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Grandchild Care during the Covid-19 Pandemic

9

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9.1 Key Messages

The amount of grandchild care remained largely stable. In 2017, 39 per cent of grandparents regularly looked after their grandchildren. In the winter of 2020/21, the figure was 34 per cent. However, the decline in the care rate was not statistically significant. The amount of time grandparents spent caring for their grandchildren also remained stable during the pandemic.

Grandparents who were transitioning to retirement were less likely to care for their grandchildren during the Covid-19 pandemic than in 2017. Grandparents aged 60 to 69 were significantly less likely to care for their grandchildren during the pandemic (37 per cent) than in 2017 (47 per cent). By contrast, there were no significant changes among older grandparents aged 70 to 90 and younger grandparents aged 46 to 59.

Grandmothers and grandfathers took care of their grandchildren in similar proportions during the pandemic. Whereas in 2017, significantly more women (43 per cent) than men (35 per cent) were looking after their grandchildren,

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the gender gap narrowed during the Covid-19 pandemic (women: 36 per cent; men: 31 per cent) and was no longer statistically significant.

Health risk factors were hardly associated with reduced grandchild care.

Five out of six risk factors for severe Covid-19 (hypertension, cardiac insufficiency, cancer, chronic pulmonary disease, and diabetes) were unrelated to grandchild care: similar proportions of grandparents with these risk factors cared for their grandchildren in 2020/21 as in 2017. Only grandparents with severe overweight cared for their grandchildren significantly less often during the pandemic (33 per cent) than in 2017 (42 per cent).

Grandparents living further away were less likely to care for their grandchildren during the pandemic than before. Whether the grandchildren lived nearby was the most important factor for grandchild care overall. The care rate of grandparents living in the same locality as their grandchildren hardly changed during the pandemic (2017: 57 per cent; 2020/21: 54 per cent). Grandparents who lived further away from their grandchildren were less likely to engage in caregiving during the 2020/21 pandemic (21 per cent) than in 2017 (28 per cent).

The economic value of grandchild care amounted to 16 to 18 billion euros or about 0.5 per cent of the gross domestic product. When we extrapolated the amount of grandchild care in 2020/21 in hours per year to the total population, we found a volume of about 1.75 to 1.95 billion hours. If grandparents received the minimum wage for this, this would have corresponded to a value of 16 to 18 billion euros or 0.5 per cent of the gross domestic product in 2020.

9.2 Introduction

Many grandparents regularly take care of their grandchildren. This gives them the opportunity to build a close relationship with their grandchildren (Brown 2003) and at the same time help their adult children to stay in employment, especially if they cannot access day-care centres and schools with opening hours that align with their working hours (Bünning 2017).

How has the Covid-19 pandemic affected grandchild care? Here, developments in two different directions seemed plausible. On the one hand, the need for privately provided childcare increased abruptly. Day-care centres and schools were closed or had very limited opening hours. Parents were suddenly confronted with having to manage childcare and long-distance learning in parallel to their own employment. Support from grandparents became more important than ever.

On the other hand, social distancing measures reduced privately provided childcare. Older people were perceived as a special risk group that was particularly at

risk from the virus. Experts explicitly advised against grandparent care for grandchildren. (NDR Podcast with Christian Drosten: Martini 2020). Therefore, many families may have decided to reduce contact with grandparents to protect them from infection.

Different population groups may have made different decisions on grandchild care. The older the grandparents were, the greater their risk of suffering from severe Covid-19 (Robert Koch Institute 2021) and the more likely they may have decided against caring for their grandchildren. In addition to age, certain pre-existing conditions such as cardiovascular diseases, chronic pulmonary disease, diabetes, or cancer were identified as risk factors for severe Covid-19 (Robert Koch Institute 2021).

Moreover, grandchild care was not evenly distributed across different population groups before the pandemic. Grandmothers, for example, provided grandchild care significantly more often than grandfathers, because women still assumed the function of “kin keepers” and maintained family relationships more often (Mahne and Klaus 2017). This may have been exacerbated in the pandemic, as men had a higher risk of becoming severely ill with Covid-19. (Robert Koch Institute 2021). People with a low educational level tended to have fewer resources than those with a higher educational level, so they may have had fewer resources to invest in their grandchildren, and their social relationships may have been more strained by economic worries and hardships (Mahne und Huxhold 2015). Correspondingly, older studies showed that more highly educated grandparents were more likely to take care of their grandchildren than those with a lower educational level (Igel 2012). The pandemic may have further exacerbated the situation for those with a low educational level.

