

# Extended Caregiving Arrangements in Families from Chinese Backgrounds Project

## *Research Findings And Implications Report*

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### **About SEaRCH**

SEaRCH is a partnership between the CPHCE, UNSW and SESLHD. CPHCE is a research centre within the Faculty of Medicine, UNSW, that has undertaken primary health care since 1996. SESLHD is a statutory authority responsible for 8 public hospitals and a range of community-based health services covering a culturally and linguistically diverse population of over 830,000 people. SEaRCH’s role is to strengthen the planning and delivery of evidence-based primary health and integrated care. It undertakes research, evaluation and capacity building activities in partnership with consumers, communities, services, and researchers.

## Table of Contents

<b>EXECUTIVE SUMMARY .....</b>	<b>4</b>
<b>BACKGROUND.....</b>	<b>5</b>
Global understandings of child development .....	5
Transnational extended caregiving arrangements in immigrant contexts.....	5
Culturally appropriate support for transnational extended families.....	6
Assisting the health of grandparents while caregiving in migration.....	7
<b>PROJECT IN SESLHD.....</b>	<b>7</b>
Project aims .....	7
<b>METHOD.....</b>	<b>8</b>
Data collection .....	8
Data analysis and validity enhancement.....	9
<b>RESULTS.....</b>	<b>9</b>
Varied caregiving arrangements in extended families.....	10
Caregiving roles and understandings of child development .....	12
Concerns around transitions in caregiving arrangements .....	13
Culturally sensitive support for extended families and service providers .....	14
Grandparents' health and well-being needs.....	16
<b>DISCUSSION .....</b>	<b>16</b>
Negotiating caregiving roles and arrangements in immigrant contexts.....	17
Child development understandings and transitions in caregiving .....	17
Features of culturally responsive interventions .....	18
Grandparents' own health and well-being .....	19
<b>CONCLUSION.....</b>	<b>20</b>
<b>REFERENCES .....</b>	<b>21</b>
<b>APPENDIX 1: GRANDPARENT, PARENT AND PROVIDER INTERVIEW GUIDES.....</b>	<b>23</b>
<b>APPENDIX 2: RESEARCH FINDINGS WORKSHOP .....</b>	<b>24</b>
<b>APPENDIX 3: SUPPORT STRATEGIES DURING CAREGIVING TRANSITIONS.....</b>	<b>26</b>

## EXECUTIVE SUMMARY

This report presents the findings from the *Extended caregiving arrangements in families from Chinese backgrounds* project. This was a partnership between Multicultural Health Service (MHS) and Child Youth and Families Service (CYFS) at South Eastern Sydney Local Health District and South Eastern Sydney Research Collaboration Hub (SEaRCH) at University of New South Wales. The project received funding from MHS and CYFS in 2017 - 2018 to explore extended family caregiving arrangements in families from Chinese backgrounds. The objectives were to: explore issues arising for children, parents, grandparents and service providers when children are being cared for by grandparents/multiple caregivers; explore strategies to support children while transitioning between grandparents and other care providers; and develop culturally sensitive approaches for use by service providers (child and family health nurses, childcare workers, playgroup coordinators, family support workers and kindergarten teachers) when working with extended families of Chinese background. The methods consisted of a qualitative research design of interviews with service providers, and Chinese speaking parents and grandparents.

The research found that caregiving arrangements in extended families from Chinese backgrounds are complex and varied; multiple factors contribute to this. Interviews with 10 grandparents, 8 parents, and 22 service providers identified that there are differing understandings of caregiving and its relationship to child development amongst grandparents, parents and service providers. This is reflected in differing role expectations of grandparents who care for their grandchildren, and in understandings and concerns around transitions in care.

Grandparents and parents divide and share the role of caregiving. Grandparents support parents and meet the children's daily care needs, taking them to activities, preschool, day care or school. This complemented the role of the parents who have primary responsibility for their children's upbringing and decisions about discipline and education. While service providers focus on the child's development of social, emotional and self-care skills, grandparents and parents focus on their physical, linguistic, and academic development. Participants from all groups agreed that transitions in caregiving could result in inconsistent or conflicting approaches to caregiving. In these situations, families could be supported to make transitions smoother. Overall, families were appreciative of the time children could spend with their grandparents.

Grandparents providing caregiving support for children was important for the wellbeing of the family, but they also have their own health and well-being needs independent of this role. They need support negotiating unfamiliar public and educational settings, especially those on temporary migratory visas and with low English proficiency. In general, families struggle to find information about child and family activities to assist them in their roles. When they do, it is mainly the parents who access and filter this information. The research highlighted that culturally responsive interventions and supports need to be co-designed with grandparents, parents, and service providers to address differing understandings and to support optimal child development.

## BACKGROUND

Globally, extended families are no longer restricted to one geographical area. Worldwide there are movements of families which entail changing caregiver roles and needs in immigrant contexts. The Mandarin speaking Chinese community is the largest and fastest growing non-English speaking population and country of birth group in New South Wales and Australia (Australian Bureau of Statistics, 2016). Chinese grandparents play a vital role looking after grandchildren in Australia as part of the traditional extended family structure. However, there are challenges in maintaining extended family relations in transnational immigrant settings.

### Global understandings of child development

Supporting the early years of children is a key strategy of child and family support services. It is well recognised that the early years of life (0-5 years of age) can have a significant impact on infant and child health and development (NSW Ministry of Health, 2019). Thus, promoting strong parent-infant emotional attachment has been shown to have positive impacts on mental, physical and social development (Allen, 2011). Attachment theory traditionally emphasises the need of an infant to have a primary relationship with at least one central caregiver. Secure attachment is based on an infant knowing their primary caregiver is present so they can explore their environment and return safely (Benoit, 2004).

While there has been emphasis on the child having strong attachment to parents, in the global context there may be multiple caregivers involved, and more communal understandings of caregiving. In fact, critiques state that most attachment studies have been in western contexts and favour the western principles of individualism, autonomy and exploration which may not be promoted in non-western communities or may be differently understood (Rothbaum et al., 2000). Bohr and Tse (2009: 274) highlight the scientific limitations such that ‘90% of infant focused research is conducted in countries where only 10% of infants live’. Caution should be taken in assuming this concept is a universal concept. This is demonstrated in attachment studies in cross-cultural contexts addressing the benefits of children having multiple caregiving relationships with extended family members such as grandparents (Da, 2003a; Suarez-Orozco et al., 2002), including in Chinese contexts (Bohr & Tse, 2009; Hu & Lonne, 2014; R. Liu, 2016; Shih, 2012).

