

Electronic Thesis and Dissertation Repository

---

6-29-2016 12:00 AM

## Risk Taking by Children and Seniors: Selected Sandwich Generation Caregiver's Perceptions

Trevor J. Hines Duncliff  
*The University of Western Ontario*

Supervisor  
Dr. Alan Salmoni  
*The University of Western Ontario*

Graduate Program in Kinesiology  
A thesis submitted in partial fulfillment of the requirements for the degree in Master of Arts  
© Trevor J. Hines Duncliff 2016

Follow this and additional works at: <https://ir.lib.uwo.ca/etd>



Part of the [Kinesiology Commons](#)

---

### Recommended Citation

Hines Duncliff, Trevor J., "Risk Taking by Children and Seniors: Selected Sandwich Generation Caregiver's Perceptions" (2016). *Electronic Thesis and Dissertation Repository*. 3932.  
<https://ir.lib.uwo.ca/etd/3932>

This Dissertation/Thesis is brought to you for free and open access by Scholarship@Western. It has been accepted for inclusion in Electronic Thesis and Dissertation Repository by an authorized administrator of Scholarship@Western. For more information, please contact [wlsadmin@uwo.ca](mailto:wlsadmin@uwo.ca).

## Abstract

Grounded theory was used to investigate the perception of risk held by 20 women in the sandwich generation and their process to evaluate risk as caregivers for both their child and senior. The impact of their risk perception was considered as it related to their actions, the child's and senior's ability to engage in risk taking, their independence and quality of life. Findings suggest the same risk assessment process was used to determine if the child or senior is capable of managing the risk. The independence gained by both through risk taking is supported unless safety is a factor. As the risk increases the selected sandwich generation's control increases and the child's and senior's independence decreases. The selected sandwich generation views an upward trajectory for the child's independence and a declining trajectory for the senior's independence although their actions support the value of independence for both.

Keywords: Risk Perception, Risk Assessment Process, Risk Taking, Risk, Sandwich Generation, Sandwich Generation Woman, Caregiver, Caregiver Role, Child, Senior, Independence, Safety, Quality of Life, Autonomy.

## **Acknowledgments**

I would like to take a moment to thank those who have helped me to reach success in accomplishing all my educational endeavours.

First to my mother Sharon, thank you for always being there for me, as a sounding board, to provide guidance whenever I needed it, and as a mentor to me in everything I set out to achieve. To my father Ken, thank you for always providing me with support, encouragement and for being my role model. To my brother Jason, thank you for your friendship and encouragement along the way.

I would like to thank Dr. Alan Salmoni my thesis advisor for his guidance, knowledge, feedback and support throughout my graduate studies. I would also like to thank my committee members and examiners for their knowledge and feedback ensuring my thesis is both informative and thought provoking.

Thank you to all of my participants for your time, sharing your thoughts and feelings with me which has made this study possible.

Finally, I would like to thank my friends and colleagues for all the good times we have had.

# Table of Contents

|   |      |
|---|------|
| Abstract.....   | ii   |
| Acknowledgments.....  | iii  |
| Table of Contents.....  | iv   |
| List of Tables.....   | vii  |
| List of Appendices.....                                       | viii |
| 1 Chapter 1: Introduction.....                                | 1    |
| 2 Chapter 2: Literature Review.....                           | 5    |
| 2.1 Society and its Risk Adverse Culture.....                 | 5    |
| 2.2 Genetic Definition of Culture.....                        | 5    |
| 2.3 Psychological Definition of Culture.....                  | 6    |
| 2.4 Risk Adverse Culture of Parents.....                      | 6    |
| 2.5 Risk Interpretation Theories.....                         | 7    |
| 2.5.1 Risk-As-Analysis theory.....                            | 7    |
| 2.5.2 Risk-As-Feelings theory.....                            | 7    |
| 2.5.3 Risk-As-Value theory.....                               | 8    |
| 2.6 Media’s Influence.....                                    | 8    |
| 2.7 Risky Play for Children and its Benefits.....             | 9    |
| 2.8 Parent’s Influence on Children’s Risky Play.....          | 11   |
| 2.9 Benefits of Risk Taking for Older Adults.....             | 14   |
| 2.10Care Provider’s Perception of Risk Taking by Seniors..... | 16   |
| 2.11Summary.....  | 17   |
| 3 Chapter 3: Methods.....                                     | 19   |
| 3.1 Research Objectives.....                                  | 19   |
| 3.2 Why Grounded Theory.....                                  | 19   |

|       |  |    |
|-------|--|----|
| 3.3   | The Researcher’s Roles.....                                      | 20 |
| 3.3.1 | Researcher one.....  | 20 |
| 3.3.2 | Researcher two.....  | 20 |
| 3.4   | Participants.....  | 20 |
| 3.5   | Ethics.....  | 21 |
| 3.6   | Recruitment.....   | 21 |
| 3.7   | Data Collection.....   | 22 |
| 3.8   | Data Saturation.....   | 24 |
| 3.9   | Risk Scores.....   | 24 |
| 3.10  | Coding.....  | 25 |
| 3.11  | Data Interpretation.....   | 26 |
| 3.12  | Credibility.....   | 26 |
| 4     | Chapter 4: Results.....  | 27 |
| 4.1   | Child Results.....   | 27 |
| 4.1.1 | Risk assessment by the Sandwich Generation.....                  | 27 |
| 4.1.2 | Risk assessment process.....                                     | 30 |
| 4.1.3 | Categorization of risk: recoverable or non-recoverable risk..... | 34 |
| 4.1.4 | Freedom to engage.....   | 35 |
| 4.1.5 | Taking control.....  | 41 |
| 4.1.6 | Outcomes.....  | 46 |
| 4.1.7 | Risk assessment model: child.....                                | 50 |
| 4.2   | Senior Results.....  | 53 |
| 4.2.1 | Risk assessment by the Selected Sandwich Generation.....         | 53 |
| 4.2.2 | Risk assessment process.....                                     | 54 |
| 4.2.3 | Categorization of risk: recoverable or non-recoverable risk..... | 60 |
| 4.2.4 | Freedom to engage.....   | 62 |

|       |  |     |
|-------|--|-----|
| 4.2.5 | Taking control.....  | 67  |
| 4.2.6 | Outcomes .....   | 73  |
| 4.2.7 | Risk assessment model: senior.....                                       | 78  |
| 4.3   | Average Risk Ratings: Child and Senior .....                             | 80  |
| 4.4   | Summary .....  | 81  |
| 5     | Chapter 5: Discussion .....  | 83  |
| 5.1   | Risk Assessment Process .....  | 83  |
| 5.2   | Risk Classification .....  | 84  |
| 5.3   | Recoverable Risk .....   | 85  |
| 5.4   | Non-Recoverable Risk .....   | 87  |
| 5.5   | Relationship Between Degree of Independence and Risk .....               | 88  |
| 5.6   | Risk Scores Analysis.....  | 90  |
| 5.7   | Caregiver’s Evolving Role Relationship .....                             | 91  |
| 6     | Chapter 6: Conclusion.....   | 94  |
| 6.1   | Background: Why Focus on Risk Perception by the Sandwich Generation..... | 94  |
| 6.2   | Findings .....   | 95  |
| 6.3   | Key Observations.....  | 97  |
| 6.4   | Limitations .....  | 99  |
| 6.5   | Future Research .....  | 99  |
|       | References.....  | 101 |
|       | Appendices.....  | 106 |

## List of Tables

|                                    |    |
|------------------------------------|----|
| Table 1 Average Risk Ratings ..... | 81 |
|------------------------------------|----|

## List of Appendices

|  |     |
|--|-----|
| Appendix A: The University of Western Ontario Research Ethics Board Approval ..... | 106 |
| Appendix B: Participant Letter of Informed Consent.....                            | 107 |
| Appendix C: Research Guide.....  | 111 |
| Appendix D: Dictionary of Codes and Operational Definitions.....                   | 118 |



## Chapter 1: Introduction

In North American society, some of the middle age population are known as the sandwich generation who are caring for both their children and their aging parents (Grundy & Henretta, 2006; Pierret, 2006; Ward & Spitze, 1998). A selected group of sandwich generation members (SSG) were the focus of this study. For clarity, when the parent of the SSG is referenced, the term senior may be used. As part of their caregiving role the SSG are responsible for making decisions regarding risk taking activities that both the child or senior engages in. Risk is defined as the probability of harm caused by a situation or activity (Lindon, 2011; Zuckerman, 2007) and for this study it is the relative level of risk perceived by the SSG. It is the view within reviewed literature that caregivers often share the belief that risk is negative and therefore view risk as something that should be avoided whenever possible (Allin, West & Curry, 2013; Ibrahim & Davis, 2013). Caregivers often emphasize the need to maintain the safety over the quality of life of those under their care (Kane, 2001; White-Chu, Graves, Godfrey, Bonner & Sloane, 2009). If these beliefs are widespread, then it could affect how SSG caregivers interact with their children and older parents.

