that’s it**.” (8.5.4 #760-761)*

*“She **hates me**, she resents me but she caused her situation.” (8.5.4 #768)*

*“I said ‘No I wouldn’t, my daughter has lived her life, these 5 kids have had no chance so they are getting a chance now’ So I had to **cut her out**, it was like a fine line, I had to cut her out to deal with the situation you’re in” (8.5.4 #748-752)*

Ms H and Mrs Y although have no relationship with their adult children appear to have certainty and less ambivalence in the relationship and therefore the situation. This can be because of the level of uncertainty and ambivalence experienced in the past and complete detachments from their adult child. Although there is a loss that has been experienced, Ms H and Mrs Y have what

Marris (1991) cited in Parkes et al (1999) suggests people do after a loss which is consolidate the meaning of what has been lost, disengage meaning from the past and reformulate the meaning in their life. It is suggested that the people who are more likely to experience further uncertainty and disruptive events will develop different coping mechanisms than those who do not. It can be seen further on in Ms H's interview that she places extreme importance and value on the meaning of being a full time grandparent caregiver to her 5 grandchildren as does Mrs Y.

Mrs V;

“I’m fighting with myself at this stage, will I, wont I take the chance cause I’m worried that If I talk to her on the phone will the first thing she will say be “mam I’m broke” that’s the first thing. Even though she is supposed to be working away but that’s up here (points to head) it might be a different story but that’s the way I’m thinking but I’m getting mellow. It’s going on and to forgive, to forgive even though Niamh has done it and Joe has done it and he’s texting her” (8.5.5 #1142-1143)

“So hopefully now, the next time I meet you I will be in contact with my daughter” (8.5.5 #1224)

Aneshensel &Phelan (1999) explores the effects of the relationship between parent and child. The quality of relationship between the parent and child is essential to the mental health wellbeing, particularly to the parents. Umberson (1992) cited in Aneshensel &Phelan (1999) firmly states that strained relationships with adult children can create psychological distress for parents.

This could clarify the strong desire for Mrs V to have the relationship with her daughter resolved.

Ms F;

*“But I do have **resentment** towards her for doing that. And it’s not just that, it’s all the chances she got, she **could have been a mother** to him. She was on the phone last night “Oh I’m going to do a parenting course and all this” and I said Bollocks. **Bollocks talk**, how many times I have heard that I said. I said you have had more opportunities than anyone I know” (8.5.9 #2166-2168)*

*“I couldn’t be **angry** with her, part of me is angry and I want to be very honest with you I would love to belt her. Because **she has taken my life, ok**” (8.5.9 #1943-1944)*

*“I have a bit of resentment towards her (daughter) because I **do not have my freedom.**” (8.5.9 #1999-2000)*

Ms S;

*“Now it **wasn’t their fault they died**, both of them in accidents but I was still and still to this day sometimes I feel very, it **wasn’t fair.**” (8.5.6 #1302-1303)*

Ms S was the only grandparent interviewed whose adult child was deceased therefore posing a different experience of loss. Lehman et al (1987) cited in Parkes et al (1999) that the loss of a child causes grief and the grief can be easily elicited even after many years after the death. Ms S discussed how she felt it was not fair that her son died and although it wasn't his fault there was a sense of grief that it happened.

5.3.1) Disruption in Family Cohesion

“Conflict between younger and older generations can take on a character that goes beyond personal experience to become a narrative of more general social conditions. In times of change, this phenomenon may play an important role in defining new social realities”

(Smol'kin 2011 p. 37)

It is necessary when considering the conflict in families headed by grandparent to refer to Thomas et al (2000) and disengagement theory. This theory suggests that aging is a process of gradually and mutually withdrawing from social involvement roles by the older person. After this gradual disengagement a stronger focus is put on family roles and relationships within the family which become more significant and engaging. However this disengagement from external roles does not occur for the grandparent who is a primary caregiver as they remain socially engaged in meeting teachers, negotiating services for the grandchild and developing relationships with parents of their grandchildren friends. The emphasis on family roles can then become

solely focused to just the grandchild and their care rather than the broader family.

Many of the grandparents who the researcher interviewed discussed tension within the family due to the pressure arising from the care giving situation.

Mrs P;

*“And then we had an extra (person) to feed aswel and that **caused friction** aswel” (8.5.1 #108-109)*

*“There is this **fight for the child** like a tug of war, like a tug of war. It’s horrible” (8.5.1 #201-202)*

Ms H;

*“No I treat them all the same, even though my **daughter doesn’t see it** that way, she says oh you treat them **like royalty**” (8.5.4 #855-856)*

Ms S;

*“Now Paul often **feels neglected** and as I was saying Conor always got my full attention, he got everyone’s full attention when he was around he was a terror but Mairead was always in the background and now that he is dead and gone, and Joanne is. So I never **got the chance** to do it with my own child” (8.5.6 #1434-1437)*

Mrs T;

*“Ah sure she would feel **hard done by** at times (Susan) and she’s 30 in August. I mean at times she (mia) is **taking over me**, you know that type of way” (8.5.3 #598-599)*

*“I mean Susan would say ‘ mam you have other grandchildren you know’ but she thinks when I have a bit of respite I should be going to see them(other grandchildren) but I don’t have the energy(laughs) I just want to sit on the couch and I **don’t even want to talk** to John(laughs)”(8.5.3 #599-601)*

*“But they all think differently and **you’re pulled** in all ways. It would and even myself and John would **fight, not fight**, but sick of each other because things” (8.5.3 #604-605)*

It can be interpreted from the above quotes that there is a thread of resentment from other adult children in relation to the care giving situation, whether it is attention to them or their children. This is a point that was also found by Hayslip&Kaminski (2008) who found that 2.8% of custodial grandparents reported experiencing family conflicts arising from their primary care giving role. Again Thomas et al (2000) argues that aging is a process of gradually and mutually withdrawing from social involvement roles by the older person than in younger years however this withdrawal does not include family roles and conversely these roles are suggested to become more significant as others become less important. This can be seen in the above quotes, particularly in Mrs T’s experience of other adult children becoming upset that she cannot be as present in their lives as they want. Therefore this withdrawal from external engagements

does not occur for grandparent caregivers as social involvement in employment or schools cannot take place and can cause friction among family cohesion.

Mrs T; *Its hard going, I'm going back to **school meetings, Jesus Christ, you know!***" (8.5.3 #618-619)

Hayslip&Kaminski (2008) discuss ambivalence in relation to the intergenerational relationships and pressure of this as the grandparent can feel caught between two polarities of wanting to keep the grandchild out of foster care and help the adult child and the reluctance of re-entering the parental role. Other adult children can experience jealousy and resentment toward the situation as the grandparent has to focus significant attention on the adult child and their child. Although Hayslip&Kaminski (2008) recognises the other adult children can understand the need for the grandparent to do this, they can still experience ambivalence on how this will affect the roles and relationships within the family. It is suggested that the ambivalence and issues faced by these families should be examined and explored further as it is something that affects both grandparents and grandchildren. The idea of atomization is referred to by Hayslip&Kaminski (2008) in reference to grandparent care giving who states that atomization refers to the loss of family cohesiveness. This is also a significant point as the lack of cohesion in the family can ultimately lead to possible isolation to the grandchild being raised by the grandparent because of the tension. Ms S pointed out the importance to the grandchild of having a young family member involved in her life.

Ms S;

*“If my **daughter came in** to collect her she would **be delighted** or Joel came in and collected her with an open top car that was fantastic. And they love that and that’s one of the things I feel with **children growing up** with their grandparents, they’re **with old people**. As much as I don’t want to be old, but there’s nothing that can be done about that so Mairead would have taken her aswel” (8.5.6 #1399-1402)*

Hayslip&Kaminski (2008) suggest to help grandparents overcome these issues, which will be discussed fully in the recommendations, professionals could discuss the concepts of ambivalence and ambiguity which can help clarify the feelings.

Mrs V;

*“John **hasn’t spoken to Siobhan** either and he says as far as he is **concerned his sister is dead** but I have to let him deal with that himself” (8.5.5 #1115-1116)*

Ms F;

*“My other two daughters, I feel **treat me like shit**, they didn’t like me selling the house but I couldn’t afford to keep the house.” (8.5.9 #2041-2042)*

An interesting and relevant piece of research done in Russia by Smol'kin (2011) discusses the discomfort in the older generation of Russian population on the societal issues that are happening. These issues are not in alignment with their personal values and opinions on what is acceptable. The researcher wishes to propose that some grandparents in Ireland could be experiencing this discomfort at the situational context they are in due to addiction, mental health issues that have led to them to becoming grandparent caregivers. On a final note, Emery (2012) suggests that the relationship a grandparent can have with grandchildren in a non-custodial situation is mediated by the adult child meaning it is essential that a level of family cohesion is preserved. The importance of grandparents is also important to grandchildren who are not in their full time care as Emery (2012) states research has found grandparents help grandchildren in many family transitions and are a shoulder to lean on. However there has been no research done to date, on sporadic relationship between grandparent and grandchild so it is not known the effects of this type of relationship if family cohesion is not preserved.

Mrs Y;

*“She wrote to nana and told her **don’t believe mam**, I wasn’t doing all those drugs I was only doing some of them. I was thinking, does she think and Nana had taken her side for a long time myself and Nana nearly **came to blows**”. (8.5.10 #2348-2351)*

An important point to note in relation to family cohesion is the effect long term on grandparents who may at some point cease caregiving for their grandchild. The researcher met one grandparent who previously co-raised grandchild in the previous decade. It was suggested by this grandparent that a strong relationship was maintained with the grandchild and a big effort was made to preserve this close bond. Therefore family cohesion long term is important to sustain the bond between grandparent, grandchild and wider family network. Ruiz et al (2007) found that children psychologically benefit from having close and supportive grandparents and found that grandparent involvement, especially in single headed families reduces depressive symptoms. However lower depressive symptoms also connected to strong ties with the biological parents showing the importance of strong family cohesion amongst members.

5.4) Loss of Choice/Freedom

“Vital, productive families are essential to the world's future; they are the cradle of the generations to come. Their strengths and weaknesses largely reflect the societal fabric of every country. As the world's oldest form of expression of human relationship, the family has survived thousands of years, adapting itself constantly to changing socio-economic conditions and the progress of humanity”

(UN Publications on Family Challenges for the Future 1996 cited in Daly
2004)

From the above quote, the pressure of the success and wellbeing of the family is palpable in society and grandparents role in family success have been referred to by Troll (1983) cited in Gladstone et Brown (2007) as “Family

Watchdogs”. Many of the participants in this research referred to some experience of loss in choice and/ or freedom since taking on the full time care of their grandchild/ren. Connolly (2015) states the oldest birth cohort in Ireland recall memories of grandparents having a role in their lives of providing a connection and channel to social relationships within the community. An example of this being a grandparent in a small village or community providing a connection to others through the grandparent (‘my grandfather is ...’ or ‘you know my grandmother...’). However this has changed throughout time as the social space for grandparent and grandchild relationships has become smaller (Hagestad and Uhlenberg 2005 cited in Connolly 2015).

Although Dolbin-MacNab&Keiley (2006) cited in Arditti (2015) report many grandparents take on the care of their grandchildren out of love and a desire to be in their lives, grandparents reported in this research an element of loss of choice in the caregiving situation. In the ‘Growing Up in Ireland Report’ it was noted grandparents contact with grandchildren in Ireland is relatively high and although this can be because of the size of the Country, it can also be because of the value placed on extended family (Greene et al 2008). However this value on grandparent-grandchild relationships is changed drastically when grandparent care-giving occurs. Therefore the lack of choice in taking on this role and responsibility will be explored.

Ms D;

*“Because it’s a very- **I can’t hand him back** now he’s **my grandson**. You know if things get really bad and they will get bad I know they will. Am if you weren’t related to him it would be easier but **I can’t give up on him**.”(8.5.2 #356-358)*

*“Well its different because you have the training and you put in to be a foster carer but when they ring you and tell you “if **you don’t take him we have nowhere** to put him” and “his foster father wants him gone” I mean one part of you is saying your whole life is going to change and the other part is saying **what can I do**”. (8.5.2 #412-415)*

Arber&Timonen (2015) discuss wide scale research being done in America with grandparents who are raising grandchildren primarily because of the absence of parents and being labelled “child-savers” because of ‘rescuing’ their grandchildren. Arber et Timonen(2012) also explore this term, suggesting that grandparents become ‘child-savers’ when there is complete absence of the middle generation and the grandparents become the full time caregivers. The language used in media and society can affect the construction of identity and the decisions individuals make. Therefore using the term ‘child-saver’ can influence the decision of grandparents on whether they will take on the care of the grandchild and how they will be perceived if they don’t. The very ‘save’ can also mean to ‘rescue, guard and protect’ (www.yourdictionary.ie). However in looking at the opposite of the word to ‘save’ is translated to ‘endanger, harm or hurt’ (www.opposite-dictionary.com). This can be detrimental to the grandparent who may construct their identity and decisions by the societal context of language.

Ms L;

*“I said it’s **pointless complaining** about it and I do complain but **you have to do it** at the end of the day.” (8.5.7 #1559-1560)*

*“But if they hadn’t me at the time **they wouldn’t have had anyone** and they would have been put into some stranger’s house which no-one wants. So....” (8.5.7 #1552-1553)*

Ms D refers to the lack of choice she had both emotionally and from the social work department. Generations United (2011) cited in Arditti (2015) state that where possible in the United States of America, federal legislation and policy not only encourage but require that children, where needed, are placed with grandparents. Although this policy is not in legislation in Ireland, participants have referenced a pressure from service provision such as social workers to care for the grandchild. This was a common reflection of experience among numerous grandparents interviewed.

Ms H;

*“She ended up in a psychiatric unit which left me in the position of **no choice** really of taking the five kids on, because she **left them** here in my home. (8.5.4 #684-686)*

*“And they totally rely on you because **you have to mind them**. That’s **what they tell you**, you have to mind them” (8.5.4 #692-693)*

Ms S;

*“I have a partner and we would have had a lot of **freedom** coming and going and that’s **stopped** and I know I could go away but I don’t want to”*
(8.5.6 #1269-1270)

*“I think I have got through it because I **had no choice**, I had no other choice”* (8.5.6 #1313)

I did it or else she would have been awarded to the State” (8.5.6 #1326)

Ms F;

*“But if someone didn’t take on Alan he would have to go to foster care and I **couldn’t have that on my conscious**. A little child who didn’t look to be born.”* (8.5.9 #1920-1921)

Grogan (2015) cited in Drohan(2015) stated in an interview that the best thing about having twelve grandchildren was the ability to hand them back. The difficulties the adult child is experiencing in many of the grandparents situations, make the option to hand grandchildren back unfeasible and impractical. The loss

of choice and freedom is consequently distinct for grandparents with adult children who are not available to parent their child. This loss is significant as it reduces autonomy over the individual's life, which more often than not, is because of internal emotional pressure.

5.5) Health Implications

This chapter will discuss the health implications of grandparents raising grandchildren, with the core focus on mental health issues. Strawbridge et al (1997) cited in Sands & Goldberg-Glen (2000) examined a comparison piece between grandparents who were caregivers. Grandparents who were not grandparent caregivers faced challenges that other grandparents did, such as depressive symptoms, health implications, and happiness and activity limitations. Research completed by Belloc and Breslow (1972) found that it is a fact that health is influenced by the way people live (Stroebe 2009). Stroebe further argues that there is a growing recognition towards not only lifestyle factor's but also psychosocial stress as a determinant of the levels of stress experienced. Many of these psychosocial stresses possibly coming from a break up in a social relationship. This correlates with grandparents who experience a break up of relationship with the adult child and other family members. Archer (2001) suggests that a common effect for the bereaved is distress with Parkes (1972) cited in Archer (2001) describing anxiety that is verging on panic and a feeling of not knowing what to do or running away that can be experienced. Goodkin et al (1996) cited in Archer (2001) also used measures in anxiety as nervousness,

panic, restlessness and fearfulness. Some of these descriptions of anxiety were referred to by grandparents in this study and created a strong common experience of negative health implications from the full time caregiving of their grandchildren.

The health implications associated with grief are conceptualised by Walter & McCoyd (2009) perfectly in stating “Recent work such as Gundel et al 2003, Kie-Colt-Glaser & Glaser 1992, O’Connor et al (2007) who provide an intriguing link between the biological effects of grief and the reasons narrative meaning-making is a useful intervention” (p.22). This is also connected strongly to the ethos of IPA and the importance of the person communicating their experiences and the difference it can make to buffer effects of grief. It is therefore well established by looking at the research on biological effects of bereavement that interventions are needed such as validating the loss through communication and acknowledging that a loss has occurred. McCoyd (1987) cited in Walter & McCoyd (2009) echoes this in his intervention model of supporting the five V’s and the encouragement of physical health. This framework created by McCoyd (1987) called the ‘five V’s’ are validating, valuing, verifying, ventilation and being visionary. Validating has been cited as the most important and initial step in helping the bereaved (Levers 2012).

5.5.1) Stress & Depression

“Yet stress is also a discourse, a mutation of experience by the experience by the external power of speech, a power that can devour what it articulates”

(Kugelmann 1992 p.3)

Kugelmann (1992) states that this period in society, is an era of stress. Stress only became a researched area after the World War 2 and can be defined as an occurrence when a person must adapt to change. The first era in terms of stress theory in relation to families is also necessary to discuss because of the nature of this research piece on grandparents raising grandchildren. The first research piece done on family stress theory was in the 1920's by graduate students which contributed to the first published work by Angel in 1936(Weber 2011). Many research piece's followed, one of which was by Cavan and Ranck (1938) cited in Weber (2011) who examined the effects of the Great Depression on families. Angel (1936) found that family integration and adaptability were the determining impacts on reaction to stressors experienced by a family. Integration, defined by Angel (1936) as the 'bonds of family coherence and unity' (Weber 2011 p.5) and adaptability as the flexibility in the family structure in elements such as family morals, responsibility and their philosophy of life. This connects to the experience of grandparents who must now adapt and adapt quickly to the change in their life. When stress occurs the individual's world loses its perspectives and proportions vanish which highlights the complexities that stress can pose to the person experiencing it. The original researcher and theorist on stress studies was the work of Seyle on bodily reactions to stress (The Stress of Life 1976). Seyle (1976) cited in Stroebe (2009) states that no organism can stay in a heightened state of stress all the time. Seyle offers insight into the proposed stages people go through during stress encounters:

- 1) Alarm stage-organism becomes mobilised to face threat
- 2) Resistance-organism adapts to stressor and
- 3) Exhaustion- if person fails to overcome threat and becomes exhausted in resources.

Ms D;

*“Ya I suppose I would be more **stressed**, I would have been very calm before but not dealing with him **I’m more stressed**” (8.5.2 #319-320)*

Mrs T;

*“You know and you have the **stress of it all**, I really **nearly cracked up**, I thought. Looking back I don’t know how I got through it because it was such a shock. I was **always worrying** about Maeve” (8.5.3 #550-551)*

Mrs V;

*“They were all asking questions we couldn’t answer. And **I collapsed**. I was wound up and **worried** and everything and we said we will deal with you one at a time.” (8.5.5 #972-974)*

Stroebe (2009) discusses how stress prompts people to look for strategies or mechanisms to reduce or cope with the stressful event. However as seen in the above quote, Mrs T cannot pinpoint the strategy that helped her it. Mrs V, however, discusses her coping mechanism as being assertive with services and support workers who were smothering the family during the crisis. Boss (2006)

offers an insight into stress and trauma in relation to ambiguous loss. It is suggested that ambiguous loss presents a unique form of stress where the person has a loved one missing physically or physiologically. Boss (2006) offers a definition of stress in relation to families by referring to a bridge that is under extreme pressure where without additional support to keep the bridge upstanding, the bridge may collapse. This is particularly poignant when looking at Mrs T and Mrs V wording of describing the stress experienced as “cracking up” and “I collapsed”. Boss (2006) explains this traumatic stress explanation stating that the ambiguity of loss can cause trauma the same way a critical incident might. Blustein et al (2004) found that grandparents who have a grandchild living in their home have higher and elevated depressive symptoms and conclude in stating that identifying support strategies for these grandparents is of highest priority.

Mrs V;

*“I got so tired and so exhausted and I had sleeping tablets and I took the whole lot. **Suicide**. So that swiped it, I bounced back, I was in *local support service for a while going for support.” (8.5.5 #1022-1024)*

Mrs Y;

*“I weighed 18 stone so I went and I was on medication and blood pressure tablets I was eating because **I was depressed**” (8.5.10 #2411-2413)*

Mrs V experienced profound mental health implications following the discovery that her granddaughter had been abandoned by her adult daughter which is clear from the above quote. The assumption of full time care of her granddaughter included numerous visits from Gardaí, social workers and welfare officers, which caused Mrs V great distress and she discussed the experience of wanting to take her own life. Blevin (2014) explores the thoughts of suicide in loss as a symptom of complicated or chronic grief. Stroebe (2009) when discussing coping mechanisms used by people experiencing stress, can resort to unhealthy behaviours such as what Mrs V spoke. Research by Williamson (1988) found similarly that people under stress are more likely to engage in unhealthy behaviours such as overeating or alcohol and or substance abuse, as exemplified in Mrs Y's quote above. Kugelman (1992) also echoes that a person under stress inevitably will experience exhaustion from the stress experienced.

Ms L;

*“Yes, actually I went on a **lot of medication** for it. Especially because I had one family with me and I had to take on the other family and then trying to keep them all happy at the same time, **it is tough**” (8.5.7 #1547-1549)*

*“Sure people say to me you look older than your own mother and my mother says that's because of **all the stress you have up there**.” (8.5.7 #1558-1559)*

*“There is a lot **more stress involved** when they are yours (grandchildren) because you have to keep standards of what their mother would expect...” (8.5.7 #1589-1590)*

Sands & Goldberg-Glen (2000) found stress to be so prominent and significant to grandparents who are raising grandchildren that a cross-sectional study of 129 grandparents in relation to stress was completed. Sands & Goldberg-Glen (2000) suggest that researchers of grandparent headed families are usually descriptive of physical and mental health impacts and effects on grandparents.

Ms F;

“I’m always stressed, I’m permanently stressed out.” (8.5.9 # 2040-2041)

“The stress attached to it, there is terrible stress attached to it and they don’t seem to recognise that either you know” (8.5.9 #2191-2192)

It is apparent from the grandparents interviewed that stress is a complex and daily struggle for many of them. Holmes and Rahe (1967) completed a Social Readjustment Scale which listed the most stressful events humans can experience called ‘life change events’. Number 1 in this scale, was the death of a spouse with other life events being listed as pregnancy, change in social activities, change in living conditions, child leaving home and change in health of a family member. All of these life events can be connected to the experiences grandparents who are raising grandchildren. This reinforces the measure of stress being experienced and

the recommendations section will further list measures to combat negative side effects. Boss (2006) suggests that people are more resilient towards stress when additional supports are provided to absorb some of the pressure that is being faced. Additionally when a person develops resilience they can then perceive the stress to be manageable.

5.5.2) Exhaustion & Fatigue

Many of the grandparents noted that chronic fatigue, tiredness and exhaustion were experienced in raising their grandchild/ren. Exhaustion can be discussed in terms of stress as both are strongly correlated. Stroebe (2009) discusses the previously mentioned theorist on stress, Seyle, who categories the bodily reaction to stress. It is suggested that exhaustion is the final stage of encountering stress and is when a person or organism cannot overcome the threat, causing stress and exhaustion to the person. This exhaustion is not just a physical exhaustion but also depletes the physiological resources.

Mrs T;

*“Not really, only you’d be totally frustrated, it’s an emotional drain and mental drain more than, well it’s **a physical drain** definitely I’d be **tired but mentally id be exhausted**. It’s **hard going**, I’m going back to school meetings, Jesus Christ, you know!”(8.5.3 #617-619)*

*“But it’s a different love but to have a child now at my age is too much. You know and you have **the stress of it all**” (8.5.3 #509-511)*

Ms P;

*“Plus you’re **exhausted, I’m exhausted!** I’m 53 year of age(laughs) and I work and I come home from work and I just want to throw my bones down and watch the telly and I hear is “Nana, Nana”.”(8.5.1 #89-91)*

*“I’m saying I should be bringing her to the park but I just **don’t have the energy** to bring her to the park” (8.5.1 #93-94)*

Ms S;

*“I just **don’t have the energy** anymore and **I’m tired** and if Joanne didn’t have physical disability because I have to take her everywhere and I’m always afraid that something is going to happen her” (8.5.6 #1344-1346)*

*“It is, especially when you’re older, I’m 68 now and Paul is in his 70’s. I just **don’t have the energy I had** years ago” (8.5.6 #1369-1370)*

5.5.3) Worry & Long term Health

Worry about different issues was a theme amongst many of the grandparents interviewed. These worries ranged from concerns about the grandchild/ren is emotional, behavioural and physical wellbeing as well as their own mortality and long term health. This theme correlated strongly with Backhouse and Graham (2013) who also conducted research with grandparents in

Australia and found there were worries and fears surrounding the future and what would happen the grandchildren if they could not care for them. MABS who compiled research from interactions with grandparents found they were not accessing support services and keeping this as an informal family arrangement because of worries such as; worried they would be considered too old or ill by authorities to be cleared as foster parents, were afraid of losing grandchild to system if the adult child did not recover from addiction issues and fear if grandparent went to make situation formal with authorities, the adult child would try to take the grandchild back.

Before exploring the experiences of grandparents and worry, it is necessary to define the term, 'worry'. Hazlett-Stevens (2005) suggest most people identify worrying as thinking about something in a pessimistic and negative way. This thinking can surround an upcoming event or second guessing themselves about a previous situation.

Mrs T;

*“Tis an **awful worry** and I don't think about it every day because I would **crack up**” (8.5.3 #554)*

*“I really **nearly cracked up**, I thought. Looking back I don't know how I got through it because it was such a shock. **I was always worrying** about Maeve” (8.5.3 # 550-551)*

Ms D;

*“No he started saying over Christmas, there were a couple of bad turns and was saying “I wish I was dead” “I’m going to throw myself down the stairs” negative like that. And I was saying to myself **I can’t deal with this**” (8.5.2 #384-386)*

Ms A;

*“All I worry about is like **that I am there long enough to see Harry**, I absolutely idolise him and he is the same with me, we have a very close bond and occasionally if I drink a glass of wine I would smoke a cigarette and “Nana don’t be smoking” (8.5.8 #1761-1762)*

Ms A;

*“So I would **worry that things are in place** for him because I know he would be very reliant on me” (8.5.8 #1768-1769)*

“Just to keep fit now and I’m very conscious of it, healthy eating” (8.5.8 #1869)

Ms A had a strong focus and motivation on her long term health as she referred to this multiple times stating she needed to be alive and healthy for her grandson.

Landry 1999; Musil, 1998 cited in Williams (2012) suggest that many grandparents have pre-existing health problems that can deteriorate after assuming care or may cause the inability to physically meet the demands of raising a child.

Ms A therefore suggested she was focused and concentrated on remaining physically healthy and able for her grandson.

Mrs Y;

*“It was two weeks before she got out of hospital so I used to **not sleep** because I would be waiting for the call for her to say she was dead. Every night waiting to be told she had killed herself and it didn’t happen.” (8.5.10 #2356-2358)*

*“Her mother knows she could never **take her out of our family unit**. None of us would **let her**. My older girl is 20 and she says I would go to England with her before she gets her back and in their own heads they think its ok to do that.” (8.5.10 #2273-2276)*

Mrs Y spoke of the worry around her daughter coming back into her grandchild’s life and looking to regain full custody. When asked, Mrs Y spoke of a high level of worry this had caused her up until of recent when the child turned 5 years old. The element of worry had then decreased in Mrs Y perception. This was because, she believed, there was resolution in that her daughter could not take back her grandchild as she was in the family home now for 5 years and was settled.

Researcher: Would you have a fear that she would take her back?

*“I would have had up until she was 5, that she could take her but now that she is settled in school the courts look at it differently and I have had her since she was 5 months so I knew once I got over the 5 year mark **I would be safe. I definitely know she is safe now.**” (8.5.10 #2278-2281)*

Although Famer (2009) cited in Arditti (2015) suggests that in kinship care there is a higher level of placement stability than in normal foster care situations, this has not eliminated fears and the worry in Mrs Y that the child could have been removed from her care and back to her adult daughter up until recently. However since the child is 5 years old and has stability in the home, these worries have since decreased. White et al (2009) cited in Arditti (2015) state that placement continuity in kinship care has led to stronger health outcomes for the child. Hayslip& Hicks (2003) state the fear of the grandchild being taken back by the adult child is a source of complex stress for the grandparent.

5.6 Lack of Support/Isolation

“The act of giving and receiving help from people that truly understand your troubles and joys is one of life’s most powerful experiences” (Cox 2000 p.235)

Bronfenbrenner (1979) cited in Arditti (2015) discusses the factors which reduces the resilience continuum as interactions among the family's larger environment such as resources and protective factors. However ultimately the outcome and resilience of the grandparent is dependent on the personal attributes of the grandparent, combined with the risk in the environment and the resources they have to respond to the challenge (Cohler, Stott and Musick 1995 cited in Arditti 2015).

There have been findings in research that cause concern for both the grandparent and grandchild in relation to support services and the availability of same. Tarren-Sweeney & Hazell (2006) cited in Downie et al (2009) state children in foster care and relative foster care have more developmental, medical and mental health issues than children who are not. This finding causes concern when coupled with the research that suggest that grandparents encounter barriers to receiving support and service's (Kirby and Sanders 2011; Gladstone et Brown 2007). Research indicates that grandparents often do not receive additional financial assistance so then getting support privately may be often unrealistic. Many grandparents interviewed in this research pointed to a serious and complex lack of support both in service provision and an element of lack in support from their own family.

