Extended caregiving arrangements in families from Chinese backgrounds: A qualitative research study from Sydney, Australia

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ABSTRACT

There are many and varied caregiving arrangements in extended families from Chinese backgrounds in Australia. In this study, the focus is on grandparents living in Sydney on a temporary or permanent basis, who care for their grandchildren in the years up to and including the time they enter school. Interviews with 10 grandparents, 8 parents, and 22 service providers identified that there are differing understandings between these groups in relation to the role of grandparents when caring for their grandchildren, the relationship between caregiving and child development, and the impact of transitions in care between grandparents and parents, or one set of grandparents and another.

Grandparents and parents in this study generally divided and shared the role of caregiving. Grandparents supported parents and met children's daily care needs, taking them to activities, preschool, day care or school. This complemented the role of the parents who had primary responsibility for their children's upbringing and decisions about discipline and education. Parents seemed comfortable with their child spending their time with grandparents and felt trust and confidence in the care provided. While service providers emphasised the caregiver's role in developing social, emotional and self-care skills, grandparents emphasised their role in supporting the physical, linguistic, and academic development of the child. Participants from all groups agreed that transitions in caregiving could result in inconsistent or conflicting approaches to caregiving, potentially leading to social-emotional and behavioural issues for the child. It was identified that families could be supported to ensure smoother transitions.

It was acknowledged by all groups that grandparents played an important role in caring for grandchildren, and supporting the well-being of the family. However, grandparents also had their own health and well-being needs independent of this role. Grandparents, especially those on temporary migratory visas and/or with low English proficiency, needed support negotiating public and educational settings. They relied heavily on parents to access and filter information about available services and supports. This study highlighted the need to develop shared understandings of caregiving roles and how they work together to support the child's social, emotional and behavioural development; and to co-design culturally responsive interventions when transitions in care take place.

1. Introduction

Globally, extended families are no longer restricted to one geographical area. Worldwide there are movements of families which entail changing caregiver roles and care arrangements 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). There has been significant growth of grandparents migrating to Australia on permanent family and visiting visas (Australian Government, 2019; Diverseworks, 2016). Chinese grandparents play a vital role looking after grandchildren in Australia as part of the traditional

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extended family structure. In these situations, there may be differing understandings of caregiving and its relationship to child development which may differ to the majority beliefs and practices in Australia as expressed by service providers in child health and educational settings. To ensure optimal child development, services play a vital role in being culturally responsive in supporting immigrant families with multi-generational approaches to child-rearing.

1.1. Global understandings of child development

Supporting the early years of children is a key strategy of child and family health services. It is well recognised that the first few years of life can have a significant impact on children's health and development (NSW Ministry of Health, 2019b). Thus, promoting strong parent-infant emotional attachment has been shown to have positive impacts on mental, physical and social development (Allen, 2011). Attachment theory emphasises the benefits to a child of having a primary caregiver who provides a consistent, stable and positive influence in a child's life in order to support social, emotional and behavioural development (Benoit, 2004; C. Liu et al., 2017; Shih, 2012). While attachment theory has been supported by cross-cultural studies, there is debate in the literature about the universality of this concept, the role of multiple caregivers, and the measures of secure attachment in differing cultural contexts (Keller, 2013; Rothbaum et al., 2000; Shih, 2012) Attachment studies in cross-cultural contexts have identified the benefits of children having multiple caregiving relationships with extended family members such as grandparents (Da, 2003; Suarez-Orozco et al., 2002), including in Chinese contexts (Bohr & Tse, 2009; Hu & Lonne, 2014; R. Liu, 2016; Shih, 2012).

1.2. Transnational extended caregiving arrangements in immigrant contexts

In China, the custom of 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 & Lonne, 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 in old 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 relationships is challenging in immigrant contexts with different socio-linguistic settings, cultural parenting practices, caregiving relationships and immigration laws (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, 2003; Lee & Brann, 2015; Ochiltree, 2006; Xie & Xia, 2011).

1.3. Culturally responsive 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 may provide care either through visiting families overseas as part of a temporary visa, looking after grandchildren who are sent back to the home country or migrating overseas permanently to live with the family. The possible effects from transnational migration involving both temporary or prolonged separations from primary caregivers include infants missing their primary grandparent caregiver when they return home and withdrawing from parents (Bornstein & Bohr, 2011). Emotions associated with separation may include anger, sadness, and hopelessness (Suarez-Orozco et al., 2002). Infants being sent to live with grandparents with little contact with their parents, would have different outcomes to being cared for at home by visiting grandparents who live with or are near the family for several months at a time.