Some parents in North America are members of a risk adverse culture. How parents perceive risk is influenced by the culture and society they are part of. Allin, West and Curry (2013) observed that parents tend to follow parenting practices and styles that match the socially accepted view of other parents within their society (Allin et al., 2013). Parents hold a shared view that it is their responsibility to keep the child as safe as possible. This need to protect children from injury has led to a society of over protective parenting (Brussoni, Olsen, Pike & Sleet, 2012). However, Sandseter (2009) found

children of all ages seek out and attempt to engage in risk taking during play. Risky play can be defined as an activity where physical injury could occur but for a child it is an exciting form of play (Sandseter, 2009). There are many benefits for a child's development from participating in risky play (Brussoni et al., 2012; Gill, 2007). One benefit of engaging in risky play is it provides children an opportunity to face challenges which is a necessary part of learning to become independent (Stephenson, 2003). If a parent's perception of risk is negative and they do not allow their children to engage in risky play, this may have an influence on the child's development (Allin et al., 2013). Over protective parenting in a risk adverse culture, leads to an excessive focus on safety which often places limits on children engaging in risky play, which can pose a threat to healthy child development (Brussoni et al., 2012).

Being part of a risk adverse society could also influence a caregiver's perception of risk when caring for aging parents. The perception and negative stereotypical view is that seniors are a vulnerable population and need to be protected from risk for fear that they will be physically or mentally harmed (Brocklehurst & Laurenson, 2008). As a person ages and requires assistance from a caregiver the view held by caregivers is that it is their responsibility to keep the senior safe which often leads to a reduction in the control the senior has over the types of activities in which they engage (Ibrahim & Davis, 2013). Allowing an older person to make decisions concerning their daily life supports their autonomy and respects their dignity (Randers & Mattiasson, 2004). Protecting the senior and preventing them from participating in risk taking activities can negatively affect or reduce the senior's autonomy and dignity. This loss of autonomy is linked to a reduction in the quality of life for the senior (Ibrahim & Davis, 2013).

Previous studies have focused on the perception of risk held by caregivers and their need and responsibility to protect children and keep them safe (Brussoni et al., 2012). Other studies have focused on the caregiver's responsibility to protect seniors from injury and the effect that has on the senior's autonomy, dignity, and quality of life. It is the intent of this study to understand the perception of risk held by women in the SSG and how they assess, classify and evaluate risk in their capacity as a caregiver for both children and seniors. These learnings will be used to explore the influence their perception, assessment, classification and evaluation of risk may have on how the SSG in a caregiving role treats the child and the senior when it comes to engaging in risk taking activities and the impact this has on their independence and quality of life.

A grounded theory methodology was used to develop a theory and explore the phenomenon that forms an important part of the SSG caregiver role to make decisions regarding risk taking by the child and senior. Grounded theory allows for the lives and experiences of the participants to guide and create the theory that will best describe the risk assessment process used by a SSG caregiver when managing everyday risks for both generations they care for (Corbin & Strauss, 1998; Corbin & Strauss 2008). This approach allowed for similarities and differences in the risk assessment process the SSG used for each generation to be identified and their relevance considered. In addition, how the SSG participants evaluated risk for both their own child and senior in similar risk taking situations was explored. Any actions the SSG indicated they would take or decisions they would make based on their own child or senior participating in the risky activity described in the situation along with the reasons they provided for their stated approach was also considered in the development of a theory.

The purpose of this study was to understand the perception of risk held by women in the SSG as caregivers to both their child and senior and the process they used to assess, classify and evaluate risk when making risk taking decisions for both generations. The study also explored whether either or both of these influenced how the SSG treated the child or senior when it came to risk taking, any similarities or differences and the impact this might have on the care recipients' quality of life.

## **Chapter 2: Literature Review**

### **2.1 Society and its Risk Adverse Culture**

The culture that has become accepted as common place in today's society is one of risk aversion. Risk aversion is the fear society has of the possible negative outcome that might occur from participating in an activity that is risky. In fact, risk aversion is so prevalent that some in society have reached a point where they are unable to deal with risk and often society has put into place unnecessary safety measures to avoid risks all together (Gill, 2007; O'Brien & Smith, 2002). The risk aversion that society demonstrates is considered a culture of fear, where the anxiety of negative events, such as someone becoming injured, and the obsession of safety to keep such a negative event from occurring is common place and drives people's actions, (Gill, 2007; Parker, Barnes, Mckee, Morgan, Torrington, & Tregenza, 2004) even though the risk of injury is lower now than it has been in the past (Gill, 2007). Society's risk aversion has been a major driving force in the care of its vulnerable populations, that is, both children and the elderly. In order to understand our current culture of risk aversion, one must first understand what constitutes society and culture. How culture is created within a group of people has long been debated and many different researchers have purposed their own theories as to how this phenomenon is born. To understand our current culture towards risk taking, two different theories of culture will be discussed, the genetic definition of culture and the psychological definition of culture.

### **2.2 Genetic Definition of Culture**

The genetic definition of culture is focused on how culture was created and continues to last. Within a genetic definition of culture, it is thought that culture is created from the interactions that people have with each other within a location such as a town. Ideas are created and passed from one person to the next and become common knowledge within the group (Kroeber & Kluckhohn, 1952; Smith, 2001). Ward (1903) put it best by saying "A culture is a social structure, a social organism, if any one prefers, and ideas are its germs." (as cited in Kroeber & Kluckhohn, 1952, p. 130). In other words, the ideas that are created get passed from person to person just like germs and

become hosted in the collective minds of all people living within that society (Kroeber & Kluckhohn, 1952; Smith, 2001).

Applying the genetic definition of culture to risk aversion in culture one can begin to understand the concept that if a small group of people create an idea that everyone should be fearful of risks, if enough people within the group buy into this idea, it can spread throughout the group with ease and become common knowledge.

### **2.3 Psychological Definition of Culture**

The psychological definition of a culture as defined by Kroeber and Kluckhohn (1952) and Mastumoto (1996) defines it as a set of attitudes, values, beliefs and behaviours that are shared by a group of people. These shared attributes are different for each individual but collectively, make up the culture of the group and are passed down from one generation to the next (Kroeber & Kluckhohn, 1952; as cited in Spencer-Oatey, 2012). Culture within different groups of people is accepted to a different degree by each individual within the group and therefore people's adoption of it is also based on the individual. Depending on a person's beliefs and values they will accept and act on different aspects of culture to different extents. If a person agrees with an action that the culture is dictating then they will accept it and engage in it, but if it does not align with their values then they will reject it and reject their culture (Spencer-Oatey, 2012).

Applying this theory to risk aversion and culture if a group believes taking risks is dangerous and should be avoided and this belief is accepted by enough individuals in the group they will, to different degrees avoid risk taking behaviour. The action of avoiding risks aligns with what they value as important such as having their loved ones remain safe.

### **2.4 Risk Adverse Culture of Parents**

Some research suggests the shared beliefs among caregivers today is one that views risk as negative, and one that sees risk as something that should be avoided whenever possible (Allin et al., 2013; Ibrahim & Davis, 2013) emphasizing safety over quality of life (Kane, 2001; White-Chu et al., 2009). Local culture and society tend to

play a large role in influencing how parents understand risks and when they allow their children to engage in risk taking activities. Through parental interactions, parents gain an understanding of how to properly handle their children. If a style of parenting is believed to be the best by others, a parent will try to copy it and enforce it on their own child. This copy and paste behaviour exemplifies the true nature of the risk adverse culture of today. As Allin, West and Curry (2013) found, some parents fear they might become marginalized and excluded by other parents if their parenting practices and styles do not match the socially accepted view (Allin et al., 2013).