Furthermore, the geographical proximity between grandparents and grandchildren was decisive for how easily grandparents could integrate grandchild care into everyday life (Bengtson and Roberts 1991). If the grandchildren lived in the same town, grandparents were more likely to care for their grandchildren on a regular basis and step in spontaneously when needed than if they lived further away. These differences may have further increased during the pandemic due to social distancing measures and the call to avoid unnecessary travel.

Empirical studies on grandchild care during the Covid-19 pandemic have been scarce so far. A European study examining changes in the frequency of contact between older people and their adult children concluded that intergenerational contact remained largely stable overall and even tended to increase, although it was not possible to examine the extent to which physical contact was replaced by contacts via telephone/internet. Older men and people with a low educational

level, however, reported reduced contact with their adult children (Vergauwen et al. 2021).

Research questions

Against this background, this chapter examines how the proportion of grandparents caring for grandchildren and the amount of time they spent caring for their grandchildren changed during the pandemic. Specifically, we looked at the situation in winter 2020/21, when schools were still mostly open and the vaccination campaign had not yet started. Rapid antigen tests were also not yet available at the time of the survey.

The following research questions were asked:

- 1) Did grandparents intensify or reduce grandchild care during the pandemic?
- 2) Did older grandparents in particular decide against looking after their grandchildren during the pandemic?
- 3) What were the differences between grandmothers and grandfathers and between educational groups?
- 4) What role did risk factors for suffering from severe Covid-19 play in whether grandparents took care of their grandchildren?
- 5) How much did the decision to care for grandchildren depend on geographical proximity?
- 6) What was the contribution of grandchild care to economic value creation in the first year of the pandemic?

9.3 Data and Methods

The analyses in this chapter were based on the oral surveys of the German Ageing Survey (DEAS, see Vogel et al. (2020)) from 2017 and 2020/21. We looked at changes in grandchild care between these two observation points, i.e. at a time before the Covid-19 pandemic (2017) and during the second wave (November 2020 to March 2021). By adopting this approach, we hoped to obtain evidence of Covid-related changes. However, it was not possible to clearly attribute changes to the Covid-19 pandemic, as observed changes may also have been a consequence of general societal change or other historical events between 2017 and 2020/21. This had to be taken into account when interpreting the results.

In this chapter, we report weighted proportions on participation in grandchild care (care rate) and weighted arithmetic means on the amount of time spent doing grandchild care. In doing so, we draw conclusions about the population living in

private households in the respective years and thus describe the changes between the two points in time.

At both observation points, the sample included people aged between 46 and 90 who had at least one grandchild under the age of 14. From the age of 14, the likelihood of grandparents caring for their grandchild declined significantly, as the children were old enough to manage on their own (Zoch et al. 2021). Using these criteria, we obtained a sample size of 2535 respondents in 2017 and 2075 in winter 2020/21.

Grandchild care was identified via the following questions in the German Ageing Survey: “Do you look after or supervise other people’s children privately, e.g. your grandchild or the children of siblings, neighbours, friends, or acquaintances?” Grandchild care was recorded as a separate category. If the respondents answered “yes”, they were then asked: “How many hours do you spend on this on average?” Respondents could indicate either hours per day, per week or per month. This information was then converted into hours per week. When converting daily data into weekly hours, we assumed a six-day week. The upper limit was set at 96 h per week (6 days of 16 h each).