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 responsive 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 in diverse contexts are noted. Cross-cultural studies show mixed outcomes highlighting that there may not be a direct link between separations and negative outcomes (Suarez-Orozco et al., 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 & Lonne, 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 et al., 2002). These studies highlight the need to understand diverse contexts as not all children will react in the same way and situations may depend on the child's age when 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 cross-cultural studies discuss the benefits of recognising, promoting and maintaining culturally diverse practices in migration. Family and community relationships and cultural 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 cultural practices, ensuring emotional well-being of the child and the family, while assisting families in a culturally responsive way. During migration, families may encounter socio-economic and cultural intergenerational changes that place many stressors on families. 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, 2009; Bornstein and Bohr, 2011; Shih, 2012).

1.4. Assisting the health of grandparents while caregiving in migration

Despite the growing global phenomena of grandparents taking on primary caregiving roles,
there is a lack of research about the needs of grandparents. Grandparents may migrate for a limited time and may not be able to access the

health and social welfare infrastructure in the host country (Diverse-works, 2016). Literature concerning the social situation of Chinese grandparents in China outline that caring for grandchildren is satisfying (Xu et al., 2012). However, 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; Ochiltree, 2006). Less is known about how grandparents are socially and economically supported in transnational contexts such as Australia to ensure the health of the extended family.

1.5. Project aims

In south-eastern Sydney, Australia, staff working in child and family services expressed concern about children from Chinese backgrounds who demonstrated social-emotional issues when there was a change in primary caregiver. This may have occurred when grandparents, who were in primary caregiver roles, returned to China or there was a change between paternal or maternal grandparent caregivers. This was understood to reflect a disruption to the child's secure attachment.

Within the context of a needs assessment of new and emerging communities, service providers also identified concerns about grandparents from Chinese backgrounds lacking information about child development milestones and school-readiness. It was also highlighted that Chinese grandparents had difficulties accessing health care. Barriers included lack of English language proficiency, low health literacy, high cost of health care and lack of transport (Diverseworks, 2016).

The needs assessment raised the need to comprehensively explore these issues and the understandings of not just the service providers but also grandparents and parents. In the current study, it was decided to focus on family situations where grandparents had migrated, temporarily or permanently, to Sydney to take on a primary caring role with grandchildren thus providing the opportunity for the research to directly inform service provision responses in Sydney. It did not include situations where children had been sent back to China.

The project aimed to provide culturally responsive provision, a response which includes acknowledging the social and cultural factors in managing encounters with people from diverse social and cultural backgrounds. "Responsiveness" places emphasis on care providers utilising a set of tools for negotiation based on recognising the client's culture, their own culture, and how both affect the patient-provider relationship (Cateret, 2010; NSW Ministry of Health, 2019a).

A partnership was formed between Multicultural Health Service and Child, Youth and Family Services and an associated university research hub to undertake research about extended caregiving arrangements in families from Chinese backgrounds. It sought to explore the:

- key features of transitioning caregiving arrangements and roles that occur in extended families; and the main contextual factors that drive these;
- key perceptions and concerns that grandparents, parents and service providers have about the developmental, social-emotional and behavioural issues that arise for children in transitioning caregiving arrangements; and the implications of these; most important features of culturally responsive care for extended families from Chinese backgrounds.

2. 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, openly and in detail about beliefs, attitudes, and feelings (Quine, 1998; Stewart & Cash, 1991). An interpretive phenomenological approach (IPA) was taken (Smith et al., 2009; Smith & Osborn, 2008) to holistically investigate the research participants'

understanding and constructed meanings of experience (Green & Thorogood, 2018; Patton, 2002), as well as acknowledge the experience, contextual knowledge base of the researchers in the analysis process (Richards, 2014; Thorne, 2016). IPA acknowledges the active role of the researchers in interpreting the results.

The study sample included grandparents and parents from Mandarin-speaking families living in Australia where a grandparent was in a primary caregiving role for a grandchild/ren aged 0–5 years old. Service providers included those who were providing care to young children from Chinese backgrounds including child and family health nurses; childcare workers; family support workers; playgroup co-ordinators; and teachers. Convenience and purposive sampling were conducted to recruit participants (Kuzel, 1999). The sample size of 8–12 interviews per group were selected in accordance with qualitative design and to ensure theme saturation (Guest et al., 2006). The project methodology was overseen by a Steering Committee consisting of the research team, Bilingual Research Assistant (BRA), multicultural health managers, and child and family representatives. Ethics approval for the interviews with service providers, parents and grandparents was granted by South Eastern Sydney Local Health District on 22 December 2017, reference HREC 17/263 (HREC/17/POWH/540).