5.6.1) Service Support

*“But I would rather not be in the situation I am in because of **the support system. There's fuck all. That's why. There is no support for us.**”(Ms F 8.5.9 #2146-2147)*

Hertherington (1989) cited in Greene et al (2008) firmly states that when family transitions occur there are either winners, losers or survivors. This has prompted research into the factors which determine the different outcome among people faced with the same difficulty. It can be suggested that support from services is a strong factor in reducing risk among transitioning families and creating winners in surviving the transitions. Grandparents in this study discussed lack of professional service support and discussed this in detail and with reference to the difficulties this is making to the caregiving situation.

Mrs P;

*“The whole court system, social workers, the network meetings, **they are all a bloody nightmare, a nightmare.**”*(8.5.1 #51-51)

*“At our network meetings there would be about 12 names on the list and you would be lucky to see 5! The doctors **wouldn’t show.** A lot of people wouldn’t show, **no interest**”* (8.5.1 #252-254)

*“**It should be your right** and the child’s right, once you are raising that child to get a payment, the child needs to be fed and dressed. You know what I mean? It’s just a horrible, **horrible**”* (8.5.1 #263-265)

Downie et al (2009) found in researching grandchildren living with grandparents that there are multiple risk factors associated with the caregiving through the perspective of the grandchildren. The risk factors grandchildren reported dealing with were the issues that their grandparents had to face such as financial and emotional struggles. Downie et al (2009) explored the resilience and

wellbeing of 20 grandchildren who had lived with their grandparents. Although the grandchildren's self-worth and emotional wellbeing were normal for their age range, there were complex experiences associated with their environment. Grandchildren reported their issues as problems their grandparents had to deal with such one of which was financial and environmental stress. Other issues were cited as stigma and secrecy and grandparents wellbeing. This is a significant piece of research in relation to the difficulties being faced by grandparents in this study as it highlights the long term effects on the grandchildren. This highlights that grandchildren can be aware of these complex difficulties facing the grandparents.

Ms P;

*“they say stuff like that **to frighten you off**, this is what I felt now, “oh if you want a payment the child has to go to care” and I thought the social worker had to take the child, bring her wherever they bring her, go to court and then me go to the court for the child. No one told me until that day (referring to network meeting) I was roaring crying because I thought they were going to come to take my granddaughter and she(social worker) says “oh no no no no, we go to court, Amy stays with you” but **they never told me that**, it’s like they were **hiding it from me**. Nobody explains to you that no one comes and takes the child” (8.5.1 #267-276)*

Ms D;

*“There is a lack of a Saturday and Sunday, weekend service. **There is no help at the weekend**. I had a really, really, really bad weekend that week*

*he wanted to throw himself down the stairs and run away and all sorts of things. **But there is no-one available to ring on the weekends***” (8.5.2 #394-397)

Mrs T;

*“I ended up **crying more times at meetings**, I’m no good at the **fight**. But they would upset me and I’d end up crying. And **you’d only be looking for the bit of help**”* (8.5.3 #588-589)

Ms H;

*“No I never got any support from a **social worker** or anything like that. **I have fought all this on my own.**”* (8.5.4 #720-721)

*“So you **get nothing**, you have to **fight tooth and nail** to get anything. I have never cried into anyone’s face but I have **got vicious** with them.”*
(8.5.4 #732-734)

*“3 years ago a social worker called to my door and said your daughter and I said ‘do you see you, take to the path to the end of the gate and get out because when we needed you, you **walked away from us**’. They **walked away from us**”* (8.5.4 #734-735)

The term ‘fight’ in relation to receiving support and services was mentioned with both Mrs T and Ms H in relation to accessing services and receiving support. Both grandparents suggested that they felt they needed to fight for financial or emotional support and it wasn’t given easily. This highlighted the perception held by the grandparents that the relationship with professional services is seen as a struggle or fight rather than supportive.

Ms L;

*“Very **poor help** for being in that situation. You would be **frightened** to go looking for help because they would say right we will bring social workers back on top of you and I don’t want that either. But you just have to get on with it and do the best you can.” (8.5.7 #1524-1527)*

*“I often said to the social worker if I was fostering them and I wasn’t Karen’s mother there would be **more support there** for that person than there is for a family member” (8.5.7 #1583-1585)*

*“That’s all we want is to be **treated equal**, even if they are your grandchildren or not your grandchildren. They are doing all these things for a foster parent.” (8.5.7 #1587-1588)*

McLanahan (1999) cited in Greene et al (2008) states that lack of resources for many families’ can cause complex issues with research suggesting up to half of disadvantaged families who experience economic

instability attribute this to insufficient resources. Ms L spoke about the lack of financial support for her grandchildren and the outlook that a non-kin care giver would receive more assistance than her. There are two models cited by Greene et al (2008) worth noting in reference to economic instability as it is suggested parental income may affect children's life-chances. The „resource investment“ model suggests that higher family income leads to greater child wellbeing through an increased parental purchasing power to invest in food, housing, health, and education. Another model examines economic deprivation and its indirect effects on child wellbeing through family stress, assuming detrimental effects to the child if the parent's ability to function in their role as caregiver is diminished (for example, impaired parent-child relationship) (Hauser, Brown & Prosser, 1997).

Ms F;

*“I will say that there is **no support there** and there should be” (8.5.9 #2094-2095)*

*“I'm not one for staying in 7 nights a week I can't I would go insane and I'm trying to suit my daughters so that I know one of them will be there. Whereas I feel because of what we are doing, grandparents, there should be baby sitters **available to us** there, the Health board should pay it.” (8.5.9 #2104-2109)*

*“But am... that would be **my grief, the financial side and the babysitting side** of it. Those two would be my main” (8.5.9 #2156-2157*

The issue of babysitting services was one that Ms F felt very strongly about during the interview with the researcher. Ms F felt that she was overly reliant on family members for care for the grandchild so that she could engage in social activities. Hayslip&Hicks (2003) states that even if there are support groups for grandparents because of lack of child care provisions, grandparents cannot leave the home to attend these groups.

*“That **help should be there for anyone**, I hadn't a cot, hadn't a pram for that child when she was born first and thank god we pulled through and got them” (Ms L 8.5.7 #1630-1631)*

The main policy in Ireland illustrating the State's social commitment and obligations is “Towards 2016: Ten-Year Framework Social Partnership Agreement 2006–2015” (Government of Ireland, 2006 cited in Greene et al 2008). This is specified to be agreed by the government, trade unions, employers, and the community and voluntary sectors. The long-term goals for children are that every child should:

- Grow up in a family with access to sufficient resources, supports and services to nurture and care for the child, and foster the child's development and full and equal participation in society

- Be able to access childcare services which are appropriate to the circumstances and needs of the child. (Growing Up in Ireland, Greene et al 2008)

However hearing the perspective of grandparents in this research shows major gaps in the support, resources and financial aid they are given to care for their grandchildren. This is especially worrying as it has been found that there are still high levels of support given to grandchildren from grandparents in Ireland (Hogan et al 2002 cited in Williams et al 2010) however the service and economic assistance does not support this care giving.

5.7 Role Performance between Nana and Mammy

“For most grandparents in the study the Movement between role identities (of ‘being’ both Grandparent and parent) resulted in a complexity of Experience they had to negotiate on a daily basis” (Backhouse et al 2011 p.311)

As discussed in the literature review some sociologists have commented on grandparenthood as a role that lacks clear, agreed- upon behavioural norms that grandparents can follow in society(Thomas et al 2000). Examples of these rules that can be unclear in this phenomenon can include legal status and financial assistance that grandparents are entitled to. This is unlike other roles performed

society members such as students, employees, parents where clear roles, responsibilities and rules are provided. Rosenberg & Turner (2004) suggest that a lack of role knowledge alone is not always sufficient to make a situation problematic; other factors must be present. Additional factors are:

- 1) lack of necessary information to fulfil the role
- 2) The processes which are usually used to fill the gaps of knowledge are inoperable.

This will be looked at through the words and narratives of the grandparents who were interviewed in this research piece.

Stryker & Burke (2000) cited in Backhouse & Graham (2013) suggested that issues of role identity were core to the narratives of grandparent caregivers. Therefore role identity theory and identity salience were of essential importance to consider. Role theory was discussed by Burnette (1999) cited in Hayslip et al (2003) and states that a custodial grandparent role is usually unanticipated and ambiguous in nature. What can often cause complications for grandparents assuming full custody or caregiving of the grandchild is the previous engagement or anticipated role of providing moral and practical support to the adult child in raising the grandchild but not interfering in the upbringing of the child (Thomas 1990 cited in Hayslip (2003). Similarly in this research, role identity and loss of previously held roles was evident with grandparents. In relation to IPA as the methodology used, Smith et al (2009) suggest that IPA is interested in looking in detail at how someone makes sense of transitions in their life whether those

transitions are positive or negative. The common thread is the significance to the person and the reflection and thinking the participant does to work through the experience and meaning. The following participant quotes are therefore very moving in relation to the transition from a traditional role of grandparent towards a primary full time caregiver.

Ms P;

*“It’s hard because, you’re **not the mother, you’re the grandmother**. Well for me, I can only talk for myself and a few times Amy has started **calling me mam** and I’m not her mam, **I’m her nana** but at the same time I’m her primary carer at the moment so **it’s tough** that way but **you have to say “I’m not mammy love, Mary is your mammy”** (8.5.1 #77-81)*

*“So that’s good but **sometimes I call myself mam**, you know because you’re in that role. So it would be quick off the tongue, like I say to my other kids **so it’s hard** because I love her” (8.5.1 #83-84)*

It is evident from Ms P statement that there is a movement between roles she is performing between grandmother and mother and the difficulty in performing both. Backhouse & Graham (2013) revealed that grandparents experience ambiguity in moving back and forth between parent and grandparent which is also experienced with a sense of loss in assuming the role. Subberwal (2009) states inter role conflict is used to refer to conflicting demands of two or more roles occupied by one person. Inter role conflict as a sociological perspective connects to the role demands that grandparents face such as being both grandparent and the parent. Ms P illustrated the difficulty in ‘being’ both in above quotes which is echoed by other grandparents throughout this section.

Ms D;

*“I would like to say it hasn’t but it has. **It has a bit**, we had a great relationship but not in a bad way but sometimes I would love to shake him but **I’m the mother and father to him now really.**”(8.5.2 #325-328)*

Mrs T;

*“You see they would be giving out that I am too soft with her and let her away with things but they forget that **I am in nana mode as oppose to mammy mode** even though **I am doing both**, you know.” (8.5.3 # 538-540)*

Ms S;

*“Well the fact that **I wasn’t a granny anymore**, I wasn’t the **good nice granny**” (8.5.6 #1275)*

Crumbly & Little (1997) cited in Dolbin & Targ (2001) argue that grandparents experience loss as they have to redefine roles in their lives. Other issues were noted as grief and loss and feelings of guilt and embarrassment. The significance of the loss of the traditional grandparent role is noted by Somary and Striker (1998) cited in Hayslip et al (2003) who states that grandparents are anticipating this new role of being a grandparent from the time a grandchild is still a foetus. This highlights not only the loss when they have to take on the full time care of the grandchild but explains the difficulty in letting go of this role.

Goffman (1963) cited in Kaufman&Elder (2003) states that identity is not only subjective but is shaped from the social world and experiences around them. This is seen in Mrs T's quote where she refers to the role as 'mode's' or roles that she has to perform. Mrs T states she is 'nana mode' rather than 'mammy mode' even though she feels she is performing both. Mrs S points to the fact that she is no longer a granny to her grandchild and makes reference to the traditional role being 'a good granny' whereas the primary care giving role necessitates rules and boundaries. This tension between the perceptions of 'good or bad granny' has been discussed previously in the loss of choice and freedom chapter and is a significant experience discussed by grandparents raising grandchildren on a full time basis.

Ms H;

"I went from being a granny to a mammy and a granny aswel as being a nurse, a doctor, a daddy figure, the whole lot. You get the whole package because every need the kids need, I have to do it" (8.5.4 #709-711)

Ms L;

*"Well I have one fella above and **he thinks I'm his mother**. He runs past his mother to come to me and **he calls me nana, mummy, mum"*** (8.5.7 #1485-1486)

The following quotes from the participants illustrate a difference from other grandparents in that they have taken on the parent role rather than conflict between grandmother and mother. This was apparent in grandparents who have

had the grandchild for many years and possibly have accepted the role as parent. In the course of aging, Riley et al (1969) cited in Cox (2000) suggests that a person can renounce an old role and begin the transition to a new role. This transition can be easier if the person accepts the requirements of this new role.

Ms A;

*“Well **he’s like my son**. Like he really is like my son, I have reared him since he was 3 months, I have a very very strong bond with him, a very strong bond with him.” (8.5.8 #1711-1712)*

Ms F;

*“He’s like **one of my own**, you know” (8.5.9 #2087)*

Mrs Y;

*“because **she is my daughter now** at this stage, like I have her since she was 5 months old so I would treat her no different. Probably the bond, **trying to have a mother daughter bond with her** rather than an outsider bond because grandmothers are still outsiders” (8.5.10 #2264-2265)*

Another element to this theme was the difference in relationship with the grandchild the grandparent cared primarily for and other grandchildren. Two grandparents spoke of how they felt the traditional grandparent role was present with their other grandchildren but not with the grandchild in their full time care. In research done by Bernal&Anuncibay (2008) perceptions held by grandparents on the role and relationship to grandchildren was carried out. This is essential to examine when considering the different relationships the grandparents have with grandchildren in their full time care and those who are not. Bernal&Anuncibay(2008) found that there were certain variables grandparents discussed when talking about grandchildren they had a significant relationship with, mainly referring to pampering, indulging, giving the grandchild sweets and pocket money (87.6%) as well as acting as the grandchild's shoulder to lean on (84.7%). However 84.1% of grandparents also discussed the role they engage in of being provider of morals, knowledge and advice to grandchildren. Although this research did not look specifically at primary caregiver grandparents, it was found that grandparents also saw themselves as caregivers in feeding the grandchildren when they are small (78.9%) and being story tellers (77.6%).

Mrs T;

*“I mean when my son, when he’s youngest was born I used to mind her when I wasn’t working **and it’s a different love altogether** that you have for grandchildren. Because **you’re not responsible for them and you have time for them.**” (8.5.3 #508-510)*

Ms S;

“I feel like I can be a granny to Mairead’s kids like yesterday I took Ann into town and went to McDonalds whereas with Joanne I can do stuff like that now and then but growing up it just wasn’t like that.” (8.5.6 #1295-1297)

Bernal&Anuncibay (2008) also explored the things grandparents discussed least was helping in a crisis situation, keeping the child away from arguments between their parents (15.6%) interceding on behalf of the grandchild between grandchild and parents (41.5%). These statistics could point to grandparents wanting to engage in the traditional role of being grandparent rather than ‘interfering’. Referring back to Rosenberg & Turner (2004) who stated that a lack of necessary information to fulfil a role can cause problems for an individual, it is evident from exploring the quotes from the participants that grandparents are providing the full time care giving role to the grandchild of primary caregiver but this is not without lack of knowledge, hesitation, role confusion and grief.

The timing of grandparenthood as well as the role of grandparent may be important factors in determining how people define themselves in terms of age. According to role theory, transitioning to grandparenthood can be smoother if it occurs at the expected time in terms of this research, in the expected circumstance with the adult parent taking the parent role. This will then allow grandparents to make more successful transitions to the grandparent role (George, 1993 cited in Kaufman&Elder 2003). This was evident in Mrs Y who became a grandparent at a younger expected age

Mrs Y;

*“I had my own child, she is 6 and Karen is 5 so we had two babies all of a sudden at 38 and I didn’t want another baby that was a shock and then to **given another baby** and then I had twins” (8.5.10 #2268-2270)*

Ms L;

*“It is **tough for any grandmother** because **she thinks she has her family reared** and all of a sudden they have to go back raising another family” (8.5.7 #1553-1554)*

Madden (2006) cited in Jalongo (2008) reinforces that although taking on the parenting role means renouncing the grandparent role, grandparents do this and accept the new role. While Burgess (1960) cited in Arber & Timonen (2015) states that grand parenting can be a ‘roleless role’ in that there are no clear expectations or rules. However in this research it was found that grandparents quite clearly identified the previously experienced traditional grandparent identity and the experiences of loss in losing this. Other grandparents referred to the traditional grand-parenting experience they hold with other grandchildren they are not primarily raising such as bringing them to McDonalds or not discipline them. In the case of grandparents interviewed in this research, experiences of role loss were expressed and some grandparents expressed the difficulty in having to perform multiple roles.

5.8) Resilience

Although the grandparents interviewed experienced profound loss and difficulties, there was remarkable physical and emotional resilience shown that was admirable and extremely noteworthy. Many of the grandparents discussed their devotion for their grandchild/ren which provided great love and comfort for the grandparents. Resilience is discussed by Backhouse & Graham (2013) found that the love held by the grandparents for their grandchildren was palpable and was accompanied by a commitment to provide a safe and happy home which gave the grandparents satisfaction

Mrs T;

“She’s very good and she wouldn’t miss a trick. She’s very tuned in and that’s a bonus to us because we could be minding her and getting no good out of her. That she’s come on so well like she’s surprised the staff in hospital and all.” (8.5.3 #669-671)

“I mean if she tells me once in the day, she could tell me 50 times that she loves me, she’s a lovely child.” (8.5.3 #533-534)

Ms H;

“I’m happy in what I do, I love what I’m doing. At the end of the day the kids have stability, they come home and their laughing and their settled and they are lunatics (laughs)” (8.5.4 #705-707)

“I wouldn’t change my situation for no-one, my heart and soul goes into the 5 kids and once I can at the end of the day when they are here having their

dinner and they say thanks nana and have a smile on their face and a hug and a kiss at bed time, wipes everything away” (8.5.4 #786-789)

Mrs V;

*“She was always part of our lives and **we both love her to bits** and both of us now would do anything for her.” (8.5.5 #1092-1093)*

Ms L;

*“She is flying it and her **kids are doing very well at school**. Her young fella is **top of his class** the last 3 years. They even said he is more advanced and her young one is after starting there and they are saying they have the same mentality as her brother and she is only 4” (8.5.7 #1506-1507)*

Ms F;

*“Now I mean **he is very good**, I can’t say, everyone who has met him has said ‘Jesus fair play to you you **did a great job with him**’ he is mannerly and that.” (8.5.9 #2067-2069)*

*“He is **very secure with me** and within the home. No problem with him going to school, no problem what’s so ever” (8.5.9 #2130-2131)*

It can be seen from the above quotes that the grandchildren doing well emotionally and academically can provide comfort to the grandparents. Jendrek (1993) cited in Dolbin & Targ (2001) also note that despite difficulties grandparents can experience caring for their grandchildren as a greater purpose for living. Burton, Dilworth-Anderson and Merriweather-De Vries (1995) cited in Dolbin & Targ(2001) also found that rewards such as nurturing family relationships, providing love and companionship and accepting the opportunity to raise another child can provide the grandparents with satisfaction and happiness.

Ms A was a grandparent who had an extremely positive outlook and experience as a grandparent caregiver of her grandson. Palmer (2008) cited in Williams (2011) strongly states that there is a continual need for research on the unexamined resilience factors that could lead to interventions for grandparents. The interview with Ms A illustrates suggestions that could lead to effective interventions. The 3 main factors that Ms A discussed which could become suggestions for support are 1) Formal Support 2) Family support and 3) Role Acceptance. Dolbin-MacNab & Smith (2013) cited in Arditti (2015) found that resilience of grandparents can be internal factors such as being able to appraise a situation in a positive way. Cox (2011) cited in Arditti (2015) also notes internal factors as aspects can lead to robust resilience and can help a grandparent find meaning in the new care giving role. The following quotes highlight the perspective and experiences of Ms A which suggested to the researcher that there were factors that contributed to her positivity and resilience.

1) Formal Support

Ms A;

*“It’s challenging like I said at times, but I get a **lot of support from services** you know they have helped me so much. I have a lot of support.”*

(8.5.8 #1712-1714)

The support Ms A received from services clearly made a difference to the challenges she faced. Williams (2011) reinforces the support grandparents need by suggesting that grandparents receive quick and accurate information and resources when they become grandparent caregivers.

*“They talk about cut backs but the service we got was brilliant and if you wanted to go **on a one to one basis they would accommodate it** if anything was bothering you.”* (8.5.8 #1804-1805)

*“**Fantastic Service**, I couldn’t say it enough.”* (8.5.8 #1810)

*“It’s been **very positive I never had to chase after anyone and everything was in place** and it took time but once things were in place the services were fantastic. And I have had great support, absolutely fantastic I would be telling a lie saying otherwise”* (8.5.8 #1866-1867)

*“It was **all put in place** and any issues I had I could phone them. And any issues they had **they could intervene** (social work dept.)”* (8.5.8 #1812-1813)

A common thread throughout the interview with Ms A was the amount of support received from services and the contribution this made to the role she was performing as primary caregiver of her grandson. Landry-Meyer et al (2005) cited in Williams (2011) found that informal and formal supports given to grandparents provide benefits and positively influence outcomes for the grandparents in relation to physical and mental health effects. Williams (2011) therefore recommended local support groups for grandparents to help tackle the isolation and other negative outcomes grandparents can experience.

2) Family Support

Ms A also discussed having strong support from her family which meant there was no friction or tension between family members. This allowed Ms A to participate in social activities and a level of freedom which helped to mediate some of the negative connotations Williams (2011) notes such as isolation. Ms A also stated that she had a strong relationship with her adult daughter which again is unlike other participants who had a difficult and tense relationship with the adult child. Ms A pointed out that she feels appreciated for what she is doing for her grandchild by his mother and they have a clear and strong bond.

*“I felt very positive, I had **great family support** you know **if I wanted to go away on a holiday foreign I could**” (8.5.8 #1740-1741)*

*“**I still have my own life** and I go on holiday once a year with my friend, we go on holidays once a year, we used go twice a year but we go once a*

year now and Harry will go to Wicklow with my daughter and his mam went down to him. And I had a break on my own” (8.5.8 #1829-1832)

*“No I mean were close(adult child/mother) and **she has always been appreciative of the job I have done with Harry** and you know I have **allowed him to have a relationship with his mam** and he would often stay with her and you know **she is mom and I am nana.**” (8.5.8 #1749-1750)*

Boss (2006) suggests that the feeling of being connected after a loss is an essential part of the healing process. The best approach is therefore to be a part of a familiar and trusted community such as mentioned here, family, close friends and family.

3. Role Acceptance;

Boss (2002) cited in Hayslip and Smith (2013) states role acceptance is the most important part of positive adaption. Many grandparents have hope that their adult child would someday re-assume the parenting role. However this hope can prevent the grandparent from accepting the adjustment needed to accept their role. This is seen in Mrs Y’s interview where she has accepted that her daughter would not re-assume the parenting role

Mrs Y;

“But it felt like that, it felt she was completely different girl and she could never come back because I reckon she’s been raped, she’s been robbed, she’s been starved but she could never come back as my innocent girl that I remembered and loved. I had decided then that I

would forget about trying to get her back and deal with a different girl and a different person and she has grown to be a different adult. This is what she has chosen to do rather than what I taught her to do.”
(8.5.10 #2362-2366)

Role acceptance was evident from analysing Ms A’s interview transcript who spoke often of the accepting and enjoying of the caregiver role. Ms A was not ambivalent or uncertain in her role and made the adjustments necessary to her life to accommodate the caregiving situation. Boss (2002) cited in Hayslip&Smith (2013) states this leads to more positive appraisals and leads to strong resilience in individuals which was palpable in Ms A’s interview.

*“You know, it can be challenging but **I could not imagine myself not being in this situation.** I wouldn’t know what to do with myself”* (8.5.8 #1786-1787)

*“No I really **love the job I do**”* (8.5.8 #1851)

*“I done it with **every feeling in my body**, I just wanted to do it. I mean there would be no turning back and at times of course I think will I be able for that but I never want to be it otherwise. And I have **built all my life around him**”* (8.5.8 #1823-1824)

*“**I knew what I was taking on** and I knew that’s what I wanted to do. If he had went into care that would never have made me happy I wanted to be his carer.”* (8.5.8 #1719-1720)

*“So I mean I initially **I thought I am going to do this**. I didn’t want to see, I was going up and down (to the hospital) I could see him fighting and I wanted to give him a chance” (8.5.8 #1735-1736)*

5.8.1 Support: A Factor in Resilience

Another factor in resilience is support that is provided that can buffer negative effects of stress and care giving. This support can be from service professionals or family and friends. Grandparents referred to family and social network support as a strong form of strength in their care giving situation. However it is suggested by Marris (1991) cited in Parkes et al (1999) that people can handle uncertainty in different ways and some strategies can be subtle and complex and sometimes can be enlightening and empowering. It is also suggested that a person’s vulnerability to uncertainty can be based on the person’s place in society or community. It can therefore be suggested the support provided by family, friends and society is a core element in resilience for grandparents. Gerard et al (2006) cited in Arditti (2015) states that the resilience held by grandparents is very much based on external factors such as family support. Grandparents who therefore have strong social supports have not only stronger resilience but also improved psychological wellbeing.

Mrs T;

*“I have a **great old family**, I have a sister who does acupuncture and she would have really kept me sane.” (8.5.3 #549-550)*

*“Now **Susan is very good** when Mia was here first when Susan was home she would take her into her room and feed her because she had to be fed through a tube around the clock” (8.5.3 #576-577)*

Ms H;

*“I have a **good friend, Teresa** and she has been in my life 15 years but more so in the last 5 years and only for her I wouldn't still be doing this.”*

(8.5.4 #717-718)

*“I have **good family support**, my sister and friends so if I feel like I can't get an answer to something I will pick up the phone and ring them and say this is after happening and I'm thinking this, is that the right thing to do? So they say “say it again, go slow and **we will battle it out**” (8.5.4 #825-*

828)

Mrs V;

*“It does but it's there and **I will be eternally grateful to them** and Susan (support worker) she is **my guardian angel**. I mean it, they have helped Niamh with a lot that I couldn't help her with myself” (8.5.5 #1046-1047)*

*“**We have come through it**, he said we are together 35 years and last night he said we have had more good times than bad times and we have sailed through”. (8.5.5 #1148-1149)*

Mrs V discussed her appreciation for the support she got from her support worker Susan and how the service filled a gap in support where she could not for her grandchild. Dolbin-MacNab (2011) cited in Arditti (2015) strongly advocate that grandparents who feel supported and encouraged rather than judged by services also have stronger resilience. Mrs V also mentioned something noted by Bernstein (1997) & Knapp (1986) cited in Becvar(2003) who state when working in a

professional supportive role such as Susan(Mrs V's support worker), one of the most important factors to be aware of is the ability to let the person talk about what has happened.

Ms S;

*"I had great support, very **very supportive**. The girls who were in her class, their parents were great"* (8.5.6 #1309)

"I knew who I could go to if I needed support. They were good". (8.5.6 #1310)

Ms F;

*"But his **godfather helps me** if I want to go out"* (8.5.9 #2004-2005)

Lendrum&Syme (2004) support that social networks and family surrounding the bereaved makes it easier to obtain the emotional support needed. The notion of uncertainty in meaning and purpose in life was mentioned earlier and how this can lead to feelings of grief and loss. The involvement of supportive family and friends also reduces the aforementioned peer isolation and lack of freedom and so proves to be an essential resource for grandparents.

5.8.2) Presence of Religion/Spirituality

The presence or mention of religion and spirituality was a theme that the researcher had not expected or anticipated but upon analysis there were 5 interviewees that made mention to God or religion. Smith et al (2009) states that semi structured interview are the main way of data collection in IPA and the participant has power in what is discussed and covered. This reinforces the importance of allowing the participant to have autonomy and input in what is covered in the interview. Blevin (2014) states that everyone has a spiritual dimension that is not only concerning religion. It is also stated by Blevin (2014) that grief affects a person's spiritual dimension and can result in a person having a diminished or increased interest in religious activities or enhanced effort to prove the cosmic meaning of their life. It will be shown through the participant's quotes that religious/spiritual presence was prevalent.

Mrs T;

*“What would happen and here you are with a child to worry about if something happened me so **the man above** may he leave me here after sending this my way.” (8.5.3 #552-553)*

Ms A;

*“He worries about me smoking in case anything would happen me but like I have all that sorted out with social workers and all that **God forbid** if anything happened me what would happen Harry” (8.5.8 #1762-1765)*

*“So I want to make sure everything is in place for him, if **God forbid** anything happened” (8.5.8 #1769-1770)*

*“As I said to you I wouldn’t know what to do **honest to God**, hand on my heart, I wouldn’t know what to do (without him).” (8.5.8 #1851-1852)*

Spall & Callis (1997) assert that religion brings not only a special form of comfort and eases grief but can also be helpful to people who are not particularly religious. It is therefore essential to discuss how religion can be used as a form of resilience and coping for those bereaved or grieving. Religion can be defined as “a systematized belief system” that seeks to make sense of the world, the expression of that belief in ritual, and the following of moral codes (Spall&Callis 1997).

However the researcher also acknowledges that there is an occurrence of religious language being used that is representative of a cultural language rather than signifying a deep religious belief. An example of this could be suggested as ‘Oh my God, I didn’t believe it’ and although a religious figure is mentioned, this does not indefinitely suggest a religious faith. However as religion was not a topic covered or further investigated by the researcher, the reference to religion and spirituality was decided to be highlighted.