## **2.5 Risk Interpretation Theories**

Along with understanding what is culture and the basis of current risk aversion culture, one should understand how people make choices around the acceptability of risks and how they judge risk taking as compared to the reward of engaging in the activity. Three theories are used to explain how risk is interpreted: risk-as-analysis theory, risk-as-feelings theory, and risk-as-value theory (Finucane & Holup, 2006).

**2.5.1 Risk-As-Analysis theory.** Risk-as-analysis theory uses an approach that is both intentional and effortful. When a risk-as-analysis method is used a person judges the outcomes of the risk taking behavior. A person makes a justification using logic and evidence to weigh the pros and cons of the risk taking and will choose the option that they feel will have the more favourable outcome. This theory does not take into account how people decide what is a favourable or acceptable amount of risk (Finucane & Holup, 2006).

**2.5.2 Risk-As-Feelings theory.** Risk-as-feelings theory helps to explain how people make decisions as to what is a favourable outcome. When risk-as-feelings theory is used a person judges the acceptable amount of risk by using experiences and feelings to understand and assess the risk. It is thought that feelings can help a person more efficiently make choices around what is an acceptable and anticipated outcome of an action. Risk-as-feelings uses a heuristic principle to understand how feelings drive these decisions. It is thought that images within a person's mind that are associated with positive and negative feelings help to guide the choices that a person makes. Using these

feelings can increase a person's efficiency when evaluating the possible outcomes of engaging in different situations with some type of risk. Often this assessment is done by reflecting on outcomes of prior risk-taking events, and the strong emotional triggers that these memories hold (Finucane & Holup, 2006).

**2.5.3 Risk-As-Value theory.** Finally, risk-as-value theory combines both risk-as-analysis and risk-as-feelings theories to develop a more rounded and complete understanding of how people understand risks and what motivates them. The idea that risk is assessed based on the values that people hold and apply to the situation might give the best insight as to how people make choices around risk. Based on their values a person utilizes both a logical reasoning process to weigh the outcomes of an action and takes into consideration their experiences from past events and feelings they hold towards those events. It is thought that the risk-as-value theory works by allowing the person to incorporate the perceived risk or hazard of a situation and then apply both an analytic and emotional evaluation on the perceived risk. In this way a person is able to balance the possible negative outcomes with the possible positive ones on all levels of emotion, past experiences and analytical judgments when making a risk taking decision (Finucane & Holup, 2006).

## **2.6 Media's Influence**

One possible reason society has become risk adverse could be the influence of the media. Gleave (2008) and Lindon (2011) discuss how anxiety stemming from the media has caused a focus on the negative outcomes of children's engagement in risky play, and has sensationalized the negative outcomes only focusing on the dangers. It is these few uncommon and unfortunate circumstances that the media reports on, so parents only gain a skewed view of the outcomes of risk during play and believe that these rare negative outcomes will occur to their child (Gleave, 2008; Lindon, 2011). Along with this media over sensationalizing risk, people are continuously becoming more exposed to information about large-scale hazards and unavoidable risks of everyday living. This exposure has caused society to become hyper-aware, and in turn more preoccupied with risk management. Society in turn has become only focused on the negative outcomes of



risk. This, therefore, leads people to be risk conscious and to avoid risks (Allin et al., 2013).

## **2.7 Risky Play for Children and its Benefits**

Risky play can be defined as a form of play that is thrilling or exciting for a child yet is an activity where risk of physical injury exists (Sandseter, 2009). Children, regardless of age, seek and benefit from risk taking during play. Risk during play provides many benefits in all parts of a child's development (Brussoni et al., 2012; Gill, 2007).

Sandseter (2007) identified six categories of play that children engage in that involve risky play: play at heights, play at high speeds, play with dangerous tools, play near dangerous elements, rough and tumble play, and disappearing/getting lost. Sandseter (2009) also divided characteristics that make children's play risky into two categories: environmental characteristics (the play structures and equipment used by the children) and the individual themselves (how the child behaved during play). Sandseter (2009) concluded that children's natural urge to engage in risky play is influenced by both categories.

Following Sandseter's (2009) definition of risky play and her conclusion that children look for thrilling activities, Sandseter (2009) expanded on what children experience during risky play. Children seek out risky play for the exhilaration associated with the danger aspect of the play. Often the exhilaration experienced during risky play is on the edge between the feelings of excitement and fear. Children aim to keep themselves in this exhilaration zone. However, if the play moves into the pure fear emotion the child's play will often stop. What Sandseter's (2007; 2009) works have shown is an understanding that children innately seek out and engage in risk taking during play activities, and that children should engage in challenging play adjusted to their individual sense of risk and their need for exhilaration. Evidently, taking risks is a necessary part of childhood play (Sandseter, 2007; 2009). Stephenson (2003) found that children actively seek risk in their activities. Children, as young as 4 years old, use risk as part of their play, often using physical forms of risk to increase their enjoyment. These physical risks

focus around thrill-seeking activities, such as going faster than anyone else on play equipment. Furthermore, even children as young as 2 years old look to actively engage in risks within their environment. Age does not seem to be a factor when it comes to risky play but the danger associated with the risk is dependent on the age of the child (Stephenson, 2003). Children seem to seek risk; however they tend to change the levels of risk associated with play based on their abilities (Sandseter, 2009).

Risk during play also allows children to push themselves, allowing them to better understand the limits of their capabilities and gain a better understanding of what they can and cannot handle. Risky play also gives children the ability to face challenges and learn how perseverance can allow them to overcome those challenges (Gleave, 2008; Sandseter, 2009). Children need to understand limits and face challenges to develop independence. Therefore, risk taking seems to be critical in the development of independence (Brussoni et al., 2012; Mitchell, Cavanagh & Eager, 2006; Stephenson, 2003).

It is interesting to note that children are able to understand what level of risk is appropriate for them, and engage in activities that are not only within their own level of ability but also provide them with the feeling of excitement (Little & Wyver, 2010). This concept aligns with the understanding put forth by Sandseter (2009) that children can differentiate between pure fear and exhilaration, and that they are able to determine when the challenge is far greater than their ability level (Sandseter, 2009).

Children are able and capable of seeking out and engaging in challenging activities where they understand their own abilities and are able to use caution to avoid going beyond their capability. Starting at a young age children are able to understand and identify behaviour that increases the risk of injury. However, when children are evaluating the amount of risk that is appropriate for them, they are unable to understand the severity of an injury that might occur (Little & Wyver, 2010).

The non-associative theory says children develop fears of certain stimuli, and these fears protect them from situations they are not mature enough to cope with. Risky play replaces the previously feared emotions with exhilarating positive emotions

(Sandseter, 2011). In this regard, the anticipation of excitement or fear predicates children's decision to engage in or avoid risk taking.

However, when a situation pressures children to enact risky behaviour to attain a desired goal, children endorsed greater risk taking. Children's ratings of danger and injury severity were adjusted in order to emphasize the fun value of the risky activity, and downplay associated fears if they had to take the risk to attain their goal (Morrongiello & Matheis, 2004).

Sawyers (1994) provided insight to suggest that children will modify an activity in order to reduce boredom when they acquire the skills to undertake the activity, as it is no longer a challenge for the child. As children gain experience in a risk taking activity, they seek out greater amounts of risk in connection with their increased ability and experience (Morrongiello & Dawber, 2004). Being able to make informed decisions based on previous experiences and learning to manage challenges is important in healthy development (Mitchell et al., 2006).

There seems to be more than one factor involved in affecting children's desire to participate in risky behaviour. Many different psychological factors including sex, behavioral attributes, family factors, parenting styles, and social pressures influence their engagement in risk. The fact that there are many different factors that contribute to risk seeking play leads one to believe that risky behaviour is a part of growing up and that these factors may increase children's drive to take risks (Morrongiello & Lasenby-Lessard, 2007).