### Transnational extended caregiving arrangements in immigrant contexts

In China, grandparents caring for grandchildren has a traditional cultural basis and is strengthened through an increasing age expectancy, both parents working and the high cost of childcare (Hu et al, 2014; Leung and Fung, 2014; Guo et al, 2008). Grandparental care arrangements highlight the importance of meeting the collective needs of the family. Filial piety is important and involves the respect and honour of one’s parents/elders, joint living arrangements and practical support (Leung and Fung, 2014; Lo and Russell, 2007). It enhances family solidarity and may ensure future support for the elderly as they age (Tang et al., 2016). It also involves mutual dependence and bonding between the generations (Lo & Russell, 2007) and reciprocal familial relationships (Da, 2003). Maintaining extended family relationship is challenging in immigrant contexts with different socio-linguistic settings (Bohr & Tse, 2009). When families migrate overseas, ‘transnational grandparenting’ can occur

when grandparents look after grandchildren in immigrant countries, or the child is cared for back home (Da 2003). In these circumstances, grandparents provide a key role in maintaining cultural knowledge, teaching the Chinese language, and providing childcare support to the family (Bohr & Tse, 2009; Da, 2003b; Lee & Brann, 2015; Ochiltree, 2006; Xie & Xia, 2011).

### **Culturally appropriate support for transnational extended families**

The cultural, economic, and social benefits of grandparents being involved in the lives of children and supporting families have been documented (Bohr & Tse, 2009; Da, 2003; Shih 2012). However, there have been concerns about the optimal behavioural, educational and physical development of infants and young children when primarily cared for by grandparents (Kuswara et al., 2016; Lee & Brann, 2015; Shih, 2012). There is concern about the mental health of children who have experienced disrupted attachment to parents and grandparents after a period of primary caregiving (Bohr & Tse, 2009; Hui & et al, 2019; Suarez-Orozco et al., 2002). Studies on parents leaving children to work in other areas of China discuss the impact on children who are ‘left behind’ (Graham & Jordan, 2011), who may display social-emotional and/or behavioural issues (Bohr and Tse 2009). In international contexts, when families migrate and grandparents provide care, the possible effects from transnational separation include infants and young children missing their primary grandparent caregiver when they return home and withdrawing from parents (Bornstein & Bohr, 2011). Emotions experienced by children associated with separation may include anger, sadness, and hopelessness (Suarez-Orozco 2002).

While research has discussed the detrimental effects of separation in countries in which Chinese languages are spoken, there is a lack of research on the effect of disrupted attachment in immigrant situations for Chinese families (Bohr & Tse, 2009; X. Chen, 2013; Leung & Fung, 2014; Shih, 2012). There is also a lack of culturally appropriate interventions to assist transnational extended families to manage children’s behavioural issues when there are changes in caregiving arrangements (Bohr and Tse 2009). Difficulties in studying the effect of separation on infants and young children in diverse contexts are noted. Cross-cultural studies show mixed outcomes highlighting that there may not be a direct link between separation and negative outcomes (Suarez-Orozco 2002; Shih 2012). Factors beyond the child missing the caregiver could be the loss to routines and the stress of adjusting to a new country that could generate different responses. Studies on the impact of separation are also mainly retrospective, conducted over a short period and may measure situations of cultural adjustment and stress of reunion (Graham & Jordan, 2011; McHale et al., 2004). How the grief of separation is dealt with is significant (Hu 2014), as is the nature of the relationship to the primary caregiver, the separation experience and whether there is conflict between the parents and caregivers (Suarez-Orozco 2002). These studies highlight that there needs to be an understanding of diverse contexts as not all children will react in the same way and situations may depend on the age at which the child was separated (Graham and Jordan 2011; Bohr and Tse 2009). Studies may also over-estimate the negative effects of separations as families experiencing difficulties are focused upon.

Child and family studies discuss the benefits of recognising, promoting and maintaining culturally diverse practices in migration. Family and community relationships and protective practices are important during the early years. This highlights the importance of maintaining

the health of parents and grandparents to ensure the well-being of the child (Eastwood et al., 2011; X. Liu et al., 2021; Shih, 2012). The challenge is supporting protective practices, ensuring the emotional well-being of the child and the family, while assisting families in a culturally appropriate way. During migration, families encounter many stressors. Immigrant studies discuss the possible impact of the caregiver's acculturative stress on children (Conn et al., 2016; Suarez-Orozco et al., 2002). Support is needed for families in immigrant contexts to maintain the optimal conditions for child growth and development (Bohr and Tse 2016; Bornstein and Bohr 2011; Shih 2012).

### **Assisting the health of grandparents while caregiving in migration**

Social and economic support for extended families and grandparents is important to the health of the family. Grandparents may migrate for a limited time and may not be able to access the health and social infrastructure in the host country (Diverseworks, 2016). Literature concerning the social situation of Chinese grandparents in China outline that caring for grandchildren is satisfying but grandparents can face difficulties in maintaining extended familial relations during migration including social isolation, physical and psychological stress, and financial difficulties (Brennan et al., 2013; Burnette et al., 2013; Lo & Liu, 2009; Ochilree, 2006). Less is known about how grandparents are supported in transnational contexts such as Australia despite the growing global phenomena of grandparent care.

### **PROJECT IN SESLHD**

In South Eastern Sydney, child and family services were concerned about infants and young children from Chinese backgrounds who demonstrated social-emotional and behavioural issues when there was a change in primary caregiver arrangements. This may have occurred when grandparents who were in primary caregiver roles for an extended period returned to China; children returned home to Australia prior to starting school after being looked after by grandparents in China; or there was a change between paternal or maternal grandparental caregivers. A needs assessment of new and emerging communities identified service provider concerns about Chinese grandparent lack of information about childhood development milestones and school-readiness. Chinese grandparents also had difficulties accessing health care due to a lack of English language proficiency, low health literacy, high cost of health care, long waiting times to see bilingual doctors, and lack of transport (Diverseworks 2016). The St George Child and Family interagency in SESLHD initiated a pilot project to understand more about the needs of grandchildren when grandparents leave situations of being a primary caregiver. Focus groups were conducted with parents and grandparents who discussed their understanding of attachment, its impact on child development and how children could be supported. Through this research, it became apparent that there were some adjustment issues for families after caregiving changes, but further investigation should be explored with grandparents, parents and service providers in a range of caregiving situations.

### **Project aims**

A partnership was formed between Multicultural Health Service, Priority Populations Unit, and Child Youth and Family Services (CYFS) at South Eastern Sydney Local Health District (SESLHD) and South Eastern Sydney Research Collaboration Hub (SEaRCH), Centre for Primary Health Care and Equity, at University of New South Wales to undertake research

about extended caregiving arrangements in families from Chinese backgrounds. In relation to families where there are multiple caregiving arrangements for children (0-5 school age), it sought to explore:

- What are the perceptions of (1) grandparents, (2) parents and (3) service providers of the developmental, behavioural and social-emotional issues that arise for children?
- What is the context/background to the care giving arrangements?
- What culturally sensitive approaches could support families in relation to the issues they identify?
- What culturally sensitive approaches could assist service providers when working with extended families of Chinese background?

## **METHOD**

A qualitative research design was undertaken consisting of interviews with service providers, and Mandarin speaking Chinese parents and grandparents. In-depth interviews allowed participants to answer questions accurately, freely, openly and in detail about beliefs, attitudes, and feelings (Quine, 1998; Stewart & Cash, 1991). The study design was qualitative, based on an interpretive phenomenological approach (Smith & Osborn, 2009) to investigate the participants' constructed meanings of experience in a holistic way (Green & Thorogood, 2018; Patton, 2002), as well as acknowledge the knowledge base of the researchers in the analysis (Richards, 2014; Thorne, 2016).

