

# Providing Help in Europe: Are In-Household Care and Outside-Household Support Associated With Grandparental Child care?

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## Abstract

Grandparental child care is a vital form of social support that can enhance family well-being. Prior studies have found that older adults who provide support to one individual are more likely to offer help to others within their families and social networks. However, little research has examined whether helping others is associated with grandparental child care. Using data from the Survey of Health, Aging and Retirement in Europe, covering 27 countries, and using multinomial regression models, we show that (a) support provided to individuals outside the household is associated with increased grandparental child care, whereas (b) family care provided within the household is not. The findings are further discussed with particular attention to their societal implications.

## Keywords

grandparents, caregiving, support, resource competition

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## Introduction

Older adults contribute to society in various ways, including providing unpaid family care, engaging in social support, and taking care of their grandchildren (Bordone et al., 2017; Strauss, 2021; Verbakel et al., 2016). These are excellent forms of social support, which are widely recognized as important contributors to individual well-being across societies (e.g., Drageset, 2021). These activities may enhance community resilience and enable younger family members to remain in the workforce (Aassve et al., 2012). Moreover, family care enhances the daily lives of care recipients, providing practical support, along with hands-on assistance, and round-the-clock tasks (Jetsonen et al., 2021; World Health

Organization, 2015), also limiting public spending (Kalliomaa-Puha & Kangas, 2018).

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Although family care and support may offer numerous benefits at both individual and societal levels, little is known about how caregiving shapes multiple dimensions of time use, particularly when it comes to grandchild care. In this paper, we examine two forms of helping that may shape grandparents' involvement in child care: care provided to family members within the same household and support offered to close ones outside it. First, we analyze in-household family care, defined as unpaid care provided by a co-resident non-professional caregiver (i.e., carers), and assess how this caregiving role relates to the frequency of grandparental child care. This allows us to consider whether caring for others in the home limits, facilitates, or complements grandparental child care. Second, we investigate whether support provided outside the household is associated with grandparents' likelihood and frequency of caring for their grandchildren, recognizing that such support may either constrain or extend their engagement in child care. Support outside the household may include practical and financial assistance that individuals provide to their relatives, friends, and neighbors (Schulz et al., 2020). Finally, we examine how care provided within the household and support given outside it relate to each other, offering a fuller picture of how grandparents organize their helping activities across different contexts and how these patterns are associated with grandchild care.

### *Family Care*

Family care is not a new form of care; instead, it has always been provided by people through emotional, physical, and financial support to family members or other close ones (Schulz et al., 2020). However, the nature of caregiving has changed significantly over the past three decades due to population aging. There have also been changes in the duration and intensity of care provided, as well as the complexity of care delivered, due to the increased longevity of older adults and their diverse health conditions (Schulz et al., 2020). Family care within the household (e.g., care provided to a spouse) can be more intense (Kirvalidze et al., 2025) than

outside-household support and grandchild care. Besides, the intensity of care is also often influenced by the care recipient's condition (Kirvalidze et al., 2025). In fact, carers at home often perform tasks that were once only provided by licensed or certified professionals in hospitals and nursing homes. Caregiving roles also tend to be disproportionately held by women (Savela, 2024; Schmader & Block, 2025).

Grandparental child care is among the most important forms of family support, as it can make multilayered contributions to children, parents, and grandparents. Previous research has shown that child care provided by grandparents is associated with improved cognitive skills and educational outcomes (e.g., Sear & Coall, 2011) and reduced emotional and behavioral difficulties (e.g., Helle et al., 2024) among grandchildren. In addition, grandparental child care has been associated with parents' increased intentions to have a subsequent child (e.g., Tanskanen & Rotkirch, 2014) and actual childbearing (e.g., Rutigliano, 2020). Grandparents who provide child care have been found to experience improved health and subjective well-being (see Danielsbacka et al., 2022 for a recent review). This potentially valuable grandparental child care may be threatened when grandparents also provide care for other family members or community members.