Differences in grandchild care were examined according to the following characteristics: age (divided into three age groups: 46–59 years (27 per cent in 2020/21), 60–69 years (40 per cent in 2020/21) and 70–90 years (24 per cent in 2020/21)—the age groups thus represented the working phase, the transition-into-retirement phase and the retirement phase), gender (49 per cent men, 51 per cent women in 2020/21), education (low-medium education level (68 per cent in 2020/21) vs. high education level (32 per cent in 2020/21)),¹ health and geographic proximity to the nearest grandchild (lived in the same town (42 per cent in 2020/21) vs. lived further away (58 per cent in 2020/21)). In terms of health status, six risk factors for a severe course of Covid-19 were considered: hypertension (48 per cent in 2020/21), cardiac insufficiency (17 per cent in 2020/21), chronic pulmonary disease (9 per cent in 2020/21), cancer (8 per cent in 2020/21), diabetes (14 per cent in 2020/21) and severe overweight (a body mass index above 30, (22 per cent in 2020/21)) (Robert Koch Institute 2021). The first five risk factors were elicited by the following question: “Please look at the following list: Has a doctor ever told you that you are suffering from one of the illnesses listed?” The body mass index was calculated using information on height and weight.

¹Low and medium educational levels were combined due to small case numbers with low education levels.

9.4 Findings

9.4.1 The Proportion of Grandparents Caring for Grandchildren Remained Stable

The results showed that the proportion of grandparents caring for their grandchildren slightly decreased from 39 per cent in 2017 to 34 per cent during the winter of 2020/21 (Fig. 9.1). This change was not statistically significant. The average amount of time that care-providing grandparents spent caring for their grandchildren decreased slightly from 9.7 h per week in 2017 to 9.0 h per week in the winter of 2020/21. This change was also not statistically significant. Thus, the overall amount of grandchild care remained remarkably stable during the pandemic.

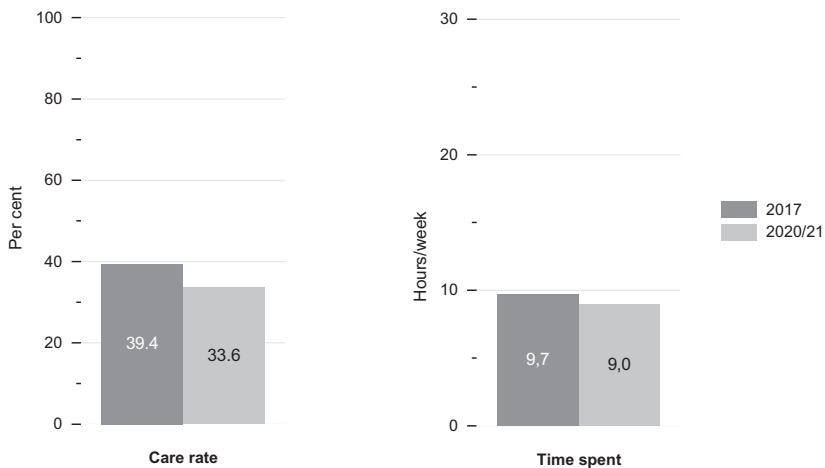


Fig. 9.1 Childcare rate (in per cent) and amount of childcare (in h/week) by survey year. *Source* DEAS 2017 (care rate: $n=2531$, hours: $n=1005$), DEAS 2020/21 (care rate: $n=2070$, hours: $n=681$), weighted analyses, rounded estimates. Changes between 2017 and 2020/21 were not statistically significant ($p<0.05$)

Grandparents Made a Considerable Contribution to Economic Value Creation During the Pandemic

Through grandchild care, grandparents also contributed to economic value creation, because parents often require childcare to engage in gainful employment. Unpaid work such as grandchild care is not included in the calculation of gross domestic product (GDP). Nevertheless, there are methods to determine the economic value of unpaid care and domestic work in private households based on time use data (Schwarz and Schwahn 2016).

To estimate the overall economic contribution made by grandparents through grandchild care during the pandemic, we therefore extrapolated the time spent on grandchild care in 2020 to the total population, combining data on grandchild care from the German Ageing Survey with data from the German Microcensus, which provides an estimate of the number of people in a given age range in Germany. Finally, we used the statutory minimum wage to relate the grandchild care provided to the gross domestic product.