The study sample included grandparents and parents from Mandarin-speaking Chinese extended families where a grandparent was in a primary caregiving role for a grandchild/ren. Service providers included those who were providing care to young children and their families from Chinese backgrounds including (child and family health nurses; childcare workers; family support workers; playgroup coordinators; and kindergarten teachers). Convenience and purposive sampling were conducted in recruiting participants (Kuzel, 1999). The sample size of 8-12 interviews was selected in accordance with qualitative design and to ensure saturation of themes (Guest et al., 2006).

### **Data collection**

A bilingual research assistant (BRA) conducted the interviews with grandparents and parents in Mandarin. These interviews were audio recorded and transcribed into English by an accredited interpreter and translator. The BRA informed the grandparents and parents about the project through a translated advertisement that was distributed to Chinese community organisations and media networks. Interested participants then contacted the BRA. Participants were chosen to represent a diverse range of socio-economic backgrounds and family situations.

The project coordinator and a research assistant conducted the interviews with service providers which were audio recorded and then transcribed. The project coordinator distributed an invitation for service providers through the child and family networks in the health district. The Steering Committee for the project assisted with distribution and contacts for the invitation list. Interview guides were provided to the study participants in advance of their interviews (see Appendix 1). A summary of topics is provided below in Table 1.



**Table 1. Interview topics for grandparents, parents and service providers**

Participant group	Interview themes	Interview topics
Grandparents	Caregiving arrangements	- How grandparents began caring for grandchildren and why important -Child development and well being
	Grandchildren: activities enjoyed and importance of healthy development	-The grandparent caring role -Issues encountered -Areas of caring that are difficult for grandparents
	Support	-Areas of assistance for grandparents -Care overseas (if relevant)
	Grandparent experience caring for grandchildren overseas	-Returning home (if relevant) -Plans to stay in Australia and maintain contact with grandchildren
Parents	Caregiving arrangements	-How grandparents began caring for grandchildren and why important -Child development and well being
	The relationship between children and grandparents	-The grandparent caring role -Issues encountered in Australia with extended caregiving -Areas of caring that are difficult for grandparents
	Support	-Areas of assistance for parents and the family -Care overseas (if relevant)
	The experience of grandparents caring for grandchildren overseas	-Grandparents leaving (if relevant) -Grandparents' plans to stay in Australia and assistance if they leave
Service providers	Background & caregiving arrangements	-Experience working with young children and extended families where there have been changes in primary caregiving roles
	Child development	-Social-emotional/behavioural issues and child development issues
	Support	-Strategies and assistance for children, families, and grandparents -Assisting children in their readiness for school

## Data analysis and validity enhancement

The research officer analysed the data from the interviews using a combined inductive/ deductive approach. Open coding was used during the initial readings of the transcripts. A coding framework was then developed based on study aims, research questions and approaches to analysing attributes, structures and values (Saldaña 2009). The preliminary codes were used as a method of approaching and considering the data rather than as a rigid framework. The research team meet regularly to assess the coding framework for consistency with the main themes and to review findings. NVivo 11 Software assisted with managing the study data, including coding and analysis (QSR International, 2019). The coding scheme continued to develop throughout the analysis. As part of the second coding cycle, the codes were further analysed to identify broader categories and themes (Saldaña 2013, p. 149). Researcher(s) wrote analytic memos during the initial data analysis to facilitate reflection and analysis (Saldaña 2013, p. 32). Brief case studies of each interview were documented to capture contextual details about the interviewee, their family, and caregiving arrangements.

## RESULTS

A total of 31 interviews were conducted with 40 participants including ten grandparents, eight parents, and 22 service providers. Four of the 13 interviews with service providers included 2 to 4 participants. The characteristics of the study participants are presented in Tables 2 and 3.

**Table 2: Characteristics of study participants – service providers**

Attribute	Service providers (N=22) n (%)	
Gender	Female	22 (100%)
	Male	0 (0%)
Occupation	Child and family health nurse	3 (14%)
	Childcare worker	5 (23%)
	Family support worker	6 (27%)
	Playgroup coordinator	2 (9%)
	Teacher	6 (27%)
Organisation type	Child and family health service	3 (14%)
	Early learning centre	5 (23%)
	Family support service	8 (36%)
	School	6 (27%)

**Table 3: Characteristics of study participants – grandparents and parents**

Characteristic	Grandparents (N=10) n (%)		Parents (N=8) n (%)	
Gender	Female	8 (80%)	Female	7 (87.5%)
	Male	2 (20%)	Male	1 (12.5%)
Age group	50-59 years	1 (10%)	30-39 years	7 (87.5%)
	60-69 years	8 (80%)	40-49 years	1 (12.5%)
	Not recorded	1 (10%)		
Country of birth	China	10 (100%)	China	8 (100%)
Language spoken at home	Mandarin	10 (100%)	Mandarin	6 (75%)
	English	1 (10%)	Cantonese Other	1 (12.5%) 1 (12.5%)
Education level	Secondary	2 (20%)		
	Diploma	4 (40%)		
	Tertiary	3 (30%)	Tertiary	1 (12.5%)
	Bachelor	1 (10%)	Bachelor	7 (87.5%)
Length of time in Australia (current visit)	< 1 year	2 (20%)	6-9 years	3 (37.5%)
	1-2 years	0 (0%)	10+ years	5 (62.5%)
	3-5 years	3 (30%)		
	6-9 years	4 (40%)		
	10+ years	1 (10%)		
Number of children in the family	1	6 (60%)	1	1 (12.5%)
	2	4 (40%)	2	6 (75%)
	3	0 (0%)	3	1 (12.5%)

### Varied caregiving arrangements in extended families

The caregiving and living arrangements of grandparents and parents from Chinese backgrounds were varied; as seen in Table 4. In one family, the grandmother had cared for her three-and-a-half-year-old grandson since he was born. The grandparents lived separately to the rest of the family and the grandmother picked up her grandson from childcare every afternoon and cared for him at her home until the evening. In another family, both grandmothers took turns in visiting Australia for 3 to 6 months periods to care for their three-year-old grandson since he was born. There were also examples of grandchildren living with their grandparents full-time while their younger sibling lived with their parents. In another family, both children stayed 3 to 4 nights per week with their grandparents. Most grandparents cared for their grandchildren either at home during the day, or before and after childcare, preschool or school. Some grandparents were involved in dropping off and picking up children from these educational settings.