## **2.8 Parent's Influence on Children's Risky Play**

Much research has been done in the area of parental influence on children's risk taking and the way parents socialize their children. The current thinking when parenting is that children need to be kept as safe as possible, driving parents to ensure there is no risk of injury to their child (Brussoni et al., 2012). Over protective parenting diminishes children's risky play. Societal conceptions of children's competency and resilience have led to the perception that children need to be protected. Placing limits on children's risky

play and excessive focus on safety can pose a threat to healthy child development (Brussoni et al., 2012).

Little, Wyver & Gibson (2011) found parents believe they have a socially assigned responsibility to protect their children from risk but also to encourage their children to experience appropriate risk taking to gain competence. Opportunities for positive risk taking in childhood are dependent on how the adult views and takes risk (Little, Wyver & Gibson, 2011).

Parents that have been influenced by current risk culture tend to minimize any risk to their children. Society has become hyper-safety conscious, in which any risk is too much risk. Parents are no longer accepting of their children being able to play outside of the supervision of an adult. They will often attempt to minimize risk by using constant supervision (O'Brien & Smith, 2002). It can be seen that children's ability to engage in risky play has been significantly reduced out of fear of an accident that might lead to injury and out of the fear of stranger danger, unknown people who want to take or hurt a child (Allin et al., 2013; Brussoni et al., 2012; O'Brien & Smith, 2002).

In a study by Carver, Timperio, Hesketh & Crawford (2010), it was found that parents reduced the amount of outdoor physical activity that their child participated in because of fear or safety concerns and the perceived risk associated with outdoor play. As one might expect, the perceived risk of something occurring had a negative impact on the amount of physical exercise the children were receiving. As parents reduce the amount of outdoor play in preference of, what in the short term might be thought of as, safer indoor play (eg. sitting children in front of a TV), there emerges a negative effect on their physical exercise. In the long term, the loss of physical fitness in children is possibly more of a risk to their emotional and physical health than any injuries or other risks associated with outdoor play (Carver et al., 2010).

Parents' focus on safety can have a reverse effect. This effect is seen in children (as has been observed in adults) that take more risks in an activity if they are wearing safety gear. This has been termed risk compensation, as the use of safety gear may result

in a misconception of injury or risk such that greater risk is taken (Morrongiello, Walpole & Lasenby, 2007).

If risky play is removed or withheld, a child cannot learn what risks are, what risks are good, and how much risk is appropriate. By withholding risk, parents removed the necessary development by the child of proper risk assessment skills and this can have a large impact in adult life when they are faced with similar risky situations (Brussoni et al., 2012; Gill, 2007).

The way that parents interact with different gendered children has also been well documented. Parents will often socialize their boys to take more risks than girls. This is done both in the way boys and girls are disciplined when they engage in a risk taking activity and how the child views their own abilities and limitations. Boys are less likely to be instructed to stop an activity that is risky, and when parents intervene the idea of Boys will be Boys comes to mind. Boys are often disciplined for making a poor choice (Morrongiello & Hogg, 2004). However, parents will often act much quicker to intervene in a girls' risk taking activity than for boys (Morrongiello & Dawber, 2000). Thus parent's reactions to risk taking are different for sons (focus on discipline) and daughters (focus on safety). Parents feel girls' behaviour towards risk taking can be influenced and changed but for a son risky play is inevitable (Morrongiello, Zdzieborski & Normand, 2010). As well parents are of the wrong impression that girls are more vulnerable to becoming injured during risky activities, and this notion becomes engrained in them (Morrongiello, Midgett & Stanton, 2000). As such, both boys and girls think that girls are more at risk of getting hurt and this influences girls' decisions in play settings (Morrongiello et al., 2000). Girls also consider what they think their parents would want them to do when faced with a risk taking choice (Morrongiello & Dawber, 2004). Morrongiello and Dawber (2004) also looked at social and situational factors and how they influenced children's risk taking behaviour. Children seem more susceptible to social influences surrounding risk taking when the relationship with the persuader is long term and valued (Morrongiello & Dawber, 2004). Girls risk-taking decisions related only to their perception of danger but boys related to their perception of danger and their belief about the potential for fun. Boys expected their parents would want them to take a less

risky path but the perceived parental norms did not deter them from engaging in the risky activity. Girls endorsed the level of risk taking they perceived as acceptable to the parent (Morrongiello & Dawber, 2004).

## **2.9 Benefits of Risk Taking for Older Adults**

The psychological well-being of seniors is one of the most important factors that influences and impacts their quality and enjoyment of life. According to Ryff (1989) and Ryff and Keyes (1995) there are six dimensions of psychological well-being of seniors: self-acceptance, positive relations with others, autonomy, environmental mastery, purpose in life, and personal growth. By limiting or removing any one of the six factors one's well-being and self-worth can be negatively impacted (Ryff, 1989; Ryff & Keyes, 1995).

Self-acceptance is the emphasis and importance placed on a person's self-worth. A major factor in self-acceptance is a person's self-esteem. Having a positive attitude towards one's self is one of the major corner stones of well-being (Ryff, 1989; Ryff & Keyes, 1995). A person's self-esteem is a critical factor that is enhanced by providing them with more independence and personal control over daily activities which contributes to one's quality of life (Blair, 1999). The dignity that comes from having autonomy can have a large effect on self-esteem in the elderly (Anderberg, Lepp, Berglund & Segesten, 2007; Parsons, 2008) and therefore have a large influence on self-acceptance as a part of their psychological well-being (Ryff, 1989; Ryff & Keyes, 1995).

Autonomy is the independence, self-determination and regulation of a person's own behaviours. Autonomy makes up another factor in a person's psychological well-being, as it encompasses the independence people seek (Ryff, 1989; Ryff & Keyes, 1995). Risk taking by seniors allows them to express their independence (Ibrahim & Davis, 2013). Independence and autonomy are an essential part of daily life. People come to expect a certain level of independence because they have been making choices and decisions for themselves their whole lives. If this independence is reduced or removed this can lead to a feeling of lowered self-worth and possibly lead to a decrease in the senior's quality of life (Blair, 1999). When a caretaker enacts risk aversion behaviour to

control risks and prevent negative outcomes, it removes the senior's independence and autonomy, therefore limiting their well-being, and negatively impacting their quality of life (Blair, 1999; Ibrahim & Davis, 2013; Ryff, 1989; Ryff & Keyes, 1995).

When one can decide what activities one can embark on (such as going for walks) and these types of daily living activities are allowed to occur independently self-esteem and quality of life increases significantly (Blair, 1999). The positive outcomes surrounding the quality of life and dignity of care for seniors that increasing autonomy allows by having the senior make decisions regarding the activities they engage in, some of which may include risk, aligns with the concept of dignity of risk. Dignity of risk was first proposed when working with people with physical disabilities. The idea is that people should be permitted the ability to make choices (autonomy) around what risks they can and should undertake. Dignity of risk suggests that it should be the individual person who takes on the negotiation between the benefits and drawbacks to any activity they do. In doing so autonomy can be influenced, reintroduced or maintained in older adults as they are the ones making choices around what they want to continue to do, and what actions they feel have a positive outcome on their life, no matter the risks involved (Parsons, 2008).

A senior's quality and enjoyment of life is also influenced by personal growth. Personal growth is seen as the way that people continue to develop throughout their lives. With personal growth people are able to continue to adapt and change in response to the world around them. By taking part in risk taking activities seniors continue to experience personal growth (Ryff, 1989; Ryff & Keyes, 1995).

Self-acceptance, autonomy, and personal growth, three of the six dimensions of psychological well-being of seniors, (Ryff, 1989; Ryff & Keyes, 1995) could be affected by a risk aversion culture in caregivers, who focus is safety rather than quality of life when it comes to caring for seniors (Kane, 2001).

People spend their entire lives making choices around what they will do from day to day, what activities they will participate in, and how much risk they feel is appropriate for them. The ability to be independent and control one's own actions can be thought of

as autonomy, is linked to one's dignity and well-being (Anderberg et al., 2007; Randers & Mattiasson, 2004; Ryff, 1989; Ryff & Keyes, 1995). Allowing seniors, the ability to make decisions for themselves preserves their feeling of independence and has a positive influence on their dignity, identity and self-worth all three of which greatly influence someone's quality of life (Randers & Mattiasson, 2004).