Although grandparental child care, in-household family care, and support provided outside the household each have distinct characteristics, they all require time, effort, and involvement directed toward others. These helping roles may therefore co-occur and place varying demands on grandparents (Coall et al., 2014). Providing support to multiple people simultaneously can be challenging (Urwin et al., 2023). When multiple individuals rely on the same caregiver, grandparents may need to consider how best to organize their help across different family members (Strauss, 2021).

### *The Role Overload*

Alternative theoretical predictions have been proposed to explain how providing support to multiple parties is related to one's opportunity

to offer a specific form of social support. According to the “role overload” perspective, individuals may hesitate to provide support to multiple parties simultaneously because doing so can be highly demanding due to constraints on time and other resources (Choi et al., 2007). However, there is a significant gap in our understanding of how care interacts with various aspects of an individual’s time use, including grandchild care. A recent study indicated that carers tend to multitask more frequently during non-market activities (i.e., those tasks that an individual could, for the most part, pay someone else to perform; Urwin et al., 2023). As a result, their time is more fragmented than that of non-carers throughout the day. This means that carers experience greater time pressure and switch between tasks more frequently. Based on the role overload approach, we could, therefore, predict that grandparents who provide care or support to others may be less able to provide as much child care to their grandchildren.

### *The Resource Competition*

The same prediction can be derived from a “resource competition” approach, which states that kin members may compete over limited resources (such as care) within a family, and this can dilute the help provided to specific individuals (Strassmann, 2011; Strassmann & Garrard, 2011). Competition for support from potential helpers may manifest in several ways. For instance, siblings may compete for parental time, care, and attention (referred to as “sibling competition”; e.g., Her et al., 2021). In addition, young children and grandparents may compete for the help and care of the middle generation (referred to as the “sandwich generation”; e.g., Grundy & Henretta, 2006; Hämäläinen & Tanskanen, 2021). Here, we are particularly interested in whether grandparental child care competes with care provided to close ones within the same household and support provided outside the household, and whether in-household care competes with support provided outside it. Family members may draw on the same limited resources, such as time and care, and this competition can lead to reduced support for everyone involved.

### *The Role Extension*

The role extension approach offers a different viewpoint, emphasizing that providing support to one person can also increase the likelihood of offering help to others (Hank & Stuck, 2008). It may be that when an individual assumes the role of a helper in their social networks by assisting one person, there is an expectation that they will step up when others need support. In addition, those who help one individual may gain more knowledge, skills, and confidence, enabling them to provide further support to others close to them. Finally, some people may have a stronger emotional commitment and a heightened sense of responsibility toward individuals in their social networks, leading to their support role being extended to multiple people. According to the role extension approach, we might predict that grandparents who provide family care within the household or offer support outside of their immediate family also provide more child care to their grandchildren compared to “non-helpers.”

A handful of studies examining multiple engagements have investigated whether providing help in the private realm (i.e., caregiving and support) influences the likelihood of providing help in the public realm (i.e., volunteering or charity). In line with the predictions derived from the role extension approach, these studies have shown that providing help in the private realm increases the likelihood of providing help in the public realm (Burr et al., 2005; Hank & Stuck, 2008; Jegermalm & Jeppsson Grassman, 2009, 2013; Strauss, 2021; Tanskanen et al., 2022). To the best of our knowledge, however, only one study has examined multiple forms of engagement within the private realm. Using data from 11 European countries, Hank and Stuck (2008) found that in-household family care was associated with increased support provided outside the household by older people. They did not, however, examine grandparental child care, which is the central focus of the present study.

### *Aims of the Study*

In the present study, we focus on help provision within the private realm and examine the

associations among in-household family care, support given outside the household, and grandparental child care. We will study three research questions (RQs):

**Research Questions 1 (RQ1):** Is providing care in the same household associated with grandchild care provision in Europe?

**Research Questions 2 (RQ2):** Is providing support outside the household associated with grandchild care provision in Europe?

**Research Questions 3 (RQ3):** Is providing care in the same household associated with support provision outside the household in Europe?