**Table 4. Living and caregiving arrangements**

Family living arrangements	Family caregiving arrangements
Grandparent(s) live/s with the family	The number of grandparents involved in caregiving varied
Grandparent(s) live/s separately	Children are cared for by grandparent(s) at home
Grandparent(s) previously lived with the family	Children are cared for by grandparent(s) at their grandparents' home
Grandchild lives with the grandparent(s)	One or both sets of grandparents take turns caregiving in Australia
Grandparent(s) reside in Australia long term	Children return to China with grandparents for a holiday or extended periods of time
One grandparent resides in Australia and their spouse resides in China	Children in early childhood education - childcare and/or pre-school
Families (parents, children, siblings) live apart between Australia and China	

Several contextual factors influenced caregiving arrangements in extended families from Chinese backgrounds. Sociocultural factors included Chinese cultural values around providing support to family members and generational reciprocity. Both grandparents and parents expected that grandparents would be involved in caring for grandchildren and supporting the parents to return to work, particularly the mothers.

*[My daughter] needed me because she still wanted to work. Because she has spent four years attending the university here, we would like her to work. We would not want to see her stay at home, and she herself does not want to stay at home either.” Grandparent*

*“We just want [our parents] after they retire to come here and accompany our children. To take the kids to school, to kindergarten and pick them up... They are retired already in China, so they can come here and help us run the errands.” Parent*

Both generations had similar expectations around meeting the needs of ageing grandparents and the importance of grandparents living close to their children so they could be cared for in future years. In some circumstances, this involved the grandparents migrating to Australia.

*“In China there is the saying that you raise a son to look after you when you get old in the future. You depend on your son for everything in the future.” Parent*

Migration experiences also influenced caregiving arrangements. Most parents were first generation immigrants to Australia and many families were functioning transnationally between China and Australia. This led to transitional caregiving arrangements as grandparents stayed in Australia for varying lengths of time, depending on their visa requirements. In a minority of families, grandparents returned to China periodically and the second set of grandparents joined the family in Australia to take up the caregiving role.

The need for parents to establish themselves financially in Australia also contributed to grandparents assuming caregiving roles with grandchildren. There was a preference for grandparents to provide care, particularly for younger children, rather than children attending childcare. Grandparents and parents mentioned that grandparents were retired and could therefore provide assistance.

*“As for us, we too are retired. We have nothing else to do, we come here and help them look after the grandson. This way we can help relieve their financial burden and to release their work pressure as well.” Grandparent*

Language and communication barriers impacted on the activities that grandparents were able to undertake in their caregiving roles. For many grandparents, limited English language proficiency resulted in social and physical isolation. Some grandparents experienced

difficulties using public transport, taking children on outings beyond the local neighbourhood, and establishing new relationships. Language barriers also impacted on communication with service providers such as childcare workers and teachers. Despite these difficulties, some grandparents developed sufficient English to enable them to access public transport and social activities which allowed them more independence.

*“My English is still not enough, so things like this sometimes bothers me a bit, because back in China I was a very confident person, ... the language would just restrict you and I'm not as confident as before.” Grandparent*

*“They would worry that they don't know the way. They cannot ask people ... how to go to that place...It's mainly us who take them out to places that are more far away for activities, and they mainly take charge of activities in places that they are more familiar.” Parent*

## Caregiving roles and understandings of child development

Whilst there were a variety of caregiving arrangements, the caregiving role of grandparents was similar in most families. Grandparents and parents held a shared understanding that the grandparents' role was to support the parents and involved meeting children's daily care needs, providing logistical support, and household duties. This grandparent role included spending time with grandchildren, taking them to the park or library, taking them to and from preschool, day care or school, and playing or doing educational activities with them at home.

*“I think that we two elderly [people] are playing a supporting role. We do not play the dominant role. We can only support their parents to educate the kids well.” Grandparent*

*“I just make sure that he eats well and drinks well and ensure his safety. As for the education part, it's mainly their responsibility.” Grandparent*

This complemented the role of the parents which included having primary responsibility for their children's upbringing and decisions about discipline and education. Most parents worked and financially supported the family. They spent time with their children on weekends, taking them for outings and activities.

Grandparents understanding of their caregiving role was influenced by their familial experience in China. While parents shared this understanding, they were also influenced by their exposure to Australian culture and norms around parenting and child development. This sometimes led to tension and conflict between parents and grandparents or between different sets of grandparents.

*“When I first started my daughter-in-law wasn't quite happy, she thought everything she had from China was not correct. It was hard for me to accept [it] all of a sudden.” Grandparent*

*“But when you are really trying to put those [parenting methods] into practice ... [grandparents] would intervene a bit. Say like, ‘This is wrong... That's not how you should teach a kid. You grew up like this’... there's too much interference in my family.” Parent*

Families managed these views in different ways, through compromise or avoiding conflict, and accepting the opinion and wishes of either the parent or grandparent. Service providers also spoke about the challenges encountered by families when they tried to negotiate these differing beliefs and opinions.

*“But we think ultimately it should be us ourselves who look after the kids. At the end of the day, we will educate the kids predominantly according to the methods here, instead of the spoiling approach in China. Therefore there will be such conflicts.” Parent*

*“A lot of the young mothers, they are aware that even whatever they learn from us, the family will not accept it ... even that they're willing to change because it's their baby, the family will not let them do it.” Child and family nurse*

In some families, where understandings about caregiving and parenting differed between parents and grandparents, the shared cultural value of respecting elders meant that parents often deferred to grandparents, or younger grandparents deferred to older grandparents.

*“I’m a quite easy-going person. I’ll let [older grandparents] do whatever they want so as to avoid conflict. If they say no and you say yes, that would not end up well. That’s the way it is. Also they are much older than us. So we quite respect them.” Grandparent*

Whilst there were some conflicts and tension in some families, participants also discussed the benefits of grandparents caring for grandchildren. Grandparents were able to provide significant support to parents, and parents felt they could trust grandparents to provide good care to their children. Grandparents were often able to spend more time doing activities with grandchildren than their working parents. Grandparents made a valuable contribution to enriching children’s lives through teaching them Mandarin and Chinese culture, and other educational activities. Children had the opportunity to develop a close relationship with their grandparents which would otherwise not have been possible had grandparents not come to Australia to be involved in caregiving.

*“It’s more reassuring to have your own parents help you look after your children. Maybe they will be more attentive.” Parent*

Service providers’ understanding of caregiving and its relationship to child development was influenced by their professional training and experience within Australian early childhood health and educational settings. Understandings around child development included a focus on play-based learning and the development of social, emotional and self-care skills. Implicit in their understanding of caregiving was supporting the child to achieve developmental milestones in these domains.

Differences were also seen in the way participant groups understood child development in relation to education. Grandparents and parents were concerned about children’s language and intellectual development and their academic progress. Some were concerned that children were not learning enough at preschool or childcare.

*“...his talking ability, the language ability, is not as good; it develops slower. I’m not saying that he’s doing bad, but he’s progressing more slowly... Grandparent*

*“Counting, recognizing characters, how to pronounce, how to read, ...now my daughter is a bit over three, the kindergarten does not teach, and my daughter can count to 100 now...and counting in English from one to ten, it’s all taught by my parents.” Parent*

Service providers spoke about the importance of play-based learning and children’s social, emotional, and behavioural development to prepare them for learning at school.