Ms L;

Researcher- I hope that you participating in this and getting your voice heard and I will be distributing this research to resource centres, anywhere that will listen to me, to say this is happening and it will be brought to policy makers if possible and just trying to bring attention to it.

“With the help of God” (8.5.7 #1654-1658)

Ms F;

“if God spares me for 2 years and then just get a nice apartment.”

(8.5.9 #2045-2046)

Mrs Y;

“I know now my mother is looking after me and I’m not a religious person but I just feel her there every now and again and I get an itch on my hand” (8.5.10 #2402-2403)

Elizabeth Kubler Ross (2003) found in her research with terminally ill patients that in the acceptance stage of grief religious belief can be expressed. This occurred with Dr.G, one of the participants of this research, who found peace and comfort in the scriptures and religious materials. This heightened sense of religious identity when encountering experiences of loss can deepen religious experiences. An interesting piece of research which looks at the level of involvement of grandparents and whether or not they are religious is by King&Elder (1999) who found that in research with over 500 grandparents that those who are religious are more involved in the life of the grandchild. This can be explained by the greater engagement in family and social ties that religious grandparents are involved in. This is quite relevant to the researchers study as all the grandparents are raising their grandchildren on a full time basis and many made reference to religion or spirituality. It is important to note that Hayslip&Kaminski (2008) recommend that the culture and spiritual beliefs of grandparents are essential for professionals to recognise as parenting may differ due to this.

Exploring the resilience of grandparents leads appropriately to the next chapter which will review the gaps experienced and therefore the recommendations being made. Although the grandparents love their grandchildren and can experience positivity, there are struggles that have led to strong recommendations from both the grandparents and the researcher. The following section will examine these recommendations.

6.0 Recommendations

6.1 Introduction

This section will detail the recommendations garnered from the research project and the main recommendations gathered from the grandparents. The recommendations made by the researcher are influenced by the experiences of grandparents interviewed and by the literature reviewed. Recommendations suggested will be reinforced by participant quotes and supporting academic literature. It is essential in the closing of this research study that proposals are documented that reflect the grandparent's experiences who are living this phenomenon, as well as the recommendations of the researcher.

6.2) Researcher Recommendations

The researcher proposes multiple changes that are needed both in terms of service provision, awareness and education that are needed to appropriately support grandparents raising grandchildren. Although grandparents raising grandchildren are facing challenges, resilience has been identified that buffer issues faced. It is the opinion of the researcher that if resilience is increased, the grandchildren can continue to live with family and enjoy a sense of family identity and grandparents can also live with increased health and wellbeing. The recommendations that follow in this section will assist this in Ireland.

6.2.1) Further Research

The researcher has identified multiple strands of future research that are needed following the conclusion of this project. Initially it is important to suggest that an extended version of this research piece needs to be completed. There were limitations relating to time and budget constraints that prevented this study from being completed on a larger scale. A national, phenomenological research study with grandparents raising grandchildren would assist more voices being heard and more experiences highlighted to develop support structures. However 3 additional pieces of further research were identified by the researcher as

- 1) Research on support interventions- semi-structured interviews with grandparents who are engaged with different support structures. This research would be solely focused on the support received and further support needed. An in-depth literature review examining effective support interventions used in an international context that would allow for the compilation of new supports in Ireland. An example of an effective support intervention was by Gladstone et Brown (2007) in Canada and explored the positive factors in relationships between grandparents and caring professionals. It was found that grandparents identified things such as friendliness, effectiveness, a caring attitude and competency contribute to a positive working relationship. The grandparents also identified emotional and material support as important and information and advice

on services. The grandparents put a big importance on the social workers being available for emotional support. Another example of this research done internationally was by Kelley et al (2010) examining the interventions of health care providers and the impact on the grandparents who are raising grandchildren health. Data was collected before the intervention and 12 months after the intervention. The intervention was based on multiple home visits by caring professionals such as social workers and nurses. It was found that aspects of the grandmother's health were significantly improved after the intervention with improved scores on mental health, physical role functioning and vitality.

- 2) Research with the adult child who are absent in raising the children. This research would provide an exploration of the experiences of the adult child whose mother/father is now raising their child and the feelings and reflections of this. A main finding in this study was the struggle the grandparent encountered with the adult child and the difficulty in the relationship. (i.e“She does get abusive, she is very aggressive”-Ms H) Another key theme was the lack of family cohesion between other family members because of the care giving situation. The researcher believes having a space created where the parent can express and reflect their feelings could be beneficial for the grandparent and other family members. It could also provide strong recommendations in supporting the adult child which will benefit the child and grandparent to reduce the conflict that can be experienced.

3) Research with adult grandchildren who were once raised by their grandparents. This research would provide an in depth exploration into the experiences of grandchildren and consider the challenges and advantages as they were growing up. This will allow caring professionals, grandparents and communities to increase the supports that grandchildren found helpful and address the challenges. It would also give grandchildren a space to reflect on their experiences and allow an Irish perspective to be given which at this time has not be heard.

6.2.2) Training for Caring Professionals

The researcher has identified that grandparents who are raising grandchildren experience complex and unique issues that a non-family related foster carer would. Therefore the training and support received needs to be unique and tailored to grandparent caregivers. The researcher firmly recommends that all caring professionals are trained and made aware of the support grandparents need and receive clear and honest guidance and advice in supporting the grandchild. While presenting on this research project at Social Care Ireland Conference 2015, the researcher found social care professionals in attendance to agree with the idea that there are unique issues facing grandparents while presenting these. Conway et al (2012) suggest that the issue of grandparent caregiving is so widespread that the infusion of aging studies into the Bachelor of Social Work degree in the UK should occur. This is a point of significance for the researcher as it supports the

exploration proposed and states that the grandparent caregiver phenomenon is something that warrants the consideration and awareness by social workers and all helping professionals. It is strongly suggested by the researcher that this infusion of aging studies should be considered in the Irish social care and social work degree and Master programmes. It is identified by Conway et al (2012) that the significance of the grandparent caregiving situation is recognised along with the development issues unique to grandparents.

To conclude the reasoning behind the need of including this research, Conway et al (2012) states that there is an acknowledged need to entice students who are interested in aging studies and make available information, skills and knowledge into this growing phenomenon.

“I thought the social worker had to take the child, bring her wherever they bring her, go to court and then I go to the court for the child. No one told me until that day (referring to network meeting) I was roaring crying because I thought they were going to come to take my granddaughter”- Ms P(8.5.1 #268-272)

The Department of Social Protection (2008) found that grandparents spoke about support received and stated they were unable to find out exactly what access, custody and welfare entitlements were and reported a lack of respect from state employees, especially social workers and social care workers. This is something that needs to be addressed so grandparents receive adequate support and respect which will increase the positive health and wellbeing of both the grandparents and grandchildren.

A significant finding in the research study was the loss of choice and freedom the grandparents felt in the care giving situation. This is another reason caring professionals should receive specialised training and education on the unique experiences of grandparents as other foster carers would have had time to think and make a decision to become a full time carer of a child. However this is not the case for grandparents and many suggested that this was the only option for the grandchildren before going into State care. Ms D spoke about this loss of choice or freedom, making caring professionals aware of this is crucial to allow a grandparent feel in understood, empowered and supported.

*“Well its different because you have the training and you put in to be a foster carer but when they ring you and tell you “if you don’t take him **we have nowhere to put him**” and “his foster father wants him gone” I mean one part of you is saying your whole life is going to change and the **other part is saying what can I do.**”-Ms D (8.5.2 #412-415)*

Further to this, loss and grief is not a consistent element of training for caring professionals such as social care workers social workers, childcare workers and nurse and as demonstrated throughout this research piece, is an experience that must be acknowledged and provided support through. It is suggested by the researcher that compulsory training in recognising loss and grief. Boss (2002) cited in Boss (2006) echoes this suggesting ambiguous loss can be an uncontrollable experience both for the professional and the client which in this case is the grandparent, and depression can be a consequence highlighting the necessity to encourage things in their life that can be achieved. These steps can be delivered by the caring professional and provide a feeling of empowerment and

control and ultimately decrease the feeling of isolation during loss. This was highlighted by Mrs V who referenced that the professionals who she was engaged with had a focus on the grandchild rather than her wellbeing and feelings which negatively affected her ability to cope with the caregiving situation she was in.

*“I am going **to need help** and none of them offered me the help. All they were **interested in** at the time was to **get Niamh back to school**”-Mrs V
(8.5.5 #992-994)*

6.2.3) Stronger Support Structures

“By acknowledging the complexity of the needs of grandparent headed Families and learning how to apply principles of good practice to this population, family

Professionals will be more prepared to assist these families through education, enrichment, and

Intervention” (Dolbin et Targ 2001:54)

Grandparents experience many struggles and difficulties in the grandparental role they performed. Some of the main findings in this study were associated with negative health implications due to the caregiving performed and reinforced the need for improved and consistent support. Stress, depression, exhaustion and

fatigue were some of the findings that can possibly be buffered with stronger support provisions.

*“You know and you have the **stress of it all**,
I really **nearly cracked up**, I thought. Looking back I don’t know how I
got through it”-Mrs T (8.5.3 #550-551)*

*“I just **don’t have the energy** anymore and **I’m tired**”-Ms S (8.5.6 #1344-
1345)*

This exhaustion is not just a physical exhaustion but also depletes the physiological resources which is suggestive of the negative mental health implications that can be experienced by the grandparents. This is reinforced by Wright (2007) as he suggests a person’s ability to deal with loss can be based upon an individual’s physical and emotional wellbeing. However other research demonstrates stress and the physical demands of raising children are often combined with physical aging making grandparents who are raising their grandchildren a group causing public health concern (Baker and Silverstein 2008; Hughes et al 2007 cited in Today’s Research on Aging newsletter 2011). Support delivered by professionals can buffer the stress and exhaustion and was referenced to by the grandparents and will be discussed in greater detail in the next section.

Each of these health struggles suggest a need for stronger support structures that the researcher wishes to illuminate. McLanahan (1999) cited in Greene et al (2008) states that lack of resources for many families’ can cause complex issues

with research suggesting up to half of disadvantaged families who experience economic instability attribute this to insufficient resources. This echoes the need for more robust emotional and financial resources for grandparents who may be retired or unable to work due to the full time caregiving of the grandchildren. In addition to this some grandparents do not receive relative foster payments and are under significant financial pressure. Although there are significant resources available for grandchildren, it was noted by grandparents that the support they received was minimal. It is essential to note that Downie et al (2009) found when interviewing adult grandchildren that the grandchildren reported the issues they encountered as difficulties their grandparents had to face, one of which was financial and environmental stress. Other issues were noted as stigma and secrecy and grandparents wellbeing. This highlights that the wellbeing of the grandparent affects the grandchildren's wellbeing long-term. Gerard et al (2006) cited in Arditti (2015) states that the resilience held by grandparents is very much based on external factors such as family and service support. Grandparents who therefore have strong social supports have not only greater resilience but also improved psychological wellbeing.

6.2.3.1) Financial Support

It is being firmly suggested that all grandparents raising grandchildren receive strong financial support. There are some grandparents who are considered relative foster carers and receive the state payment of over €300 per week. However other grandparents do not receive this payment and the criteria between those who do

and do not is minimal. The researcher suggests that there is consistency in financial support to assist the grandparent in raising the grandchild/ren. Although the financial positions of grandparents was not a consideration by the researcher, the financial hardships were expressed by grandparents. This can cause a sense of discontent among grandparents who are performing the same role as a foster carer.

Ms L;

*“I often said to the social worker if I was fostering them and **I wasn’t Karen’s mother there would be more support there for that person than there is for a family member. A lot more.**” (8.5.7 #1583-1585)*

The researcher found in a previous research piece interviewing professionals who support grandparents raising grandchildren, there is a vague criteria between those who receive a payment and those who do not. This difference based upon whether it is a private family arrangement where the grandparent takes the grandchild out of the parents care because of possible neglect, abuse or abandonment. Or whether the State or HSE social work department identify this risk and approach the grandparent to take the primary care of the grandchild. However it was highlighted by professionals that many grandparents who are in a private family arrangement can pursue becoming a relative foster carer but can be deemed not eligible due to means or accommodation. Yet are allowed retain the care of grandchildren under the private family arrangement but leaves the grandparent without the financial or emotional support from the State. Financial assistance

needs to become automatic when grandchildren are in the care of grandparents to support grandparents raise grandchildren.

6.2.3.2) Peer to Peer Support

*“There is a support group here (community based service) so there is support but I **didn’t have the time to always come** because I had two lots of families up there (family home) but she (caring professional) has something going for them and **that’s brilliant and a lot of people look forward to going to that.**”-Ms L (8.5.7 #1636-1639)*

There is currently very little dedicated and accessible grandparental peer to peer support meeting in Munster. Although there is one the researcher is aware of and mentioned by one of the interview participants in one community based project, this would not be accessible to all grandparents in the Limerick or Munster region. Although peer to peer support is something that the researcher strongly recommends, there would be difficulties in terms of child care and accessibility. However if financial and provision support is improved, this would allow this crucial support to occur. Sands & Goldberg-Glen (2000) cited in Hayslip & Smith (2013) suggests support interventions should be designed to work around the hectic circumstances many grandparents raising grandchildren find themselves in. One intervention cited by Hayslip & Smith (2013) is that of mutual support or ‘peer support groups’ which reduces the isolation experienced by grandparents and are consistent with a strengths based perspective of support. It was also found by the researcher during the interviewing process that grandparents assisting and

informing other grandparents in similar circumstances was something seen as fundamental.

Ms L;

*“That woman who came to me, **I would have liked to be able to say** right you go here and you go there but I really don’t know those answers. I used to work with the *work scheme and I used to have finish work go and mind the children, get them up for school, get their meals, get them to school, go to work and it had to be done but as I said when that woman approached me, it was only last week and I was dumb-founded , **I said I don’t know all I could say to her is you have a social worker involved, ask her she will have to find out things for you.**” (8.5.7 #1616-1623)*

Ms L mentioned during her interview 3 times that she found it difficult to not know information to assist another grandparent who was about to take on the care of her grandchildren (*“Well I said, I’m not being smart but that woman approached me thinking I would have some answers for her **and I was stuck what was I supposed to tell the woman**”-Ms L*). This signalled to the researcher that facilitated peer to peer support group would provide mutual support but also information that grandparents in similar circumstances could share. Crewe et Stowell 2003 cited in Wilson et Crewe (2011) made similar recommendations resulting from a focus group with caregiving grandparents in America that the researcher supports.

1) Create a service that provides grandparents with access to necessary information and services that can support them in the raising of their grandchildren

2) Suggest the expansion of grandparent advocacy groups and respite services in the USA however the researcher would recommend the creation of these services in Ireland would be extremely beneficial

Online support is an element of peer support that could be implemented and also fit the sometimes chaotic schedules of grandparents raising grandchildren. Online forums have been initiated in the USA however would not always be applicable to Irish grandparents due to differences in legal entitlements. A local forum could provide grandparents direct and easy access to other grandparents to share experiences, reflections, tips and advice. The researcher was published on a local parenting website, Loveparenting.ie which gave information to grandparent's raising grandchildren, on ways to increase resilience. One comment on this online article by Woods read "Finding this post has answered my prayers" which highlights the need for relevant information from a person who has experienced similar circumstances (O'Connor 2014 <http://loveparenting.ie/grandparents-raising-grandchildren/>).

6.3) Grandparent Recommendations

This section will detail an overview of grandparent recommendations which will be discussed further and categorised later in this section. This layout has been chosen by the researcher so that all grandparent recommendations are heard which is crucial as these recommendations are coming from the people experiencing this complex role. The grandparents view on changes needed, advice and final reflections are essential to provide caring professionals with invaluable

knowledge and insights. This was an element to promote empowerment among the participants and to provide guidance to other grandparents who may find themselves in the position of primary caregiver of their grandchild. Cameron et al (1992) cited in Schwarzer et al (2006) defines empowering research as “research on, for and with participants” (p. xxix). Schwarzer et al (2006) echoes this the approach the researcher took in suggesting that empowering research allows the participant to be active in the process. Grandparents were asked what their advice to another grandparent would be or what they recommend in terms of service support to professionals or families.

Ms P;

*“A separate support, at the minute my support, officially is the fostering and I have a lovely fostering social worker, Teresa, I have only seen her twice and she will say ring me ring me but **they are up the walls**”*(8.5.1 #191-193)

*“I suppose **another advocacy in-between** that grandparents can go and talk to about concerns”* (8.5.1 #202-203)

*“But if I had somewhere that I could go and would **give me advice and direct information** to social workers without naming me”* (8.5.1 #225-226)

Mrs V;

*“**Get help, get support.** And take it. It’s there for them because you can’t, I’ll say it this way, just take on someone else’s child because you don’t know what to expect from them, **the help is there**”* (8.5.5 #1158-1160)

*“And if it’s there take it because **you can’t do it on your own** no matter what anyone says you can’t do it on your own. **No matter what it is, take it even if it’s to sit like this and chat away**” (8.5.5 #1165-1166)*

*“Any grandparent it doesn’t matter who they are that takes on a child, you will have it difficult in the beginning, **just be there**” (8.5.5 #1218-1219)*

Ms S;

“And I think just to make them do the chores and feel part of the family, you know feel part of the family that’s a very important thing” (8.5.6 #1370-1371)

*“I actually do too much for her I think, to let them to do stuff for themselves. **That’s my downfall, I feel I have to do it**” (8.5.6 #1361-1362)*

Ms L;

*“I think **there could be a lot more help out there** for them if they had the confidence that social work wouldn’t come on top of them” (8.5.7 #1530-1531)*

Ms A;

*“Well I think first of all **you have to want to do it**. If it’s going to be too much of a burden I mean if you go into it knowing what you’re taking on. How time consuming it is, at any age and what it entails you have to want to do it, that’s the first thing”* (8.5.8 #1783-1784)

*“If you do against your will and **you’re not 100% in it it may breed problems** for people who want to do different things”* (8.5.8 #1875-1876)

Ms F;

*“I think they **should have trained babysitters there that can help us**”*
(8.5.9 #2103-2104)

*“**I want a babysitter** and I need more have that you know, but I do think that they should, like people who are Gardai checked, it wouldn’t be everyone you would let mind a child. But I do **feel that the onus is on them to do that, particularly grandparents who are looking after kids**”* (8.5.9 #2104-2109)

Mrs Y;

*“And I wouldn’t advise anything anymore because **there is nothing you can say because everyone’s journey is different** and it will end the same but the journey will be different. Whether its drugs or abandonment, it’s all the same”* (8.5.10 #2432-2434)

“Older grandparents definitely need childcare but I would never take it even though it was offered to me because I was afraid I wouldn’t get her back. That was a fear but childcare is good and if you’re older definitely” (8.5.10 #2339-2441)

The researcher has also categorised and related to literature and the current position in Ireland to this recommendation. As discussed in the previous section, a main theme that arose was the need for increased support from services. Another key recommendation from the grandparents that will be discussed is the need to have acceptance to fulfil the role of grandparent care giver with health and happiness.

6.3.1 Increased Support from Services

Many of the grandparents cited some deficiency in the support received from services. A few of the participants have suggested there are such severe gaps that there is a need for new services and provision to support them in the role they perform.

Ms P;

*“A separate support, at the minute my support, officially is the fostering and I have a lovely fostering social worker, Teresa, I have only seen her twice and she will say ring me ring me **but they are up the walls**”* (8.5.1 #191-193)

“But if I had somewhere that I could go and would give me advice and direct information to social workers without naming me” (8.5.1 #225-226)

Ms D;

*“There is a lack of a Saturday and Sunday, weekend service. There is **no help at the weekend**” (8.5.2 #394-397)*

Ms F;

*“I think they should have **trained babysitters** there that can help us” (8.5.9 #2103-2104)*

*“I want a babysitter and I need more have that you know, but I do think that they should, like people who are Gardai checked, it wouldn’t be everyone you would let mind a child. But I do feel that the onus is on them to do that, **particularly for grandparents** who are looking after kids” (8.5.9 #2104-2108)*

Ms Y;

*“That’s another thing I was on anti-depressants and everything and **it shouldn’t affect you as a relative foster parent** because these things happen and especially when it’s your relative” (8.5.10 #2430-2434)*

*“Older grandparents definitely **need childcare**” (8.5.10 #2438-2439)*

As shown in the above statements from the interview participants, there is a sense of isolation in the caregiving activities by the grandparents and they would like additional supports such as babysitting and weekend services. However this would require significant funding and changes in service provision, policies and the entitlements of grandparent caregivers. This would also require a large scale research piece and inclusion in the CSO census to assess the accurate number of grandparents raising grandchildren in Ireland.

6.3.2) Role Acceptance

The grandparents interviewed made recommendations for other grandparents who may find themselves in the situation of becoming the primary caregiver for their grandchild. A theme that arose in the conversations on this was the need to accept this new role if they do decide to become a grandparent raising their grandchildren. It is important in the opinion of the researcher for grandparents who have experience in this phenomenon to be the voice of guidance for other grandparents.

Ms A;

*“Well I think first of all you have to **want to do it**. If it’s going to be too much of a burden I mean if you go into it **knowing what you’re taking on**.*

How time consuming it is, at any age and what it entails you have to want to do it, that's the first thing.

If you do against your will and you're not 100% in it may breed problems for people who want to do different things.” (8.5.8 #1783-1876)

Ms Y;

*“I wouldn't advise anything anymore because there is nothing you can say because everyone's **journey is different** and it will end the same but the journey will be different. Whether its drugs or abandonment, it's all the same.” (8.5.10 #*

2430-2434

However, Ms S also discussed accepting the role of your grandchild and their place in the home as important too.

Ms S;

*“Try to really treat them **as equals**, depending on the age” (8.5.6 #1557-1558)*

*“I think just to make them do the chores and **feel part of the family**, you know feel part of the family that's a **very important thing**” (8.5.6 #1370-1371)*

However there were suggestions that role acceptance can be difficult to achieve for both the grandparent and the grandchild if there is a deficiency in the support services. This was highlighted by Ms L who discussed how the lack of service provision and support for her as a grandparent caregiver affected her ability to accept her role.

Ms L;

*“I often said to the social worker **if I was fostering them and I wasn’t Karen’s mother there would be more support there for that person than there is for a family member. A lot more**” (8.5.7 #1583-1585)*

*“That’s all we want is **to be treated equal, even if they are your grandchildren or not your grandchildren. They are doing all these things for a foster parent.**” (8.5.7 #1587-1588)*

This has exemplified the complexity of challenges experienced by grandparents where one problem can inhibit other positive elements being experienced such as the one illuminated by Ms L. This is also an important point for caring professionals to also be aware of and connects to specialised training being incorporated into educational programmes for social care and social work professionals.

6.4) Conclusion

In conclusion, the recommendations made are essential to be addressed in policy and provision in Ireland to sufficiently support grandparents raising grandchildren. The role performed by grandparents is one which is crucial to the wellbeing of the grandchildren and relieves the State of taking these children in foster or residential care. Therefore more than adequate support should be made readily available. Specific training for caring professionals will help raise awareness of the complex issues that face grandparents and increase the emotional support received. The researcher has initiated contact with the Social Care Training Ireland group that provide training for social care workers nationally. There is strong interest in the researcher developing a training programme for

professionals working with grandparents and a proposal is being drafted for this. The researcher will further the educational awareness by publishing articles on the study findings and submit to national social care journals. The further research that was proposed earlier in the section will assist further understanding and assistance being delivered to the amazing grandparents in Ireland performing a remarkable role in the lives of their grandchildren. The next section will conclude this research study.

“Their common destiny as caregivers provides them with valuable insight that service providers organisations can use to improve services and support the time honoured tradition of grandparent caregiving. Many grandparents don’t have a choice in taking on the awesome responsibility of raising grandchildren. But those of us who are service providers, researchers or policy makers have a choice to insist on policies and procedures that support and uplift them” (Wilson et Crewe 2011)

7.0 Conclusion

Researcher: Well I think you're amazing for what you're doing, I know that may not mean much but I mean it even if it's one person who tells you that I hope it makes a difference

“Thank you, it does make a difference you know you never get that. You just don't get that”-Ms F (8.5.9 #2199-2203)

In conclusion, this study has explored the experiences of grandparents raising grandchildren in the Munster region of Ireland. Grandparents have unique needs in comparison with first generation parents (Hayslip & Kaminski 2008). This affirms the relevance of this research and the recommendation for a larger scale, national study in Ireland exploring the experiences of grandparents raising their grandchildren. Many findings from this study highlighted the notion that different forms of loss and grief are being experienced by parenting grandparents. These varied experiences of loss and grief are reflected in the title of this piece which came from a direct quote from a grandparent interviewed (*“I cry for those kids that they don't have the mammy that they want.”- Ms H*)

Some of the loss and grief experiences that featured strongly in the results section included the loss of relationship with an adult child, the loss of choice and freedom, the loss of the grandparent role and ambiguous loss. Although all the experiences discussed by grandparents interviewed was not around death, there was definite loss and grief being experienced but was not always validated or acknowledged. Boss (1999) echoes this idea suggesting there are no rituals or

social supports involved in ambiguous loss like there would be in a case of death which further adds to its complexity to those experiencing it. Disseminated research is therefore crucial to develop awareness and knowledge into the complex loss and grief that can be experienced by parenting grandparents. This will assist the validation and support of grandparents who are grieving in silence and tending to the wellbeing of their grandchildren. The researcher is actively pursuing publishing findings in academic journals and local website forums and newsletters that will inform the caring professionals that support grandparents. Over 3 pieces have been featured to date in a parenting website, local senior forum newsletter and Social Care Ireland website. This is essential to inform local communities and professionals of the complex experiences and issues grandparents encounter. The researcher is engaging both academic and ground level workers in the area of grandparent-headed families and believes this to be key to creating social change.

*“They were all asking questions we couldn’t answer. And **I collapsed**. I was wound up and **worried** and everything and we said we will deal with you one at a time.”- Mrs V (describing her interactions with professional services 8.5.5 #972-974)*

Although this research piece focused on loss and grief experienced, mental health and physical health are strongly correlated and negative physical health implications from care giving was a finding. Grandparents discussed fatigue and exhaustion from the duties they perform and the frequent lack of appropriate support from both family members and sensitively designed services. Participants

reported experiencing negative mental health implications such as depression and stress. Recommendations therefore considered both the physical and mental health effects for grandparents acting as primary carers, with respite care being an essential proposal. Respite will allow grandparents engage with peer to peer support, social engagements and reduce isolation that can be experienced by parenting grandparents. This will allow the grandchildren to continue to experience the belonging and strong sense of family identity that grandparents can create by accepting grandchildren into their family circle and sharing their homes, lives and values with (Hayslip & Kaminski 2008)

A detailed literature review revealed the bulk of research into the area of grandparent headed families has been completed in the UK, USA, Canada and Australia. The most similar research piece to this study was from Backhouse et al (2011) who found in 34 interviews with grandparents raising grandchildren that role complexities and loss were strongly prevalent. Other literature revealed there is an increase in grandparent headed families and echoed the need for more robust support structures to ensure the wellbeing of both grandparent and grandchild. Downie et al (2009) found the wellbeing of grandparents is fundamental to the wellbeing of the grandchild. In Downie et al (2009) research it was found adult grandchildren who were interviewed stated the main difficulty encountered was the problems that confronted their grandparents in raising them when they were younger. This echoes the necessity of viewing the wellbeing of grandparent, hand in hand with the long term wellbeing of the grandchild.

“I wouldn’t change my situation for no-one, my heart and soul goes into the 5 kids and once I can at the end of the day when they are here having their dinner and they say thanks nana and have a smile on their face and a hug and a kiss at bed time, wipes everything away”- Ms H (8.5.4 #786-789)

Although the participants spoke of many difficulties and challenges, there was admirable resilience and positivity expressed that was crucial to feature in the research results and to conclude this piece. The love of by the grandparents for their grandchildren was palpable and fuelled their care giving duties. This love was seen to buffer some of the negative health impacts for the grandparents. However, to ensure the consistent wellbeing of grandparents who are raising grandchildren the recommendations made by both interview participants and the researcher need serious consideration especially opportunities for respite for all grandparents and increased financial and emotional support from services.

*“And if it’s there take it because you can’t do it on your own no matter what anyone says you can’t do it on your own. **No matter what it is, take it even if it’s to sit like this and chat away**”-Mrs V (8.5.5 #1165-1166)*

There is great difficulty and sense of loss on behalf of the researcher to conclude this project and upon reflection wishes to close this by expressing her passion and sentiment for grandparents raising grandchildren in Ireland. In accordance with the focus of this research piece around loss and grief, there is an importance in

addressing and naming emotions which allows a conversation to stem and grow. Although there is difficulty by the researcher to conclude and close this chapter, the planting of conversations in the woods will continue through stories being bravely told.

“Stories, then, can provide powerful insights into the lived experiences of others in ways that can inform, awaken and disturb readers by illustrating their involvement in social processes that they may not be consciously aware of”

(Shacklock&Smyth 2004 p.82)

8.0 Appendices

This appendices will contain all necessary documents that were used by the researcher throughout this research piece. Namely the informed consent form provided to participants, interview questions guide, research recruitment flyer, ethical approval and

8.1 Appendix 1- Informed Consent Form

Informed Consent Form

Study Title: Grandparents Raising Grandchildren in Ireland 2014: A Phenomenological Consideration of Loss and Grief Experienced

Researcher: Michelle O'Connor

Before agreeing to participate in this research, the researcher strongly encourages you to read the following explanation of the research. This statement describes the layout and aims of the research piece. Also described is your right to withdraw from the study at any time. This study has been approved by the Research Ethics Board of The Limerick Institute of Technology.