To do this, we first determined the annual volume of grandchild care. Since DEAS only asked grandparents to roughly estimate the time they spent on grandchild care but did not require them to record it in detail as in a time use survey, we used two scenarios to calculate the range within which the total volume of grandchild care was likely to fall. For the upper threshold, we assumed a six-day week and that grandparents cared for their grandchildren for 48 weeks or 11 months per year. For the lower threshold, we used a five-day week and assumed that grandparents cared for their grandchildren for 44 weeks or 10 months a year. This approach yielded the following estimate:

Extrapolated to the total population, about 4.5 million grandparents aged 46 to 90 in Germany cared for their grandchildren under the age of 14 in 2020 and spent an average of 384 to 431 h per year on this. This amounted to around 1.75 to 1.95 billion hours of grandchild care per year.

Grandparents thus made a considerable contribution to economic value creation in Germany. Taking the current minimum wage of 9.35 euros as the age rate for each hour of care provided, we arrived at an economic value of grandchild care of 16 to 18 billion euros. This corresponded to about 0.5 per cent of the gross domestic product, which amounted to 3368 billion euros in 2020 (Federal Statistical Office [Statistisches Bundesamt] 2021).

9.4.2 Grandparents Who were in Transition to Retirement were Less Likely to Care for Their Grandchildren in 2020/21 than in 2017

A comparison of grandchild care by age of grandparents showed that in 2020/21, fewer grandparents in the transition-to-retirement age group cared for their grandchildren than in 2017. While 47 per cent of 60–69-year-olds reported caring for their grandchildren in 2017, their care rate was only 37 per cent in 2020/21 (Fig. 9.2). This decline was statistically significant. In the oldest age group of 70–90-year-olds, grandchild care was significantly lower than in the middle age group in 2017 at 32 per cent and it decreased to 25 per cent in 2020/21, although this change was not statistically significant. In contrast, no changes were evident in the youngest age group: in 2017, 36 per cent of 46–59-year-old grandparents were caring for their grandchildren, compared to 39 per cent in 2020/21. Overall, the results suggested that people aged 60 and older tended to withdraw from grandchild care, while such a trend was not evident among younger grandparents.

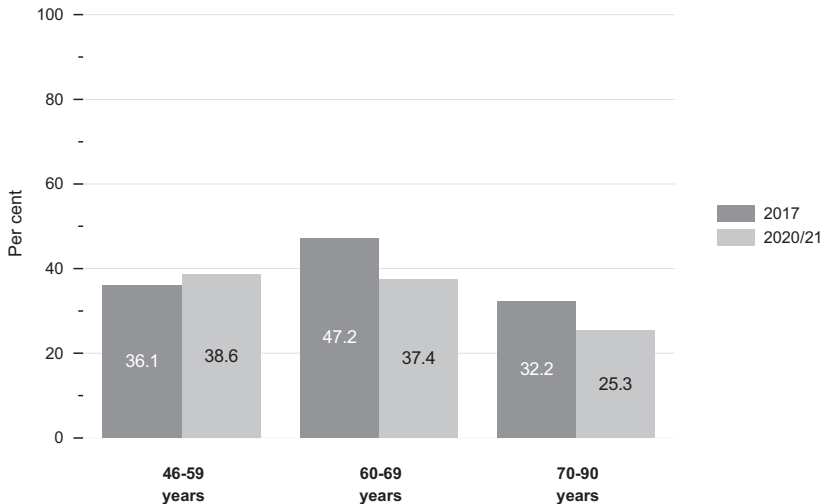


Fig. 9.2 Childcare rate 2017 and 2020/21 by age group (in per cent). *Source* DEAS 2017 (n=2531), DEAS 2020/21 (n=2070), weighted, rounded estimates. Statistically significant ($p < 0.05$): Decline in care rate among 60–69-year-olds, differences between the middle and oldest age groups in 2017 and 2020/21, differences between the middle and youngest age groups in 2017

9.4.3 Gender Differences in Grandchild Care Narrowed

Both grandmothers and grandfathers were slightly less likely to care for their grandchildren in 2020/21 than they were in 2017. In the winter of 2020/21, 36 per cent of grandmothers provided grandchild care while 31 per cent of grandfathers did so (Fig. 9.3). In 2017, 43 per cent of grandmothers and 35 per cent of grandfathers cared for their grandchildren. However, the decline in grandchild care was not statistically significant. Nevertheless, gender inequalities decreased. In 2017, women cared for their grandchildren significantly more often than men. The 2017 result thus confirmed the findings known from the literature that grandmothers were more involved in grandchild care than grandfathers. In winter 2020/21, the gender differences were no longer statistically significant. The care rates thus converged, despite men having a higher risk of becoming severely ill with Covid-19 than women (Robert Koch Institute 2021). This hence ran counter to our expectation that men would reduce grandchild care more than women in the pandemic and that this could be due to gender differences in coping with the pandemic. As other studies have shown, women in general were more likely to adhere to pandemic containment measures than men (Galasso et al. 2020; Lin et al. 2021). Therefore, they may also have been more likely to limit grandchild