Based on the role overload and resource competition approaches, we expect that grandparents who provide in-household family care or support outside the household are less likely to provide child care to their grandchildren. In contrast, the role extension approach suggests that grandparents who help others will also be more involved in caring for their grandchildren than those who do not provide such help.

## Method

### *Data Collection and Analysis*

To study our three questions, we utilize data from the Survey of Health, Aging and Retirement in Europe (SHARE), which incorporates a dataset covering most of the European Union countries (Börsch-Supan et al., 2013). We use the Wave 9 data, which was conducted in 2021-2022. The SHARE data presents distinctive insights into social and family networks, socioeconomic status, and health (Börsch-Supan et al., 2013). It has been primarily gathered through computer-assisted personal interviews conducted approximately every two years to provide a comprehensive understanding of individuals' lives beyond the age of 50 (Börsch-Supan et al., 2013). SHARE also encompasses information on the younger (under 50) partners of respondents residing in the same household, and interviews are conducted

with them regardless of their age. Individuals were excluded if they were hospitalized, had moved to an unclear address, were unable to communicate in the official languages of the country, or were absent from the country throughout the entire survey period (Börsch-Supan et al., 2013).

For this analysis, all respondents aged 50 or older who had children and grandchildren at the time of the interview were included. Those who did not meet the inclusion criteria were excluded. Subsequently, 48,173 respondents were included in the data analysis, focusing on grandparents and the information regarding whether they are caring for their grandchild or grandchildren, providing care in the same household, and providing support outside the household.

### *Variables*

The survey compiled data from respondents on demographic factors such as age, gender, educational level, employment status, marital status, and the number of children and grandchildren. In addition, the data encompassed details about the 27 different countries where the interviews took place, which we classified into three regions: Northwestern Europe (including Nordic countries; Finland, Denmark, and Sweden, and Western European countries; Belgium, France, Germany, Luxembourg, and The Netherlands), Eastern and Central Europe (including Eastern European countries; Estonia, Latvia, Lithuania, Poland, and Romania, and Central European countries; Austria, Bulgaria, Croatia, Hungary, the Czech Republic, Slovakia, Switzerland, and Slovenia), and Southern Europe (including Cyprus, Greece, Italy, Malta, Portugal, and Spain). However, definitions of the areas may vary and sometimes overlap, depending on the source used (particularly in Western and Central European countries).

As mentioned, this study examines variations in the frequency of grandparents providing child care, care within the same household, and support outside their households. By doing so, we aim to gain a deeper understanding of how grandparents distribute resources. Therefore, the primary outcome variable is

the level of grandchild care provided by the respondents. They were asked about regular or occasional care for their grandchild or grandchildren within the past twelve months in the absence of parents. Those who responded affirmatively were prompted to specify the frequency of care, with options including “1. About daily; 2. About every week; 3. About every month; and 4. Less often.” The variable was used in the analyses and calculated as “0. Not looking after grandchildren, 1. looking after grandchildren less often than monthly, 2. looking after grandchildren about monthly, 3. looking after grandchildren at least weekly (including those who reported daily and about every week), showing the frequency of grandchild care. This was concerning only one grandchild, for whom they are mostly looking after.

Regarding caregiving provided inside the household, participants were asked whether they had regularly assisted someone in their household with personal care activities, such as bathing, getting out of bed, or dressing, over the past twelve months. This assistance had to be provided daily or almost daily for at least three months. They were given response options of “yes” and “no.” The variable was used in the analyses and calculated as “0 No” and “1 Yes.”

Regarding support provided outside of the household, respondents were questioned about whether they had personally provided any assistance to a family member outside the household, a friend, or a neighbor in the past twelve months, which was listed on a provided card during the interview. In addition, they were asked about the frequency of this assistance, with response options being “1. About daily 2. About every week 3. About every month, and 4. Less often.” The variable was used in the analyses and calculated as “0. Not providing support, 1. providing support less often than monthly, 2. providing support about monthly, 3. providing support at least weekly (including those who reported daily and about every week), showing the frequency of support.