Explanation of Procedures

This research has the aim to interview grandparents who are raising their grandchildren or who have done so, in the past 5 years. The researcher aims to examine the feelings of grandparents in raising their grandchildren around loss and grief. This research is being conducted to learn more about the area of grandparent caregiving as the feelings of grandparents in this situation has not been done in Ireland to date. Participation in this research involves a semi structured, one to one interview, which will last for approximately 30-50 minutes. The interview will be recorded by the researcher to allow for data analysis after the interview.

Risks and Discomforts

Potential risks or discomforts include possible emotional feelings of sadness when asked questions during the interview or after the interview. If you

experience distress or sadness and wish to seek support the researcher will provide local, accessible support services.

Benefits

The anticipated benefit of participation is the opportunity to discuss feelings and experiences related to grandparent caregiving. The research also aims to develop a better understanding of grandparents experiencing this phenomenon in Ireland to identify and make recommendations towards developing supportive resources for them. This research is the first of its kind in Ireland and one which needs academic attention making your participation of great importance and significance.

Confidentiality

The information gathered during this research will remain confidential and anonymous at all times. Your name and any other identifying details will never be revealed in any publication of the results of this study. The tapes will be destroyed at the completion of the study. The results of the research will be published in the form of a research paper and may be published in a professional journal or presented at professional meetings. It may also be published in book form. The knowledge obtained from this study will be of great value in educating and guiding professionals on experiences of grandparent caregivers and the supports needed.

Withdrawal without Prejudice

Participation in this study is voluntary and all participants have the right to refuse to take part. You are free to withdraw consent and discontinue participation in this project within 3 months after interview. You are also free to refuse to answer any question the researcher asks you.

Further Questions and Follow-Up

You are welcome to ask the researchers any questions that occur to you during the interview. If you have further questions once the interview is completed, you are encouraged to contact the researcher using the contact information given below. If, as a result of participating in this study you feel the need for further, longer-term support, you are welcome to contact:

Phone Support-Samaritans: Limerick Branch 061412111

Web Based Support- <http://www.dailystrength.org/>

One to One Support-Limerick Social Service Counselling Service, Upper Henry St, Limerick. 061314111(leaflet included)

If you have other questions or concerns about the research, you can contact the supervisor of the research project and researcher, Jennifer Stritch. Email: Jennifer.stritch@lit.ie

I, _____ (name; block capitals), have read the above information and I freely agree to participate in this research. I understand that I am free to refuse to answer any question and to withdraw from the study at any time. I understand that my responses will be kept anonymous.

I have agreed for the interview to be recorded to allow the researcher to later write up the conversation had in the interview. All personal details such as names will be changed to ensure confidentiality.

It has been explained and I agree that quotes I have said may be used in the research results which may be published in academic journals or book form.

Participant Signature/ Date:

Researcher Signature/Date:

Check those that apply:

____ I would like a copy of my interview transcript

____ I would like a copy of research once completed

Please provide contact information below:

Write your address clearly below. Please also provide an email address if you have one.

Mailing address:

Email address:

Researcher contact information: michelle.oconnor@lit.ie 0857333054

8.2 Appendix 2- Interview Question Guide

Interview Question Guide

1. If you wouldn't mind telling me a bit about yourself, where you are from, age, occupation, marital status?
2. We might start by talking around the circumstances why you're raising your grandchild?
3. How long you have been raising your grandchild?
4. What are your main feelings around being in this situation?
5. How has your life changed because of providing full time care to your grandchild?
6. Do you feel your relationship with your grandchild has changed since taking the full time care of him/her? If so how? How do you feel about this change?
7. Do you feel any reactions, responses from the community or peers around you raising your grandchild? If so what?
8. Do you still have a relationship with your child? If so, how has it changed? Has family relationships changed?
9. Do you have sadness over this caregiving situation? What is the sadness like?
10. If so, would you experience sadness often or regularly?
11. How do you deal with sadness experienced?
12. Do you feel like you have support in dealing with this caregiving situation?
13. If not, what do you feel is needed? If yes, what support system do you have?



RECRUITING RESEARCH PARTICIPANTS

My name is Michelle O'Connor and I am completing a Masters of Research in the area of loss and grief in the Limerick Institute of Technology. I wish to research grandparents who are currently or in the last 5 years, raising their grandchildren in a full time capacity due to the absence of their own child. The grandparents may be raising their grandchildren due to a variety of issues (death, imprisonment, mental health issues, addiction issues etc.). I am interviewing grandparents to assess the loss and grief they experience in having to re-engage in a parenting role and the loss of their conventional grandparent role.

I am looking for participants for confidential, one to one interviews which would take 30-50 minutes. Names and any identifiable information of participants will be changed to ensure a high level of anonymity and confidentiality in the research results. This is purely voluntary and all participants have the right to withdraw at any time.

If you have any queries or wish to participate, please do not hesitate to contact me on 0857333054 or email michelle.oconnor@lit.ie

8.4 Appendix 4- Interview Transcripts

All bold text is researcher questions and statements, as previously mentioned all names and identifiable information has been changed throughout the interview transcripts.

8.4.1) Interview 1; Ms P

1 **If you wouldn't mind telling me a bit about yourself, where you are from, age,**
2 **occupation, marital status?**

3 - Well am I am 56, I am a mother of 3 and grandmother to 4 and my occupation at
4 the moment is I am a support worker in this project. So I myself have two children
5 in addition and before that I was in administration and I have lived in many
6 communities, everywhere really.

7 **2. We might start by talking around the circumstances why you're raising your**
8 **grandchild?**

9 - I have a daughter Mary, she is 35 this year and she a heroin addict and she has been
10 struggling with addiction for the past few years and her main addiction is an eating
11 disorder and that's where it all started. But when Mary is on heroin, she eats so going
12 on heroin actually saved her life. But am she has been struggling with it and doing
13 good and not doing she good and she had Amy who is 4 now and she was doing very
14 well. But the relationship she was in broke down and it was her first relationship and
15 she was abused as a child so that where the addiction came in. So she has massive
16 trust issues so when that broke down she went on benzo's and heroin, mainly benzo's.
17 But once heroin gets a grip on you! So for the last 2 years was really in a bad state,
18 mentally. She is on prescription med's, she was over in (local outpatient mental health
19 service in Limerick) and there way of dealing with anxiety is to give a pill. Madness,
20 total madness. So they kept giving her more and she just needed someone to talk to
21 and because she was over 18 there was nothing I could do, they wouldn't talk to me
22 and I was very concerned about her. She became reliant on the prescription drugs and
23 she was in college, she had a part time job, very independent girl and she was in
24 America a few times, holidays. But I started noticing the eating disorder at 17 and
25 that's when the red flag went up for me but she had moved out and I only learnt of the
26 abuse a year after that but you know, like adults that have suffered abuse, you can't
27 push them they have to do it in their own time. That's how she moved out and the
28 relationship was up and down up and down but then 2 years ago her boyfriend got
29 locked up and the child was 6 months and they were living in my house before he was
30 locked up. But Amy was more or less reared in my house and by April my other
31 daughter was pregnant, un-expecting inly. So-laughs- I told Mary you are going to
32 have to move out on your own and she needed to but I didn't know at this point she

33 was back struggling with the heroin, I had no idea what's so ever. Because they hide it
34 very well. So one thing to another, a few months after she moved out I could see the
35 signs and it was a nightmare, a total nightmare trying to get help for her. Just trying to
36 get help for her, but for her mental health aswel because she was diagnosed with
37 PTSD and bipolar but everyone is diagnosed with that these days (little laugh). A lot
38 of mental health issues, you know what I mean and it got worse.

39 **Is it 2 children Mary has?**

40 - No just the one, so am in the end I went to (local outpatient mental health service)
41 because we had nowhere to go and the child was at risk. There was no two ways about
42 it-the child was at risk. So we had to get the social workers involved and it was a
43 nightmare from there on, it was all my fault(laughs) I had her child taken off her, she
44 literally I mean all her vengeance and hatred, everything was aimed at me. Myself and
45 her father, it took us a long time to step back and not enable her but she found
46 someone else, the child's grandfather to enable her and actually since her partner is
47 out of prison and doing well and when the grandfather stepped back because he had to
48 because herself and the partner weren't getting on too well. I think Mary* expected it
49 to be all rosy when he came out and when it wasn't I think she realised if I want to get
50 Amelia back I'm going to have to do it.

51 The whole court system, social workers, the network meetings, they are all a bloody
52 nightmare, a nightmare.

53

54

55 **Interviewer- tells participant of undergrad research and findings those**
56 **procedures for grandparents applying for care of grandchildren the same for**
57 **non- relative carers. There are no different procedures and there possibly should**
58 **be because it's a completely different situation.**

59 -oh exactly, we had to fill out a form about our dog. We had Amy 12 months and the
60 other grandfather would take her weekends and we had her during the week and we
61 did that over 12 months and we didn't get a penny for her. Because it was a private
62 agreement and I never remember entering into a private agreement. Now there are

63 grandparents who do it for the money but I mean, you need money. We couldn't even
64 pay our mortgage, he (referring to partner) lost his job and then we had Amy too so
65 we were struggling badly but anytime money is mentioned you feel like the hand is
66 out, the plate is out, the begging bowl. You know it's not even that you are looking
67 for a payment but you are looking for the child's payment.

68 **1. How long you have been raising your grandchild and are you currently still**
69 **raising her?**

70 - She is still with me and there is an interim care order at the moment.

71 **Has that been a consistent caregiving situation?**

72 -I have been a foster carer since November but she has been in our care since she was
73 born.

74 **2. Would you like to tell me a little about your grandchild? What age is Amy?**

75 - She is 4, she is flying it.

76 **3. What are your main feelings around being in this situation?**

77 - It's hard because, you're not the mother, you're the grandmother. Well for me, I
78 can only talk for myself and a few times Amy has started calling me mam and I'm
79 not her mam, I'm her nana but at the same time I'm her primary carer at the
80 moment so it's tough that way but you have to say "I'm not mammy love, Mary is
81 your mammy" now she is starting to get to know that because there is good
82 access, she has access 3 times a week. So that's good but sometimes I call myself
83 mam, you know because you're in that role. So it would be quick off the tongue,
84 like I say to my other kids so it's hard because I love her (Amy) and want to
85 protect her but the best thing for her is to be with her mother and father and that's
86 what she needs no matter what, she needs to know who she is and where she is so
87 it's a struggle sometimes to keep those boundaries. To keep that when you're all
88 in the house together, it's a struggle.

89 Plus you're exhausted, I'm exhausted! I'm 55 year of age(laughs) and I work and
90 I come home from work and I just want to throw my bones down and watch the
91 telly and I hear is "Nana, Nana". But I'm lucky she is very good and she is in
92 crèche all day, I pick her up at 4 but I mean kids need looking after especially at
93 that age and I'm saying I should be bringing her to the park but I just don't have
94 the energy to bring her to the park(laughs). But I know in a sense she has crèche

95 so she is with kids all day, playing so when she comes home she is exhausted and
96 then when she comes home from her mam she is really exhausted. There is one
97 overnight on a Wednesday and you can guarantee Thursday she(Amy) will be
98 cranky and exhausted because when she goes to mammy and granddad and daddy
99 everything is fun, its happy, its tons of fun(local play service for kids) its
100 McDonalds and then she comes back to Nana and its back to normal, back to
101 reality. I'm kind of the bad witch then aswel (laughs).

102 **4. Do you feel your life has changed a lot because of the situation?**

103 - Of it has ya, even with my relationship with my partner, he didn't want... I didn't
104 want more children(giggles) we had kind of, we didn't want any more children
105 and then all of a sudden there was there at 2 but more or less since she was born
106 and she needs to be taken care of and she can be pretty demanding but at that age
107 they are supposed to be. And the money aspect of it we are ok now but before that
108 we were doing without and then we had an extra to feed aswel and that caused
109 friction aswel.

110

111

112 **5. Do you feel your relationship with your grandchild has changed?**

113 - Oh it has, it has, and it definitely has. I mean it's more of a mother role and
114 although I try not to, it's hard because I'm there and when she comes back (from
115 access with parents) she cries and cries but when their gone she's grand because
116 she knows her routine and it's good for her. And I remember when it was all made
117 official (foster carer's) Tom* would say sure we can collect her an hour early,
118 they (social work) won't know nothing and I say no. and that's another tough area
119 then aswel because Mary is my daughter and I love her and I know she is missing
120 her child and I know she is going through a tough time and I can't be there for her.
121 I had to choose and that put Mary back more and distanced us more because I had
122 to choose and I chose Amy. So that was a heart-breaking decision for me to make
123 and it still is. Because Amy will come first but Mary is my daughter and I love
124 her, I could kill her (laughs) but I love the bones of her.

125 **6. So you said there is more of a distance so do you feel that relationship has**
126 **changed?(with daughter)**

127 - Of it changed, massively but we are mending bridges now because she is doing
128 better and she can see things more clearly. And she doesn't see me as the big bad
129 wolf but I cried so much over the last 2 years, so much. The actual hatred that
130 would come from her and I know where it was coming from and from the training
131 I do here so I know all that, up here(point to head) but being a mother in your
132 heart, you are still human. You know it was a nightmare, a bloody nightmare. I
133 barely saw Mary for 12 months, her father would collect the child so we wouldn't
134 see Mary and I missed her and the family missed her and then a lot of anger
135 against Mary for what was going on and I had some bit of anger but because I
136 understood what was happening for her. But then the rest of the lads would say
137 "oh your making excuses for her" but she's still my daughter and still their sister
138 and it's an addiction, it's a disease she has.

139 **7. This research is around loss and grief so one question would be do you have**
140 **sadness over this?**

141 - Oh I lost my daughter, I lost her. It was like she was dead. I did lose her. You
142 know and we are still not 100% but at least we are talking, were talking.

143 **8. Would you experience that sadness often or regularly or do you feel you are**
144 **coming out the other side now?**

145 -Now I feel I am coming out of it but ya the loss was there, I lost my mother and
146 sister 3 years ago to cancer so there has been a lot of loss in my family and then my
147 son was in prison and there was another loss there because it was 18months I didn't
148 speak to him, see him which would have been the first time in my life and his life and
149 I didn't deliberately set out to not see him but I couldn't go there because I knew if I
150 went there I would be lost myself and never come back. So I just couldn't so I was
151 going through the grieving process.

152 **10. How do you deal with the sadness you experience, do you have a particular way of**
153 **dealing with it? Such as throwing yourself into work?**

154 - I throw myself into work (laughs) I do throw myself into work but over the last few years I
155 have done a lot of mindfulness for myself, I had to I couldn't have survived if I hadn't, so I
156 have to do that every now and then so I do my breathing and relaxation and mindfulness,
157 looking after myself.

158 **11. So do you feel you have support in grandparent caregiving? Not only state support**
159 **but community or family support?**

160 - When the decision was made to legally foster her but even before that when Mary went off
161 the rails I kind of called a family meeting and said look this is going to happen but I am not
162 going to do this on my own, I just can't do it on my own and they all said ya ya ya, no
163 problem but putting the words into action was different. Because people have their own lives,
164 normal stuff, you know my youngest is 16 in June and she loves the bones of Amy but now
165 she wants to be left alone to her music

166 **so its like a typical little sister relationship**

167 -ya ya, the little sister the exact same. So my other has her own(child) and has college so her
168 hands are full. So my partner, I think resented it because his privacy, not privacy (pauses) his
169 space was invaded. Our space was invaded. I felt like a lot of times, overwhelmed.

170 **12. do you feel any responses or reactions from your community or friends? Do you feel**
171 **they are empathic and supportive or is there a certain stigma that you cant speak about**
172 **it?**

173 - oh no I don't feel any stigma but that's me, that's a lot of the work I do here and lot of work
174 I have done myself over the last few years. But I do know of grandparents who are feeling it.
175 You know I was actually in the respite house in co Limerick at Christmas (explains the
176 respite house is a service run by a family support service in Limerick that provides respite for
177 families with members in addiction that can get respite) So there was a grandmother and
178 grandfather out there last Christmas and I could see it in them and I was trying to talk to her
179 and you could see it in her. Because I know, I know because I have lived it and worked it and
180 have lived with the guilt and the shame and stuff like that. And then you have people saying
181 "oh your great and look at the money your getting" because of fostering I get 325euro a week
182 for Amy but I mean a lot of that is eaten up with the crèche, with petrol bringing her over and
183 back to wherever you have to bring her, the doctors now and then and clothing her. But its
184 not a lot with a child and then you have the resentment from Mary that im getting that money
185 for her and people think your loaded but it actually goes, the heating is on more. I'm working
186 only part-time and he's not working at all([partner) so the heating is always on for her and we
187 had to get her her own telly and you know, everything. So you are getting that side of it
188 aswel.

189 **13. so going forward, what supports would you want? Because I am hoping to include**
190 **recommendations from grandparents on what support they feel is needed.**

191 - A separate support, at the minute my support, officially is the fostering and I have a lovely
192 fostering social worker, Teresa, I have only seen her twice and she will say ring me ring me
193 but they are up the walls. At the same time you know they are social worker and because its
194 your own daughter (pauses)

195 **You don't want to say too much?**

196 - you are because everything you say is written down, everything you say is written down and
197 then I have Louise who is actually a very good social worker, Mary hated her because a lot of
198 people still see them as baby snatchers and they're not. But there is still a terrible fear and
199 I'm told "tell them nothing, tell them nothing" and you can't do that. But it's very hard
200 because I know it's better for Amy when everything is upfront, above board but then it's
201 coming from both sides of don't tell them this. There is this fight for the child like a tug of
202 war, like a tug of war. It's horrible. I suppose another advocacy in-between that grandparents
203 can go and talk to about concerns. I'll give you (trails off) Mary rang me, they have access of
204 a Saturday from 12-7 so the dad had been out of prison, he had only been out 2 weeks and
205 Mary rang me hysterical and crying saying "he told me not to take Amy today because it's
206 too cold to bring her out but it's really because he's been partying all night up in a house and
207 he doesn't want the child". So she's hysterical more so about him, there's no one thinking
208 about Amy . You know so I spent Saturday morning and Saturday is my day to do my stuff
209 and I have the child ready to go and there is no one to collect her, I'm trying to calm Mary
210 down on the phone so finally get her to calm down. I say "look I have the child here and she
211 is looking to see her mam and it's not about him or you, it's about her so get yourself ready
212 and come out and collect your child, have a good day and it's as simple as that". If he doesn't
213 want to be there, that's his problem. So that did happen but she told me that he had smoked 2
214 joints or something like that, so I'm there "ok if I go to the social workers and tell them that
215 he smoked 2 joints, they have to say where they heard it so he's just out of prison, he wants to
216 do his best and he has done really good in prison for 2 years. He did training and he is under
217 ferocious pressure aswel after coming out because he has to deal with Mary on one hand and
218 dealing with all the guilt and blame and the whole shebang going on there. So your trying to
219 juggle and it's not my job to juggle and I'm caught in the middle thinking what the fuck to
220 do.

221 **You're trying to keep every relationship happy?**

222 - Ya and trying not to go overboard. Like if I had known for certain that he was
223 taking Benzos and stuff like that I would have no qualms in saying it. If I've given
224 up my own daughter I will give up him but you're trying to not let it blow up all
225 over the place. But if I had somewhere that I could go and would give me advice
226 and direct information to social workers without naming me(laughs)

227 **Uou want to keep your relationship with Mary?**

228 -Ya because when everything is quiet and when everyone is gone home, our relationship is in
229 bits with her saying "you told the social workers this, you told the social workers this" and
230 there are risks like that that are very hard to mend.

231 **Yes I have found very little support, like that for grandparents**

232 -there used to be a grandmothers support group in (local service) but I don't know if that's
233 still there. But they did have the group, now if its still going I don't know.

234 **there is a online support group in America for Grandparents Raising Grandchildren**
235 **and its basically a blog where grandparents all over the world can vent or get support, if**
236 **you wanted to have a look at that-**

237 - Ya but a lot of people wouldn't have access to a computer, grandparents
238 especially.

239

240 **Interviewer: well that is pretty much all my questions, unless you have anything to add?**

241 - No no.

242 **Interviewer: So how did you find that? (The interview)**

243 - Yes, I was very comfortable. Very comfortable. I found your body language very
244 good, you were listening I could see you were listening and you were interested.
245 And you never looked shocked(laughs)

246 - But no one tells you that it's a private arrangement I heard that for the first time in
247 a network meeting "oh it's a private family arrangement" and you feel like a
248 beggar then with your beggar bowl but she's entitled to a payment to keep her

249 going(referring to Amy) and then when they finally did put her into care-you see I
250 didn't want her going into care because I would have done it anyway but it was
251 when the shit hit the fan at a network meeting and there another nightmare, no one
252 bothers going to them! At our network meetings there would be about 12 names
253 on the list and you would be lucky to see 5! The doctors wouldn't show. A lot of
254 people wouldn't show, no interest. But when it all blew up, because Amy paternal
255 grandfather pounded the table and that to them. I mean I don't expect people to
256 accept that either but on one hand I was thinking, it's about bloody time for them
257 to see what's going on all the time. But then they all started flurrying around
258 because Mary was getting hysterical and stuff like and they were nervous and I
259 was in tears and they were talking to each other (social workers) and a bit of the
260 conversation was more or less, we know she's not in it for the money we will pay
261 her. You know. And that was so (trails off) I was feeling bad enough and to hear
262 that "we know she's not in it for the money" it's like you've passed. It shouldn't
263 be like that. It should be your right and the child's right, once you are raising that
264 child to get a payment, the child needs to be fed and dressed. You know what I
265 mean? It's just a horrible, horrible and with everything going on that day, that just
266 stuck in my mind.

267 - at the earlier network meetings, they say stuff like that to frighten you off, this is
268 what I felt now, "oh if you want a payment the child has to go to care" and I
269 thought the social worker had to take the child, bring her wherever they bring her,
270 go to court and then me go to the court for the child. No one told me until that day
271 (referring to network meeting) I was roaring crying because I thought they were
272 going to come to take my granddaughter and she(social worker) says "oh no no no
273 no, we go to court, Amy stays with you" but they never told me that, it's like they
274 were hiding it from me. Nobody explains to you that no one comes and takes the
275 child, no one explained to me that they go to court and look for an order and the
276 child can stay in the home. I was in bits, Jesus Christ the child would have been
277 traumatised for life if that had happened her! But they don't explain that to you,
278 but in hindsight I should have made it my business to find out but you're so
279 emotionally all over the place.

280

281 8.4.2) Interview 2; Ms D

282

283 **1. So if we just start by telling me a bit about yourself, your occupation, age range,**
284 **location?**

285 Oh ya, I'm in my 50's, I live in the County. I have 3 grown up daughters, one
286 is the mother of Alex*, am one 14 year old. That's it. The 3 adult girls are not
287 living at home.

288 **2. So if you can tell me the circumstances of why you're the main caregiver of Alex?**

289 Well Alex has been in care since he was two and a half and he was with a
290 lovely couple for years and the foster mother he was with died two years ago
291 tomorrow of cancer.

292 **That must have been tough for Alex**

293 It was ya, and his foster father then couldn't handle his own grief and alex at
294 the same time. So the social workers approached me in June and asked me
295 would I take him in. that his foster father wanted him out the 1st week in July
296 so I had a weeks' notice.

297 **So it was really an emergency situation?**

298 Yes, it was a big ask.

299 **And what age is Alex now?**

300 He's 12 now

301 **3. So you have been raising Alex since July?**

302 Well he always came out to me every weekend since he was small but since
303 July full time.

304

305 **4. What would be your main feelings in being in this situation? It being an emergency**
306 **situation, did your life change a lot?**

307 Completely. The whole house like even Helen, it wasn't too bad from July to
308 Christmas because it was like a holiday to him, it hasn't hit him that he wasn't
309 going back to his foster home but since Christmas it's been downhill, a
310 struggle with him.

311 **And is he in school full time?**

312 He is, he's not doing well. He's in 6th class and making his confirmation next
313 week but he's not doing well this year. And emotionally, he's an emotional
314 wreck at the moment. It's a big upheaval.

315 **5. Has your life changed a lot since taking on the full time care or have you noticed**
316 **any changes to your life? Whats ways have it changed?**

317 Ya very tied to the house, he starts school at 8.20 and finishes at 2.30 so I'm
318 restricted by time the whole time. Never had a boy in the house before so first

319 boy. Ya I suppose I would be more stressed, I would have been very calm
320 before but not dealing with him I'm more stressed.

321 **6. Do you still have close relationships with friends or have personal freedom?**

322 I do but I don't go out as much at night. I'm restricted that way but during the day I'm
323 grand I do volunteering so I keep that up so I'm always out and about.

324

325 **7. Do you feel your relationship with Alex has changed?**

326 I would like to say it hasn't but it has. It has a bit, we had a great relationship but not
327 in a bad way but sometimes I would love to shake him but I'm the mother and father
328 to him now really.

329

330 **Which must be difficult-**

331 Very hard.

332 **8. Do you feel responses from the community or your peers? Do you feel supported or**
333 **feel any reactions to the change in your family structure?**

334 No, I have great support from the two girls (daughters) not his mother but the two
335 adults. No my family (pauses)

336 **You get good support?**

337 Ya but they wouldn't mind him (laughs)

338 **9. Does Alex have a relationship with his mother?**

339

340 He sees her now and again. He saw her before Christmas, on his school breaks. Am
341 she was to see him this Easter break but she text to say she was sick. So it comes and
342 goes.

343 **10. Have any other family relationships changed? Like with your youngest child? Or**
344 **between Alex and Helen?**

345 No their fine, she's very laid back and she's good with him. Sometimes she says the
346 house is too noisy but ya.

347

348 **11. Do you have any sadness about the situation your in?**

349 Sometimes ya. You know I would, sometimes I say to myself- if I've had a really bad
350 day with him- I should have been thought it through more or been giving more time to
351 make up my mind.

352

353 **I found that in my undergraduate research when interviewing professionals that**
354 **it is mainly emergency situations so the grandparents don't always have a lot of**
355 **time to think about it**

356 Because it's a very- I can't hand him back now he's my grandson. You know if things
357 get really bad and they will get bad I know they will. Am if you weren't related to

358 him it would be easier but I can't give up on him. So I got one week and there was
359 pressure because the social workers were under pressure to find him a place.

360

361 **12. Do you feel there is good support from social work?**

362 I can never get a hold of them, Jesus I can never get a hold of them.

363

364

365 **13. Would the sadness be only on a bad day or would it be a regular occurrence?**

366 It would be on a bad day but if we had a bad week, he makes things very hard no
367 matter where we go. He and Helen were on mid term and his mother couldn't see him
368 so I said I would take him away- just to Belfast- and he made a show out of us down
369 in the hotel for the whole week. Ya which ruined the whole week so stuff like that-
370 that drives me nuts.

371

372 **14. How do you deal with things when you feel like that or when you are at your wits
373 end? Is there any way you deal with it?**

374 I head off for a walk, cool down. If he's at home and he starts, now he's fine at home
375 because he's 12 and Helen is 14 so I say I'm off for a walk. And usually by the time I
376 come home, he's calmed down and he's saying "I'm sorry Nana" so that's what I do.

377

378 **15. Do you feel like you have good support generally?**

379 Ya great support, the minute I felt like there was a problem social work intervened.

380

381 **It's great you feel like you have support hopefully in the research I will write on
382 recommendations to other grandparents who may not feel like they have support
383 on what other grandparents are using so it will be helpful**

384 No he started saying over Christmas, there were a couple of bad turns and was saying "I
385 wish I was dead" "I'm going to throw myself down the stairs" negative like that. And I
386 was saying to myself I can't deal with this. So I got on to the social workers and my care
387 worker was great. They came out and we took him to the doctor he's with *local support
388 service. He comes out and they got him an extension (with service, usually only 6
389 months worker works with child) for another 3 months. So it's brilliant and I find that
390 great.

391

392 **16. If you were to say any additional services or support that was needed what would
393 you say it is?**

394 There is a lack of a Saturday and Sunday, weekend service. There is no help at the
395 weekend. I had a really, really, really bad weekend that week he wanted to throw
396 himself down the stairs and run away and all sorts of things. But there is no-one
397 available to ring on the weekends.

398

399 **17. Do you sense any anger from Alex's mother towards you?**

400 Oh ya, oh ya. Well we never really got on anyone we just tolerate each other. When I
401 see her now and then because Alex has a brother and sister so they would be step

402 brother and step sister so I see her every 6 months or I hear from her if she's in trouble
403 but am the minute she heard I had Alex in my care, in my house, it was "oh I'll ring the
404 social workers, I'll get him back" Ya, anger. Nothing since then. You know.

405

406 **Well that is all my questions unless you have anything else to add?**

407 No. no.

408

409 **Do you see this situation as long term with you care giving for Alex**

410 Oh yes, it will be unless something terribly goes wrong so I don't know. Its tough-

411 **It is difficult when, as you said, you're a grandparent and a carer-**

412 Well its different because you have the training and you put in to be a foster carer but
413 when they ring you and tell you "if you don't take him we have no where to put him"
414 and "his foster father wants him gone" I mean one part of you is saying your whole life
415 is going to change and the other part is saying what can I do. So.