2.1. Data collection

The 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. There was no known relationship between the groups of study participants. The grandparent and parent participants were not recruited from the same families, and the service provider participants were not known to the grandparent or parent participants. The project coordinator and 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 child and family networks and through advice from the project Steering Committee. Further details about data collection are outlined in Appendix A in accordance with qualitative research consolidated criteria (Tong et al., 2007).

2.2. Data analysis and validity enhancement

The research officer analysed the interview data using a combined inductive/deductive approach. Open coding was used during the initial readings of the interview transcripts. A coding framework was then developed based on the study aims, research questions and coding approaches for attributes, structures and values (Saldana 2013) (Box 3, Appendix A). Attributes coding (Saldana 2013) was used to capture participant characteristics, demographic information and their level of involvement in caregiving. Structural coding (Saldana 2013) was used as part of the initial approach to coding the data, and to further develop and refine the coding framework. The research questions were used as starting point and other codes were developed as the coding process continued. Values coding (Saldana 2013) was used to examine the values, attitudes and beliefs of the study participants. Analytic memos were documented throughout the coding and data analysis process to support researcher reflexivity and critical thinking.

One researcher (RK) completed most of the coding. Two members of the research team (CO, BHR) were involved in some initial coding of the data using the preliminary coding framework. Preliminary codes were used to approach and consider the data rather than provide a rigid framework. The research team (including the BRA) and the Steering Committee met regularly to assess the coding framework for consistency

with the main themes and to review the findings. This process involved analysing sections of transcripts from different categories of participants for discussion of themes. Any variance was further discussed, and themes refined. NVivo 11 Software assisted with managing the study data (QSR International, 2019).The coding scheme continued to develop throughout the analysis. As part of the second cycle coding, codes were analysed to identify broader categories and themes (Saldana 2013, 149). Researcher(s) wrote analytic memos during the initial readings, coding and analysis of the data to facilitate reflection and analysis (Saldana 2013, 32). Brief case studies of each interview were documented to capture contextual details about the interviewee, their family, and the caregiving arrangements. Final coding scheme, categories and themes are in Appendix A.

3. Results

Thirty-one 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. Study participant characteristics are presented in Tables 1 and 2. Service providers present a broad range of occupations who work with families from birth to age 5 from health, education, child and family, and community services.

The demographics of the grandparents and parents demonstrate that they were all born in China and spoke Mandarin at home, as a requirement of the project. A range of age groups, times in Australia, educational backgrounds and numbers of children in the family provide a diverse range of views to the study.

3.1. Varied caregiving arrangements in extended families

The caregiving and living arrangements of grandparents and parents from Chinese backgrounds were varied (see Box 4, Appendix A). 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 had taken turns 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. Most grandparents cared for their grandchildren 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.

3.1.1. Sociocultural factors and caregiving arrangements

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

Table 1
Characteristics of 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 2
Characteristics of 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	1 (12.5 %)
			Other	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)	less than 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 %)

expected that grandparents would be involved in caring for grandchildren and supporting the parents, particularly the mothers, to return to work.

> [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 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." Parent

3.1.2. Migration, transnational families and caregiving arrangements

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 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 assist.

> *"As for us, we 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 release their work pressure." 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…But after I come here, I think many things … the language restricts me and I'm not as confident as before." Grandparent*
> *"They would worry that they don't know the way. They cannot ask people which stop to get off, 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 with." Parent*

3.2. Caregiving roles and understandings of child development

3.2.1. The caregiving roles of grandparents and parents

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." 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 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*
> *"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, the shared cultural value of respecting elders meant that parents often deferred to grandparents, or younger grandparents deferred to older grandparents.

> *" I'll let [older grandparents] do whatever they want to avoid conflict. If they say no and you say yes, that would not end up well … So we quite respect them." Grandparent*

Whilst conflicts and tension existed in some families, participants also discussed the benefits of grandparents caring for grandchildren. Grandparents provided significant support to parents, and parents felt they could trust grandparents to provide good care to their children. Grandparents were 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, Chinese culture, and other educational activities. Children had opportunities to develop close relationships with their grandparents which would otherwise not have been possible if grandparents were not 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*

3.2.2. Different understandings about child development

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 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… it's all taught by my parents." Parent*
> *"They've really got that thing that, "They've got to start learning." Teacher*

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

3.3. Concerns around transitions in caregiving arrangements

3.3.1. Service providers

Differences in understandings between grandparents, parents and service providers were further challenged when there was a transition in the primary caregiving roles between sets of grandparents, or between grandparents and parents. Some service providers were concerned when the close relationships developed between 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 expressed concerns about children's physical and social development including children cared for by grandparents being more socially and physically isolated in the community, and less likely to play outside. This may reflect some grandparents' lack of confidence in negotiating public spaces.