Therefore, when we refer to “care” we mean the following: (a) Grandchild care: This includes regular or occasional care provided for one’s grandchild or grandchildren within

the past twelve months, specifically in the absence of their parents, and (b) Care within the household (i.e., in-household care): This refers to regularly assisting someone in the same household with personal care activities, such as bathing, getting out of bed, or dressing, over the past twelve months. Likewise, when we discuss “support,” we mean (c) Support outside the household: This encompasses any assistance provided to a family member outside the household, as well as to friends, neighbors, or others, in the past twelve months.

### *Statistical Analysis*

Descriptive analysis was used to characterize the sample in terms of its demographic features, the frequency and level of both grandchild care, and the prevalence of care within the household, and the support provided outside the household. The descriptive statistics can be found in Table 1.

In addition, our data analysis included various background variables to account for differences in the frequency of different care tasks. These variables included age (year of birth), gender (male/female), level of education (low/medium/high), employment status (retired/employed/other), and marital status (married or in registered partnership/other). As these variables were categorical, the relationships between care provisions and demographic factors were examined using the Pearson chi-square test. The tables (Tables 1, 2, and 3) for these analyses are available in the Supplementary Data.

Multinomial regression models were used to assess factors influencing the level of grandchild care and to determine whether the amount of support provided outside the household and the frequency of care within the household impacted grandchild caregiving. Variables for caregiving within the same household and for support outside the household were included as interpreters in separate models. A binary logistic regression model was used to estimate the probability that carers would provide support outside the household. All models were adjusted for the respondents’ age, gender, educational level, employment status, marital status, living area in Europe, number of children

**Table 1.** Descriptive Statistics of the Study Population ( $n = 48,173$ ).

Descriptive statistics	%
Grandfathers	41
Grandmothers	59
Year of born	
1919–1941 (aged 102–80)	19
1942–1951 (aged 79–70)	36
1952–1961 (aged 69–60)	35
1962–1971 (59–50)	11
Marital status	
Married or registered partnership	69
Other	31
Level of education ( $n = 47,953$ )	
Low or none	33
Medium	45
High	21
Employment ( $n = 47,052$ )	
Retired	75
Employed	15
Other	10
Living area	
Northwestern Europe	30
Eastern and Central Europe	54
Southern Europe	16
Number of children ( $M$ )	2.4
Number of grandchildren ( $M$ )	3.9
Looked after grandchild/grandchildren ( $n = 47,877$ )	
At least weekly	19
About monthly	8
Less often than monthly	9
Never	64
Support outside the household in the last 12 months ( $n = 47,822$ )	
At least weekly	10
About monthly	5
Less often than monthly	8
Never	77
To whom mainly given help outside the household ( $n = 10,823$ )	
Child/Children	25
Parent(s) or parent(s) in-law	23
Other (incl. neighbor, friend, and spouse)	52
Caregiving in the same household ( $n = 37,272$ , only those whose household has more than one member)	
Yes	7
No	93

*(continued)***Table 1.** (continued)

Descriptive statistics	%
To whom help given in the same household ( $n = 2,737$ )	
Spouse	77
Parent(s) or parent(s) in-law	4
Other (incl. neighbor and friend)	19

(including respondent's natural children, fostered, adopted, and stepchildren, and those children of respondents' partner), and grandchildren (the total number of grandchildren of both the respondent and their partner).

Initially, we intended to adjust the models based on the set of grandchildren (i.e., how many children have children); however, due to some missing data on respondents' children's children, we decided to adjust the models based on the respondents' answers regarding the number of children and grandchildren. This increased the number of observations in the models and enhanced the accuracy of the analyses.

Similarly, we attempted to adjust the model to examine the relationship between "support outside the household" and "to whom care is mainly given." Our goal was to evaluate whether respondents provide support for their children by caring for their grandchildren. However, adjusting the model to account for support from outside the household did not yield additional evidence; in fact, it reduced the model's overall fit. Consequently, we excluded this variable from the analysis. We analyzed the data using Stata version 18.0 and used a  $p$ -value  $< 0.05$  for statistical significance, along with a 95% Confidence Interval (CI).