*“Whereas here it’s very open-ended. We’ve got a lot of inquiry-based learning, letting children explore their environment. We have learning through play sessions. Totally different...” Teacher*

## **Concerns around transitions in caregiving arrangements**

Differences in understandings between grandparents, parents and service providers were further challenged when there was a transition in the primary caregiving roles. This included

transitions between sets of grandparents and transitions between grandparents and parents. Some service providers were concerned when the close relationships developed between the children and their grandparents were disrupted by grandparents returning to China or the children returning to Australia without their grandparents who had been caring for them. When a new set of grandparents arrived from China to take over caregiving responsibilities, there were language and cultural barriers to be renegotiated.

Participants from all groups agreed that transitions in caregiving could result in inconsistent or conflicting approaches to caregiving. Service providers felt this could lead to confusion and disruptive behaviours in children and some children not coping well. Some service providers also expressed concerns about children's physical and social development. They perceived that children cared for by grandparents were more socially and physically isolated in the community, and less likely to play outside. This may reflect grandparents' lack of confidence in negotiating public spaces, especially those grandparents who were transient.

Service providers placed great emphasis on "attachment" to the primary caregiver, that is, the aspect of the relationship between a child and caregiver that provides the child with a secure base, making the child feel safe, secure and protected. Many service providers expressed concerns about children spending less time with their parents and/or being separated from them if they were cared for by grandparents in China for extended periods.

*"Because I think that's the concept of that 'first few years' doesn't really matter, I think that's a part of my job, ...the importance of that early attachment and that bonding between mum and dad in terms of how important that is to the baby's life." Nurse*

While not expressed in terms of "attachment", some grandparents and parents described concerns about children being separated from or not spending enough time with their parents because of the parents' work commitments. Other parents seemed comfortable with their child spending their time with grandparents and felt trust and confidence in the care they provided.

*I think the relationship between a child and his parents is good if they are together. It's better for a child to stay with his parents." Grandparent*

*"...[the relationship between my child and her grandparents is] very close of course, because they spend more time with their grandparents compared to the time they spent with me and my husband. And sometimes, we would be very tough on them and they would turn to their haven, Grandma and Grandpa." Parent*

*"Bad part is that I kind of feel a bit guilty towards her because she was away from her parents ... Because the four elderly in my family are all very caring for my children. Therefore, in terms of looking after the children, I never questioned them ... [I felt] very rest assured." Parent*

Service providers discussed providing additional support to children and families during a transition in caregiving arrangements including: being alerted to future changes; providing 'calming' books/toys/activities at childcare; changing hours at childcare; and creating keepsakes for grandparents returning home.

### **Culturally sensitive support for extended families and service providers**

Service providers, grandparents and parents discussed various ways to assist extended families. Supporting the existing ways that families source information was emphasised

including from schools, churches, childcare, general practitioners (GPs), Chinese organisations and social media. Parents primarily sourced information for families as they were bilingual and more familiar with Australian culture; they would then tell their parents information in Chinese. Parents and grandparents highlighted the need for more information about children's activities which are free, local, bilingual and safe to attend.

When families were asked about seeking child health information, parents only spoke about going to the doctor. Child and family nurses staff discussed providing families information about child development milestones and the range of services available beyond GPs (including early childhood and community health centres). This information could be provided during pregnancy.

Grandparents provided the main day-to-day support for grandchildren during infancy but often lacked English proficiency. This became more of a concern as children aged and more communication was required in educational settings. There was often not enough bilingual staff in these environments, and limited access to translations/interpreters.

*This might be the biggest problem they discover during the process of looking after the children, namely the communication with outside world. Parent*

*“There are many barriers if you don't know English ... sometimes I want to ask ... I want to tell the teacher that [my grandchild] is not feeling well, but don't know how to say it. I can't communicate.” Grandparent*

Child and family services have developed various ways to provide information in Chinese and to communicate with the parents including having key information translated into Chinese or written in-language by bilingual staff. Innovative ways to communicate with parents involved giving parents access to online information about child activities and daily journals. Other activities included ensuring regular contact with parents or passing notes in English to parents via grandparents. Some service providers noted that communication is more than just language; it is about being valued and respected.

*If someone cannot understand you, you don't really feel welcome, you don't really feel valued ... I think relationships are really important. Service provider*

The concept of bridging differences between Australian and Chinese cultures was commonly discussed by grandparents and parents. Some grandparents were more 'adaptive' to new contexts and environments and learning new things. Parents identified areas that grandparents found challenging including customs and practices around food such as school lunchboxes, and the different approaches to parenting. Whilst grandparents felt it was valuable for their grandchildren to learn the Chinese language and culture, some mentioned a need to learn about Australia. This process could be facilitated through introducing new types of foods so children would get used to the Australian diet (such as cold foods) or wanting their grandchildren to get along with children from other cultures.

*“I'm very willing to [learn] because I feel I'm quite energetic still at moment. I also want to blend into the society” Grandparent*

*“No, they are not willing either... If they accept something, it's because they have no other choice and they are not trying hard to learn, therefore for somethings, I need to give up.” Parent*

*“Now [my grandson] lives in Australia, it's not possible to eat things according to the Chinese habits all the time. Slowly he needs to get used to the Australian diet, for example, eating*

*bread, sandwich, ... to eat things cold..” Grandparent*

Service providers recognised that approaches to education in Australia and China were different and Chinese families may require further explanation and support. When parents and grandparents were asked about understanding more about the education system in Australia, most were interested in ‘Parenting/Education in Australia’ and school readiness information in their language if free and convenient to attain. Others lacked time and motivation.

*If there were Chinese lectures, we are willing to listen because after we listen, we would know what the Australian government and society is like. Grandparent*

*It is teaching to a test really, rather than teaching the process involved to get the answer, and getting kids to critically think about it... Because we are trying to teach them there's not one way to learn how to do something ... and I don't think parents, especially from that culture, understand that kids can be individuals. Service Provider*

## **Grandparents’ health and well-being needs**

While grandparents were the main caregivers of grandchildren, they had limited access to appropriate health care in migration due to restricted eligibility to health insurance, high costs of health care and having other caregiving priorities. When grandparents became ill, families faced difficulty in being able to care for the children.

*“I don't have Medicare here. If I don't have the medical insurance here it would be scary if I get sick. Because sometimes the illness you get ... there's no time for you to go back to China for treatment.” Grandparent*

*Not long ago ... I was sick. ... I had a cough and fever, and it developed into pneumonia.... For this period... I could not get close to the children. ... Later, they did everything by themselves, sending the children to school and picking them up... Finally, they couldn't do it anymore, and she asked her mother to come here. Grandparent*

Chinese grandparents discussed caring for grandchildren not as being a burden but as part of their family responsibilities. However, some experienced difficulties with the physical aspects of the role, especially as grandparents and children got older.

*“[I] can no longer hold the children while walking to the Supermarket and no longer run fast enough” Grandparent*

*“We are still less than 70 years old. ... We can still carry on. In a few years’ time, the situation would probably be worse, right?” Grandparent*

The emotional difficulties associated with grandparents being isolated were also noted by some providers and parents.