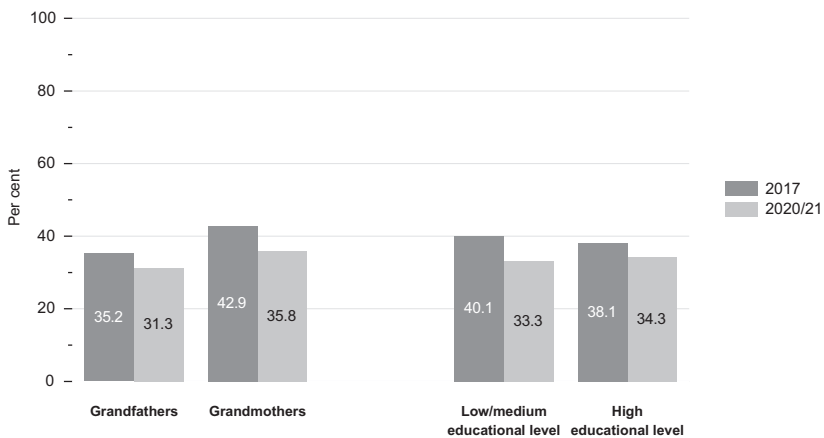


Fig. 9.3 Childcare rate 2017 and 2020/21 by gender and educational levels (in per cent). *Source* DEAS 2017 (n=2531), DEAS 2020/21 (n=2070), weighted analyses, rounded estimates. Changes between 2017 and 2020/21 were not statistically significant (p<0.05). Statistically significant (p<0.05): Differences between men and women in 2017

care due to social distancing measures. However, the convergence of care rates between grandmothers and grandfathers could also have been the result of general social developments.

9.4.4 No Differences in Grandchild Care by Educational Levels

In the winter of 2020/21, 33 per cent of grandparents with a low or medium educational level and 38 per cent of grandparents with a high educational level were looking after their grandchildren (Fig. 9.3). In 2017, the figures were slightly higher for both groups, at 40 per cent for grandparents with low or medium educational levels and 38 per cent for grandparents with high educational levels. However, the decline in grandchild care between 2017 and 2020/21 was not statistically significant in either educational group. Grandparents with low or medium educational levels therefore cared for their grandchildren about as often as those with high educational levels at both observation points. We hence could not replicate the finding from older studies that more highly educated grandparents were more likely to care for their grandchildren than grandparents with a lower educational level (Igel 2012).

9.4.5 Risk Factors for Severe Covid-19 Were Only Marginally Associated with a Decline in Grandchild Care

In addition to age, certain pre-existing conditions such as cardiac insufficiency, chronic pulmonary disease, cancer or diabetes were identified as risk factors for suffering from severe Covid-19. Severe overweight was also associated with an increased risk of developing severe Covid-19. (Robert Koch Institute 2021). Therefore, we looked at how these risk factors were related to grandchild care (Fig. 9.4).

First, we looked at chronic pulmonary disease. Here, we saw that the grandchild care rate had not changed significantly for grandparents with or without chronic pulmonary disease. In the winter of 2020/21, the care rate was 34 per cent in both groups, and in 2017 it was 40 per cent for grandparents without chronic pulmonary disease and 33 per cent for grandparents with chronic pulmonary disease.