## Results

Table 1 presents the descriptive statistics of the participants. The sample consisted of a larger proportion of grandmothers (59%), individuals who are married or in a registered partnership (69%), retired individuals (75%), those with a medium level of education (45%), and people living in Central and Eastern Europe (54%).

Approximately 36% of grandparents looked after their grandchildren in the last 12 months, 23% gave support outside the household, and

**Table 2.** Associations of Care and Support.

Providing daily informal care in the same household	<i>b</i>	OR	95% CI
Helping someone at least weekly outside the household	0.66	1.93***	[1.71, 2.17]
Helping someone at least monthly outside the household	0.22	1.24*	[1.03, 1.50]
Helping someone less often than monthly outside the household	0.14	1.15	[0.98, 1.35]
Never helps outside the household	ref.		

Note. Reference category “Not providing care in the same household.” The model is adjusted for respondents’ age, gender, educational level, employment status, marital status, area of living across Europe, number of children, and number of grandchildren. Binary logistic regression. The number of observations = 36,469. LR  $\chi^2(17) = 456.28$ . Prob  $> \chi^2 = 0.0000$ . Log-likelihood = -9,301.7311. Pseudo  $R^2 = 0.0239$  (Stata).  
 \*\*\**p*-value  $\leq .001$ . \**p*-value  $\leq .050$ .

**Table 3.** Grandparents Caring for Grandchildren and the Care Provision in the Same Household.

How often do you look after your grandchild/grandchildren	<i>b</i>	OR	95% CI
At least weekly			
Providing help or care for someone in the same household	0.02	1.02	[0.92, 1.13]
Not providing help or care for someone in the same household	ref.		
At least monthly			
Providing help or care for someone in the same household	-0.13	0.88	[0.75, 1.03]
Not providing help or care for someone in the same household	ref.		
Less often than monthly			
Providing help or care for someone in the same household	-0.02	0.98	[0.84, 1.14]
Not providing help or care for someone in the same household	ref.		

Note. Reference category “Never.” The model is adjusted for respondents’ age, gender, educational level, employment status, marital status, area of living across Europe, and number of children and grandchildren. Multinomial logistic regression. The number of observations = 36,502. LR  $\chi^2(45) = 7,209.19$ . Prob  $> \chi^2 = 0.0000$ . Log-likelihood = -35,591.926. Pseudo  $R^2 = 0.0920$  (Stata).

7% provided care inside the household. Moreover, regular grandchild care (64%), support (68%), and care (63%) were more prevalent among grandmothers ( $p < .001$ ; Supplementary Data: Tables 1, 2, and 3; besides, Table 4 provides information on the distribution of to whom the support was mainly given).

Table 2 shows whether providing care to someone in the same household is associated with support for someone outside the household. It was found that carers are more likely to help someone outside the household at least weekly or monthly than never to help.

Table 3 examines whether providing care for someone in the same household is

associated with grandparental child care. Using “not providing care for someone in the same household” as the reference category, providing care was not significantly associated with grandparental child care provision. This pattern was observed across all categories of child care frequency.

On the other hand, grandparents who are actively involved in caring for their grandchildren appear to help outside the household with the same level of frequency. For example, grandparents who help someone outside the household at least weekly are more likely to look after their grandchildren with the same frequency (Table 4).