## **DISCUSSION**

The research has highlighted the importance of successfully negotiating caregiving roles in extended families, providing support during transitions in primary caregiving, ensuring interventions are culturally sensitive and enabling the well-being of the grandparents. In May 2020, findings were presented in a workshop with the research team, steering committee, service providers and community organisation representatives (Appendix 2). The results of this workshop are included in this discussion and the recommendations (Appendix 3).



## Negotiating caregiving roles and arrangements in immigrant contexts

The research explored the key features of extended family roles, the transitioning caregiving arrangements; and the main contextual factors driving these arrangements. Previous studies have identified that there is a lack of research on the nature of these roles and the impact of different approaches on families (Leung & Fung, 2014).

The context of migration experiences, work arrangements of families and cultural factors of filial piety and generational reciprocity informed the caregiving roles and responsibilities of parents and grandparents. Caregiving arrangements were complex and varied. However, caregiving roles and responsibilities were clearly divided and defined. Grandparents had a supporting role while parents had the primary responsibility for the children. These findings support other studies which have found that parents were usually perceived to be in charge and were the final decision makers while the grandparents were generally helpers, assistants, and nurturers of children's physical needs (L. Chen & Lewis, 2015; Xie & Xia, 2011). Grandparents often assist with caregiving so parents could work full-time (Xie & Xia, 2011; Bohr & Tse, 2009; Da, 2003b), including grandparents assisting their daughter to return to work after having children.

Having clear shared understandings of caregiving roles and harmony in the family has been discussed as assisting families and the development of children (Conn et al., 2016; Goh & Kuczynski, 2010), especially when there are transitions in caregiving arrangements which could then create uncertainty for children (Leung & Fung, 2014; McHale et al., 2004). One study discussed parents and grandparents having different expectations about their respective roles, with grandparents feeling like they were taking on more disciplinary and teaching roles, more than the parents thought they were doing (Leung & Fung, 2014). However, our research found that parents and grandparents had shared perceptions about their respective roles, which could facilitate the understanding of caregiving roles for children.

How parents and grandparents understand their caregiving roles has implications in how service providers interact with families in educational/childcare settings. If caregiving roles are divided between grandparents and parents, and if grandparents provide more day-to-day supportive care in educational/childcare settings, then communication is mainly occurring with grandparents rather than with both sets of caregivers. Unfortunately, low levels of English proficiency of grandparents and the possibility of being transient and returning to China, also means there is a need for service providers to maintain consistent channels of communication with parents. Grandparents and parents need to receive the same information about caregiving and parenting, and participate in the same programs so they can gain a joint understanding. This has implications for service delivery and providing information in a culturally and linguistically appropriate way.

## Child development understandings and transitions in caregiving

The research sought to explore the key perceptions and concerns that grandparents, parents and service providers have about child development. It became apparent in some situations that parents were more influenced by parenting values in Australia compared to grandparents. This is consistent with studies that highlight parents may face conflict with grandparents over different styles of parenting (Bohr & Tse, 2009; Conn et al., 2016; Guo et al., 2008; R. Liu, 2016; Ochiltree, 2006). Values may be influenced by the different levels of acculturation of

parents and grandparents to the host culture, and impact on their caregiving styles (Conn et al., 2016; Shih, 2012; Xie & Xia, 2011). McHale et al (2004) discuss the importance of shared goals and aims in child rearing between parents and grandparents when co-parenting in culturally diverse contexts, although the cultural need to maintain familial harmony may impact on being able to have open communication between parents and grandparents. For example, there were reports of parents feeling uncomfortable about disagreeing with grandparents (Leung et al 2014), as well as grandparents not wanting to express their feelings to parents (Leung and Fung 2014; Burnette 2013; Xie and Xia 2011). This may be the case if the grandparents' primary caregiving role is only temporary. The priority of older age in grandparenting was also apparent in this study with more respect being given to senior grandparents.

While grandparents' provision of short-term primary care challenged service provider's understandings of the child having secure attachment with parents, the protective nature of culture and extended family support in immigrant contexts is noted (Shih 2012). Attachment theory is noted as being a very western concept that is based on studies with a small percentage of the world's population (Bohr et al 2009). Our research demonstrates the importance of interdependence and more communal understandings of caregiving in Chinese familial relations (Shih 2012). Situations such as these need to be appropriately negotiated and attachment theory applied to newer contexts and experiences (Waters & Cummings, 2000).

The difficulties encountered by Chinese parents in immigrant contexts when deciding whether to send a child overseas to a grandparent have been discussed (Bohr & Tse, 2009). In other immigrant contexts, Chinese parents discussed possible psychological issues arising for parents and infants, fear of behavioural issues and the overall effect on 'bonding' (Chen X 2013). A study of parents who sent children overseas discussed them missing the interactions with their children while away and regretting separation when they came home (X. Chen, 2013). However, collectivist cultural values, self-sacrifice, the lack of affordable childcare, social support and the good of the family often outweighed the disadvantages (Bohr and Tse 2009).

Assisting families when there are transitions in caregiving arrangements needs to happen in a culturally appropriate way. Studies outline ways to lessen the disruption of separation from a central caregiver including gradual separations, maintaining contact between parents and grandparents while the child is only with one carer, cross over of grandparent/parent care, frequent reunifications and use of technology to maintain contact and support an ongoing relationship (Suarez-Orozco 2002; Hu 2014). Consideration should also be given to the age of the child and the nature of the situation (Bohr & Tse, 2009; Suarez-Orozco et al., 2002). Support programs at school or childcare could also be provided after separation occurs (Bohr and Tse 2009). Hu et al (2014) discuss trying to minimise situations of grief and anxiety for children, such as not leaving children alone for too long and trying not to replace the role of parents. Service providers in this study discussed similar strategies to assist families when there were transitions in primary caregiving which could be expanded (see Appendix 3).

## **Features of culturally responsive interventions**

The research sought to explore culturally appropriate approaches to support extended families and services providers. Research has identified that caregiving roles and arrangements can potentially impact on children reaching their full potential (Allen, 2011). Research in cross-cultural contexts also highlights that high quality early childhood education that is culturally competent has a positive impact on a child's well-being and performance at school (Skattebol et al., 2021). Approaches such as the grandparent Triple P programs in Hong Kong have been useful and assisted grandparents' sense of self-efficacy when caring for grandchildren (Leung et al., 2014).

The most effective forms of engagement in early childhood educational contexts ensure acceptability, approachability, availability, affordability and appropriateness for children and families (Archambault, et al., 2019). Understanding and utilising the strengths of extended Chinese families to enhance the health and well-being of children and families are protective strategies. Studies have called for service providers to build knowledge and understanding in relation to the contextual and cultural factors that influence the caregiving arrangements of extended families (Leung & Fung, 2014). This includes considering the views of Chinese families when tailoring existing programs to culturally diverse communities or when culturally specific new programs are being developed.