As a person begins to seek care from, or given care by, others, new caregivers want to ensure their safety as best as possible. By doing so they often reduce the autonomy and control over activities seniors are allowed to partake in (Ibrahim & Davis, 2013).

When a caregiver is risk adverse and limits the senior's autonomy by controlling the activities, including risk taking activities the senior engages in, the caregiver is thereby affecting the senior's dignity. Dignity is a complex concept, having both internal and external factors that influence feelings of being dignified. The amount of respect and dignity a person receives often reflects the amount they will show to others. It is this interaction between people and the way they are treated that plays one of the largest roles when it comes to someone feeling that their dignity is being maintained (Jacelon, Connelly, Brown, Proulx & Vo, 2004). When a caregiver wants to provide dignified care, with something as simple as maintaining privacy or allowing someone to continue to take control of their own care whenever possible, it can have lasting effects on the overall perception of a person's own dignity (Anderberg et al., 2007; Randers & Mattiasson, 2004).

## **2.10 Care Provider's Perception of Risk Taking by Seniors**

The perception that some caregivers hold is that seniors are a vulnerable population and as such need to be protected from risks and kept safe from experiencing physical or mental harm (Brocklehurst & Laurenson, 2008). A caregiver influenced by society's current culture of risk aversion often controls the senior's risk taking decisions and puts into place safety measures to avoid risks altogether (Ibrahim & Davis, 2013). Care providers may see seniors as being dependent and needing assistance so they do not let them perform activities that they have always done and may still be able to do. This



removes the senior's autonomy, can lower their self-esteem and negatively affect their well-being (Blair, 1999). Society seems to be struggling with the idea of allowing older adults their autonomy in making decisions around risk taking, which may lead to an increase in their quality of life, even if only in the short term (Ibrahim & Davis, 2013). Some care providers see it as their responsibility to protect the senior from harm or a negative outcome occurring. Therefore, they remove the senior's ability to make their own choices which reduces their autonomy and negatively effects their quality of life (Kane, 2001). Some residential aged care providers believe they must protect the elderly by using absolute hazard avoidance. Their aim or intention is to reduce accidents and injuries. Caregivers may believe they are protecting the senior from injury but in actuality they are limiting their activity choices in a manner that can cause the loss of the senior's autonomy. This way of thinking does not follow the notion of the importance of dignity of risk. This loss of autonomy is linked with a loss of quality of life. It seems to be that the actions of caregivers demonstrate a preference for risk intolerance and when an accident does occur resulting in someone being injured, society reinforces its risk intolerant views (Ibrahim & Davis, 2013). Minimizing risks puts quality of life second to health and safety and could reduce one's independence and autonomy (Kane, 2001). This focus on safety has also lead to creating risk adverse environments for seniors limiting the types of activities they are exposed to which can also have a negative effect on their quality of life (Parker et al., 2004).

## **2.11 Summary**

As the literature has shown current culture is one of risk aversion (Allin et al., 2013; Gill, 2007; O'Brien & Smith, 2002). Caregivers often view risk taking in a negative light when it comes to children and seniors engaging in risk taking decisions or activities (Allin et al., 2013; Ibrahim & Davis, 2013; O'Brien & Smith, 2002). However, the literature has shown children and seniors benefit from making their own decisions and participating in risk taking. For children risk taking is critical in the development of their independence (Stephenson, 2003). Risky play provides children with the opportunity to learn what level of risk is appropriate for them and how to overcome their fears (Sandseter, 2009; 2011). Risky play also provides children the ability to face and

overcome challenges (Gleave, 2008). Being able to make decisions and learn to manage challenges is important in healthy development (Mitchell et al., 2006). For seniors the ability to make their own decisions about what activities, some of which may involve risk, they engage in has a positive effect on their dignity, integrity, and self-esteem (Blair, 1999; Randers & Mattiasson, 2004). Notwithstanding the benefits of risk taking for children and seniors caregivers still do enact risk aversion behaviour to control risks and prevent negative outcomes. For children this over protective parenting diminishes children's risky play (Brussoni, et al., 2012). For seniors this risk aversion behaviour limits the senior's autonomy thereby affecting their well-being (Ibrahim & Davis, 2013; Ryff, 1989; Ryff & Keyes, 1995).

Whether an activity is viewed as risky differs based on the desired outcome to be achieved by the individual making the risk taking decision. For the child, they may see it as a thrilling or exciting challenge to engage in risky play (Sandseter, 2009). For the senior, dignity of risk means they should make their own choices about activities they see having a positive effect on their quality of life even those choices with risk (Parsons, 2008). For risk adverse caregivers they need to protect the child and senior from injury and view risk as something to be avoided (Allin et al., 2013; Brussoni et al., 2012; Ibrahim & Davis, 2013; Kane 2001). Parents' place limits on a child engaging in risky play (Brussoni, et al., 2012) and caregivers reduce the decision making the senior has over the types of activities they engage in (Ibrahim & Davis, 2013) because caregivers want to avoid a negative outcome from occurring prioritizing safety over quality of life (Kane, 2001).

The ability to be independent and control one's own actions can be thought of as autonomy and is linked to one's dignity and self-esteem (Anderberg et al., 2007; Blair, 1999; Ryff, 1989; Ryff & Keyes, 1995). All of these factors form part of the psychological well-being which influences and impacts quality of life and continued development (Michell et al., 2006; Ryff 1989; Ryff & Keyes, 1995; Stephenson, 2003).

## **Chapter 3: Methods**

This chapter will provide an overview of how the research was conducted. An explanation of why grounded theory was used as the qualitative research method is first set out, followed by information about the researchers and their roles. Next the participants and the recruitment procedures will be discussed. Data collection and its analysis using open and selective coding as well as the use of memos by the researcher will be discussed as will data trustworthiness.

### **3.1 Research Objectives**

The intent of this study was to explore and develop a theory to understand the SSG's perception of risk taking and how they assess, classify and evaluate risk for both their child and senior. The process the SSG used to evaluate risk taking situations was explored as was the impact of the SSG's decisions on their child's and senior's independence and quality of life.

### **3.2 Why Grounded Theory**

In order to understand the participant's perception of risk and the process used by them when assessing and evaluating risk taking by their child or senior, a grounded theory methodology was used. Grounded theory is used when a researcher wants to build a theory about a phenomenon that is important in the lives of the participants (Corbin & Strauss, 2008). By using grounded theory there are no preconceived theories to prove or disprove. The theory emerges out of the experiences of the participants centered around a theme or topic that the researcher is interested in exploring (Glaser, 1992; Corbin & Strauss, 2008). Although grounded theory methodology does not attempt to achieve statistical generalizability it does seek to explain a phenomenon. Grounded theory methodology is the best choice to develop a theory based on individual's perceptions and experiences regarding the phenomena. It also provides a framework when a researcher wants to learn about individual's perceptions. For grounded theory data is collected from a number of individuals who fit certain criteria the researcher determined was important to ensure that they could relate to the specific phenomena in their lives and experiences. The experiences and stories shared by the participants were used to develop a theory of

their perception of risk, the process they consider when making risk assessments, the actions they take and the impact on the child and senior engaging in the risk taking. This allows for the final theory to be grounded within their own unique experiences, perspectives and voices (Corbin & Strauss, 2008). This provides an understanding of the SSG's caregiver role regarding risk taking by the child and senior. Data is collected through interviews and is analyzed by using coding techniques, data comparison and memo writing (Glaser, 1992; Corbin & Strauss, 2008).

### **3.3 The Researcher's Roles**

Two researchers were involved in the study each having specific roles.

**3.3.1 Researcher one.** Researcher one was the primary researcher and it was his role to first select the methodology that was most appropriate for the purpose of the study. Grounded theory was chosen. Under the grounded theory framework researcher one created specific participant inclusion criteria and recruited participants for this study who met the criteria. To fulfill the specific intent of the study, researcher one developed specific risk scenarios and created the semi-structured interview guide which included risk scenarios and interview questions. Researcher one also conducted and coded the interviews and wrote ongoing memos. After the initial round of coding in conjunction with researcher two, researcher one created a dictionary of codes and operational definitions. Researcher one analyzed the coding and through discussion with the second researcher determined the theory.