**Table 4.** Grandparents Caring for Grandchildren and the Support Provision Outside the Household.

How often do you look after your grandchild/grandchildren	b	OR	95% CI
<b>At least weekly</b>			
Helping someone at least weekly outside the household	0.85	2.33***	[2.16, 2.51]
Helping someone at least monthly outside the household	0.60	1.82***	[1.63, 2.03]
Helping someone less often than monthly outside the household	0.40	1.50***	[1.36, 1.65]
Never helps outside the household	ref.		
<b>At least monthly</b>			
Helping someone at least weekly outside the household	0.47	1.61***	[1.44, 1.79]
Helping someone at least monthly outside the household	0.91	2.50***	[2.20, 2.83]
Helping someone less often than monthly outside the household	0.57	1.77***	[1.60, 1.99]
Never helps outside the household	ref.		
<b>Less often than monthly</b>			
Helping someone at least weekly outside the household	0.32	1.37***	[1.22, 1.53]
Helping someone at least monthly outside the household	0.60	1.82***	[1.59, 2.08]
Helping someone less often than monthly outside the household	0.91	2.49***	[2.25, 2.76]
Never helps outside the household	ref.		

Note. reference category "Never." The model is adjusted for respondents' age, gender, educational level, employment status, marital status, area of living across Europe, number of children, and number of grandchildren. Multinomial logistic regression. The number of observations = 46,568. LR  $\chi^2(51) = 10,761.45$ . Prob >  $\chi^2 = 0.0000$ . Log-likelihood = -42,424.70. Pseudo  $R^2 = 0.1126$  (Stata).

\*\*\*p-value  $\leq .001$ .

## Discussion

In this study, we analyzed, to our knowledge, for the first time whether in-household family care and support given outside the household are associated with the child care that grandparents provide to their grandchildren. It was found that support given to someone outside the household was associated with increased grandparental child care provision. In addition, those who provided care within the same household were more likely to give support outside the household. These findings align with the role extension approach, which predicts that providing support to one person increases the likelihood of offering help to others as well (Hank & Stuck, 2008). In-household family caregiving, however, was not associated with either increased or

decreased grandparental child care. This indicates that none of the role extension, role overload, or resource competition approaches were supported when examining the association between in-household care and grandchild care. These findings underscore the importance of context and the type of help in shaping how grandparents navigate multiple responsibilities.

This study may contribute to the literature by advancing current understandings of caregiving and shedding light on the underexplored phenomenon of multitasking caregivers; individuals who extend their support beyond the confines of their immediate household (Urwin et al., 2023). The findings reveal that carers are not only consistently engaged in supporting household members but are also significantly involved in caring for individuals

outside their homes. This dual engagement challenges traditional notions of caregiving as a primarily domestic responsibility, highlighting the complex, multifaceted roles caregivers occupy within their broader communities. The implications of this broader caregiving role are twofold. First, it highlights the expansive and often invisible nature of family care work that extends into social and communal spheres. Second, it highlights the need for policy frameworks and support systems to more effectively recognize and address the cumulative burdens faced by multitasking carers. By identifying the scope and scale of carers' responsibilities, this study contributes to a more nuanced conceptualization of care work, one that incorporates the social connectivity and community embeddedness of caregiving networks.

However, despite the significance of carers in family dynamics (Schulz et al., 2020), there has been limited evidence examining their specific roles in caring for grandchildren. Our findings suggest that grandparents may successfully negotiate a balance that neither reduces nor increases child care, potentially because of a strong commitment to their grandchildren, while avoiding increases due to time constraints or fatigue. This balance may be based on grandparents' willingness to participate in their grandchildren's lives, along with an awareness of the limitations inherent in their role as carers.

### *Gender and Care Roles*

Gender may play a crucial role in caregiving dynamics, influencing not only the responsibilities individuals assume but also the distribution of available resources and support. Our descriptive statistics revealed a clear trend: care roles were predominantly held by women. This observation may, hypothetically, highlight the gender disparity in caregiving responsibilities, suggesting that women are often the primary providers of care within households and communities. The existence of gendered care roles is not a new finding; rather, it confirms prior knowledge of these roles (Schmader & Block, 2025; Schulz et al., 2020; Wakabayashi & Donato, 2006). However, it is

essential to examine how gender-related factors can lead to competition for vital resources among carers. This investigation could yield important insights into the challenges faced by different genders in the caregiving landscape, particularly in the context of grandchild care provided by women (Da Roit et al., 2015), and highlight the need for balanced support strategies.