416

417 **So feeling like you have no options because you're his grandmother-**

418 Ya and if it goes sour then between you and the child, then it's a 100 times worse.

419

420 **Do you feel then you have lost that traditional grandparent role?**

421 Ya Ya, that's gone.

422

423 **Its very interesting and I have researched it before but not much attention has
424 been given to the experiences of grandparents**

425

426 And have you interviewed grandparents who have 12 year old grandchildren?

427

428 **No, so far the grandchildren have been young, 2-3 years old which is of course
429 much different than when they are older.**

430 Yes because most grandparents would have raised them from a young age and I would
431 have taken Alex at two and a half but because of Aoife*(mother) and the crowd she was
432 with, he would not have been safe in my house. So they put him in to foster care.

433

434 **I hope to interview grandparent's who are raising older grandchildren as raising a
435 teenager is hard enough-**

436 This is it, well I know it's not going to get easier.

437

438 **Are you frightened for the future?**

439 I am with the way he is at the moment but I'm hoping with *service involved and
440 counselling. It might sort him out a bit.

441

442 **Thank you so much for meeting me, I really appreciate it**

443 No problem.

444 8.4.3) Interview 3- Mrs T

445

446 **1. Tell me about yourself?**

447 -Im 63 and I was working up to Christmas and took redundancy and im home since
448 then and I honestly don't know how I worked for 3 days, I have so much to do. I
449 haven't had time for myself in 6 months, it's impossible. Like that I worked, I did
450 everything and I still can't do everything and I'm not working (laughs)

451 **2. So you mentioned before your case is quite unique so if you tell me..**

452 - Ya so Maeve has very badly controlled epilepsy but am she got pregnant on us and she was
453 20 weeks pregnant before we knew it. Now talk about loss, it was like a whole bereavement
454 thing going through. I nearly died, my whole worry would always be if something happened
455 me who would take her on? Then we had to cope with being pregnant. It was funny because
456 on a Saturday she was changing her clothes and I said to Susan, Maeves bust is gone very big
457 and she said 'oh mammy go away your always worrying about something' but she had an app
458 with the doctor on the Wednesday because she had a sore leg and I just said to John because
459 he was taking her will you just ask them to examine her and they reckon she was 20 weeks
460 pregnant. She hadn't a clue and she would be so tired from the tablets that her appetite was
461 very bad so the pregnancy symptoms didn't show, you know. So he sent us to (local
462 hospital) the next day for a scan and it was spina bifida they were looking for on account of
463 her medicine but he reckoned it was ok but they sent us to a different hospital. They picked
464 that up on the scan and Maeve would have a mild intellectual disability and the father would
465 be the same, they go to a centre and they sent us to hospital and they picked up on the hands
466 so, but they give out about the health board but we have met so many nice people through the
467 process and they didn't fob her off because she was special needs, you know. So now she
468 would be very tuned in, she could have a conversation with you but she knew she was
469 pregnant and he(doctor) said he would take fluid out of the womb and send it away and after
470 10 days he rang and was talking to John and he said tell her it's a little girl and there is no
471 other genes or syndromes involved and tell her(maeve) to ring me if she wants to. Now that's
472 how nice they were. And the midwife that we met on the first day used to ring me and ask me
473 how I was coping because I was crying all the time. I just couldn't get my head around it.
474 Anyway I rang him but they couldn't tell me what her little brain was like but they told me
475 there was no syndrome attached to her so we went through the rest of the pregnancy but they
476 didn't want her to have it in local hospital in case something went wrong so we went to other
477 hospital and we are 2 hours drive and if she started during the night(labour) and not knowing
478 how she would go or cope so we went up and asked if they would keep her because every
479 time she moved in the bed I would be leaping out to her. So the doctor told me to go and have
480 a cup of tea and he would see what he could do and I mean her time was nearly up. So they
481 kept her and induced her and she went through the labour very well and then the fella(father)
482 and his mother appeared . Now you know when you go in, you want to be left alone but
483 Maeve had a choice of who to bring down to the labour ward so she picked me, I mean if she
484 was to pick him, he's only a child himself he wouldn't know what to do so. So I went down

485 and she was coping great, they gave her the epidural, the next thing the baby's heart beat
486 started to race so they did an emergency C-section and that was it then. Sure they took the
487 baby in my arms for a minute and took her then and she had a little heart murmur. And am,
488 she was kept there in the special care unit and Maeve went home after a week with John and I
489 stayed above and I was there a lot of the time and I was working but I took time off. They
490 kept her there for about a month because she got a bed sore and she was fed by tube. I asked
491 if she could be sent home and she was brought down in a special van and my sister would
492 drive me there and that's what we did for a few weeks. And I was wore out from going in and
493 out so I asked could she be brought home so he said I would have to learn how to change the
494 tube for feeding so I did that. They let us bring her home then and she started then to vomit
495 after food so she had a blockage in her tummy so she went to Crumlin for an operation for
496 that. And the first year she got a lot of seizures and I would take her to the hospital and she
497 would be dead in my arms but she hasn't had a seizure in 9 years and that's my biggest fear if
498 the seizures start again with her. But on saying that she is much better than we ever dreamed
499 her to be. She is bright in her own way and she goes to a special needs school and is learning
500 at her own pace.

501

502 **1. So what age is Mia now?**

503 - She is 10

504 **2. And have you been primary caregiver since the start?**

505 - Oh ya, I would be the number one that she would want all the time, ya.

506 **3. What are your main feelings be then on being in this situation of being in a
507 parent role again?**

508 - Sure too old for it altogether, I mean when my son (he has 3 children) when he's
509 youngest was born I used to mind her when I wasn't working and it's a different
510 love altogether that you have for grandchildren. Because you're not responsible
511 for them and you have time for them. Its time really and you will do things and
512 you can do things to get around them rather than hit them a slap like you would
513 used to do(giggles) but it's a different love but to have a child now at my age is
514 too much.

515

516 -You know and you have the stress of it all, you have Maeve and Mia and Susan is
517 here sometimes and Johns patience threshold isn't great so if she gets up in the
518 morning as happy as larry a small thing, she is grown up in some ways but in other
519 ways she could cry like a 2 year old if something goes wrong and you have to listen to
520 it all-from everyone! So its too much, it really is.

521 **4. Has your personal life changed a lot?**

522 -Completely, you know my birthday was last week and I thought my life is just
523 passing me by and what am I doing? Just minding, minding, minding. You know that
524 kind of way. You have no time for yourself. Ya now we get respite for Mia but it's the
525 tiredness, shes awake from 6.30 in the morning and shes ready for chat and we would

526 be up at 7 for school anyway in the week days but it's the tiredness and the time. Like
527 you've reared your kids and you think you have done your bit.

528 **6. A lot of the grandparents Im interviewing usually take the care of the child from 3 or**
529 **4, I usually would ask do they feel the relationship with the grandchild has changed**
530 **since taking full time care but because you have mentioned that you have always had**
531 **care of Mia-**

532 - I might as well of had her myself and she's the most loveable thing you would ever find. I
533 mean if she tells me once in the day, she could tell me 50 times that she loves me, she's a
534 lovely child. But I might as well of given birth to her, I have been there from the word go with
535 her

536 **7. Do you feel you have missed out then on the typical spoiling grandparent role that**
537 **you mentioned earlier?**

538 - You see they would be giving out that I am too soft with her and let her away with things
539 but they forget that I am in nana mode as oppose to mammy mode even though I am doing
540 both, you know. And maybe I do let her away with things, you know so I wouldn't have the
541 mother role but I would check her and she knows when she over steps the mark but it
542 wouldn't be a mammy role but I would.

543 Like Clara (other grandchild 14) said before whatever you want she would give it to
544 you (speaking about herself) and you would because it's a different thing than raising your own
545 and then mine were small you couldn't even go and buy them a plate of chips but now you
546 can go for meals out and you wouldn't of had the money to do anything like that.

547 **8. do you feel any responses from your peers or community or friends? Would it**
548 **positive?**

549 - I have a great old family, I have a sister who does acupuncture and she would have really
550 kept me sane. I really nearly cracked up, I thought. Looking back I don't know how I got
551 through it because it was such a shock. I was always worrying about Maeve what would
552 happen and here you are with a child to worry about if something happened me so the man
553 above may he leave me here after sending this my way.

554 Tis a awful worry and I don't think about it everyday because I would crack up., I have a
555 meeting after dinner about Maeve because before Mia we were looking for residential for her
556 just to have her in a set up that if something did happen one of us but with all the cut backs it
557 never happened. And then the way with our situation with Mia they would have to have her
558 somewhere that Mia could visit her so out of the blue that meeting came up. But I looked for
559 an extra bit of respite for Maeve because I'm fairing out with Mia alright but I'd like an extra
560 weekend with Maeve. And whether that's something that there reviewing I don't know.

561 **9. do you think its beneficial for Mia to have Maeve living with her?**

562 At times. When maeve is gone for respite and Mia is gone at the same time. Mia would come
563 home and maeve wouldn't be back until Monday and Mia would be saying 'Mammy will be
564 back Monday' whereas before she never saw Maeve and Maeve where she would read for her
565 and watch a movie there are times she would annoy her. You would be dealing with two
566 children, if Mia was contrary or thick over something, Maeve would get thicker.

567 **10. Is the father involved?**

568 No, they come up 3 times a year. Christmas, Easter and her birthday. She knows she has a
569 daddy like everyone else, the crator.

570 **11. do you ever have sadness over this caregiving situation at the moment or did you in**
571 **the past if you don't now?**

572 I don't now. I mean this is what came my way and I have to deal with it. I mean I wouldn't be
573 sad because I got Mia but at times if id be in bad form I'd say 'oh I wish I could go here or
574 there' you know. You would see other women your age can go off in the car or even as a
575 couple go away for a weekend but we can't ever do that.

576 Now Susan is very good when Mia was here first when Susan was home she would take her
577 into her room and feed her because she had to be fed through a tube around the clock whether
578 she woke or not and she would take that. Its sleep you want, I'd be so tired.

579 **And there was an added pressure with her health implications-**

580 Ya when you have a perfectly healthy child it's hard but when it's a special needs child it's
581 more and you don't know the outcome or what will happen or where they will go, ya.

582 **12. And do you feel like you feel you have support generally? Like from the HSE?**

583 Well it was hard in the beginning, the funding when we were trying to get help. They gave
584 me hours when I was working and Mia was minded here and then she went with two girls
585 who were involved and she was getting help after school. But I couldn't have Mia any more
586 than what I'm minding her. I would really crack up. Like I have Mia from morning to night
587 and I need the support but at the beginning it was very hard.

588 Am, I ended up crying more times at meetings, im no good at the fight. But they would upset
589 me and I'd end up crying. And you'd only be looking for the bit of help but they realise the
590 pressure you're under but we are faring out alright now with Mia.

591 Mia's help would be much better than Maeve. Well we never looked for help with Maeve
592 because she was ours and we plodded along and we never even thought of looking for a bit of
593 respite even at times when the seizures were bad during the years because they were never
594 controlled. She doesn't fall down, she goes mad around the place but in saying that she has
595 been good for the past while.

596 **13. Do you feel like your relationships within your family has changed like with your**
597 **children or?**

598 Ah sure she would feel hard done by at times (Susan) and she's 30 in August. I mean at times
599 she (mia) is taking over me, you know that type of way and I never. I mean Susan would say
600 'mam you have other grandchildren you know' but she thinks when I have a bit of respite I
601 should be going to see them(other grandchildren) but I don't have the energy(laughs)

602 I just want to sit on the couch and I don't even want to talk to John(laughs) you know for
603 your head but they all think differently and your pulled in all ways.

604 It would and even myself and John would fight, not fight, but sick of each other because
605 things, there would be so much in your head like if you were fed up you wouldn't be talking
606 and it would affect everything.

607 **14. I am asking every grandparent what support they use or do to alleviate some of the**
608 **pressure so what techniques do you use that you find beneficial?**

609 I'd love an owl facial but even to find an hour to do that at times is hard. I couldn't ever book
610 a week in advance because I wouldn't know what would happen. But my sister took me off to
611 a hotel and sure it was like being in heaven.

612 I just don't need to talk, that would do me for peace. Just not to talk because when Mia is
613 here she never stops and 'nana this nana that. Nana everything' so it would be just not having
614 to talk. Just being able to sit and that would do me now.

615 **15. that is mainly all my questions unless you have anything else to add that I didn't**
616 **ask?**

617 Not really, only you'd be totally frustrated, it's an emotional drain and mental drain more
618 than, well it's a physical drain definitely I'd be tired but mentally id be exhausted. Its hard
619 going, I'm going back to school meetings, Jesus Christ, you know! You'd be doing the
620 homework, now she doesn't get much but still no matter how tired you'd be like and even the
621 crator by the time we got home and Susan had the dinner on and she had a ruler to measure
622 centimetres and sure she didn't know where to start and I was nearly giving out to her
623 because 'come on and do it' because you're so tired.

624 But all them things, your way gone past and to be doing them every evening now the girl who
625 has her some evenings would do them with her but it's all those little things.

626 **16. Would you know any other grandparents in your situation?**

627 Not at all, there's no one like us (laughs) there is no one really. The Health Board worker
628 here and she really felt sorry for me because it's not your ordinary run of the mill case
629 because you had the two of them.

630 -Maybe it's an age thing but I see the mothers in the schools and I think I would be more
631 tuned in because I've done it all and you'd feel at times. I remember one young one she was
632 going on the bus and she's Down syndrome and when Mia started school first she would be
633 collected and if she came home by the bus she would finish at 3 and she wouldn't be home
634 till 4. Now you're talking about a little 5 year old but like a baby but with the route they take

635 it would take an hour. And am I said and we started collected her from school and I said ‘oh
636 god I would hate her on the bus that long’ and this young mother said ‘I don’t care how long
637 she takes getting home’(laughs) but you would be more into feelings maybe because your
638 older and wiser you know. So last year was her first year coming home on the bus because
639 she was ready for it then. But I just felt she wasn’t ready up to that, she was too small we
640 would be up at 7 and she wouldn’t be back until 4. Whereas a younger mother, you just think
641 differently.

642 -But Susan says I have her ruined (Mia) but it’s easy for them to say when there just looking
643 on and coming in for things but there is so much I do just for a quiet life. You know and I
644 know it’s spoiling her but it’s easier to do it than to be listening to everything you know. Ya
645 it’s easier to do things than asking her because she wouldn’t do it when I wanted her to do it
646 and I would be getting annoyed and if John was here, he would be getting twice as annoyed.
647 So it’s just easier to shut up and do it yourself so there all spoilt I suppose.

648 -I always say if any crator got caught in it, you wouldn’t wish it on anyone and at the time I
649 didn’t know Maeve was having sex and when this fella was her boyfriend I asked her ‘Maeve
650 would you be having sex?’ and she said ‘mammy!(in disbelief) and mammy then the fecking
651 ejjit. And I really was stupid that I didn’t get her on something you know. If you have a
652 daughter put her on something because it’s not a good situation with special needs and
653 special needs and who’s going to mind them? The crators.

654 I’d recommend any girl to get on something because you’d never know what could happen
655 and they have feelings like anyone else and want to be loved and that would be Maeve’s
656 dream in her own little world that she would get married and live with Tom (father) and Mia.
657 I mean that child, not giving myself praise, she would have no motivation, no stimulation,
658 nothing and she’s as bright as a button. I mean I thought I would die when she was coming
659 but now that I have her, if anything happened her it would be devastating.

660 I didn’t even go and tell my own mother and father, I wasn’t able I was crying so much. I
661 mean it took two weeks, I didn’t want to see anyone, all I could do was cry and John went up,
662 now daddy is dead 7 years but she used to go up and mammy used say that he wouldn’t smile
663 all day till she came in but she has that effect. She has a lovely little nature about her.

664 **Does Mia have a good relationship with your mother?**

665 Ya, we call them Julie because when Clara (other grandchild) was born she had nana and
666 granddad here and other grandparents and then Julie and Timmy(her parents) were her great
667 grandparents so instead of confusing with all the nana’s we called them Julie and Timmy.
668 And then mam was down for her birthday and Mia asked is she my nana and I said she is but
669 she’s big into who’s who and relationships. She’s very good and she wouldn’t miss a trick.
670 She’s very tuned in and that’s a bonus to us because we could be minding her and getting no
671 good out of her. That she’s come on so well like she’s surprised the staff in hospital and all.

672

673

674 8.4.4) Interview 4; Ms H

675 **1. If you want to start by telling me a bit about yourself, age range, location?**

676 49!(laughs) based in city 19 years

677 **2. And how long are you raising your grandchild?**

678 My five grandchildren since 2009

679 **3. Wow five, and what ages are they?**

680 They are 11, an 8 year old and a 4 year old and I've had them since 2009 since their
681 mother dropped them off

682 **4. If you want to tell me the circumstances around you raising your grandchildren?**

683 The circumstances around my situation is, my daughter has a mental illness, they say
684 its bi-polar but she also drunk alot and drugged and she ended up in a psychiatric unit
685 which left me in the position of no choice really of taking the five kids on, because
686 she left them here in my home. And I have been doing it since and I have been
687 dealing with her mental health with it which is the hardest part because you can't
688 explain to the kids what's going on.

689 **5. And would they have an awareness of what's going on or that she is not available?**

690 She disappeared for two years and she's back on the scene the past few months and their
691 not happy. She's visiting kids and their looking at her thinking what she is going to do
692 today or what's going to happen you. And they totally rely on you because you have to
693 mind them. That's what they tell you, you have to mind them.

694 **6. Is that social work or is this a private agreement?**

695 No, private agreement. She left, I took it on, I didn't get my order until 2011 is when i
696 got a 24/7 accessibility order. Which entails because I am the maternal grandmother that
697 I am the custodian of the children, they cannot be removed. It's the first of its kind for
698 grandmothers.

699 **7. How have you seen your life changed or has it changed?**

700 My life stopped, I gave up everything. At this age, I did have a boyfriend because I'm
701 divorced and I just said this is the choice I have, I have to raise my 5 grandchildren,
702 you're either in it or out of it. And you what, I said you're out of it, go away, this is
703 something I have to do on my own.

704 **8. Are you happy with that decision or would you have any...**

705 Im happy in what I do, I love what I'm doing. At the end of the day the kids have
706 stability, they come home and their laughing and their settled and they are lunatics
707 (laughs)

708 **9. Do you feel your relationship with them (grandchildren) has changed?**

709 I went from being a granny to a mammy and a granny aswel as being a nurse, a doctor, a
710 daddy figure, the whole lot. You get the whole package because every need the kids
711 need, I have to do it. So it's the doctor appointments, the eye appointments, the dentist,
712 running to the school, going on the school tours that they keep volunteering me to
713 do(laughs) putting me in for fitness clubs "My nana will do it" (laughs) Ask me
714 first!(laughs)

715 **10. And do you feel any reactions or responses from the community or friends? Would
716 you feel support or do you feel any?**

717 I have a good friend, Teresa and she has been in my life 15 years but more so in the last
718 5 years and only for her I wouldn't still be doing this.

719 **11. Wow, and do you feel support from any agencies or anything like that?**

720 No I never got any support from a social worker or anything like that. I have fought all
721 this on my own.

722 **12. Thats amazing but terrible that you never got support-**

723 There isn't but I asked for help back in 2009 when my daughter started getting, as bad
724 as she was, and she told me to go and get a private agreement. What social worker tells
725 you to get a private agreement? You have a sick girl and small 5 kids. But because I was
726 on my own, well I wasn't at that time I had my daughter and son living with me because
727 I had no partner and had the time she thought "oh let her do it".

728 **13. It was only when I did my undergrad research that I found out about the private
729 agreement or being a foster career-**

730 Technically I am a foster parent but under in the eyes of this country and the social
731 workers and courts and that, I'm not, I am their maternal grandmother. So you get
732 nothing, you have to fight tooth and nail to get anything. I

733

734 have never cried into anyone's face but I have got vicious with them. 3 years ago a
735 social worker called to my door and said your daughter and I said 'do you see you, take
736 to the path to the end of the gate and get out because when we needed you you walked
737 away from us". They walked away from us. Then they took my daughter back on a few
738 months ago before she came back on the scene and said "oh you have to go to solicitor"
739 gave her a big long roll out of things she has to do to..

740 **To regain custody?**

741 No to gain visitation but I never denied her seeing her kids. Every mother needs to be
742 with her child but in certain circumstances you know when to stop the situation.

743 **14. And did you find it hard to tell her no or say you can't at the moment?(to seeing
744 kids)?**

745 No. Because, two years ago social workers stood on my floor and said to me, given the
746 choice what would you do, Your daughter is not well and she is out of the family and
747 you have her 5 kids, would you hand the 5 kids into care and take your daughter back on
748 and I said "No I wouldn't, my daughter has lived her life, these 5 kids have had no
749 chance so they are getting a chance now"

750

751 So I had to cut her out, it was like a fine line, I had to cut her out to deal with the
752 situation your in. She does get abusive, she is very aggressive but I have developed a
753 way to deal with her. And its got as far that I have had to get a barring order against her
754 because she turned violent. So the situation is never the same, the situation over the past
755 5 years has changed completely. She still thinks she has the right to come up and say
756 'mam can you help me'

757 **15. That was actually my next question, has your relationship with your daughter
758 changed but it has obviously changed massively since you've taken the care of the
759 kids?**

760 I actually, at this precise time, 5 years down the road, feel nothing for her. She's my
761 daughter, that's it. I can't put the barrier down and say 'Oh god help us' when she is
762 sitting in my home with tablets down her bra and she is stoned off her head saying 'no
763 there's nothing wrong with me' Your stoned, like, your stoned.

764
765 So what I done was , I develop a thing when she comes in, she can mouth as much as
766 she wants to, I say in my head, she is here to see the kids. So my line with her now is, I
767 say to her if your here to see the kids, see the kids, so don't bother what I'm doing, it
768 has nothing to do with you. She hates me, she resents me but she caused her situation.

769

770 **16. Do you think those feelings of hatred are because you have the kids or is that**
771 **something, have ye always had a..**

772 No we used to get on. I'll never take it from my daughter, I stood on her floor 5 and a
773 half years ago and said I wouldn't do it again, I seriously don't know how you do it, 5
774 babies, couldn't do it. Little did I know 6 months later, I would be doing it again. I'm
775 raring 10 children, I've rared 5 and I'm raring 5 more.

776

777 **17. Your actually the first grandmother that I have met that has more than one**
778 **grandchild and those grandparents are exhausted so I can imagine**

779 I do get tired but it's not even that, one of this kids has a lot of problems, he doesn't
780 sleep two hours is the max we get and he's been like that since I got him. But my house
781 is so routined, people laugh at me, I have 5 kids and we are all in bed by 8 and that's it
782 and I'm in bed then by 9 because the house is so quiet and the only place for me in my
783 head that you can get peace and quiet is up in bed. So not sitting in a kitchen looking at
784 the four walls.

785

786 I wouldn't change my situation for no-one, my heart and soul goes into the 5 kids and
787 once I can at the end of the day when they are here having their dinner and they say
788 thanks nana and have a smile on their face and a hug and a kiss at bed time, wipes
789 everything away. I do get frustrated, I get frustrated because of the situation were in we
790 have to fight for everything they need, not what I need, it's irrelevant what I need but
791 then you're coming up to problems because one of the kids developed, well I'm
792 convinced he has a heart problem.

793 My own doctor is looking at me like, he went very blue and black around the mouth and
794 I took him straight up to the doctor and said now do you believe me. I don't know
795 everything but I deal with nearly everything but I know when something's not right and
796 off I go.

797

798 **18. You mentioned there that you get frustrated, would you ever experience sadness at**
799 **the situation you're in?**

800 I cry for those kids that they don't have the mammy that they want. You do because I
801 rared mine and I got the pleasure of the walking and mile stones and the crazy things
802 that they do and she is missing it and they have to be missing her aswel. They have to be

803 saying and they have said to me, “Nana why do we live with you?” And my answer to
804 that is ‘mummy left you here’

805

806 **You seem quite honest with them about it?**

807 Ya, For a long time, she stated herself before she decided to take off on one of her mad
808 lunatic things that she does but they asked her what was wrong with her and she said she
809 was sick in the belly. That was what they knew up to 6 months ago when she decided to
810 tell them that she was sick in the head and then all the questions started ‘how can
811 someone be sick in the head?’ ‘If someone is sick in the head they need to be in
812 hospital’

813

814 And your sitting there thinking not that kind of hospital, it’s hard to explain to them.
815 Under no circumstances are they allowed to call me mom, that is not allowed. Im nan,
816 nana, and I will never be anything else and they know that but under our situation
817 mummy is not well enough to take care of them and that’s they way we go.

818

819 **19. How do you deal with sadness?**

820 I just started knitting!(laughs) No my daughter knits and she lives in England but she
821 left some here but I think she left it here deliberately to challenge me out

822

823 **20. So you mentioned you don’t feel like you have support, agency wise, what supports
824 do you feel are needed?**

825 - I have good family support, my sister and friends so if I feel like I can’t get an
826 answer to something I will pick up the phone and ring them and say this is after
827 happening and I’m thinking this, is that the right thing to do? So they say “say it
828 again, go slow and we will battle it out” All of them say to me with the situation
829 you’re in, it’s the best you can do. It’s not that you no you shouldn’t be doing this, I
830 went back and did parenting classes with *local support service. I take my hat off to
831 them for sticking with me and I went back and did the parenting classes and that was
832 some laugh! Because my style of parenting with my own kids to raising my
833 grandchildren, so totally different. When I rared my own, I would have just shouted
834 or given them a tap on the backside and now I’m doing time out!

835

836 - **A few people have said that they have more patience with their grandchildren
837 than their own children**

838 - Oh ya my patience, the youngest one throw massive tantrums and up to a few weeks
839 ago I would have been black and blue from the head butts and the whole lot but now
840 what I do is I just step over him and walk away and then he knows he has to get up
841 and go looking for someone. I did it to him in supermarket* he decided he would
842 have a tantrum, usually stamping feet and on the ground screaming and the whole
843 lot so I threw myself down on the ground in front of him, I couldn’t believe that i
844 had done it but at the time it was the best thing. I got up, brushed myself off and I
845 walked and he walked behind me and didn’t say a word. The staff was roaring
846 laughing, and said you know there are cameras all over the shop and I said ah well it

847 was bound to happen, I had enough! She said it was the funniest thing we have ever
848 seen in our lives! He won't throw a tantrum again when we are out shopping in case
849 I throw myself on the ground again.

850 -

851 **21. Do you have other grandchildren?**

852 I have 10 grandchildren

853

854 **22. Do you feel your relationship with them has changed?**

855 No I treat them all the same, even though my daughter doesn't see it that way, she says
856 oh you treat them like royalty (other grandchildren), the jealousy is something else but
857 at the end of the day they all go back home and I say to her, your(kids) are still living
858 with me and you're not doing anything to change your situation and if anything your
859 making yourself worse.

860

861 **23. Do you find it difficult now that she (daughter, mother to grandchildren) is back
862 on the scene?**

863 No I developed an attitude, the only way to describe it is, she has this attitude this nasty
864 deplorable attitude then I'll sit here and give it right back to her. Its like dealing with a
865 12 year old child so I pull the attitude back. And she will sit there and say you have an
866 awful attitude but your throwing it at me so what do you expect? DO you want me to sit
867 here and take it?

868

869 No. Im not taking it. Im not the same woman she walked away from 2 years ago, i was a
870 bumbling, crumbling mess. If she came into my home I would have been in the corner
871 terrified and wouldn't open my mouth in case she went violent or started screaming.
872 Now if she tried it, i would take her down in a second.

873

874 **24. When she first dropped off the kids, were you in shock or upset?**

875 No I turned myself upside down and bent backwards to do everything I could for her
876 and when she took off, she disappeared for 2 years and I looked at myself in the mirror
877 and said do you know what no matter what I do it will never be good enough. And that
878 was it,you can't fix something that's broken, you can't fix a broken wire.

879 **25. Is the father or the grandchildren involved or other grandparents or is it just
880 yourself?**

881 The situation is she was a single mother, the kids have 3 different fathers and not one of
882 them give a rats ass about the kids.

883 **26. That must be tough-**

884 No, I don't care,off you go who cares like. The last partner was very violent and that's
885 why we think all the breakdowns and everything happened with her but she will never
886 admit it. Ive seen the bruises and if you ask her she will just say that part of my life is
887 over leave it alone.

888

889

891

892 **1. So I start by asking each grandparent about t themselves, their age..**

893 I'm 65 and I'm from the city

894 **-And do you work or are you retired?**

895 No I had to retire.

896 **2. So if we start by telling me around the circumstances of why your raising your**
897 **grandchild? Have you been raising her a long time?**

898

899 Oh since the day she was born. When Niamh was born, the nurse handed me the baby,
900 Siobhan never really wanted her or anything like that. And when she was discharged
901 from the hospital I went home with Niamh and we basically put her through school
902 and all that without any help because both of us at the time were working and we
903 were living in the county so everything was grand. And when Niamh was about 11,
904 Siobhan broke up with the man and that's when she got into drugs, drink, the whole
905 lot. And she came around to us with her bags and sob story and she broke up him and
906 could she stay with us for a while. She wants to start off a new life with Niamh and
907 we will help as much as we can. We even got her a house, we paid the deposit, got the
908 usual few bits for her.

909

910 Niamh was coming up to 11 and we explained to Niamh did she want to stay with her
911 mammy for a while. She said ya, and that was the biggest mistake we ever made.
912 That's when it started, she bullied Niamh, she killed Niamh and we didn't know any
913 of this. She never stopped the drinking or drug taking and anytime I would check in
914 on Niamh to see how things were, she had Niamh so brainwashed and I thought
915 everything was alright. She was always asking me for money alright and I would help
916 her out with food but I didn't realise the extent of the problem and I hadn't realised
917 the amount of school Niamh had missed through Siobhan's neglect of her.