**3.3.2 Researcher two.** The role of the second researcher was to review the risk scenarios and interview questions. Researcher two coded a sample of the interviews and assisted in the creation of the dictionary of codes and reviewed the operational definitions of the codes. Finally, researcher two helped with the generation of the theory through in-depth discussion with researcher one.

### **3.4 Participants**

Participants were selected based on specific inclusion criteria identified by researcher one as important to ensure the individual participant's experiences and voices

were relevant to the study's intent. As gender was not the focus of this study any differences in the way men and women care for loved ones was avoided by using a homogenous group of caregivers. To ensure this was achieved only female SSG participants were selected to be used in this study as women are often the primary caregiver within the family dynamic caring for both their aging parents and their own children (Grundy & Henretta, 2006; National Alliance for Caregiving, 2009; Pierret, 2006).

The inclusion criteria for a participant was that she should be a middle aged English speaking woman who has one or more children over the age of 16, who attained the equivalent of their G2 driving license or higher and has a parent over the age of 75 years who has or had their driver's license.

The participants of this study were Caucasian woman between 48 and 64 years of age with a diverse educational background, the majority having a post-secondary education or higher. All of the participants of this study resided within the Greater Toronto Area of Ontario Canada.

### **3.5 Ethics**

Ethics approval for this study was received from The University of Western Ontario's Research Ethics Board (see appendix A). Prior to including a potential participant in this study a letter of information and consent form (see appendix B) was provided to and signed by them. All identifying information has been replaced with fictional names or redacted to ensure the privacy and confidentiality of the participants.

### **3.6 Recruitment**

To establish a core group of participants a gatekeeper, who was known by the researcher to fit within the inclusion criteria of this study, was requested to assist researcher one in recruiting participants. The gatekeeper agreed to provide information about the study to women she felt met the inclusion criteria and ask them to contact the researcher if they wanted to participate in the study. Once a core set of women agreed to participate in the study, they were asked to provide the information about the study to

other women they felt might fit the inclusion criteria and be interested in participating in the study. This method to recruit participants for the study is known as a snowball sampling method (DePoy & Gitlin, 2005). A group of 20 participants was recruited.

### **3.7 Data Collection**

A total of six scenarios were developed by researcher one from current literature around risks in three different types of situations: driving, computer and internet use, and moving to a new residence. The literature review identified key components or factors that would cause each of the three activities or situations noted to be considered a high risk event, and therefore allowed for the creation of what was deemed to be high risk scenarios. Three high risk scenarios were developed with the child as the main focus and three scenarios focused on the senior. Both the child's and senior's scenarios reflected the same types of risks within the same situation. For example: the driving scenario for both the child and senior included driving on a dark rainy night, driving on a new route and picking up a passenger along the way, three activities that are seen as increasing the danger of driving. Questions for each of the three types of scenarios were created to explore with the SSG participants their perception of risk (Arfi & Agarwal, 2014; Arfi & Agarwal, 2013; Ferguson, 2003; McGwin & Brown, 1999; Oxley, Fildes, Corben & Langford, 2006; Rengamani, Upadhyaya, Rao & Kumaraguru, 2010; Young & Bunce, 2011). A number of open ended questions were developed for each scenario to provide direction for the interview and to assist each participant in sharing based on their experiences as a caregiver for a child and senior, their perception of risk, their treatment of the child or senior when it comes to risk taking, and the importance of autonomy for the child or senior. The six scenarios and questions were read by researcher one to the participant during the interview process and used as the basis for data collection. See appendix C for a copy of the scenarios and questions.

A semi structured one-on-one interview format was used for data collection. The interviews were conducted in person or over Skype video calling in order for the participant to feel comfortable and share their thoughts as in a conversation where researcher one could note their body language in memos. The interviews were conducted in the participant's own home as to ensure a comfortable, quiet and private setting. Prior

to the interview commencing researcher one confirmed with the participants their willingness to participate in the research, reminded the participants of the details of the informed consent form they had signed (see appendix B), confirmed their consent to the interview being audio recorded, and explained how the confidentiality of their data would be protected. Names of the participant, their child, their senior, their family members and any identifying information provided by the participants was removed from the transcripts and fictional information was substituted in order to protect the participant's privacy and confidentiality of the data.

The interview consisted of each of the six scenarios being presented one at a time in a counter balanced order to each participant. The order was counter balanced across participants in order to ensure equal representation of each scenario and prevented the same order for all participants. By counter balancing the order, the possibility of an order effect was avoided. For each scenario each participant was asked to envision their loved one in the scenario. The process below was followed for each of the six scenarios for each participant. The researcher read the scenario to the participant. After the scenario was read to the participant they were asked:

- to rate the amount of risk on a scale of 0 to 100 (0 being no risk at all to 100 the maximum amount of risk) they perceived the scenario posed for either their child or senior depending on who was the focus for that particular scenario;
- what they identified as risk factors in the scenario;
- what their actions might be if it was their loved one in the scenario; and
- their view on the importance of autonomy or independence for either their child or senior depending on the particular scenario.

This process was repeated for the next scenario selected for that participant until all of the six scenarios had been completed. Active listening techniques were used during each of the interviews to confirm ideas presented by the participant were understood and interpreted correctly by researcher one. At the completion of the interview researcher one having noted the risk scores for each of the three scenarios for the child and those for the senior, shared them with the participant. The participant was asked if they could think of

any reasons why there might be a pattern to the risk scores they gave. The reason for this question was to gain additional information concerning their perception of risk for each generation. The participant was then asked if there were any answers that they would like to go back and add to or change and if there were any additional comments or questions they might have. Each interview was audio recorded by researcher one. Researcher one noted in a memo log any reactions or outstanding occurrences during the interviews that might help with coding later. Ongoing memos were written by researcher one between interviews and during coding. Reoccurring themes, comments and ideas that the participants expressed during the interviews were noted. Researcher one used the memos to question or probe trends and emerging themes from the participants' interview data. Memos are used to begin exploring the data that was being gathered, help in the identification of developing themes from the data, question the data, and help reflect on ideas and the evolution of what was being explored (Corbin & Strauss, 2008).

Once the interviews were conducted, each interview was transcribed verbatim from the audio recording. The transcripts were reviewed multiple times prior to coding by researcher one. The interview transcripts were then coded using Nvivo version 11.1.1 coding software and the risk scores analyzed.

### **3.8 Data Saturation**

The overall number of participants for this study depended on how many interviews were required in order to reach saturation of the data. Saturation of data is achieved when no new themes emerge from the participant interview transcripts as they are being coded. As is the case in grounded theory work, data collection continued until the researcher determined that saturation of data had occurred (Corbin & Strauss, 2008; Bryant & Charmaz, 2007). After the first round of data collection from the initial group of 20 participants was completed and interview transcripts coded, it was determined that the saturation point had been reached and no new interviews would be required.

### **3.9 Risk Scores**

The risk scores given by the participants for each situation for the child and each situation for the senior were recorded. Using the collected risk scores, an average risk



score was calculated for both the child and the senior for each scenario. An overall average risk score was also calculated for the child and one for the senior.