In Europe, nations that place a strong emphasis on gender equality tend to implement supportive measures, such as state-subsidized daycare and other institutional resources, aimed at working mothers (Lewis, 2018). These initiatives can significantly ease the tension between the demands of motherhood and professional life, allowing women to pursue both roles more seamlessly (Pollmann-Schult, 2018).

In stark contrast, some countries offer minimal state-funded daycare services (Lewis, 2018). As a result, many women in these nations are more likely to remain at home after becoming mothers, prioritizing family responsibilities over their careers. This cultural dynamic has led to noticeably lower labor force participation rates for women compared to their counterparts, particularly in regions where supportive policies for working mothers are more robust. Consequently, the lower participation of women in the workforce highlights the ongoing challenges in achieving gender equality (Parpart & Stichter, 2016).

### *Grandparental Child care in Europe: Implications for Policy*

Grandparental child care in Europe varies significantly across regions, shaped by both individual and broader systemic factors (Zanasi et al., 2023). Approximately half of European grandparents engage in child care, but Southern Europeans tend to do so less frequently and more intensively, often daily, than their Northern counterparts. Larger structural factors, including welfare regimes, labor market conditions, and cultural norms, might play a critical role. In Mediterranean countries and Poland, a "familialism by default," which is characterized by limited public child care services and minimal

parental leave, is prevalent (Zanasi et al., 2023). In contrast, Nordic countries and France illustrate a different approach characterized by “defamilialisation” and “supported familialism,” which include more generous public services and parental leave. In these regions, extensive public child care and family-support policies, along with flexible labor markets, may lessen the reliance on grandparents, allowing them to provide care voluntarily or in emergencies (Zanasi et al., 2023). On the other hand, recent evidence indicates that the previously observed negative macro-level relationship between extensive and intensive grandparental child care may not be as consistent as previously observed (Zanasi et al., 2023).

Considering grandparental leave policies for working-age individuals could be a focus of future research, given their potential to influence both caregiving and grandchild care practices and the overall dynamics of family support systems. Thus, our analyses did not examine employment status or work-related constraints on caregiving. Prior research has demonstrated a clear link between policy context and the frequency of grandparental care (Bordone et al., 2017). However, it is crucial not to require grandparents to provide child care due to ineffective family and social policies, as this could have detrimental effects on grandparents, especially when they are older or have declining health (Danielsbacka et al., 2022). When grandparents are willing and able to care for their grandchildren, implementing paid grandparental leave could significantly strengthen parents’ careers while promoting grandparents’ financial stability (Rupert & Zanella, 2018). For example, grandparental leave policies could reshape how families approach different care roles. Allowing grandparents to step in during critical times may enhance the emotional and practical support provided to families.

Understanding these implications could lead to more robust and effective family policies that recognize the crucial role grandparents play in fostering and sustaining the well-being of both grandchildren and their families. This policy would also enable grandparents to remain in the workforce and take a

brief leave to care for their grandchildren. As a result, families could enjoy a better balance of support. This could also be important from the gender equality perspective since we know care roles affect women’s economic well-being, particularly at older ages (Wakabayashi & Donato, 2006).

Many grandparents may face the challenging task of balancing various caring and supportive responsibilities. This multifaceted role can be both rewarding and overwhelming. To alleviate some of this pressure, it is crucial to implement tailored services designed for their unique circumstances. In addition, grandparents may significantly influence their adult children’s decisions about having children (e.g., Tanskanen & Rotkirch, 2014). This might be particularly relevant, but highly speculative, when considering the so-called fertility crisis in Europe, where the number of births has been declining since 2008 (Euro-Stat, 2024). Thus, supportive grandparents can play a crucial role in providing care, which may enhance the reproductive success of their adult children. Therefore, exploring the interactions between biological factors (such as fertility), economic factors (participation in the labor market), and institutional factors (including the availability of child care services) could yield valuable insights and could help us understand the impact of grandparental involvement in contemporary Western societies (Coall & Hertwig, 2010); however, this is a somewhat hypothetical argument beyond our empirical evidence.