918

919 She got evicted from the house because she didn't pay rent so we helped her get
920 another one. At the time she was lucky we were both working and she got evicted
921 from 3 places. And at the time she told us the houses were being sold and we believed
922 her. We believed her, believed everything and coming up to Niamh birthday and
923 communion, I did the communion because she was living with us and she had
924 nothing. We paid for everything for Niamh to make her confirmation and even
925 coming up to her turning 13, he didn't realise how brainwashed she had Niamh and
926 herself through the drink and the drugs. Next anyway she met this fella, Gary and
927 apparently they fell in love. We didn't mind, we thought this might be it. Things
928 starting getting worse and anything we gave Niamh she would sell it. She would sell it
929 and we wouldn't know and she and Niamh taking stuff from my own house, I
930 wouldn't miss it and I thought I was going off my rocker when I went looking for
931 things and they were gone. And god love her, she probably had enough aswel but
932 Siobhan decided she wanted the fella more than Niamh and we didn't know she sold

933 everything in the house and she went off to Poland and left Niamh on her own. We
934 didn't know she was down on the house on her own, no food no electricity, nothing.

935 **That must have been very scary for her-**

936 It was, because she was very traumatised, she had €40 or something, she was going on
937 14 at the time and she managed to book a ticket online in the library and got it all
938 done and went off to Poland. We didn't know she was in the house alone.

939

940 **The phone call you got about this, was that from the police in Poland?**

941 Ya, she was wondering around and a policewoman spotted her and followed her
942 around for a while and went up to her and first thing they rang me. She(Niamh) didn't
943 want to ring her mother so they rang us and I will never forget it. I was fully sure that
944 they were still down in the house and we never copped on Siobhan had moved off. So
945 what did I do, I had to ring Joe, I told him there is something wrong with Niamh, the
946 police are ringing back again get home. He thought it was a big joke, so we and to
947 arrange, they asked us would we be able to come and take her and everything so we
948 said of course. We had to borrow the money because it was a Friday and get flights
949 over . She was put into care over because we couldn't get flights until Sunday night
950 and when we got over we hadn't realised how sick she was from the malnutrition and
951 everything.

952

953 We didn't even recognise the child so you could picture it we were questioned by the
954 police over and Niamh collapsed in the mean time and was put in hospital over there.,
955 So when she was well enough then , the police over there had to get into contact with
956 the social services and police over here. So when Niamh was discharged and we took
957 her home we had to bring her to hospital here, she was transferred and we got a
958 special flight because she was so sick so she slept most the flight and didn't really
959 know what was going on. We spent a few days with her in the hospital and we had the
960 Irish police on top of us and we still didn't know what was going on because we were
961 more concerned with Niamh at the time.

962

963

964 **Had Siobhan known at this point what was going on?**

965 Oh we rang her, Joe rang her and I won't mention what was said. She said,
966 what did she way, oh I had no money to bring her with me. That was the answer her
967 got and he just hung up on her because he had enough and I had enough. And she
968 stayed in hospital for the few days until her little body was a bit better.

969

970 When we came home and we had the Gardai on me, the educational officer, the social
971 workers, all in one day, one after the other. And I lost it then. The social worker came
972 to take Niamh into care and all I remember then saying is over my dead body. They
973 were all asking questions we couldn't answer. And I collapsed. I was wound up and
974 worried and everything and we said we will deal with ye one at a time. So it was the
975 social worker first. But we became more friends as time went by because they told us
976 this wasn't the first time they had went to Siobhan about Niamh and they had her

977 warned that they would take Niamh off her. And we didn't know any of that. So we
978 had to be assessed, is it? They were coming every day to see how Niamh was health
979 wise, asking us an awful lot of questions and I was getting annoyed with them being
980 honest with ya.

981
982 Because we were left with a bomb shell and at the time the way they went about it, I
983 wasn't happy with it. And I had to be watched everywhere, all the time. Next the
984 Gardai came and we managed for them not to prosecute Siobhan because it was
985 heading for that because it wasn't the first time. The school then, Alice was her name
986 and she wanted Niamh to go back to school straight away and I had trouble there. I
987 said the child wouldn't be able to go back and I wouldn't put her back into that
988 environment again where she had so much hassle. And she said we could be
989 prosecuted and all this, I said her health comes first and her mind and her body.

990
991 And at the moment she is too traumatised to do anything but I said, in the long run
992 when we go one step at a time, we will get but I am going to need help and none of
993 them offered me the help. All they were interested in at the time was to get Niamh
994 back to school and us to be watched to see if we were suitable to look after her.

995
996 **Im sure you knew by Niamh that she needed to look after her health first-**
997 Health first, but it was a long process, she was in and out of hospital and I was myself.
998 And she was so, so, I couldn't help her myself. Because things were so bad with her,
999 with her body and then at a time we were told we didn't know we could go and have
1000 her in our care. At the beginning when she was in hospital we needed her mother's
1001 permission because legally we had no rights then

1002
1003 **Would ye have legal rights and standing now?**
1004 Oh ya, oh ya, it's all sorted. She's 15 and she's happy, a typical teenager. She does
1005 have her good days and bad days but I still have the help from *local support service
1006 to take her out and she has a counsellor and I got her involved in a youth club where
1007 they look after kids. And it was her own suggestion that she wanted to get in contact
1008 with her mother, because she said at the time that she wanted to prove I'm grand. She
1009 got on well and Apparently, Siobhan with this young chap, Gary she turned her life
1010 around. Siobhan doesn't drink or smoke anymore and she is working, but I haven't
1011 mellowed in that part yet because to me that's an old story. Joe now has been texting
1012 and so is Niamh, but me not yet I haven't mellowed yet.

1013
1014 **The trust when it is broken can take a long time to be re-built-**
1015 Oh ya because as I said that poor girl when we brought her back from Poland she only
1016 had the clothes on her back and even at the time myself and Joe had to get into debt to
1017 pay for the hospitals because she had no medical cards or anything like that and
1018 anytime she had to go for check up's she had to travel but she has her medical card
1019 and all that now.

1020 But it was hard, the way Niamh was I felt like giving up myself. She was very
1021 difficult, very difficult, you know. She really put that child through hell, but why I got
1022 involved whether it was deliberate or not, I got so tired and so exhausted and I had
1023 sleeping tablets and I took the whole lot. Suicide. So that swiped it, I bounced back, I
1024 was in *support service for awhile going for support.

1025 **And do you feel that's helped you since?**

1026 Oh ya I went back to school and to try and get Niamh back into an active life with
1027 friends and that. I did things first. I think with her, if I could go back to school at my
1028 age (pause)

1029 **You were showing an example to her-**

1030 Ya, there was a lot of things i have done now in the last 12 months to help myself and
1031 help myself with Niamh when she has tough days and even Joe he went through help
1032 aswel and then we have family support

1033 **You are really doing all the right things in terms of getting the help and support-**
1034 I had to I had no other choice.

1035

1036 **Your story of going back to school is so inspirational**

1037 I have done alot of courses. If we didn't go for the help, even our first Christmas with
1038 Niamh back we had nothing because we were paying back for everything and *local
1039 support service helped us alot. And everything Niamh wanted for Christmas it was
1040 there for her because we had to start from scratch with her because she was wearing
1041 my underwear my clothes.

1042

1043 **Of course and it can take time to get the financial support and emotional support**
1044 **services-**

1045 It does but it's there and I will be eternally grateful to them and Susan (support
1046 worker) she is my guardian angel. I mean it, they have helped Niamh with alot that I
1047 couldn't help her with myself because I had my own and she would still be with them
1048 for another while.

1049

1050 The only thing with Niamh now is to make friends because at the moment now all she
1051 has is adults. And for me to step back abit and to do things for herself.

1052

1053 3. **So know you have the legal standing and your raising Niamh what would your**
1054 **main feelings be around being a grandparent caregiver? Do you still struggle**
1055 **with it or do you have an acceptance of it?**

1056 Oh ya, we are a family we are a family. There are 3 of us now, not 2. And even there
1057 at times, well Joe was always her dad and she would call him Dad and sometimes she
1058 forgets and calls me mam. But no were not perfect now but we would be there in the
1059 sitting room at night and we would be doing our bits and pieces and she seems to be
1060 getting interested in alot of things I do like loom bands and artwork and she seems
1061 like it skipped her mother and she has it.

1062

1063 Because I didn't know I had anything like that in me until I went back to school and
1064 we would be there making things and chatting away. But she did say to me herself
1065 after the second time she went over to visit Siobhan, she would say she wants to let go
1066 of the past and get on.

1067 **She sounds so mature-**

1068 She had to, she had no other choice. She had no other choice.

1069 **She sounds so mature in terms of being able to forgive**

1070 She's young then you see and she's healthy, there's only one or two things but it's a
1071 slow process with her. Its slow, any medication she was on she's finished with bar
1072 one to help her a bit. But it was, I would even try to forget about it myself but I'm
1073 terrified to break that wall.

1074 **You want to leave your guard up?-**

1075 Ya, it's hard to believe and I'm chatting away here to you and I'm very competent, if
1076 you had met me 3 and a half years ago, you wouldn't have thought we were the same
1077 family that when that came knocking on our door we didn't expect it.

1078

1079 Cause myself and Joe had plans made here when the kids were all grand that we start
1080 our life. Just work for another while and go off here or there for a weekend. Sure at
1081 that time I was supposed to go to Spain with my brother and his wife!

1082

1083 4. **Do you have a certain element of sadness then that you did have those plans?**

1084 Ya. Because I spent my whole life, I rared my brothers, my sisters, my whole life was
1085 looking after someone else and I thought it was my turn but then what happened with
1086 Niamh. Here I was saying will it ever end that I have to keep on fighting for someone,
1087 not fighting but. And I suppose it's my nature.

1088

1089 **Some people definitely have that nature and alot of the grandparents I'm**
1090 **meeting have that nature because some grandparents would say no to caring for**
1091 **their grandchildren-**

1092 She was always part of our lives and we both love her to bits and both of us now
1093 would do anything for her. She's a bit spoilt now aswel but even to see her going off
1094 this morning back to school, and she was looking forward to it.

1095

1096 5. **Do you feel your relationship with Niamh has changed that you role is more a**
1097 **parent role than a grandparent role?**

1098 Oh parent role. The grandma part, no, it's a parent role. Cause she will still ask for
1099 permission and she knows if she is gone into town and is running late she's to ring.
1100 We have set an awful lot of boundaries with her and half the time she would be saying
1101 "nana I'm not 3" and I would say I don't care. But I say to her tough.

1102

1103 6. **And do you feel any reactions or responses from your community or support**
1104 **system or family ? Was there support there?**

1105 Oh ya. At the beginning I was so ashamed I wouldn't even tell my own family what
1106 was going on because I was so ashamed of my daughter. It took me awhile to tell my
1107 own son what was going on and what his sister did but he had a good idea.
1108

1109 He knew there was something up with the way me and Joe would look when he used
1110 to call and with the help there then I told him and my sisters and brothers. And they
1111 were great with her. They would go off together (son and Niamh) We have 3 other
1112 grandchildren other than Niamh
1113

1114 **And how is your relationship with them?**

1115 Oh Brilliant. Brilliant, John hasn't spoken to Siobhan either and he says as far as he is
1116 concerned his sister is dead but I have to let him deal with that himself because we
1117 have our own. But he was up Sunday chatting away to Niamh and I was listening and
1118 they were talking about Siobhan and John say telling her about things when they were
1119 younger which was nice, it wasn't angry. He wasn't angry because Siobhan and John
1120 they look very alike and they got on so well. Up to when Siobhan met the other fella
1121 there was never a problem with her or John they were two good kids.
1122

1123 **And is it just the two you have, Siobhan and John?**

1124 Oh ya, Jesus I would run away from home. That he is beginning to mellow and look at
1125 pictures Niamh took of herself and Siobhan and Gary. I have only seen photos and
1126 when Niamh is texting I say tell him I was asking for him but he is still in college, he
1127 is going to be a teacher and I think she has landed on her feet anyway.
1128

1129 And Niamh is mad about him and she is more than wit her natural(father) because
1130 there was never contact there. I think once, when she made her confirmation he
1131 showed up where we had the party for her and gave her €50 but sure of course he had
1132 a few drinks but we left she didn't feel comfortable when he was there.

1133 7. **And now that you have chosen not to have a relationship with Siobhan do you
1134 feel sadness over it?**

1135 Up to when Niamh went over to Poland for the first time to visit her, up to then it was
1136 like I was going through some sort of bereavement that my daughter was dead even
1137 though she was alive but that was the way it was to me. But since then I have kind of
1138 mellowed a lot, but yet not enough to say hello to her because even the last few weeks
1139 I have been thinking a lot and looking at her photo on the wall and remembering
1140 (pauses)younger years?
1141

1142 Ya and wondering will I, wont I? I'm fighting with myself at this stage, will I, wont I
1143 take the chance cause I'm worried that If I talk to her on the phone will the first thing
1144 she will say be "mam I'm broke" that's the first thing. Even though she is supposed to
1145 be working away but that's up here (points to head) it might be a different story but
1146 that's the way I'm thinking but I'm getting mellow. It's going on and to forgive, to
1147 forgive even though Niamh has done it and Joe has done it and he's texting her. We
1148 have come through it, he said we are together 35 years and last night he said we have

1149 had more good times than bad times and we have sailed through. And I said “well I’m
1150 still not talking to her” and he was there remembering the first dinner I cooked
1151 us(laughs) He says with all you have been through before with raring your own family
1152 and you have come along and I get on so well with my brothers and sisters and that ye
1153 moved on. And that’s what me and you have to do now.

1154

1155 **8. You mentioned how you feel you have overcome this in a certain way what**
1156 **recommendation would you make to another grandparent who is in a similar**
1157 **situation since you have come on so far?**

1158 Get help, get support. And take it. It’s there for them because you can’t, I’ll say it this
1159 way, just take on someone else’s child because you don’t know what to expect from
1160 them, the help is there, if the help is there whether they are grandparents no matter
1161 who it is, because that child is bereaved and has demons and everything and the first
1162 thing they will lash out on, is us.

1163

1164 And if it’s there take it because you can’t do it on your own no matter what anyone
1165 says you can’t do it on your own. No matter what it is, take it even if it’s to sit like
1166 this and chat away. Even now looking back on it, I don’t know where the 3 years are
1167 gone because your so busy. Between taking Niamh to counsellors, going to
1168 counsellors yourself, and bringing her for check ups and bringing her to school you
1169 know, and still trying to let her make her own decisions to see what she wants to do
1170 and basically trying to then get a bit of your life back.

1171 **Ya of course, trying to get back more of who you were-**

1172 Of who you are, you know we might be just grandparents but when it comes to a
1173 teenager, it is very hard, very very hard.

1174 **Its so great to hear that you feel that you have that service support-**

1175 And they were there, *local support service was there, I only finished there in August
1176 and I’m back to school soon doing my own things that I like. Ive kind of learnt myself
1177 to let go and I have a life aswel and not saying one Niamh is sorted I’m grand, it’s not
1178 like that. She has the help, she has the school and there is no more I can do for her
1179 only be there for her when she comes home. She can come and go, she has a key for
1180 the door and we leave little notes and she helps herself and were typical now. Typical
1181 and she’s into makeup and of course I’m the guinea pig now. It’s lovely to see it, sure
1182 she was eager to get a tattoo when she turned 16 but she’s not getting it until October.
1183 Its only a little butterfly, that’s as far as I go with her. So we are saying that’s her
1184 Christmas present because she’s going over to Poland for Christmas.

1185 **Does Siobhan have any other children or is it just Niamh?**

1186 Oh no just Niamh, thank God.

1187

1188 **Is that fear you have at the back of your mind?**

1189 Ya. It was one thing when she met Gary but her biological clock is ticking now
1190 anyway that I used to pray that she wouldn’t get pregnant. And lucky for Gary he
1191 wanted to finish his education and Niamh, as I said he(Gary) loves Niamh and that’s
1192 enough. His parents are mad about her aswel, she will say now she has two homes,

1193 one in Poland and one here but this one here is her main one. Well she brings her
1194 washing and ironing here! And Poland is a holiday home, she has her own life and
1195 she's planning to go to college (Niamh).

1196

1197 **I'm really happy for her that she is doing so well and I'm happy for ye aswel and**
1198 **even that you're not 100% there yet with her, I hope it gives a bit of settlement**
1199 **knowing that she is doing better-**

1200 Oh it does, oh it does, I can't wait for her to come home today and tell me how she
1201 got on and if I had my way I would go and meet her but she would kill me. When I go
1202 up to school, don't tell them you're my grandmother so when I go in she would have
1203 her lunch and I would just go(gives small wave) but they know I'm her grandmother.

1204 **I have to say what an inspiring woman you are, the amount you have gotten**
1205 **passed is amazing and I'm so glad I met you to get your story and experience-**

1206 I was nervous because you know it wasn't just a typical with Niamh coming in and
1207 she happy as Larry. It was the last thing we both expected to be doing, you know. My
1208 other grand-daughter is starting school so I'm going up to see her aswel.

1209

1210 **Do you find it difficult to juggle between all your grandchildren, to be there for**
1211 **them all?**

1212 No, with Niamh she kind of, it's kind of typical. I would be giving out to John
1213 because he's son is all about the games (play station) when I'm around no games. So
1214 they can't wait to come up to see what I have set up, I have colouring books, loom
1215 bands anything to have them out in the back. Every time they come up its something
1216 different. Were getting back to normal, I'm saying it in a nice way, we are.

1217

1218 Any grandparent it doesn't matter who they are that takes on a child, you will have it
1219 difficult in the beginning just be there. That's all, be there. You will go through hell
1220 yourself, but hang in there, get the help don't be ashamed. There is alot of us who are
1221 ashamed because we didn't expect it, it happens to someone else, not us. That belongs
1222 somewhere else, not here.

1223

1224 So hopefully now, the next time I meet you I will be in contact with my daughter.

1225 **Well I really do hope that whatever you decide, you are happy it takes time to**
1226 **heal-**

1227 I haven't decided yet now but that's what I'm going through now, the healing process.
1228 As I said once Niamh is in a happy place, I'm grand and the healing process then can
1229 come through.

1230

1231

1232

1233

1234 8.4.6) Interview 6; Ms S

1235

1236 1. **So I start by asking every grandparent about themselves, an age range, where**
1237 **they are from?**

1238 I'm from the city originally but have been living here(county) for about 35 years.

1239 **Are you working or are you retired?**

1240 No I'm not.

1241 2. **So if you want to start by telling me the circumstances on why you are raising**
1242 **your grandchild?**

1243 She came to live with me first in 2002, her mother died in a car accident and so my
1244 son came back here to live with me at the other side of the house so they had their
1245 own privacy and so do I. But then within a year and 5 months, Conor was dead aswel.
1246 He died on the road he was driving to a town nearby and since then she has been
1247 totally living with me.

1248 3. **What age is your grand-daughter now?**

1249 She's 21 now, she turned 21 a few weeks ago so

1250 4. **And is she still living with you?**

1251 Oh yes, she has a disability

1252 5. **What age did she begin primarily living with you?**

1253 When she was 8 and a half, she came to live here with me and I have really been
1254 looking after her since then because Conor was, well he looked after her but am when
1255 he died she was nine so since then I have been the total guardian.

1256 6. **And what would your main feeling be about being in this situation?**

1257 I wouldn't have wanted it any other way, I wouldn't have wanted her living with her
1258 other grandparents even though they are nice people but they live in the Country so
1259 she would have been very isolated and her other grandmother has lots of problems
1260 herself.

1261 She has a drink problem and always had so that wouldn't have been a good
1262 environment for Joanne. That's one of the reasons I wanted her here, she was here
1263 with her father for more than a year so she was settled in and she was in school and
1264 that was the way I wanted it at the time.

1265 7. **Did you life change much?**

1266 Oh it did ya, it did.

1267

1268 8. **In what way would it have changed?**

1269 I have a partner and we would have had a lot of freedom coming and going and that's
1270 stopped and I know I could go away but I don't want to. Now she's just back from a
1271 holiday with her aunt for her birthday and her grandfather gave her that for her
1272 birthday.

1273 9. **And do you feel since she began living with you that there has been a change in**
1274 **your relationship?**

1275 Well the fact that I wasn't a granny anymore, I wasn't the good nice granny. Because
1276 I had to, well now she was very good, unbelievable good, she was very good at school

1277 and a tidy kid. Even now with her uniform and everything was always perfect, you
1278 wouldn't even have to wash it at the end of the week. But she coped very well with
1279 her mothers and father's death now she wasn't moody she was good but she had a lot
1280 of counselling. Because my sister had died two years before that and I was aware of
1281 counselling. And before Conor died he didn't want her Joanne to go to counselling
1282 because he felt her could, and she did ask lots of questions and she got all the answers
1283 from him. But the child bereavement started in a service nearby so she was lucky she
1284 got that after Conor died.

1285
1286 At the beginning she did one to one and she didn't talk at all, they said it was like she
1287 had a wall built up or a barrier and she just didn't want to talk about it but after a little
1288 while she went into group therapy and she opened up. And she still goes on and off
1289 and she's into the holistic therapy, alot of people wouldn't agree with it but she's
1290 starting now in a course soon on it. But it did change the relationship. In the first few
1291 years I had no great anxieties or problems, you know I was always worried about her
1292 but when she turned 19 I didn't like the friends she had, she had no friends around
1293 here so she went to the other side of town and they definitely weren't nice. And she
1294 was with people I just didn't like but thank god she is gone from them you know. That
1295 she realised that they weren't good for her. I feel like I can be a granny to Mairead's
1296 kids like yesterday I took Ann into town and went to McDonalds whereas with Joanne
1297 I can do stuff like that now and then but growing up it just wasn't like that.

1298

1299 **10. How do you feel about not being able to be in that role? Did you accept that early**
1300 **on?**

1301 I accepted it ok but now and then I was very cross with my son and with Emma, you
1302 know for leaving. Now it wasn't their fault they died, both of them in accidents but I
1303 was still and still to this day sometimes I feel very, it wasn't fair. But and Im only
1304 thinking that lately because I never would have thought why me, because why not me.

1305

1306 **11. And did you feel any responses initially when you were caring for her, from**
1307 **neighbours, community or friends and family?**

1308 Everyone was fantastic, absolutely fantastic. I had great support, very very supportive.
1309 The girls who were in her class, their parents were great . Even though I was free
1310 enough to drive here or there with her and I would take the others aswel, I knew who I
1311 could go to if I needed support. They were good.

1312 **12. Would you ever have sadness over the situation of the position you are in?**

1313 I think I have got through it because I had no choice, I had no other choice. And I
1314 tried to make the best out of a very bad situation and I felt like I couldn't grieve.

1315

1316 I couldn't grieve for Emma because Conor and Joanne were here at the time and they
1317 were devastated. He was absolutely devastated because he was driving the car, they
1318 were on their way to work and at that stage and he was only doing about 35miles
1319 because it was a very bendy road and there was alot of traffic ahead of him.

1320

1321 Whatever way he was driving he came off, and she was fine and Conor couldn't move
1322 and it worked out she had damaged her liver and they operated on it but she
1323 haemorrhaged during the night and died. But I felt I couldn't, when Conor died, there
1324 was, I couldn't, I couldn't grieve you know.

1325 **13. Did you take on the care of her immediately after he died?**

1326 I did or else she would have been awarded to the State. And we had to go to court and
1327 go through the legal process to get custody of her and guardianship and even though
1328 she had the great grandparents, her mother's parents in Cork, now the grandfather did
1329 take on guardianship as well and went to the court here but he never got himself
1330 involved and he never interfered either.

1331
1332 They never were involved as such, the grandmother was bad in the beginning very
1333 bad for years towards me but I always said she had a drink problem and she stopped
1334 and I would always say to myself if I didn't know better I would say she was drinking
1335 because she would say terrible things on the phone but I found out later she was
1336 drinking. So they separated now, after 50 years together.

1337

1338 **14. How do you cope when you go through sadness?**

1339 I don't know how I cope with it being honest with you, you know I just don't know. I
1340 just never had the time to, when Conor died first he was buried here and I would go
1341 down there a couple times a day and that really helped me. It was good, I could go
1342 down and chat to him.

1343

1344 But now I go every few weeks, I just don't have the energy anymore and I'm tired and
1345 if Joanne didn't have physical disability because I have to take her everywhere and
1346 I'm always afraid that something is going to happen her.

1347 **15. And do you generally feel there is support from services for grandparents?**

1348 There is a local service (for physical disability) and they are great anything we need,
1349 they will get for her.

1350 **16. Is Joanne close with your partner?**

1351 Oh yes, he's much better than I am. Because he wouldn't be giving out to her and he
1352 always has understanding for what she does.

1353

1354 **17. So I usually ask every grandparent what they would recommend to other
1355 grandparents to services, how to deal with being a grandparent caregiver?**

1356 Sometimes I'm too anxious, because of her condition and it's really if you can, Paul
1357 says I talk down to her or I was talking down to her. Try to really treat them as equals,
1358 depending on the age but at the minute, she did a cookery course recently just to teach
1359 her how to cook and cutting veg and all that.

1360

1361 Everyone is different, I suppose. I actually do too much for her I think, to let them to
1362 do stuff for themselves. That's my downfall, I feel I have to do it. Mairead and all of
1363 them give out to me for doing too much because it's not good for her either. She to be
1364 independent and I suppose most grandparents bringing up their grandchildren they

1365 might be faced with a grandchild that's normal but it's seldom that you get what
1366 happened to Joanne. It's very seldom, and I thought at the beginning its bad enough
1367 she lost her parents but then to have the disability. I think even to make them cook,
1368 well not make them do it but encourage them. It's encouraging them to do things but
1369 it is very hard. It is, especially when you're older, I'm 68 now and Paul is in his 70's.
1370 I just don't have the energy I had years ago and I think just to make them do the
1371 chores and feel part of the family, you know feel part of the family that's a very
1372 important thing and again if Joanne saw me upset after Conor died she would try talk
1373 to me saying "granny we have to accept" ya ya ya. She is mature in some ways but
1374 childish in other ways.

1375 **18. Well that is all my questions but do you have anything you would like to add?**

1376 No the thing is with bringing them up, everyone is different. Some people can cope
1377 much easier than others. It depends on the circumstances and thank God she doesn't
1378 go out that much and in the beginning when she took a drink I wasn't very happy
1379 about it. But as she said she was 18, 19, and so I had to try and give them the freedom
1380 they deserve

1381 **Well it has been very interesting talking to you because other grandparents**
1382 **would be very small so it's interesting to talk to you because you've gone**
1383 **through...**

1384 Ya i started with a 9 year old and I have gone through the whole, what I went through.
1385 And the fact I had the experience of having my own children helped aswel. And what
1386 Joanne never understands is I have a very good gut feeling and am before she even
1387 did something, I knew and she could never understand and they think you're stupid
1388 and they think they know everything.

1389

1390 Especially with someone as old as me, another thing I will say to you is young kids
1391 like for young people to pick them up from school, and i spoke recently to a friend of
1392 mine who's mother died very young and her granny brought her and she said it was
1393 the one thing she always hated when her grandmother came to the school. To see
1394 someone old, well if you have a 16 or 17 year old, you're old now at 40 but if my
1395 daughter came in to collect her she would be delighted or Joel came in and collected
1396 her with an open top car that was fantastic.

1397

1398 And they love that and that's one of the things I feel with children growing up with
1399 their grandparents, they're with old people. As much as I don't want to be old, but
1400 there's nothing that can be done about that so Mairead would have taken her aswel
1401 but I didn't want anyone taking her but myself. Another thing, and I didn't do it is to
1402 make sure that they did their work. The work you would have let your own children
1403 do, let them do it. And all her friends now, I would have known all of them and if I
1404 see them now they say hi Granny Ber, it was always granny ber and they still call me
1405 that. Ya.

1406

1407

1408 **19. Do you think Joanne minds that you have a different relationship with your**
1409 **other grandchildren?**

1410 There would be a bit of resentment at times and the resentment even with Mairead.
1411 Conor was always the one that, he was 36 when he died and he always got your full
1412 attention and he never would have been into saving or anything like that. Whereas
1413 Mairead would have been different and was always planning the future. She worked
1414 very hard, she always worked in school and was reading and always wanted to be the
1415 best in the class whereas Conor was one of the lads and liked good fun. And he
1416 moved out of home when he was 21 and travelled and he had been engaged for years
1417 and that ended and then a year later he met Emma. He was gone for a long time but
1418 we went to see them after Joanne was born every 3 months and I wasn't working then
1419 I starting working again then.

1420 **20. Had you stopped working because of taking on Joanne?**

1421 I did ya, I wasn't able to cope with it anymore. I used to go buying for a store and I
1422 couldn't do that. I wasn't capable. But I stopped working about 7 or 8 years ago.

1423 **21. Do you like not working?**

1424 Ya it's great, I wouldn't be able to cope because my mother isn't great either so she
1425 comes out here 3 days a week and she hasn't been well the last few years. My sister
1426 died and that took a lot out of my mother. Then my brother died of a heart-attack and
1427 then Conor died so the fact I had Joanne, I hadn't time to think. You know it kept me
1428 going. Another thing is to make them very aware of money; you know that it's not
1429 easy to come by, now she's good with managing money to be honest. I don't know is
1430 there anything else. There is loads of things I would do differently if I had my time
1431 over to be honest with you but.