### **3.10 Coding**

To analyze the data both open coding and selective coding was used. Open coding techniques were used to identify trends and themes (codes) from the participants' interviews. Open coding is the technique where the interview is read and as codes begin to emerge they are tagged to identify them. With open coding the researcher starts out the analysis with no preconceived codes therefore allowing the codes to be created from the data. Open coding is the initial step in the analysis of data (Glaser, 1992). Six interviews transcripts were randomly chosen and were independently open coded by the first researcher. These six interviews were then independently open coded by the second researcher. Once the data was coded from the chosen six interviews by both researchers, the coded results were compared and discussed in order to confirm that the interpretations of the themes were similarly identified and to identify the central category for the research. A central category is the main theme of the research and is the underpinning of the theory that will be generated (Corbin & Strauss, 2008). Together the first and second researchers developed a dictionary of codes from this round of coding. Operational definitions for each code were developed by the first researcher and then discussed with and confirmed by the second researcher. The first researcher then open coded the remaining 14 interviews and updated the dictionary of codes to reflect any additional themes that had emerged and created operational definitions for these new codes. See Appendix D for a copy of the dictionary of codes and operational definitions. The dictionary of codes was then used as a guide for the selective coding process. A selective coding process is used to code the data again for the identified central category. If new themes emerge from the data they are added to the dictionary of codes (Glaser, 1992). The first and second researcher selectively coded six new randomly chosen interviews using this dictionary of codes and added new themes to the dictionary if they emerged from the data. These results were discussed and compared to ensure the dictionary of codes and operational definitions held true to the data. The first researcher then coded the remaining 14 interviews, including the initial six interviews using selective coding. The

themes were then discussed with the second researcher in order to determine the theory that had emerged from the data and ensure it was interpreted by both researchers in the same way. This discussion allowed for the theory to be finalized ensuring support for it was grounded within the words of the participants.

### **3.11 Data Interpretation**

The categories and themes that emerged from the coding were used by the researcher to develop the theory based on the perspectives of the participants and to compare it with existing research. Existing research was used to help in the data interpretation to provide context through the use of systematic comparison. In this way interpreting the data generated by the participant's experiences expands the existing research to provide a new perspective that is broader in scope as it encompasses the SSG's perception of risk for both the child and senior (Corbin & Strauss, 1998, Sousa & Hendriks, 2006).

### **3.12 Credibility**

To ensure the credibility of the theory that emerged from the data and coding process was interpreted by the researchers correctly and supported within the voice of the participants the themes have to be recognized by the participants who had the experiences (Corbin & Strauss, 1998). To ensure the participant's perspectives were accurately interpreted the first researcher contacted six of the participants. The researcher's interpretation of the data was shared with each participant individually and each of them was asked if the interpretation reflected their own experiences and views. All six participants confirmed that the researchers had accurately interpreted their views. Given all six participants agreed that their view was captured by the researcher's interpretation of the data no further participants were contacted.

## Chapter 4: Results

One of the roles of the SSG as caregiver to both the child and senior is to assess and evaluate risks associated with the child or senior engaging in a particular activity or situation. The SSG balances the opportunity to develop or maintain independence with the need to keep the child or senior safe. The risk assessment process used by the SSG considers the risk factors associated with the activity and the personality, traits, abilities, and past actions of the individual to manage risk. Based on their risk assessment the SSG classifies the risk as either a recoverable risk and supports the child or senior engaging in the activity or non-recoverable risk where the SSG controls the situation. Each outcome has an impact on the child, the senior and the SSG. The results of the child will be focused on first followed by the results that pertain to the senior.

### 4.1 Child Results

The SSG as a caregiver views risk as good for their child's independence and they see themselves as playing an important role in the growth and development of their child. They assess the risk associated with their child participating in an activity or situation by balancing the opportunity for learning, developing independence, and safety. The SSG's assessment considers the risk factors, their perception of the child's personality, traits and abilities based on both their prior knowledge of the child's past actions and the trust they have that their child will make appropriate decisions. How the SSG categorizes the risk influences the actions of the SSG and whether the child is allowed to or prevented from engaging in the activity. These decisions affect the child's experiences, opportunity for independence, growth and quality of life.

For the child results there are headings and subheadings to assist in describing how the SSG views risk, their role and responsibility in assessing risk and the process the SSG follows in their risk assessment. This is followed by how the SSG classifies the risk based on their risk assessment, the actions they take and the resulting outcomes.

**4.1.1 Risk assessment by the Sandwich Generation.** The SSG makes a decision for their child whether they may or may not engage in an activity by assessing their perception of the risk associated with the activity and considering whether engaging in

the activity will provide the child with the opportunity to develop their independence in a safe manner.

**4.1.1.1 Risk is good.** The SSG's positive view of the benefits associated with their child taking risks is represented in the quotes below.

I think everything has risk and I think that the more experience that they get with those experiences the better driver they will be. So to answer your question with risk I think that experiencing risk is a good thing and judging and evaluating is part of life. – Rebecca

It depends I guess on the risk of the particular or my perceived risk of the situation how much autonomy I would allow her to have but I would have tried to allow her to have as much autonomy as possible to help in her development. – Abigail

Absolutely very important because I think it is very important that they develop their own independence and I think that um they will only build on that, become confident, and I mean independence you wouldn't put them in something you didn't feel they had skills for but I think that exposing them to lots of things is absolutely important to have them feel independent. – Rebecca

The SSG sees risk as good for their child and experiencing risk as important in the child's growth and development of their independence which affects the activities the child engages in.

**4.1.1.2 Parenting responsibility.** The SSG's view of their caregiver's role as a parent to assess the degree of risk associated with their child engaging in an activity is highlighted in the quotes below.

Oh in general well I think it is a necessary life skill. You know that independence is part of it to be tied to your parents for the rest of your life I am sure isn't happy for everybody or anybody. I think as parents you strive very hard to show independence skills and you either lead by example or you make sure that

somehow they have exposure to the good things and take it from there. So it is a learning process that is ongoing from the day you are born kind of thing, right? And that's the ultimate to have your own independence – Ruth

I feel a parent's job is to launch them, [laughter] get them on their way. Um my role is not to keep them at home as long as possible and cook and feed for them or cook and clean for them, um I think it's not our role to be friends with them, it's our role to sort of help them become contributing members of society yup in an independent manner – Kimberly

In reality so you know your kids you know what they are capable of. You expose them to all these programs, right, your kids or your parents a lot of those formative years you didn't have a chance to influence right. They are who they are but I was just evaluating them where they are at in life now but again as a parent I have a chance to influence my child and expose her and kind of mold her and shape her and give her all those experiences which I think will help which again if you didn't give your kid experiences you would never send them out to drive but you would give them everything from the beginning so they are confident in normal situations – Rebecca

In all the presented scenarios, the SSG see themselves as playing an important role in the decision making process to determine what activities the child engages in. The decisions the SSG makes are based on their assessment of the risk associated with the activity and whether participation in the activity will assist the child to grow and become independent.

**4.1.2 Risk assessment process.** Although the SSG views independence as important, the degree of independence they allow their child to have is affected by the SSGs' risk assessment.

**4.1.2.1 Risk factors.** The quotes below demonstrate that the caregiver in determining the degree of risk that a situation or activity may pose for their child takes into consideration external factors.

Not so much for the work, considerable for the playtime, if we can divide it that way. Ah internet usage at 14 in my situation for her was new, Facebook certainly was new so the risk was high because of the unknown. My unknown as a parent and her unknown as a 14 year old. So the risk was high. It was the unknown. I mean we're all fearful of the unknown and the accessibility. The internet just opened up so many things. You don't know what you don't know – Jennifer

Ah just his inexperience, he's just got that independence to drive on his own, and again the weather, the conditions of the road, time of night, the fact that maybe he is picking up another teenage friend – Helen

I'm thinking it's going to take something to make her kind of realize that she's supposed to be at school so the risk is higher than a little bit because it would appear that she's um not getting herself organized, not getting her school work organized on her own so I'd say it's bad, it's the start of a slide. – Carol

The SSG's assessment of the risk is influenced by their view of the risk factors associated with the situation or the activity.

**4.1.2.2 Personality, traits and abilities.** The following quotes show that characteristics of the child are considered by the SSG and this affects their confidence that their child is capable or may not be capable of managing the risk.

There is always risk. He is an extremely good driver. I have always told the kids it's not their driving but it's about who is around you. So I guess the risk is 50/50 because you don't know what or see what's going to happen. As far as his driving

goes I have never had a problem with him going out. He did the young drivers'; he is a very safe driver. – Jessica

I am confident in her skills so as far as risk goes there is risk in everything so just go ahead and do it. – Rebecca

I think he would be capable of handling those conditions pretty well. He is a capable driver why wouldn't I let him you know. – Laura

Young, has good eyesight, has just taken her young drivers of Canada course, and she's a very prudent child. She's totally risk adverse. Ah she won every ski race she was in because she was the only girl standing at the end of the course [laughs]. Everybody else was taking all these chances and flying off it. She has a tremendously sensible head on her shoulders, she's a very good driver. I would have no qualms other than the kind of qualms I would have for myself. I would be evaluating it at that level. I would go and do that without a blink of an eye you know. – Louise

The SSG's assessment of risk is also influenced by their knowledge of the child's personality, traits and abilities. When the SSG views the child as capable of handling the risk perceived by the SSG associated with the activity or situation, the child is thought to be capable and responsible.