However, our initial aim was to investigate whether overall caregiving or support is associated with grandchild care without specifying to whom the help is given. Caregiving within the household was primarily directed toward spouses, but some was also provided to other relatives. Future research could investigate how different types of caregiving, such as caregiving for a spouse versus another relative, may differentially impact grandparental child care. Moreover, support outside the household was primarily directed to children, neighbors, parents, and friends. Upcoming studies should investigate the potential differences in the impact of support for relatives

versus non-relatives on the provision of grandchild care. It is essential to examine both the factors that facilitate and those that pose challenges or barriers to caregiving and grandchild care among grandparents. By identifying these contributing and hindering factors, we could better understand the complexities of grandchild care and caregiving roles.

### *Implications for Future Studies*

The primary goal of the present article was to identify a general trend between grandparental child care and in-household family caregiving or support given outside the household, rather than focus on country-specific features. It is essential to acknowledge a significant limitation of our study: it primarily centers on European perspectives, thereby overlooking the rich and varied cross-cultural insights that other regions could provide. This oversight underscores the pressing need for a more comprehensive investigation that incorporates a wide range of perspectives from around the globe, enabling a more nuanced and comprehensive understanding of the topic. Future studies could investigate the dynamics of multitasking caregiving in greater depth by exploring a range of country-specific factors. For instance, examining how varying family cultures and levels of public investment in child care and old-age pensions shape the broader trends identified in this study could yield valuable insights. Moreover, we recognized the lack of health and functional status variables, such as self-rated health assessments and limitations in activities of daily living, as a significant limitation of our analysis. This absence may hinder a comprehensive understanding of the study population's overall well-being and functional capabilities, further affecting their ability to engage in multiple care roles.

Moreover, the present study aimed to compare groups of grandparents: those involved in in-household caregiving or outside-household support, and those who are not. In the future, it would be valuable to examine whether changes in caregiving responsibilities or in the level of support provided outside the

household correspond with variations in the amount of child care grandparents provide. Such an approach could reveal the dynamic interplay between these factors over time. Previous research has shown, for example, that when individuals stop engaging in paid work, they begin to provide more child care to their grandchildren (Tanskanen et al., 2021). However, it remains unclear whether in-household caregiving or support provided outside the household influences the amount of grandparental child care over time. Finally, caregiving responsibilities may differ between partnered and single grandparents, and shared caregiving within couples was not captured in this study. This is another issue that future research could address.

In addition, in future studies, it is crucial to acknowledge the diverse levels of care and support intensity across caregiving constructs. For instance, providing daily care for a grandchild may entail significantly less physical and emotional strain than offering round-the-clock support within the same household, particularly when it involves hands-on assistance with daily activities. Furthermore, our current understanding lacks detailed information about the care recipient, especially regarding their specific care needs. Caring for an individual with high, intensive care requirements poses a greater challenge and is likely to contribute more substantially to caregiver burden (Bramboeck et al., 2020; Ding et al., 2022) compared to looking after a healthy school-aged grandchild. This distinction highlights the importance of considering the nature of the support provided (e.g., instrumental, emotional, and financial) and the complexity of care demands in future research. However, in this data, we are unable to specify the type of care or the condition of the care recipient.

The present study demonstrated that, contrary to existing theoretical and empirical research, support-related responsibilities are more likely to be additive than competitive, and participation in one helping role may complement involvement in others. However, many grandparents may find themselves in the challenging position of juggling multiple caring and supportive responsibilities. To alleviate

some of this pressure, policies could be implemented that offer financial assistance and access to social services specifically designed to support their unique needs. Furthermore, creating and adapting policies that foster a healthy work-life balance could be crucial. This would include providing dedicated caregiving and grandparental leave, enabling older adults to manage their dual roles with grandchildren effectively and, if needed, to care for aging parents or other close relatives in need, without compromising their well-being or professional commitments.

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### Supplemental Material

Supplemental material for this article is available online.

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