1432 **I think it's amazing, what yourself and all grandparents are doing in this**
1433 **situation-**

1434 Now Paul often feels neglected and as I was saying Conor always got my full
1435 attention, he got everyone's full attention when he was around he was a terror but
1436 Mairead was always in the background and now that he is dead and gone, and Joanne
1437 is. So I never got the chance to do it with my own child but she was always very
1438 independent anyway but I know she feels that I'm working with Joanne all the time
1439 and she has 2 kids aswel so I try but the boys (Mairead children) come in every now
1440 and then for a sleepover but even yesterday we had a lovely day. You try to make up
1441 gradually and I do because she has the physical disability she gets my full attention.

1442

1443

1444

1445

1446

1447 8.4.9) Interview 9; Ms F

1448 **1. So if you want to start by telling me a bit about yourself age range, occupation,**
1449 **where you live?**

1450 I am 50 now, I have Alan since I was 42 he was only 6 months old. My daughter was
1451 living with me when she had him. He's father is a loser I have to throw that in as well
1452 ok./ He could be dead or he could be alive, we don't know he left when the child was
1453 3 months. Ok. And then my daughter got involved with this other client. Now she was
1454 billboard material, absolutely stunning, a model agent was after her and all. She has
1455 the height, the figure, the looks, she was stunning. Absolutely stunning. She got
1456 involved with this fella then and I noticed a change in her behaviour and I thought it
1457 was alcoholism maybe she was drinking. Because I didn't know anything about drugs,
1458 I didn't even know girl what hash looked like I mean I drank my share but I never did
1459 a drug or anything. So the child was going to a childminder but I wasn't happy he
1460 used to cry going up there every day and eventually she got involved with this client,
1461 not his father this is another guy, if I could shoot him I would. And they would be late
1462 collecting him but her behaviour changed so much at home and she brought that yoke
1463 into my house and I knew there was something but like I said I thought it was drink.
1464 Anyway, she became very brazen to me, Alan was beginning to crawl and I was
1465 separated at the time and I have two other daughters and they are very successful the
1466 two of them. Am, her father wanted to know nothing about her and I cried many a
1467 time for the way she was treated by her father and his new girlfriend, ok because the
1468 other two would be brought on holiday and brought out to their house, everything.
1469 She was never included, never.

1470
1471 Anyway one night at home, I said fuck it I'll search her bag and I found this stuff that
1472 looked like chewing gum and I said to my younger girl, I said what's that? And she
1473 said put that back fast and I said why what is it a piece of gum? And she said no
1474 heroin. Right. She said It might not even be her's. So I got in touch with Mary (from a
1475 teenage parent support program) and she has been fantastic to me since I rang them
1476 and they came out to the house. And they couldn't believe all the carry on of Simone
1477 when I told them everything. Then there was social work involved and there were
1478 family conferences, ok they sent her to a treatment centre and the minute she was out
1479 she used again. She has been to every treatment centre in Ireland, she only just walked
1480 out of another one last week.

1481
1482 Now when she is using she is not allowed see the child, it was a family arrangement
1483 but if someone didn't take on Alan he would have to go to foster care and I couldn't
1484 have that on my conscious. A little child who didn't look to be born. Now she is a
1485 total wreck she did a treatment programme this year already and she was 5 months
1486 clean and started again and I had to put her out of the house again because I caught
1487 her using in front of the baby. Ok. She was actually smoking, she wasn't injecting at
1488 the time. Her situation got worse as they do, they progress. And she was using
1489 needles. Overdosed, had to be resuscitated. He is thriving (Alan). He's at school and
1490 he doesn't look for her, right, now she had access every Sat after she went to the

1491 treatment centre and her father became in her life again and Alans life. He adores
1492 Alan but he has since remarried because we divorced and I was in a relationship for 5
1493 years but that finished. And I think that had an impact on Alan aswell because he was
1494 used to Ben putting him to bed and he was looking for him and all this sort of thing.
1495 But she was brought back into the treatment programme last month and it saved her
1496 life basically. Because when she went in she had clots in her lungs and she was in the
1497 hospital and clots in her legs. And she was told that if she used again she will get
1498 another clot and it will go to the brain or the heart and thats it, its all over. And then
1499 she came out of the programme and went to a transitional house and I begged her not
1500 to,

1501 **Would you have been ok with her coming back to the house?**

1502 No she had to finish out the full treatment. But she's all with this thing now with 'Oh
1503 I want to see my son' and I said you cant see your son. And she said 'But Im his
1504 mother Im entitled to' and shes crying constantly now so then she came back and I
1505 said Simone what are you doing. I couldn't be angry with her, part of me is angry and
1506 I want to be very honest with you I would love to belt her. Because she has taken my
1507 life, ok. Like it's not very easy going back at 42, my oldest is 21. You know but we
1508 moved house, I sold the family house and my husband is entitled to 40% of it and I
1509 sold it because once he was getting married that was it for me so I bought my own
1510 house and my two daughters came with me. I feel, she rang me yesterday, she's
1511 homeless now. Ok, she has had a horrific life with drugs. I tried to fix her myself but I
1512 couldn't.

1513
1514 I was threatened to be shot, I was going to be this that and the other but I was trying to
1515 be the protective mother. To save my daughter. We heard, we got a phone call from
1516 the treatment programme and she had been in the hospital the night before with a
1517 suspected clot, her back is killing her she's a total, full blown addict. And its going to
1518 kill her. And she rang me yesterday, crying she had no where to stay last night and
1519 they(homeless service) put her up in a B&B. She went from 5 bags of heroin a day to
1520 7 bags of heroin a day to 10 bags of heroin a day, intravenously. So all the veins in
1521 her arms have collapsed. She stayed in treatment centre, now she had used that
1522 morning she went in and then 3 days she was there and she walked out Friday. They
1523 rang me saying they would take her back and then when she rang and said she was in
1524 homeless centre and they were sending her to a hostel. I know things that happened
1525 her before when she went to that hostel so I said to the girl on the phone please don't
1526 do that, she will be killed over there.

1527
1528 There were horrific things that happened to her, she was set up by people there. There
1529 is a very low breed of people over there and its filthy. The other hostel is clean and its
1530 spotless, they do have support programmes if your willing. She was crying 'can you
1531 not have me home for one night'. I cant do that to the child, I cant confuse him
1532 anymore. And she said to me on the phone and I got a fright, out of my 3 daughters if
1533 you were to have a favourite it would be her, its her heart. She would give you her
1534 heart, do you understand? If she was in the house and I said Im tired, she would say

1535 go in and sit down I'll bring you in tea. The other two are two bitches. They are. I mean
1536 I have to be father and mother and their adults now, they can do what they like. Now
1537 they see their father and he was a good man it was me who fucked up. Really with my
1538 drinking but I'm off it 8 years and I didn't drink for long now but.

1539

1540 **Do you think that gives you more insight into Simone's problem?**

1541 Ya you see I keep saying to my husband you need to separate the addict from the
1542 person. But he doesn't want to know anymore but yet he will ring and say any word
1543 from her? But I can't ring him now, once he goes home to his new wife I'm not allowed
1544 ring. His mobile now, I don't know his house phone number. You know and it's her
1545 insecurities, she's a stupid bitch anyway, sorry (laughs). Had to throw that part in. I
1546 didn't want him to leave, I begged him and begged him and I never in my life begged
1547 anyone for anything but I literally got down on my knees because you know the way
1548 drink changed me, I got no chances unlike my daughter.

1549

1550 **So would you have had Alan primarily since birth?**

1551 When I discovered that she was collected him late and she wanted to move in with
1552 this fella then and she did. She wanted to take the baby, now I had social workers out
1553 at the time and the child had to be with me by day. I went over one night to check on
1554 him and he was fast asleep and she wasn't there. She told me she was but I knew she
1555 wasn't because I had passed in her the car when we were going for a Chinese. So we
1556 went over to check on him and he was ok but the clientele, there was another couple
1557 there and one of them is dead since I said I can't leave it. And the following day she
1558 went into a spasm and rang me and I went over straight away and there he was
1559 crawling around and delighted to see me of course. She was on heroin and the other
1560 couple were upstairs so I rang a friend to take him and I rang my husband and I got a
1561 ambulance and I took him then, that was it. He has been with me ever since, I get a
1562 Guardian payment it's €160 a week right, but I do not have my freedom. And I have a
1563 bit of a resentment towards her (daughter) because I do not have my freedom. My ex
1564 husband takes him every 2nd weekend for the weekend which is great

1565 **Do your other daughters help or do they live at home?**

1566 Their at home but I mean they have their own lives, Ally studies a lot she is doing a
1567 degree and is working and Andrea has a new boyfriend. But his godfather helps me if
1568 I want to go out and he goes to crèche and they tried to take that off me several times
1569 and I said no I need it. I went to TD's and everything about it

1570 **That's good, so you feel if you need the support you can go and ask?**

1571 But where that's concerned I need it because there's no way I could stay at home all
1572 day with a child, I would go off my head. I don't have the energy, I have energy but
1573 he's at a age now that wherever I'm going he doesn't want to be coming.

1574

1575

1576

1577 2. **I know you have said you feel like you have lost your freedom but would you**
1578 **have any other feelings around being in this situation?**

1579 I have fierce compassion for him (grandchild). Fierce compassion, I brought him to
1580 the *support service and they rang again recently and I have to ring them back
1581 because he needs it again because she was back in his life when she was clean there a
1582 couple of months ago and she's gone again now. So I want to get back to that again,
1583 Am I do feel very sorry for him but I'm very good to him.

1584
1585 He has everything, everything. I sit and do the homework with him every night, none
1586 of the others would ever offer. I have this thing with my daughter I have no way of
1587 contacting her, she is supposed to be staying with some guy but I have her phone
1588 since she was in treatment. But she went into prostitution and everything to pay for
1589 her habit and she is swearing to me she hasn't used since Saturday but I don't buy
1590 that. I have to meet her but I'm not going to meet her until I'm ready to meet her
1591 which will probably be Friday because I go to counselling every week.

1592
1593 I love it, I absolutely love and I have tried different counselling services over the
1594 years but this woman I have been going to her over a year and a half, I really clicked
1595 with her. I mean I tell her all my stuff. Mary in *local service is brilliant; anytime I
1596 have a query where social welfare is involved for Alan she helps out. She does letters
1597 for me and all that. Simone, my daughter, forges my signature and uses my address
1598 and they wanted proof that she wasn't living with me or they would suspend my
1599 payment so I had to go and try and get all the addresses of where she was living, in all
1600 the homeless hostels and the hospitalisation records. But they cannot take that off me,
1601 they cannot take that off me. Because I am on my own and

1602 **It is a big cost to bear**

1603 Absolutely, absolutely and I don't work. I'm always stressed, I'm permanently
1604 stressed out. My other two daughters, I feel treat me like shit, they didn't like me
1605 selling the house but I couldn't afford to keep the house.

1606
1607 €400 for the ESB the house was massive, now the house I bought is big aswell but I
1608 think what I will do is do it up and stay there, if God spares me for 2 years and then
1609 just get a nice apartment. A 3 bedroom apartment because I remember last Christmas
1610 we had to leave our house and I got an apartment, I loved it, had a little garden, 3
1611 bedrooms, bathroom, ensuite, perfect perfect perfect and that's what I intend to do.
1612 It's a good plan but then I think of my sisters, I buried two sisters, I only have two
1613 sisters and I buried both of them within 6 weeks of each other. One was 58 and the
1614 other was 62 and it was horrific. And I had to come back from Galway and was
1615 straight back into it again and I had no chance to grieve.

1616
1617 I did my grieving when they were ill and like that again I was tied with Alan, I had no
1618 help except for John the man I was with at the time. I wanted to spend time with them
1619 all to help and I couldn't. Because I had Alan and I hold resentment to Simone for
1620 that. Because I still to this day still miss them terribly because they were great support
1621 to me you know, they paid for holidays for me and they were very good to me. And

1622 Joan my older sister, adored Alan adored him! She was always coming up for the day
1623 to see him you know.

1624 3. **Do you think your relationship with Alan has changed since you have become the**
1625 **primary caregiver?**

1626 It s part of life now, he calls me nanny. You know, we have a grand little relationship,
1627 hes a boy, you know boys.

1628 **Is it different for you now having a boy?**

1629 Completely sure, I didn't even know how to change his nappy properly and he was
1630 wilder because he was a boy. Climbing around and all that, now I mean he is very
1631 good, I can't say, everyone who has met him has said 'jesus fair play to you you did a
1632 great job with him' he is mannerly and that. But he is highly sensitive and he knows
1633 there is something.

1634

1635 I'm beginning to feel that I wonder does he know that he's different because all the
1636 others are collected by their mummies and daddies and he's collected by his nanny.
1637 One day we were at school about two weeks ago and there is a young fella in his class
1638 and he was with a older woman and he said 'that's Paul there nanny and he has a
1639 nanny too'. Now I don't know what they story is there but it was as if it was a release
1640 for him to know or a relief for him to know that somebody else is in that situation. He
1641 was playing hurling on a Saturday but that stopped because he was going to see her in
1642 Cork (Mother) but now he is playing soccer and I take him and I collect him and I do
1643 everything. As I said earlier they must think I'm a horse at home because there is just
1644 no support. Andrea is good with Alan and she would mind him sometimes but the
1645 girl studying, no, no patience no tolerance nothing.

1646 **Is Alan your only grandchild?**

1647 Oh ya, ya, ya.

1648 4. **Do you feel like you have lost that grandparent role, as in kind of spoiling him**
1649 **and... or do you have that with Alan?**

1650 He's like one of my own, you know. I mean he has everything, now he wants an Xbox
1651 for Christmas and there €400 and he won't be getting it. You know, he has every
1652 comfort in the world, he has loads of friends, lots of pals, and he is very good with
1653 interacting with others. He is a little mischievous, but funny mischievous.

1654 5. **And do you feel like you have had any reactions or responses from your**
1655 **community or do you feel like there is stigma?**

1656 I don't feel stigma but I wouldn't discuss it with anybody, I say she is ill, they don't
1657 need to know my business but I will say that there is no support there and there should
1658 be.

1659

1660 For babysitting, I mean if I want a babysitter I have to pay €50 and I can't go out then.
1661 They should have and I mean I know people who foster children and they get a break
1662 every so often, respite, I get nothing, nothing.

1663

1664 **That is something that has come up the difference between foster carers and**
1665 **grandparents raising grandchildren-**

1666 And that should be changed, its the exact same thing, you know. I think they should
1667 have trained babysitters there that can help us. Like if I want to go out anywhere, I'm
1668 not one for staying in 7 nights a week I cant I would go insane and I'm trying to suit
1669 my daughters so that I know one of them will be there.

1670

1671 Whereas I feel because of what we are doing, grandparents, there should be baby
1672 sitters available to us there, the Healthboard should pay it.

1673

1674 **That is coming up in the research, the lack of support and finances-**

1675 There is, without a doubt. We do need babysitters, even at the weekends if you
1676 wanted to go out to a dance, you cant. I cant afford to be paying babysitters.

1677

1678 **6. Do you feel Simone has anger towards you because your raising Alan?**

1679 Oh ya, because I cant let her see him but she has no comprehension of what it would
1680 do to him you know. She wrote him a letter in treatment and it just came in the door
1681 as I was walking out to meet you and she was on the phone yesterday give it to him,
1682 give it to him. I'll read it first and then I'll decide whether to give it to him or not
1683 because I don't want to upset him.

1684

1685 I don't know what's going on in his little head. That's why I have to take him back to
1686 the *counselling service because last year after we moved from our house, running to
1687 the school and my whole time was taken up but we did a few sessions when she was
1688 back for the 6 months and he was going to see her and now she is gone again. I cant
1689 allow it, I cannot allow it. Because I don't want him to turn out fucked up, do you
1690 understand?

1691 **Would you worry about him in the future or do you think he is secure in himself**
1692 **with you?**

1693 He is very secure with me and within the home. No problem with him going to
1694 school, no problem whats so ever. He has a man teacher this year and he loves it. He
1695 has his communion aswel and I don't know what will happen there because as I said
1696 I'm divorced, my family all my nieces and nephews and cousins are all on my
1697 husband's side and he wants a bouncy castle and all that so it might be with them. I'll
1698 go to the church and do all that and if they want to have the party then that's fine.
1699 That's fine with me, I will be able to deal with it. He will be gorgeous. I'm looking
1700 forward to that, but I know if he wants a bouncy castle his cousins wont come to my
1701 house you know. And to be quite honest I don't want them there. I don't want to put
1702 myself in that position, I might take him for lunch and then Jack(ex-husband) can
1703 collect him from there.

1704 **7. So my research area and question is, are grandparents in this situation**
1705 **experiencing loss and grief so Im asking every grandparent would you**
1706 **experience a sense of sadness with the situation they are in-**

1707 I do, I do. I have to be honest and you want me to be honest

1708 **As honest as you want to be-**, I do ya. I feel I have lost my daughter; I gained a son
1709 you could say. But I would rather not be in the situation I am in because of the
1710 support system. There's Fuck all. That's why. There is no support for us.

1711

1712 **Well it can be a difficult situation for grandparents when they find there is no**
1713 **support because the grandchild is still blood whereas it is different for foster**
1714 **carers where if there isn't enough support you can say Im out.**

1715 Well I couldnt part with him, no way. The time she got clean I thought how am I
1716 going to part with him but I mean if she stuck it out now I know it will take a good
1717 number of years before she would be allowed have him back.

1718

1719 There is a big issue around trust there you know but am that would be my grief, the
1720 financial side and the babysitting side of it. Those two would be my main

1721

1722 **Is it isolation your, you want to go out and-** ya, like tonight I wanted to go out but
1723 there's no one home and his godfather isn't around on a Tuesday and he can't look
1724 after him. Now I have friends but they don't live near you know. They have offered
1725 (friends) but there all reared aswel now they all adore him you know but I do have
1726 resentment towards her for doing that.

1727

1728 And it's not just that, it's all the chances she got, she could have been a mother to
1729 him. She was on the phone last night "Oh Im going to do a parenting course and all
1730 this" and I said Bollocks. Bollocks talk, how many times have I heard that I said. I
1731 said you have had more opportunities than anyone I know. You know, now I don't
1732 know many heroin addicts but I know people who took drugs and got clean for years
1733 now but no one got the opportunities she got. She was in *names multiple rehab
1734 facilities. Eevery single one of them. Every single one of them.

1735

1736 8. **Another question I would have is that Im asking every grandparent is what you**
1737 **would say to other grandparents who may be thinking of taking on this role or**
1738 **just started caring for their grandchild. What recommendation or advice would**
1739 **you give them from your experience?**

1740 I want a babysitter and I need more of that you know,. But I do think that they should,
1741 like people who are Gardai checked, it wouldn't be everyone you would let mind a
1742 child. But I do feel that the onus is on them to do that, particularly grandparents who
1743 are looking after kids. Like I said I have him since I was 42 and that's young. I mean
1744 Im still mad in the head, when Im out I think Im 21. Thats the way I am and Im very
1745 straightforward and I call a spade a spade because I don't believe in bullshit and I can
1746 tell when something is bullshit and I have no time for people like that. Walk in my
1747 shoes and then you will know.

1748

1749

1750 **I think what grandparents are doing is amazing and I don't think there is**
1751 **enough attention or research done on it and there needs to be someone talking**
1752 **about this -**

1753 We don't have anyone to speak for us you know, nobody. Nobody at all. It highlights
1754 it because it is an issue. The stress attached to it, there is terrible stress attached to it
1755 and they don't seem to recognise that either you know.

1756 **Well when your older you don't have the same energy and things have changed**
1757 **in terms of the internet and facebook-**

1758 Then I parted from my husband so now I'm totally alone it's very bloody hard I can
1759 tell you but I do think the issue of babysitting is an issue. Jesus bring it to the Dail not
1760 that you will get very far(laughs)

1761
1762 **Well I think your amazing for what your doing, I know that may not mean much**
1763 **but I mean it even if its one person who tells you that I hope it makes a**
1764 **difference-**

1765 Thank you, it does make a difference you know you never get that. You just don't get
1766 that.

1767

1768 8.4.7) Interview 7; Ms L

1769

1770 1. **I start by asking every grandparent about themselves, so location, age range?**

1771 Im 57

1772 2. **So if we start by you detailing as much as you feel comfortable in telling me the**
1773 **reasons why you are raising your grandchild?**

1774 Oh god, its a long story. My daughter was on drugs and that and she went to rehab
1775 and I had to take over minding them and that and that's the reason I have them.

1776 3. **Do you have them a long time now?**

1777 Well there still living with me and so is my daughter she's clean now and everything.
1778 I had them 2 and a half years.

1779 4. **And is it one or two grandchildren or?**

1780 Laughs. At the moment there is 11 of us in the house. I have two daughters there and
1781 their 6 children and myself and my partner. There's an 11 year old year old girl, two 7
1782 year old boys, two 4 year old girls and an 8 month old child.

1783 5. **And what would your main feelings be around being in this position of being a**
1784 **grandparent but having main care of them?**

1785 I don't know

1786 6. **Was it expectant or were you taken by surprise?**

1787 I was taken back by it at first, ya. Because they had their own homes(daughters) and
1788 were set up and things starting going bad for them so I eventually had to take them,
1789 for the children's welfare more than anything.

1790 7. **Has your life changed much since?**

1791 Ya. Desperately ya.

1792 8. **What would be the ways its changed?**

1793 Every way, you have to be there 24/7 for them. Their all young kids so and then
1794 trying to keep the two girls and as I said their doing very well and Karen is clean
1795 nearly 2 years now and she's living in her own home.

1796 9. **Would the grandchildren have regular contact with Mum?**

1797 She's living with me aswel, when she was away I had them and when she was in
1798 rehab first she couldn't see them but since she's come out(trails off)

1799 10. **Do you find it easier now that she's in the home(mother) does it take some of the**
1800 **pressure off?**

1801 Not really, not really no.

1802 11. **Do ye(daughter) have a good relationship?**

1803 Ya, we do ya.

1804 12. **Do you find your relationship with the grandchildren has changed since you took**
1805 **on the care of them?**

1806 No not really, well I have one fella above and he thinks I'm his mother. He runs past
1807 his mother to come to me and he calls me nana, mummy, mum.

1808 **Alot of the grandparents I have met have said that..**

1809 Well i have my eldest daughters girl, she's 11 and I have her since she was born and
1810 she gets on great with her mother now but her mother is supposed to be moving and
1811 she's staying with me(grand-daughter) she's going nowhere, I rared her.

1812 **13. Do you feel any reactions or responses from your community or friends or**
1813 **family?**

1814 There were just family members, even when my daughter went away and for money
1815 for the children there was no payment. I just got one off payment to take care of them,
1816 I wasn't there for the money but they needed special things. I only had my own
1817 money and the things they needed I couldn't give them. So.

1818 **14. At the time when your daughter was in rehab, did ye maintain a good**
1819 **relationship?**

1820 Ya, ya. She wouldn't have went through the rehab if her kids were anywhere else
1821 other than with me.

1822 **Thats great because at times Im finding the children having alot of anger**
1823 **towards the grandparents for taking on the care of the kids.**

1824 Well we had it for a while going back years ago, I buried my son and she was only a
1825 child then and that's what started all her(problems). We had the first few times
1826 because the social workers told me it was a longing she had to go back on the stuff
1827 and it was tough but at the moment she is flying it and her kids are doing very well at
1828 school. Her young fella is top of his class the last 3 years. They even said he is more
1829 advanced and her young one is after starting there and they are saying they have the
1830 same mentality as her brother and she is only 4. They are way ahead for what they
1831 went through with their mother they still, and she has the baby in bed by 6 and the
1832 oldest in bed by 8 oclock and that's it for the night.

1833 **Ye have a great routine so..**

1834 She did all that when she had her kids, even when she was in rehab she found out she
1835 was pregnant with the baby she still went through the rehab.

1836 **Thats brilliant..**

1837 Ya, ya.

1838 **15. The research Im doing is around loss that grandparents can experience in this**
1839 **situation so another question would be do you have sadness over the situation of**
1840 **being a grandparent caregiver?**

1841 There's no issue, it did hurt. I cried loads and loads of times. For the kids other than
1842 that no...

1843 **16. Do you feel like you have support in dealing with raising the grandchildren?**

1844 I had when the social worker was involved and with the family and could always
1845 come to Annabelle (support worker) but other than that, no. Very poor help for being
1846 in that situation. You would be frightened to go looking for help because they would
1847 say right we will bring social workers back on top of you and i don't want that either.
1848 But you just have to get on with it and do the best you can.

1849 **17. So what recommendations would you make that you think are needed with you**
1850 **having gone through it?**

1851 I think there could be a lot more help out there for them if they had the confidence that
1852 social work wouldn't come on top of them. That's a fear for a lot of people. I know a woman,
1853 her two daughters are gone, one's gone into rehab and she is raising her 3 children and she
1854 asked me how to go about it because the young one's money is going to the place (rehab) and
1855 Karen's money went there (rehab) and I was in the situation where there was nothing there for
1856 me to do for them (grandkids) and she's going to be in the same situation. And she asked me
1857 where to go and I couldn't tell her and it's hard.

1858 Now she has a care worker and social worker calling to her for the kids benefit, not for her.
1859 So I told her all she can do is ask her when she's there with you, ask her and go for legal
1860 access to the kids because her young one has two young children so I said all you can do
1861 there is ask the social worker while you have her. That's all the advice I could give her and
1862 she asked me because she knew I went through it with my grandchildren. This woman has
1863 two young grandchildren and they're at the age where she can work with them but she has a 14
1864 year old and you would swear he's 18 and she is lost. There are things he is going to need that
1865 she doesn't know how to deal with but with the young ones she can.

1866 **17. Do you find there is a level of physical stress and exhaustion associated with this**
1867 **situation?**

1868 Yes, actually I went on a lot of medication for it. Especially because I had one family
1869 with me and I had to take on the other family and then trying to keep them all happy
1870 at the same time, it is tough. And as I say I'm the kids grandmother and I'm doing it
1871 for the kids sake not my daughter because they're old enough to know what they are
1872 doing.

1873 But if they hadn't me at the time they wouldn't have had anyone and they would have
1874 been put into some stranger's house which no-one wants. So. It is tough for any
1875 grandmother because she thinks she has her family raised and all of a sudden they have
1876 to go back and raise another family.

1877 **And it is all grandmothers' I'm meeting so far, I haven't yet met a grandfather to**
1878 **participate-**

1879 Sure people say to me you look older than your own mother and my mother says
1880 that's because of all the stress you have up there. I said it's pointless complaining
1881 about it and I do complain but you have to do it at the end of the day.

1882 **I know but sometimes it is good to have a good old vent-**

1883 It is as long as I get a good old vent (laughs)

1884 **18. Do you have a way to relax or wind down?**

1885 The only way I wind down is to go to the grave and sit there for a few hours just to
1886 have time out and then when the kids go to bed and chill out

1887 **Ya it's great you have such a good routine with bed time-**

1888 As I said she did that herself, that was her routine and then when she went away I had
1889 to keep the routine for her. Other than that I don't have any kind of a life.

1890

1891 **Well that's all my questions unless you have anything else to add or anything you**
1892 **think I have missed?**

1893 I think Ive ranted and raved enough. Well I said, Im not being smart but that woman
1894 approached me thinking I would have some answers for her and I was stuck what was
1895 I supposed to tell the woman. I did try some bits and pieces only for the social worker
1896 I had at the time, my daughter was blessed to get that social worker, she was very
1897 good, very supportive and anything I needed I just had to pick up the phone to her.
1898 Very good now she was. Other than that there was no answers for that woman and she
1899 was crying out but she is a grandmother aswel she has all her children rared.

1900 **I am really interested in this area and I have done a research piece on it and it is**
1901 **a massive gap in Ireland and in other Countries. Grandparents are doing it and**
1902 **because its not a stranger who is a foster carer, they don't get the same level of**
1903 **support.**

1904 I give you that, I often said to the social worker if I was fostering them and I wasn't
1905 Karen's mother there would be more support there for that person than there is for a
1906 family member. Alot more.

1907 **Its relying on the love**

1908 That's all we want is to be treated equal, even if they are your grandchildren or not
1909 your grandchildren. They are doing all these things for a foster parent. There is alot
1910 more stress involved when they are yours (grandchildren) because you have to keep
1911 standards of what their mother would expect. So.

1912 **What do you see for the future in terms of them all still living in your house, do**
1913 **you that as the situation for the next few years?**

1914 No. My daughter has got a bungalow in area nearby so she will have to see how she
1915 gets on because she was living in my house for a year and everything was done for
1916 her so she has to go back to her routine. The other daughter (mother of grandchildren)
1917 there is a house there for her but she hasn't got it at the moment because there was a
1918 big mix up but I's say within the next few weeks she will have her own home and
1919 she's crying out now for her own home and to get the kids back and as they say
1920 (children) it's about time we left you have your own things back.

1921 **So you would be ok with them (grandchildren leaving with mother)**

1922 Ya, as I said the door is always open for them to come back up every day if they want
1923 to, their welcome but they need their own homes for their own children. We are like
1924 sardines up there at the moment.

1925 **I would say so. I'd say it will be strange when they leave and the house will be so**
1926 **quiet**

1927 Well there's only one person up there at the minute and it's like heaven up there. I
1928 swear to god. They will be badly missed now, the kids will but the mothers now need
1929 to get their own lives back

1930 **I do think it's amazing what every grandparent in Limerick and Ireland are**
1931 **doing because they are filling a massive gap in childcare-**

1932 The social worker said up in my house that you are blessed(to daughter) to have a
1933 mother like that because I have went to peoples house's where the mother would say
1934 go, there's the door and off with you. Now I don't want to be giving myself any praise
1935 for that but with the sickness they went through and they needed some help and
1936 support and it's a one off thing and if it happens again they are on their own. So.