Co-design can be used to enhance culturally acceptable and appropriate service provision: including positioning community members as experts of their own situation and health professionals as facilitators; as well as establishing consumers as joint partners in deciding what, where and how services are delivered (Australian Institute for Family Studies (AIFS 2016; 12). These situations need to be based on trust, and there being processes in place to engage with the community. Supporting parents as intermediaries and negotiators of differing cultural beliefs and practices would be helpful in general, as well as during periods of transitional caregiving.

For parents, assistance could be provided for those who are recently arrived and require affordable childcare. For grandchildren who are affected by transitions in primary caregiving, support could be provided by investigating ways to maintain contact with grandparents after separation; and work with preschool or schools to assist children re-entering Australia or who have recently arrived from overseas (see Appendix 3).

### **Grandparents' own health and well-being**

This research is unique in taking a holistic view of the needs and well-being of the extended families including the health needs of grandparents. The need to support grandparents in their role has been acknowledged in studies in immigrant countries where grandparents provide care (Xie & Xia, 2011). While grandparents play an important role, there are limitations in the degree to which they can assist families in immigrant English speaking countries due to language difficulties; they provide help within rather than outside the household (L. Chen & Lewis, 2015). Research has outlined the impact of migration on Chinese grandparents who migrate to English speaking countries such as the US, Canada and Australia and experience difficulties related to language, cultural adaption, poor socio- economic conditions, lack of mobility, intergenerational conflicts and social isolation (Lo & Liu, 2009; Tang et al, 2016; Lo and Russell, 2007; Xie and Xia, 2011; Shih, 2012; Chen, 2013).

The research reaffirmed that caring for grandchildren is satisfying and rewarding (Guo et al., 2008; Shih, 2012; Tang et al., 2016; Xu et al., 2012; Xu & Chi, 2011), but that it can also be physically and psychologically draining, isolating and involve a lot of responsibility (Ling 2012; Lo & Liu 2009; Xie and Xia 2011; Leung and Fung 2014; Tang et al 2016). In transnational situations, children's needs may take precedence over self needs (Hu & Lonne, 2014). Research has highlighted that the demands and stress experienced by grandparents depend on the degree of support with which they are provided, number of children for whom they provide care, if they are the primary caregivers or co-resident, if the children have behavioural issues (Lo & Liu 2009; Leung and Fung 2014; Leung et al 2014) and if grandparents were pressured into providing care (Tang et al 2016). These factors need to be considered when providing support to families.

In the context of this research, the grandparents mainly cared for the children but had limited access to appropriate health care and associated social support services in Australia (Diverseworks 2016). This was due to the nature of the visa eligibility and short stays. Grandparents relied on bilingual GPs and adult children to assist them in navigating the health care system. They also preferred going back to China to see a doctor or used traditional medicine to treat themselves (Diverseworks 2016). Such situations were focused on short term solutions. Researchers recommend that service planners should consider the needs of grandparents and ensure adequate access to visa information, governmental benefits, pensions, English support and childcare (Lo & Russell, 2007; Ochiltree, 2006; Shih, 2012; Xie & Xia, 2011). Support could be provided to grandparents in relation to physical needs, health literacy, access to doctors and cost of health care, grandparent support groups, childcare options and children's activities.

## CONCLUSION

There is an increase in more complex caregiving arrangements for children as transnational grandparent caregiving arrangements become more common. Parenting and caregiving support roles and practices are mediated and strengthened through culture but are also challenged in transnational cross-cultural contexts where there are differing understandings of caregiving roles and by extension child development. In these situations, there are opportunities for services to engage with cultural understandings of parenting and transnational grandparenting to create better opportunities for optimal child development and transition to school. Understandings of various caregiving roles and responsibilities and how grandparents play a supportive role, contribute to research and have implications for children, families and care professionals in educational care contexts. This study strengthens the appreciation of the role that culture plays and enhances understandings of supportive care giving relationships especially in transnational care situations in the Australian context. Grandparents play a vital caregiving role in supporting families but faced a range of migratory and linguistic barriers including meeting their own health care needs.

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## Appendix 1: Grandparent, parent and provider interview guides

### Grandparents

#### Caregiving arrangements

1. How did you come to be looking after your grandchildren?
2. Why is it important for you to look after your child?
3. Child development and well being
4. Tell me about your grandchild? What do you enjoy doing with your grandchild?
5. How do you see your role when caring for your grandchild/ren?

#### Issues encountered

6. When looking after grandchild/ren, are there any areas that you find difficult?

#### Support

7. What would assist you in looking after your grandchild?
8. Care overseas (if relevant)
9. Have you cared for your grandchild overseas? How did you find this experience?

#### Returning home (if relevant)

10. Will you be staying in Australia? How will you maintain contact with your grandchild while overseas?

### Parents

#### Caregiving arrangements

1. How did your parents/partner's parents come to be looking after your child/ren?
2. Why is it important for your parents/partner's parents to look after your child/children?

#### Child development and well being

3. Tell me about your child and their relationship with their grandparents? What do they like doing?
4. How do you see their role in caring for your child/ren?

#### Issues encountered in Australia with extended caregiving

5. Have your parents/partner's parents encountered any difficulties in being a caregiver to your child/ren?

#### Support

6. Are there any areas of assistance that could help you and your family when your child/ren are being cared for?

#### Care overseas (if relevant)

7. Have your children's grandparents cared for your child/ren overseas?
8. Grandparents leaving (if relevant)
9. Will your parents/partners parents be staying in Australia?

### Service providers

#### Background & caregiving arrangements

1. Could you tell me about your experience working with young children and extended families from Chinese backgrounds where there have been changes in primary caregiving roles?
2. Do you know what the caregiving arrangements are/have been in these situations?

#### Child development

3. Have you found that any social-emotional or behavioural issues for children have arisen in relation to these changes in caregiving?
4. In relation to child development and growing up, have any issues emerged for the children and families that you care for?

#### Support

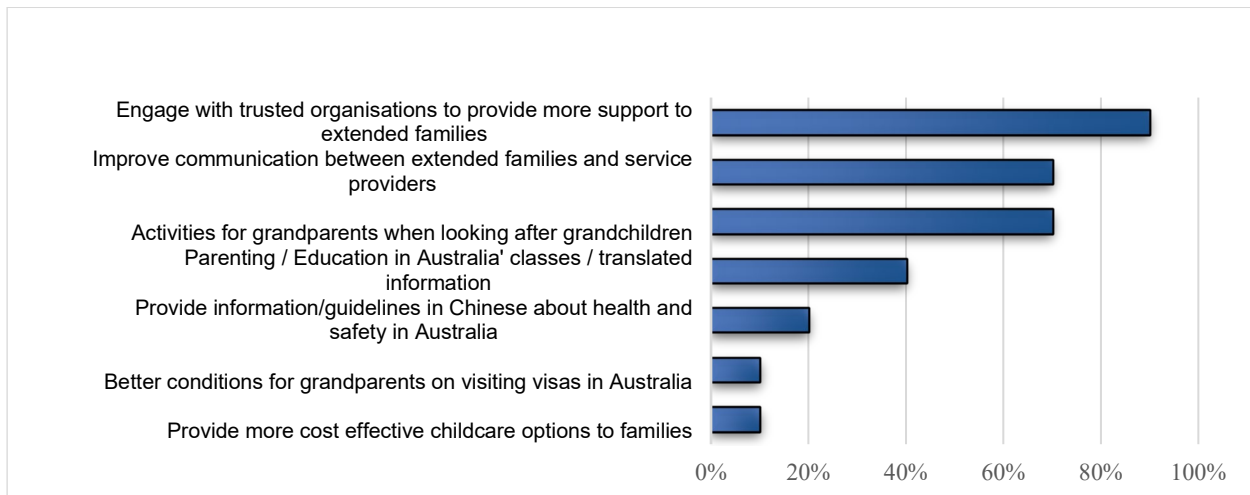
5. How do you think children, families and grandparents could be assisted when there have been changes in primary care givers?
6. How do you think service providers/your services could assist children in their readiness for school?
7. Have there been any strategies that have worked well in assisting children and families?
8. Is there anything you would like to add?