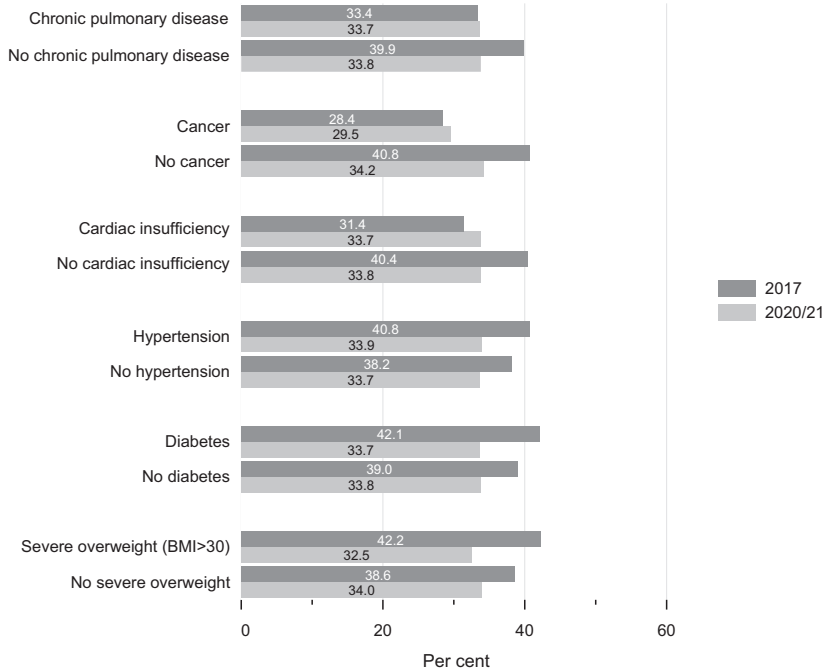


Fig. 9.4 Care rates in 2017 and 2020/21 by risk factors for severe Covid-19. *Source* DEAS 2017 (n=2495 for overweight, n=2528 for all other pre-existing conditions), DEAS 2020 (n=2050 for overweight, n=2067 for all other pre-existing conditions), weighted, rounded estimates. Statistically significant (p<0.05): Decreases in care rate among grandparents without cancer, grandparents without cardiac insufficiency and grandparents with severe overweight, differences between grandparents with and without cancer 2017

Regarding cancer, contrary to our expectations, people without cancer were significantly less likely to care for their grandchildren in 2020/21 (34 per cent) than in 2017 (40 per cent), while the care rate for people with cancer remained stable (31 per cent in 2017, 34 per cent in 2020/21).

A similar pattern emerged for cardiac insufficiency: those without cardiac insufficiency were significantly less likely to care for their grandchildren in the winter of 2020/21 (34 per cent) than in 2017 (40 per cent), while there were no significant changes in the childcare rate among those with cardiac insufficiency (31 per cent in 2017, 34 per cent in 2020/21).

Regarding hypertension, the second cardiovascular disease we studied, we found no significant changes in the proportion of grandparents with or without hypertension who looked after their grandchildren. In the winter of 2020/21, the care rate in both groups was 34 per cent, and in 2017 it was 41 per cent for people with hypertension and 38 per cent for people without hypertension.

The care rate of grandparents with and without diabetes did not change significantly either. In 2020/21, 34 per cent each were caring for their grandchildren, compared to 39 per cent of those without diabetes and 42 per cent of those with diabetes in 2017.

Finally, people with severe overweight ($BMI > 30$) were less likely to care for their grandchildren in the Covid-19 pandemic (33 per cent) than in 2017 (42 per cent), while no significant change could be observed among people who did not suffer from severe overweight. In 2017, the care rate in this group was 39 per cent and in the winter of 2020/21, it was 34 per cent.

Overall, our analyses showed that the presence of risk factors for severe Covid-19 did not translate into lower rates of grandchild care during the pandemic. Severe overweight was the only exception from this pattern. In fact, for two serious conditions—cancer and cardiac insufficiency—we found that the rate of care only remained stable for people who had these conditions, while it decreased for people without cardiac insufficiency and cancer. Our results contrasted with other studies that found that people with pre-existing conditions were more cautious during the pandemic (e.g. not meeting family members; not meeting non-family members; wearing face masks, etc.) than people without pre-existing conditions. (Bíró et al. 2021; Delerue Matos et al. 2022).