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Talking about lack of support-

That woman who came to me, I would have liked to be able to say right you go here and you go there but I really don't know those answers. I used to work with the *work scheme and I used to have finish work go and mind the children, get them up for school, get their meals, get them to school, go to work and it had to be done but as I said when that woman approached me, it was only last week and I was dumb-founded , I said I don't know all I could say to her is you have a social worker involved, ask her she will have to find out things for you.

And you were so lucky to have such a good social worker but then there is a fear of social workers as you were saying and nearly not getting in contact because of that fear-

My girl is who is gone now to *(mentions neighbourhood daughter moved to) she had a social worker a few weeks ago who put her in contact with a care worker, she called to me this morning and she was delighted (daughter) so she left her number and came out to the house to see what she needed for the house and they would help get it. That help should be there for anyone, I hadn't a cot, hadn't a pram for that child when she was born first and thank god we pulled through and got them but Karen's money was going to rehab and we hadn't anything for them(kids) And there's Tracey getting anything she needs, you know.

It is shocking, ya.

There is a support group here(support service) so there is support but I didn't have the time to always come because I had two lots of families up there but she(Annabelle) has something going for them and that's brilliant and a lot of people look forward to going to that.

There was times I felt like saying there's the door get out of my house(to daughter) you know, I got hurt but I couldn't because it wasn't my daughter doing it and I suppose thank god she has pulled through it.

Im so happy that she is in a good place because it does make a difference in giving piece of mind-

Now she was bad,I mean totally bad, anything and everything she could get her hands on(trails off) but she hasn't now thank god.

-

Something happened one day where the 4 year old was taken out to foster care for 2 days, that two days that woman(foster carer) got 150euro to take her into town to get her clothes and I had had her for 12 months. I was baffled, baffled.

I hope that you participating in this and getting your voice heard and I will be distributing this research to resource centres, anywhere that will listen to me, to say this is happening and it will be brought to policy makers if possible and just trying to bring attention to it.

With the help of God.

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1985

And I think you are amazing for what your doing, if all I can do is say that to you-

I wish my daughters could see that through your eyes but as long as the kids are happy and I keep saying to my girls change the pattern. I hope I was some help.

1986 8.4.8) Interview 8; Ms A

1987

1988 **1. So I ask by asking every grandparent about themselves, age, where your from**
1989 **etc?**

1990 Im originally from *, County Limerick. Im over 60 now.

1991 **2. And are you currently working?**

1992 Im caring for Harry, full time, ya ya.

1993 **3. If you just want to start running me through as much as your comfortable with as**
1994 **to why your caring for Harry?**

1995 Harry was born 10 and a half week premature weighing a pound and 12oz and he
1996 spent the first 3 months of his life in Dublin with his mam and sister. But his mam
1997 suffered with very bad post-natal depression she had it with her first daughter and
1998 then she had it with Harry. Then her daughter developed illness where it was very
1999 serious and there was a lot of anxiety around that. I could have been very serious and
2000 she got very stressed out and then she had very bad post-natal depression and it
2001 escalated and Harry was sick for the first few weeks more so.

2002

2003 He had to be resuscitated at birth and she was feeding him one day and he had to be
2004 rushed off and be resuscitated and she got very scared and got more frightened about
2005 it and got more depression. And as a result when it came to taking him she was
2006 already in hospital herself and that's as far as. So she was very stressed so I decided
2007 and he was fighting so hard (Harry) like only a pound and 12oz that I decided I would
2008 take him and his sister at the time I took her aswel. I took both of them and when she
2009 was well enough, she (daughter) went back to her. Like she still wasn't and she still to
2010 this day she's not, but I have cared for Harry ever since.

2011

2012 **4. So you have him since he was born?**

2013 Since he was released from hospital and he has been in my care ever since.

2014

2015 **5. What would your main feelings be around being a grandparent caregiver? Is it**
2016 **something you feel as positive or..**

2017 Very very positive, I mean I have no, it's something, it's challenging but I took it on
2018 because I wouldn't have been happy if I didn't do it and I wanted to give the little boy
2019 every chance. We found out, well we always knew Harry was delayed in all of his
2020 development but it was always put down to a doctor in the Regional and it was always
2021 put down to delayed development. I know Im going into more Harry's medical stuff
2022 now but..

2023 **No your fine you probably know so much about it now..**

2024 Ya I do actually. Delayed in all his milestones and we knew there was something like
2025 and we thought it would be diagnosed around ADHD and he was referred to the
2026 *local service and they came to the school and it was found he didn't. And they
2027 referred him to and he was later diagnosed Autistic when he was 8 so that's been

2028 ongoing and he has been to all the services and myself, i have been learning more
2029 about autism and dealing with the behaviour for myself and for Harry.

2030 **6. Do you feel your relationship with Harry is different than with your other**
2031 **grandchildren?**

2032 Well he's like my son. Like he really is like my son, I have reared him since he was 3
2033 months, I have a very very strong bond with him, a very strong bond with him. Its
2034 challenging like I said at times, but I get a lot of support from services you know they
2035 have helped me so much. I have a lot of support.

2036 **7. So what age is Harry now?**

2037 He's 13 in October

2038 **8. Ok so would you now looking back 13 years ago see your life change much from**
2039 **when you took on Harry or were there a lot of adjustments to be made?**

2040 Not really I mean I adjusted as I went along with Harry, I knew what I was taking on
2041 and I knew that's what I wanted to do. If he had went into care that would never have
2042 made me happy I wanted to be his carer

2043

2044 At the time it was challenging because he came home with a special monitor for the
2045 first 15 months and had acid reflux, you know. After when I look back on it I think
2046 God that was scary but at the time I was in there and just wanted to do whatever was
2047 best for him.

2048 **9. Did you feel you had time to think about taking on Harry? Its just some**
2049 **grandparents I have spoken to feel they had to make the decision very quickly.**

2050 I mean his mam was going to take him home initially. She was going to but as time
2051 was going on she was getting more and more, she was suffering with post-natal
2052 depression more and more and especially after he had to be resuscitated.

2053

2054 She was very scared and you know she decided she just wasn't going to but it was
2055 obvious that, it was very apparent that she wasn't able to. So I mean I initially I
2056 thought I am going to do this. I didn't want to see, I was going up and down(to the
2057 hospital) I could see him fighting and I wanted to give him a chance.

2058 **10. Do you feel reactions or responses from your community or friends or family to**
2059 **your decision to take on the care of Harry? Negative or positive or support or**
2060 **lack of?**

2061 I felt very positive, I had great family support you know if I wanted to go away on a
2062 holiday, foreign I could and all my family when I brought him up to the County they
2063 would be all flying around the place if the monitor went off you know. I had good
2064 support from Emily, my daughter she's great so I had great support. I can't say
2065 otherwise.

2066 **11. That's brilliant to hear, a lot of people have been saying family support is great**
2067 **and is needed. So do you still have a relationship with your daughter?**

2068 Oh ya ya.

2069 **12. Do you feel that relationship changed in anyway? Closer or more distant?**

2070 No I mean were close and she has always been appreciative of the job I have done
2071 with Harry and you know I have allowed him to have a relationship with his mam and
2072 he would often stay with her and you know she is mom and I am nana.

2073 **13. Ok, and do you find it hard to keep that boundary of mam and nana or would he**
2074 **sometimes slip of the tongue call you mam?**

2075 No no Im nana. But like Im nana and she is mom and he has always known who his
2076 mom is and Im nana. And the same applies in school or wherever or services he
2077 attends.

2078 **14. So because the research is around loss and grief I would ask every grandparent if**
2079 **they have any element of sadness around the situation they are in? Would you**
2080 **experience that in anyway?**

2081 All I worry about is like that I am there long enough to see Harry, I absolutely idolise
2082 him and he is the same with me, we have a very close bond and occasionally if I drink
2083 a glass of wine I would smoke a cigarette and “Nana don’t be smoking”(Harry). He
2084 worries about me smoking incase anything would happen me but like I have all that
2085 sorted out with social workers and all that God forbid if anything happened me what
2086 would happen Harry.

2087 **15. So you find you would have to think of that more so that with your own children?**

2088 Well of course I would think about it because you know I would especially that he is
2089 special needs. So i would worry that things are in place for him because I know he
2090 would be very reliant on me. But So I want to make sure everything is in place for
2091 him, if God forbid anything happened. you’re getting older you think about it but
2092 when you’re younger you don’t.

2093 **16. Do you find any aspects to raising him that you would be more tired or...**

2094 There are days where it is that bit more challenging but I’m fairly fit and well up for it
2095 and I keep myself fairly fit and I have a healthy diet and a healthy lifestyle. So I
2096 consider for my age I am fit and I do look after myself I exercise or whatever and
2097 maintain a good lifestyle.

2098 **17. Would that be partly because of/...(raising Harry?)**

2099 It would because Im conscious of staying healthy for Harry. To stay actively healthy
2100 as long as I can.

2101 **18. Im also asking every grandparent what recommendations you would make for**
2102 **another grandparent who may be in this situation?In your experience because**
2103 **your doing it 13 years what would you recommend?**

2104 Um, well i think first of all you have to want to do it. If it’s going to be too much of a
2105 burden I mean if you go into it knowing what your taking on. How time consuming it
2106 is, at any age and what it entails you have to want to do it, that’s the first thing. You
2107 know, it can be challenging but I could not imagine myself not being in this situation.
2108 I wouldn’t know what to do with myself.

2109
2110 Like I mean I did have plans I might do this or that or whatever but I’m quite content
2111 now with what I’m doing and I all I hope for now is my health to see Harry as long as
2112 possible and for any grandparent would be the same. You want to do your best and go
2113 into it and rear them the best you can and stay healthy. Its like starting a second

2114 family all over again and with Harry there can be challenges but he is a good young
2115 fella.

2116 **19. Would you identify any gap in services or was everything in place for you?**

2117 I had absolutely fantastic support, absolutely. The support when Harry was diagnosed,
2118 now the diagnosis took a while because they don't want to put a label until their sure
2119 but once he was diagnosed. Within the very next day, I have a 12 page diagnosis
2120 report and they went through different and they were starting groups for parents or
2121 carers of someone who had been diagnosed and it was a roll on basis which was great
2122 because once you get the diagnosis it takes awhile to absorb but the services were
2123 absolutely fantastic.

2124

2125 They talk about cut backs but the service we got was brilliant and if you wanted to go
2126 on a one to one basis they would accommodate it if anything was bothering you. And
2127 in all aspects of their behaviour, social issues, it was absolutely brilliant. They are
2128 dealing with puberty now and sleep because sometimes they have problems sleeping
2129 and anger and they classes for the child and the parent. On how to manage the child
2130 and help the child and they have the occupational therapist in the school as wel.
2131 Fantastic Service, I couldn't say it enough.

2132 **20. How did you find it went with the social work dept at first?**

2133 It was all put in place and any issues I had I could phone them. And any issues they
2134 had they could intervene.

2135 **Im sitting here now and I am getting such as different reaction from you than I**
2136 **have with other grandparents and I really think its because you had time to**
2137 **process it and decide to do it. Whereas I think some of the other grandparents I**
2138 **have met were asked with very short notice and maybe didn't have time to think**
2139 **about it. So it just shows the difference when someone has the time to decide and**
2140 **then you accepted it early on.**

2141 That's right, I made the decision that I wanted to be his carer to take care of my
2142 grandson because I didn't want to see him going to anyone else. I would actually with
2143 his mam, I said look if you put him(into care) I would be really really upset, I would
2144 be so upset because I wanted to give that child a chance. I done it with every feeling
2145 in my body, I just wanted to do it.

2146

2147 I mean there would be no turning back and at times of course I think will I be able for
2148 that but I never want to be it otherwise. And I have built all my life around him, I
2149 don't worry about getting older of course I worry about being healthy and being there
2150 for him but my goal is to be his carer. To be there for him and I still have my own life
2151 and I go on holiday once a year with my friend, we go on holidays once a year, we
2152 used go twice a year but we go once a year now and Harry will go to Wicklow with
2153 my daughter and his mam went down to him. And I had a break on my own.

2154

2155 **I think aswel it sounds like your family is very involved which would help**

2156 Oh there are, ya and it worked out. When he was younger my sister used take him for
2157 a week day and they would be following him around with the monitor. It was scary in

2158 the beginning but I didn't stop to think about it its only looking back on it now.
2159 Looking at him now he's so strong and so big, I have to watch now with his weight.
2160 He was so tiny and now but I have to watch his weight. His a very clever boy, he
2161 loves computer.

2162 **Would you be nervous around him with the computers I know some**
2163 **grandparents were saying that was a concern?**

2164 Not really he knows his boundaries. He loves gaming now and he can be very
2165 obsessional.

2166 I take him swimming with my other grand-daughter Hazel and they are very good
2167 friends and he's friend whos around the same age and they go swimming. Now he
2168 wouldn't be very outgoing but I wouldn't push him but he's quite comfortable staying
2169 inside aswel. I don't push him too much.

2170 **21. Well that's all my questions unless there is anything you want to add or feel like I**
2171 **may have missed?**

2172 No I really love the job I do, as I said to you I wouldn't know what to do honest to
2173 God, hand on my heart, I wouldn't know what to do(without him).

2174
2175 When he's away, if he stays in his mams, I think oh God. After 13 years I have a very
2176 close bond with him. I think I worry about him more so than any of my other children
2177 you know but maybe its because he's special needs.

2178 **22. Do you see your other grandchildren alot?**

2179 Oh I would, they are all close by so I see them and they get on well together.
2180 He(Harry) gets on great with other kids. He has a buddy system in school and he is
2181 very good at that. He is very affectionate.

2182
2183 He is a lovely boy, he has his tantrums now but he is very quick to say sorry
2184 afterwards. But he will tell you his sorry but he's good he tries his best. I wouldn't
2185 know what to do without him.

2186 **Well it's been so nice to meet you and have such a different experience-**

2187 It's been very positive I never had to chase after anyone and everything was in place
2188 and it took time but once things were in place the services were fantastic. And I have
2189 had great support, absolutely fantastic I would be telling a lie saying otherwise. Great
2190 like. Just to keep fit now and Im very conscious of it, healthy eating and I'm a
2191 vegetarian in by choice rather than design, I think it's a healthier choice.

2192 **Im so excited to put this view into the research because I think it will be so**
2193 **beneficial to other grandparents who have seen that you accepted it and are so**
2194 **positive about it-**

2195 Ya I really enjoy it and I'm quite content in what Im doing and we still go to the
2196 beach and Im content and once you're content that's it. If you do against your will and
2197 you're not 100% in it it may breed problems for people who want to do different
2198 things. But after 13 years I couldn't see it any other way or want it any other way. At
2199 this stage, its what I want to do I could destroy a young person if I decided I didn't
2200 want to do it. I want to do it and I do it to the best of my ability. I have enjoyed it, it

2201 keeps me young. It keeps you on your toes. It can have its times but what doesn't ,
2202 you know.
2203
2204

2205 8.4.10) Interview 10; Ms Y

2206

2207 1. **I ask each grandparent for a few details about themselves mainly for a**
2208 **demographic so age, occupation, where you live etc**

2209 I am a full time carer of my grandmother and am from County Clare and 42

2210 2. **So I know you had started telling me why you were raising your grand-daughter**
2211 **but if you want to tell me the story of what happened?**

2212 My daughter when she was 14 got involved in drugs and drink. She bust up my house
2213 and one night wrapped a cord around her throat and her 11 year old sister at the time
2214 cut the rope off her so she was taken into state care. And the following day she didn't
2215 want to come home. She was placed into foster care and it was more easy going and
2216 she was let out until half 11. She was given 30 or 40 euro per week pocket money and
2217 there was no way I could ever afford or want to do that. But it was part of the
2218 guidelines as a foster parent that you give them money. They made it too easy for her
2219 to stay away and when that foster placement broke down she went into a residential
2220 house in Limerick. It's for challenged young teenagers and there was more rules that
2221 she had to stick with but she used to go home for the weekend but home wasn't my
2222 house. They put her in a B&B for the weekend so she had her boyfriend call over for
2223 the weekend and stay with her so... So then she got pregnant by a traveller and she
2224 went off to Cork and she was doing good there. There was structure and rules and she
2225 wasn't allowed out for the first two weeks and she was only allowed out then once a
2226 week. There was good structure and rules there and she had her baby and we went out
2227 to see her and everything was fine and I'd say she was released out of there after 2 or
2228 3 months and she went in to her own place and within the child being 5 months. It
2229 was a week before my wedding and she just rang out of the blue and said will you
2230 take her for a while so I presumed she was stressed and I was getting married in a
2231 week, she was my bridesmaid. I said Im getting married in a week I will take her
2232 afterwards so 3 days before I got married I got another call. It was social workers in
2233 Cork saying Karen had been held in the emergency placement and her mother was on
2234 heroin and that was the first time I heard of heroin, two days before my wedding. So
2235 that was grand so I said she will have to stay there was nothing I could do so my
2236 wedding day came, had a great day smiled. Had my phone taken off me and had a
2237 great time. Then two days later we drove to Cork not knowing what was going to
2238 happen, I was warned you are not bringing this baby home by my husband so we got
2239 there and we both looked at her and I looked at him and I started crying and said not a
2240 hope. So they gave us a car seat, we didn't even have a car seat.

2241 **So was your husband supportive at that stage?**

2242 Oh straight away when he saw her, she was underweight, she wasn't a very pretty
2243 thing God forgive me for saying it because she was so underweight it took me until
2244 this year 5 years later to get her up to a level her other peers would be at. So we took
2245 her home that day and that was the end of it.

2246 **And have ye had her since?**

2247 Ya. Well we had to go through the social workers and we are relative foster parents,
2248 that's what we are called officially.

2249 **That's great that ye have that standing because it entitles ye to a lot of-**
2250 Help, and that's what we needed at the beginning, not as much now. Like the Gardai
2251 would know me, the school know me, healthcare professionals around the area know
2252 of our story so

2253 **Yes other grandparents I have met are in a private family arrangement so-**
2254 Oh no, no support. And that's one of the things we said from the beginning that we
2255 wanted the social workers involved even though the stigma beside that of them
2256 coming to your front door, now I don't care but at the beginning and it has such a bad
2257 name. I would say for 10 years, the past 10 years its been coming to a head for the
2258 first 8 I blamed myself. As being a bad parent, it's only in the last two. That was the
2259 hardest bit because she was only 14 at the time and it was just so easy for her so at the
2260 moment I have a grudge against the social workers but I can't say anything so.

2261 3. **So what are your main feelings around being a grandparent caregiver? Are you**
2262 **accepting of it or would you have sadness around it-**

2263 I am accepting of it now, because she is my daughter now at this stage, like I have her
2264 since she was 5 months old so I would treat her no different. Probably the bond, trying
2265 to have a mother daughter bond with her rather than an outsider bond because
2266 grandmothers are still outsiders. But it just took a little longer, but that came.

2267 4. **Has your life changed alot since?**

2268 I had my own child, she is 6 and Karen in 5 so we had two babies all of a sudden at 38
2269 and I didn't want another baby that was a shock and then to given another baby and
2270 then I had twins. There is only about 11 months between them so it was like having
2271 twins. Its tough, its tough going, its getting easier now. Its easier as they get older, and
2272 they kill eachother just like sisters. They pull the head off eachother, they have great
2273 fun. They would be lost without eachother and her mother knows she could never take
2274 her out of our family unit. None of us would let her. My older girl is 20 and she says I
2275 would go to England with her before she gets her back and in their own heads they
2276 think its ok to do that.

2277 **Would you have a fear that she would take her back?**

2278 I would have had up until she was 5, that she could take her but now that she is settled
2279 in school the courts look at it differently and I have had her since she was 5 months so
2280 I knew once I got over the 5 year mark I would be safe. I definitely know she is safe
2281 now. She is just a disaster walking(daughter). She has two other kids, I am a
2282 grandmother of 3. Her little boy, she got pregnant again and she went back to a
2283 facility and everything was going wonderfully and stuck by the rules and she had him
2284 and I was there. I was at the birth and I thought it was going to be amazing and so
2285 different and then she decided she wanted to come home for support and sure I
2286 wanted to see him so. I would say within 2 weeks of her being in Limerick I had
2287 rented a home by beach for the summer for work. And the Gardai arrived at my door
2288 at 2am with him(grandson) and he was 5 months and dirty nappy, burnt on his leg,
2289 awful rash and a vest and that was it. Nothing else. No nappies, no bottles, nothing
2290 and I said not again! I had to ring my daughter to come and mind him while I drove to

2291 town and got stuff and that was it. I had him for two weeks and social workers kept
2292 coming saying I would jeopardise Karens placement if I had him and I said I'm not
2293 giving him back, Im not giving him back. You will, your house is overcrowded so
2294 they can turn it anyway they want it. So I gave him into care, a social worker came to
2295 me and my son and we gave him in. My son was 14 and we gave him up so I see him
2296 once a month. Once a month we have him from 12 to around 7 and we have great fun,
2297 he's 3 now. Then the other little fella, we had nothing to do with him really. She was
2298 fighting for custody because the dad wanted him so I stepped back and let them at it.

2299 **I would say after the other son you had to-**

2300 I grieved for him. I grieved for him like I lost him for six or 8 weeks I grieved for
2301 him. And with this new little fella I said his dad is going to take him he will be fine he
2302 can can have his own family and in his traveller background and they can rare him in
2303 that culture and not for me to interfere. He gave him up. So then I felt like I was being
2304 pressurised to see him and I saw him once or twice and that was it. I just felt like I
2305 can't keep giving myself to be kicked in the teeth every time. He's in foster care but I
2306 don't really like the foster parent, she's false, I just don't like her. So when I see her
2307 coming and she's like oh my life is wonderful and my husband and we hug each other
2308 all the time and I just can't deal with it, it's not real. He is going to be happy.

2309 **It sounds like you had to cut off..**

2310 I had to, she is 24 she has at least 20 years of being able to bring children into the
2311 world, how many more could I have like?

2312 **Is that an ongoing fear that she will have more?**

2313 It isn't now, because now she is a different person and she is not my child. She is a
2314 adult now who doesn't bother with us unless we are giving her money. But we did
2315 until..

2316 **Is she still around the community?**

2317 She's in prison now.

2318 **Does that help you a bit, that she's not around?**

2319 Oh I sleep like a log. But i don't think I worry as much as I did all along. They are so
2320 clever and its unbelievable, how they manage to get around, it's all nocturnal (people
2321 with addiction). Unbelievable. SO now I don't worry as much. I took all her clothes
2322 off her, her make up everything.

2323
2324 One day she had attacked nana, only a few weeks ago, now nana is 80 and cant deal
2325 with that. So I said if you don't come and face me I will throw all your clothes in the
2326 river so I'll give you 5 minutes to come and face me. And she wouldn't. I was going
2327 to lock her in the car and phone the gards and that was it. Thats the end of it. So I said
2328 to her the clothes are gone into the river, she freaked but she got arrested the
2329 following day. Theyre at home in my attic, no I didn't throw them in.

2330 **That must have been tough though-**

2331 Draining, draining. Were doing ok now though and Im looking forward to Christmas
2332 and it will be the first Christmas that we will not let anything like even though she
2333 was in prison last year they(prison staff) were saying we would let her out for the day.

2334 And I was saying please don't! But you cant say that and they didn't but we had the
2335 whole pressure of maybe they will be. But this year they wont.

2336 **Is her stay long term?**

2337 No not until, March I think. Long enough. She was in for 52 weeks and for those 52
2338 weeks we brought in 30euros a week so for 52 weeks she was getting 30 and then for
2339 Christmas she got 100 so she was the King Pin in there for products or whatever.
2340 Most of them don't get that kind of money but this year she's got nothing only her
2341 11euros a week.

2342 **Does she know now you have come to this point?**

2343 She rang me the following day she was in(prison) after she doing me out of 100 euro
2344 the past couple of weeks. She broke our heart, she attacked nana, she didn't come and
2345 see Karen, loads of things. And then she rang me out of the blue saying "Hi I'm in
2346 prison again" and I said oh right that's lovely for ya and I hung up the phone and rang
2347 back and I said remove my number. I thought they would ring me(prison staff) so I
2348 said remove my number from your card. So she can't contact us. She wrote to nana
2349 and told her don't believe mam, I wasn't doing all those drugs I was only doing some
2350 of them. I was thinking, does she think and Nana had taken her side for a long time
2351 myself and Nana nearly came to blows.

2352 **It can cause family tensions-**

2353 She had kicked me out and everything saying that I was bullying her and once she
2354 saw the light she came back and apologised but Jesus my heart was broke.

2355
2356 It was two weeks before she got out of hospital so I used to not sleep because I would
2357 be waiting for the call for her to say she was dead. Every night waiting to be told she
2358 had killed herself and it didn't happen. But I'd say one of the nights I was sleep
2359 deprived I wrote this and it's a bit long(shows letter). I wrote the letter and I sent it to
2360 my friend.

2361
2362 But it felt like that, it felt she was completely different girl and she could never come
2363 back because I reckon she's been raped, she's been robbed, she's been starved but she
2364 could never come back as my innocent girl that I remembered and loved. I had
2365 decided then that I would forget about trying to get her back and deal with a different
2366 girl and a different person and she has grown to be a different adult. We thought it
2367 was mood but I have gone through it with John and now Elaine is 11 and I'm doing
2368 that at the moment and she would at the stage where she would be ashamed of her life
2369 to be seen with me but I dealt with all the other lads as good like.

2370
2371 **Maybe that gives you confidence-**

2372 Once I got her (other daughter) to 18 she wasn't pregnant she wasn't drinking, she
2373 wasn't doing drugs..

2374
2375
2376

2377 **I just felt in doing this research it was giving grandparents a voice because**
2378 **people know in Ireland there is addiction and that people in addiction have**
2379 **children but it's not talked about as often about the grandparents who take on**
2380 **the grandchildren-**

2381 No now even Karen now has ADHD, I've changed her diet because her mother drank
2382 and did drugs when she was pregnant. She has to go for play therapy now and I'm
2383 pushing it that she gets assessed for ADHD, she definitely has it I know she does. But
2384 we are so used to her being hyper that it's nothing to us but when she gets to 11 or 12
2385 and she's trying to express herself so we will have to try and help her for the future to
2386 make sure she will be able to help herself. There is just so much behind it, so much.

2387

2388 **Does she ever ask questions about mam?**

2389 Mam is in college (laughs) but for the full year we would say she is in college so she
2390 could sort herself out but my 11 year old knows now she is not in college, 5 or 6 is
2391 still a bit young but they're not fools though. Mary is 6 and she said "mam there are a
2392 lot of Guards around this college". Clever and Karen it would just go over her head
2393 but there is a family area and as bad as it was the first couple of times but they don't
2394 need to know. I mean she knows as well because she's very good with direction and
2395 she would say that's where I live and if I walk there so when she goes past she says
2396 there's my mum's college. But when she's in the car with someone else then (laughs)

2397

2398 **So you took her baby bracelet and did a burying of that?**

2399 Ya, and my friend wanted to do it with me but she would just be crying. But it was
2400 grand, it was horrible at the time.

2401

2402 I know now my mother is looking after me and I'm not a religious person but I just
2403 feel her there every now and again and I get an itch on my hand. She used to say
2404 money in and money and out and I used say don't be itching that hand mam, itch this
2405 hand. It was 10 years and it was time for me to do something instead of going back.

2406 **And do you find all your family and husband are all on the same page with**
2407 **Karen being part of the family-**

2408 Oh ya,

2409 **So there wouldn't be any tension?**

2410 Oh no, oh no. Two years ago I decided to change my life around I was dependent on
2411 the drama the whole time, that's what I reckoned anyway. Am, I weighed 18 stone so
2412 I went and I was on medication and blood pressure tablets I was eating because I was
2413 depressed.

2414

2415 So I went to a personal trainer for 8 weeks that the lads bought me(sons) and they
2416 kind of said you will never stick this mam. I was there saying 'watch me'. For 8
2417 weeks I cried going into the car and coming back in the car from the whole excursion
2418 of it and the running and used got sick every day after training. And then 4 weeks into
2419 the training so we had a goal to run a 10k so I had a few weeks so I did it. I have lost
2420 6 stone in nearly 2 years

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So are you addicted to fitness now?

I did a level 4 in fitness and I'm going to go back next year (to college). I was off all the medication within 8 weeks. I was off the blood pressure tablets everything.

5. **So I'm asking each grandparent to close what would their recommendation be to another grandparent who may be in the situation or just about to enter it-**
Run. As fast as you can (laugh) Just take as much as you can get from everyone and don't be afraid to ask for help.

That's another thing I was on anti-depressants and everything and it shouldn't affect you as a relative foster parent because these things happen and especially when it's your relative and I wouldn't advise anything anymore because there is nothing you can say because everyone's journey is different and it will end the same but the journey will be different. Whether its drugs or abandonment, it's all the same.

Well it's been great meeting you because you are quite young to other grandparents I have met so it's good-

Well you can't tell them (older grandparents) to go out running (laughs). Older grandparents definitely need childcare but I would never take it even though it was offered to me because I was afraid I wouldn't get her back. That was a fear but childcare is good and if you're older definitely.

Do you feel you have any grandparent relationship with Karen?

Well they all call me mam, so I'm kind of thinking I'm getting away with Nana(laugh)*Grandson call me nana, See he is only 3(grandson who she see's once a month) I'd say when he gets to 5 he will say you're not nana. That will be ok I'll be hitting my 50's then and Ill want it then.

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