## Appendix 2: Research findings workshop

In May 2020, a workshop was conducted to discuss the findings with twenty participants including the research team, steering committee, some of the service providers who were interviewed and community organisation representatives. Participants were given the opportunity to identify areas of support and discuss the implications of the research.

### Prioritised areas of support

Participants most important suggestions of support for families included:



### Research Implications

Participants were asked about what the major implication of the research. Free text answers from workshop participants included the following themes:

#### ***Attachment concerns***

- The different perspective of service providers and the parents about attachment.
- Are concepts like attachment a given in collectivist cultures? Developing emotional attachment is not well understood by Chinese parents and grandparents.
- Work needs to be done to promote better understandings of child development in a culturally sensitive way
- Is there a role for children in this?

#### ***Parents' perspectives***

- The theme of separation did not reflect on parents' perspectives.
- Would like to see further study on supporting parents' role in their parent-child relationship and to find ways to have a child's voice heard in their early life journey.

#### ***Differing priorities in child development between families and service providers***

- Differing cultural expectations and understandings; what is valued in different contexts.
- Understanding of "formal education" vs learning/informal education.
- Finding and building on the connection points between families and service providers.

#### ***Grandparent support***



- More support is required for grandparents - both to support their role in the family as well as support their understanding of the Australian context.
- Highlights the challenge of influencing caregiving when grandparents are involved in a temporary way.
- There is further supportive work needed for non-English speaking grandparents in assisting them adjust to life in Australia and the blending of child rearing social norms.

#### ***Cross-cultural communication and culturally sensitive support***

- There are many challenges and benefits for all stakeholders.
- Communication should be strengthened between service providers, parents and grandparents through frequent and creative ways.
- Facilitated groups with bicultural workers and resources are required.

#### ***In summary***

- Importance of bringing together research findings and sharing information about other interventions and projects.
- Consideration of co-design of interventions across the various stakeholders to ensure we have embedded responses from this research.
- Need for new resources and infrastructure to support families. Work with the settlement grant programs – collaborate. How can we enhance the program for health benefits? This is often the lowest priority of the program.
- Culturally embedded nature of parenting and education of children - be mindful of not de-valuing other cultural understandings and approaches. Our understanding of parenting and preferred methods of education have also changed over time.

## Appendix 3: Support strategies during caregiving transitions

### Extended Caregiving Arrangements in Families from Chinese Backgrounds

The following strategies provide suggestions of possible ways to assist extended families from Chinese backgrounds when grandparents are in primary caregiving roles. These strategies have been compiled from interviews conducted with service providers (childcare workers, playgroup coordinators, kindergarten teachers, child and family nurses and cultural support workers), parents and grandparents as part of the Extended Caregiving Arrangements for Families from Chinese Backgrounds project.

Support issues	Service response	Suggested strategies
<b>Social and physical isolation of grandparents</b>	Provide bilingual/ translated information to extended families (both parents and grandparents) about activities for grandparents	Provide information through -Chinese media such as Wechat -Bilingual workers or cultural support workers -Translated/in language resources at schools and childcare centres.  -More supported grandparent playgroups
<b>Families adapting to a new culture</b> (bridging cultural differences and parenting/ Australian education system / adaptation to Australian life)	-Provide information to families and pregnant mothers in Chinese about parenting /child and family services/ child development milestones/ early childhood health services beyond just going to the GP. -Engage with trusted organisations (childcare, playgroups, schools, church groups) to provide support to extended families (parents, grandparents, and grandchildren)	-Bilingual cultural support workers could provide information to families about parenting and education in Australia and enhance cross-cultural understanding (between Australian and Chinese systems).  -Provide information and support through bilingual workers or translated resources at schools, childcare centres, churches, cultural support workers, migrant resource, GPs, Chinese community organisations, libraries, community centres and groups for grandparents.  -Encourage grandparents and parents to come to childcare or school orientation, and provide appropriate language support
<b>Transitions in caregiving arrangements in families</b> (adjustment of grandchildren after returning to Australia from China or after grandparent returns to China from Australia)	-When there are changes in caregiving arrangements in extended families, childcare services and schools have provided support to parents, grandparents and grandchildren by enquiring in a respectful way about migration and changes at home. -Service provider relationships with grandparents may be short term so it may be better to talk to parents.	-Childcare centres could increase the grandchild's connection with grandparents through story books, photo albums, virtual connections and keepsakes.  -Children have been supported at childcare during caregiving transitions through being encouraged to: attend more days at childcare to establish more consistency; attend shorter days if just starting childcare; provide age appropriate information to the child about migration and travel plans; use visual cues for children of things they like to do or provide toys from home during transitions.  -Prior to starting school, child and family services have suggested that grandparents could return the child to Australia two months prior to school to ease adjustment. Childcare options may need to be further discussed for families after grandparents leave and before school commences.

<p><b>Language and communication barriers between providers and families</b> (experienced particularly by grandparents /some parents with service providers)</p> <p>Level of English proficiency influenced grandparents' confidence and independence (to do things like use public transport or take children to outings).</p>	<p>-Service providers could enhance communication with extended families.</p> <p>-There may be safety issues for grandparents when health issues arise with grandchild, so language support may be critical.</p> <p>-Where possible, both parents and grandparents need to be involved in communication with service providers as information may not be filtered from grandparents to parents and visa versa, and grandparents may return to China.</p>	<p>-Encourage more bilingual positions and translated information in children services.</p> <p>Ways to bridge communication between service providers/schools/childcare and extended families include: -Information about activities and news to be placed on websites and mobile Apps; -3 way telephone conversation between service provider, parent and grandparent to be conducted using an interpreter/language issues. -Use of message boards, notes passed from school to grandparents/parents; -electronic daily journals with photos shared with grandparents and parents that enable 2-way communication back to the service providers; -Parents add information to private online communities such as 'storypark' and thereby share information with service providers</p> <p>-Professionally translate safety / emergency procedures /regulations in childcare centres/ schools. Bilingual staff could write local information (activities and news) directly into Chinese for families.</p> <p>-Encourage grandparents to attend organisational events to help build familiarity, relationships, and a sense of community.</p>
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