Service providers placed great emphasis on "attachment" to the primary caregiver. 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.

"[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, Grandpa." Parent
"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

3.3.2. Grandparents and parents

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 parents' work commitments. Other parents seemed comfortable with their child spending their time with grandparents and felt trust and confidence in the care provided.

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
"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 also 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.

3.4. Culturally sensitive support for extended families and service providers

3.4.1. Sources of information for families

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, 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 information to families about child development milestones and the range of services available beyond GPs (including early childhood and community health centres) and providing information 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.

"There are many barriers if you don't know English … 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

3.4.2. Supporting communication between families and service providers

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 … relationships are really important." Childcare worker

3.4.3. Bridging cultural differences

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 learning new things. Parents identified areas that grandparents found challenging including food practices, and the different approaches to parenting. Whilst grandparents felt it was valuable for their grandchildren to learn Chinese language and culture, some mentioned a need to learn about Australia.

"I'm very willing to [learn] because I feel I'm quite energetic still at moment. I also want to blend into the society … Now I'm a bit marginalized. One reason is language, another is age." Grandparent
"I'm quite adaptive to new environments … After coming to Australia most parents find it hard to adjust including my son-in-law's parents. They say it was like being kept in a prison, they are very not used to it. I feel it's okay." Grandparent
"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, … things cold. People in Australia eat many cold food, not hot." 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 I feel like for some things, I need to give up." Parent

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, confidence, and motivation.

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

3.5. Grandparents' health and well-being needs independent of caregiving

While the grandparents were the main caregivers of grandchildren, interviews with families revealed they had limited access to appropriate health care in migration due to restricted eligibility to health insurance, high costs 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. … 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 a burden but as part of their family responsibilities. However, some experienced difficulties with the physical aspects of the role, especially as children age.

"[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" Grandparent

4. Discussion

The research has highlighted the importance of negotiating caregiving roles in transnational extended families, providing support during transitions in primary caregiving, ensuring interventions to assist families are culturally responsive, and ensuring the well-being of the grandparents.

4.1. Negotiating caregiving roles and arrangements in immigrant contexts

The research explored the key features of extended family roles and the transitioning caregiving arrangements; and the contextual factors driving these arrangements when grandparents, living temporarily or permanently in Sydney, have a primary caregiving role for their grandchild. Previous studies have identified 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, work arrangements and cultural factors of filial piety and generational reciprocity informed the caregiving roles

and responsibilities of parents and grandparents. In the context of migration, various caregiving practices exist and are negotiated and reconstructed in new settings and situations as a form of cultural translation (de Haan, 2011; Papastergiadis, 2000). For the families in this research, caregiving arrangements were often complex and varied and informed by various cultural traditions. However, caregiving roles and responsibilities were clearly divided and defined in families to accommodate various needs. 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 assisted with caregiving so parents could work full-time (Xie & Xia, 2011; Bohr & Tse, 2009; Da, 2003), including grandparents assisting their daughter to return to work after having children. Parents were then in charge of children's upbringing and decisions about discipline and education.

Having clear shared understandings of caregiving roles and harmony in the family has been discussed as supporting families and the development of children (Conn et al., 2016; Goh & Kuczynski, 2010), especially when there are transitions in caregiving arrangements (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 disciplinary and teaching roles, more than the parents thought they were (Leung & Fung, 2014). However, our research found that parents and grandparents had shared and clear perceptions about their respective roles, which could facilitate the consistency of caregiving for children.

The caregiving roles and responsibilities adopted by parents and grandparents have implications for how service providers interact with families in educational and childcare settings. Where grandparents provide day-to-day supportive care in taking their grandchildren to and from early childhood and educational settings, service providers communicate primarily with the grandparents. This may present difficulties when grandparents have low English language proficiency and/or when there is a change of caregiving relationships between sets of grandparents. Enhanced communication with parents may be required through channels other than conversations at pickups and drop offs. Including grandparents in parent-focused programs, in a culturally and linguistically responsive way, may also enhance a shared understanding of child development in the Australian context.