At this point we can only speculate about the reasons for this discrepancy. One possible explanation could be that we distinguished between several pre-existing conditions in our analyses that differed in terms of their severity. Studies suggest that people who had a limited lifespan due to a life-threatening illness such as cancer or severe cardiovascular disease had a particularly strong need to spend their remaining time with their closest social contacts. (Carstensen and Fredrickson 1998). For many grandparents, their relationship with their grandchildren is very important and experienced as very intimate (Mahne and Huxhold 2012; Mahne and Klaus 2017). This may mean that some grandparents who suffered from life-threatening pre-existing conditions were not willing to give up contact with their grandchildren, even in the face of increased risks. In addition, the middle generation, i.e. the parents of the grandchildren, might also have made a greater effort (e.g. through costly testing) to enable grandparent-grandchild contact in cases where grandparents had a serious pre-existing condition. In contrast, people with less severe pre-existing conditions or no pre-existing conditions may

have assumed that they could make up for lost time with grandchildren after the pandemic and decided not to care for their grandchildren.

It is also worth noting that we gathered information on the diseases based on the question of whether a doctor had ever diagnosed the disease in question. Because of this, some people at the time of the survey may no longer have been actually suffering from the disease. The fact that very severely ill people were unlikely to participate in DEAS may also have played a role.

9.4.6 Grandparents Who Lived Further Away from Their Grandchildren Were Less Likely to Care for Them during the Pandemic Than Before

As expected, we found that grandparents living further away were generally significantly less likely to care for their grandchildren than those living in the same town. These differences were exacerbated in the Covid-19 pandemic. Among grandparents living in the same locality, grandchild care decreased only slightly, from 57 per cent to 54 per cent between 2017 and 2020/21 (Fig. 9.5). This difference was not statistically significant. Thus, at both observation points, more than half of the grandparents who lived close to their grandchildren were caring for them. For those living further away from their grandchildren, the care rate was only half as high in 2017 at 28 per cent; it dropped to 21 per cent in the winter of 2020/21. This drop was statistically significant. If the grandchildren lived further away, there may have been a need to travel by public transport or to stay overnight. However, due to the pandemic, all non-essential travel was discouraged and the general social distancing measures, the perceived risk of infection on public transport and closed hotels may have discouraged grandparents from visiting or inviting their grandchildren to stay with them.

9.5 Discussion and Conclusion

Overall, grandchild care remained remarkably stable during the Covid-19 pandemic. In 2020/21, one third of grandparents cared for their grandchildren under the age of 14, thus maintaining family relationships that were very important to them. In addition, they also supported the parents of these grandchildren, who faced special challenges and suffered from increased stress in view of day-care and school closures (Li et al. 2021). Extrapolated to the total population in Germany, grandparents provided about 1.75 to 1.95 billion hours of childcare in

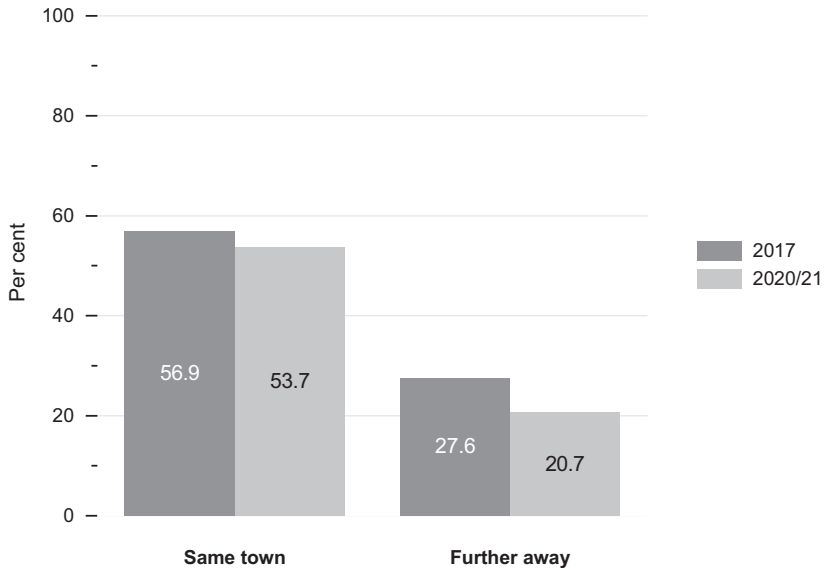


Fig. 9.5 Childcare rate 2017 and 2020/21 by geographical proximity to the next grandchild (in per cent). *Source* DEAS 2017 (n=2438), DEAS 2020/21 (n=1965), weighted analyses, rounded estimates. Statistically significant ($p < 0.05$): Decline in care rates among grandparents living further away, differences between grandparents living in the same town as their grandchild(ren) and those living further away 2017 and 2020/21