4.2. 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 Australian parenting values compared to grandparents. This is consistent with studies that highlight parents may face conflict with grandparents over different parenting styles (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 et al., 2013; Xie and Xia 2011). This may be the case if the grandparents' primary caregiving role is only temporary. The priority given to those of an older age was also apparent in this study with more respect being given to senior grandparents.

While service providers expressed concern when there were

transitions in the primary caregiver, either between sets of grandparents, or between parents and grandparents, the protective nature of culture and extended family support in immigrant contexts is noted (Shih 2012). 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 needs to be applied to newer contexts and experiences (Waters & Cummings, 2000).

Assisting families when there are transitions in caregiving arrangements needs to happen in a culturally responsive way. Studies outline ways to lessen the disruption of separation from a primary caregiver in Chinese contexts. Strategies include gradual separations, maintaining contact between parents and grandparents, cross over of grandparent/parent care, frequent reunifications and use of technology to maintain contact (Suarez-Orozco et al., 2002; Hu & Lonne, 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 and Lonne (2014) discussed 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.

4.3. Features of culturally responsive interventions

The research sought to explore culturally responsive approaches to support extended families and services providers. Research has identified that caregiving roles and arrangements can 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 programs are being developed.

Co-design can be used to enhance culturally acceptable and responsive service provision, including positioning community members as experts of their own situation, and health professionals as facilitators; as well as establishing family members/carers as partners in care, 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 include processes 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.

4.4. 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 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 (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 in providing care to families.

Increasingly, Chinese grandparents are taking on more responsibility in looking after grandchildren while parents are at work. There may also be changes in the traditional model of respect in the family due to westernisation so that family support for the elderly may have decreased (Lo & Russell, 2007; Lin et al., 2015; Lin et al 2015; Lo & Liu 2009). Filial respect may have also changed so grandparents may have less influence and power especially when acculturation occurs in immigrant settings (Shih 2012), and where values may differ across generations (Tang et al., 2016; Lin et al., 2015). The social and economic pressures of migration and settling in a new country may also affect situations.

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). Grandparents relied on bulk-billing bilingual general practitioners (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 (ibid). 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). Additional support could be provided to grandparents in relation to physical needs, health literacy, affordable health care, grandparent support groups, childcare options and children's activities.

5. Strengths and limitations

This study has highlighted empirical research of how caregiving roles are negotiated in extended families from Chinese background in Australia. Shared understandings of caregiving roles allow families and service providers to work together to support the child's social, emotional and behavioural development; and to co-design culturally responsive interventions when transitions in care take place. While the data was collected from a small group of participants from one Chinese linguistic community, efforts were taken to gain a broad range of perspectives participants representing different social backgrounds and familial situations. Another strength is that interviews with the parents and grandparents were conducted in the participant's first language and then translated into English. Multiple meetings were held between the project coordinator, BRA and research team to ensure the meaning of the language in the transcripts was fully understood by those analysing them. Further research could explore the needs of grandchildren and

grandparents from other culturally and linguistically diverse communities in which grandparent care is common.

6. Conclusions

There is increasing complexity in caregiving arrangements for children as transnational grandparent caregiving arrangements become more common. Caregiving roles and responsibilities are mediated and strengthened through culture but are also challenged in cross-cultural contexts where there are differing understandings of caregiving roles and child development amongst parents, grandparents and service providers. In these situations, there are opportunities for services to engage with cultural understandings of parenting and grandparenting to create better opportunities for optimal child development and transition to school.

Understandings of caregiving roles and responsibilities and how grandparents play a supportive role, contribute to research and have implications for children, families and service providers in health and educational care contexts. This study highlights the appreciation of the role that culture plays and enhances understandings of supportive caregiving relationships of multi-generational immigrant families living in the Australian context.

Ethics approval

Ethics approval was obtained from South Eastern Sydney Local Health District Ethics Committee, Reference Number 17/236.

CRediT authorship contribution statement

Cathy O'Callaghan: Writing – original draft, Conceptualization, Methodology, Project administration, Resources, Data curation. **Rachael Kearns:** Writing – original draft, Data curation, Software. **Lisa Woodland:** Conceptualization, Methodology, Funding acquisition. **Ben Harris-Roxas:** Supervision.

Declaration of Competing Interest

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

Data availability

Data will be made available on request.

Appendix A. Supplementary material

Supplementary data to this article can be found online at https://doi.org/10.1016/j.childyouth.2022.106795.

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