2020. Based on the minimum wage, this corresponded to an economic value of 16 to 18 billion euros or 0.5 per cent of the gross domestic product of 2020. This illustrates that older people were not only a vulnerable risk group in need of protection and solidarity but also made a considerable contribution to society during the pandemic. This contribution should be recognised and valued.

However, the trend showed that some groups of grandparents cared for their grandchildren less often during the pandemic than before, while we did not find any group that became more involved in caregiving in 2020/21. The results thus indicated that some grandparents decided (temporarily) not to care for their grandchildren due to social distancing measures and to protect themselves from infection. When interpreting the results, however, it is important that the survey was conducted for the most part in a period when schools were still open and the vaccination campaign had not yet started. Rapid antigen tests were also not yet available at the time of the survey.

Regarding the question of which characteristics were associated with a higher or lower care rate, the geographic proximity to the nearest grandchild turned out to be the most decisive factor. More than half of grandparents who lived in the same town as their grandchildren cared for their grandchildren. This was more than twice the rate reported by those whose grandchildren lived further away. During the pandemic, these differences became even more pronounced. This showed that organisational barriers (travelling) made it difficult to provide care. Socio-demographic characteristics and risk factors for severe Covid-19 were less relevant than proximity in determining whether grandparents provided care for their grandchildren. In contrast to previous studies, we found no gender or educational differences in grandchild care in 2020/21.

Mixed findings emerged regarding risk factors for severe Covid-19. In addition to age, we looked at six pre-existing conditions that increased the risk of developing severe Covid-19: hypertension, cardiac insufficiency, cancer, chronic pulmonary disease, diabetes and severe overweight. While the rate of caregiving decreased among older grandparents during the pandemic (especially among the middle age group of 60–69-year-olds), the expectation that grandparents with pre-existing conditions would be less likely to care for their grandchildren was only confirmed for severely overweight grandparents. No other pre-existing conditions were associated with reduced grandchild care. Regarding cardiac insufficiency and cancer, we even found that grandparents without these diseases cared for their grandchildren less frequently in 2020/21 than in 2017, while the care rate for grandparents with these diseases remained stable.

These findings were surprising and in contrast to the results of other studies, according to which people with pre-existing conditions were more likely to limit their private contacts (Bíró et al. 2021; Delerue Matos et al. 2022). One possible explanation is that some seriously ill people decided to continue caring for their grandchildren because, given their illness, they did not know whether they would be able to make up for missed grandchild care after the pandemic.

It is also plausible that some grandchild care was delivered digitally without the risk of contracting Covid-19. For example, data from France, Spain and Italy showed that during the pandemic, older people increasingly used video chat services to remain in contact with their children and grandchildren (Arpino et al. 2021). In Germany, too, older people used the internet significantly more frequently in 2020 than in 2017 to maintain social contact, although it was unclear to what extent this involved contact with and care for grandchildren (see chap. 13).

Another limitation of the present analyses was that we had no information on the professional situation of the parents. Parents as “gatekeepers” play a decisive role in deciding on and organising the grandparent-grandchild relationship. The extent to which grandparents are involved in the care of grandchildren therefore also depends strongly on the needs of the parents (Mahne and Huxhold 2012; Igel 2012). For example, if the parents were working reduced hours (short-time work) due to Covid-19, they may have decided to forego care by grandparents. If, on the other hand, the parents had long working hours, they may have been dependent on the support of grandparents when day-care centres and schools were closed.

The results point to the resilience of intergenerational solidarity during the pandemic. With increasing vaccination rates, the majority of those who had temporarily given up contact with their grandchildren probably resumed grandchild care. Thus, the small decline in grandchild care during the Covid-19 pandemic was likely only temporary.

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