I think the other risk is that kids could put things on the internet or say things not realizing they're there forever, that they might see it as a temporary medium whereas really once it's out there it's out there. Some people can do things with photos or with what they said and I'm not sure if they're aware of just how long a life span that could have. – Carol

Well I am just thinking a boy at 14 the world is open there. It is very tempting to look and hear everything and talk to friends about everything and maybe things you would not talk to your parents about that's for sure. That is the way it has always been and I wonder you know I do not know computers that well and the internet that well to be totally controlling of what he can see on the computer. I

think that it's a wide open world and that's a risk to be seeing most things at that age. – Lisa

In the alternative, if the SSG does not think their child is capable of effectively handling the risk as perceived by the SSG associated with the activity or situation they view the child as not capable and inexperienced.

That is kind of our approach in life that and I think again that you have to get experience. So you're going to need experience as a driver on a dark and stormy night so there is no magic time so go ahead and go get that and you know I am confident that she is a good driver, that she will make good decisions, and obviously if the weather worsened and it became a tornado or something she would turn around and come back. So I think she has good judgment so I again I look at so you might see it as a high risk but I think that I am confident in her skills and decision making, so that is how I look at it. – Rebecca

Well I think that at 18 she has lived at home, she knows my values and I trust the fact that she will make the right decision. Often they don't but I have to have faith in myself that I've done ok. So on a risky point of view I am going to say the risk is up there because it's easy to be that way when you're not at home so I'm going to say 60. It's up there but I'm trusting on the fact that I have taught her the basics – Jennifer

... ah well the reasons, well the reasons I don't want to put her in a situation where I'm not sure that she would respond or be able to respond to any driving challenges. – Elizabeth

In assessing the risk associated with their child participating in an activity the SSG considers whether they trust or have confidence that their child will be able to react favorably and make appropriate decisions to effectively manage the risk.



**4.1.2.3 Knowledge of past actions.** The SSG's understanding of how their child reacted in prior risk taking situations is also considered by the SSG when they assess the risk to their child and these quotes illustrate this.

Because I have seen that before with Tom. So I would have seen that behavior before. So I would just think it is a continuation of behavior I have seen that I don't condone and I would know where it is going. – Mary

Um again I think you draw on personal experiences right, so I am thinking back to Ben thinking while he was always pretty responsible so I have got to give him that leeway but when you throw the other factors in that he can't control the weather, the storm, the inexperience, that's when the mothering worry comes out. So knowing that he is pretty mature, pretty responsible, maybe makes things less but on the other hand he can't control the weather. – Helen

I was making those numbers based on their personality and how I'd seen them react or behave in different scenarios and I tied it into that. So knowing the personality of the person is really what made those numbers and experiences that I've seen them go through. – Daniela

The SSG's knowledge of their child and their child's past actions also affect their assessment of the risk to their child.

**4.1.2.4 Reliance on values.** The quotes below show the SSG's belief that they have provided the child with an understanding of what is important to consider when assessing risk and the SSG believes the child will use this knowledge in risk situations.

Um because it is a new environment that I have not seen her in and you know there could be challenges that were not on my radar. Well she could be depressed, she could be not going to school, she could be um becoming a hermit all those things but you know knowing Samantha that's not how she is [laughs]. – Elizabeth

I am a little worried about predators. Some people maybe you know him going on Facebook, sharing pictures, or whatnot and other people seeing them so that worries me somewhat but I also know that he is not the type that is going to abuse it. – Helen

I believe he's a very level headed mature individual who would take whatever cautions are required to minimize the risk. – Barbara

Whether the SSG believes that they have instilled appropriate values that their child will rely on to independently handle the risk perceived by the SSG associated with the activity or situation is also an important factor the SSG considers when deciding if their child should engage in a risky activity.

**4.1.3 Categorization of risk: recoverable or non-recoverable risk.** The SSG assesses the probability of harm caused by an event and categorizes it into two main categories: recoverable risk or non-recoverable risk.

**4.1.3.1 Recoverable risk.** Recoverable risk is a risk that is associated with a situation where the outcome of participating will not cause obvious irreparable damage or harm to the child.

Well I think the risks are there are multiple risks but most of them are quite small. When they add up they might be if all the bad things happen to one kid at the same time then it might be a higher total kind of thing. When there is the risk of failing, the risk of wasting our money, there is the risk of malnutrition, risk of no sleep, risk of running out of his own money. In and of itself none of those are massive and thank god for him they didn't happen. Really bad you know all that sort of stuff but most of it is recoverable. – Kimberly

So in this scenario I would say is the risk actually doing harm to themselves? I guess indirectly. It's a totally different kind of risk because they are on a bad path. It's not like it's a danger to safety, just they're on a bad path. Hard to say what risk, it's not life threatening it's just that they're on a bad path. – Sarah

So because he has always proven to be very reliable, very responsible, I had no reason to believe that he was going to be a disaster out there if something happened. So that's why I would rate it that high based on his behavior leading up to that and that he wasn't a big risk taker. 80% I mean 90% autonomy to make your own decision – Daniela

In a recoverable risk situation, the SSG is likely to allow the child the freedom experience the activity.

**4.1.3.2 Non-recoverable risk.** A non-recoverable risk is a risk that is caused by a situation that could lead to irreparable damage or harm to the child (life threatening).

I didn't think the others were life threatening and uh I sort of think of driving as being more of a life threatening choice and picking up other kids, that kind of scenario made it a big risk for me. – Lisa

...this is a serious issue that could physically harm them and I'm going to play a part of the decision. – Elizabeth

Well you know it could be something that is preventable. It could be something that derails her for many years, it could be she could harm herself so there's lots of things that could fall out of that. – Elizabeth

In a non-recoverable risk situation, the SSG considers whether they may have to step in and take control of the situation to protect their child from harm.

**4.1.4 Freedom to engage.** The follow quotes demonstrate that if after evaluating the risk the SSG makes the decision to support the child engaging in the activity or situation they do so because they see it as beneficial for the child.

That's sort of her approach to taking risk with everything but you are confident and go ahead you are you need to get the experience so I am confident that this is a good and valuable experience. So build on it. – Rebecca

They have to have some experience making choices on their own, feeling good about it and I think we have to let them. We have to let them choose and maybe it's not always right but they need to see the consequences of that so the next choices will be better experiences. – Lisa

I know that he could fail at something and know that it would be considered like a learning experience, that it wasn't going to be the end of the world and that there was sometimes when you try something you are successful at it and sometimes you fail at it because that's just life and it's how would we do this better the next time – Daniela

If the result of the SSG's risk assessment is that the child should be allowed the freedom to participate in an activity the SSG supports their child's engagement. If the SSG views the risk (associated with the activity or situation) as recoverable risk, they deem the risk as a beneficial learning opportunity for the child to gain knowledge and be better able to assess the risk in the future by having the experience.

Her decisions are well researched and everything has worked out so I have a history of feeling her decisions that she can handle it, that she's done her research, and that's why I believe in her high level of autonomy. – Louise

Well I think it requires them to be quite responsible. You know they're driving a car and picking up friends. Well it gives them confidence that you trust them, and you have confidence in them, in their decision making process. I think that's probably the biggest thing and it goes to the driving as well. If it's raining and crummy you expect them to slow down and drive accordingly right. – Karen

I would you know I would say it's the same thing, experience and um capabilities and I am just judging what the risk is based on her personality and her ability to make what I think are the appropriate decisions. – Elizabeth

The SSG's actions support their child engaging in what the SSG views as a recoverable risk activity because they see the child as responsible and capable of handling the risk.

It might keep them alive, so I would say um the more positive behaviors, mature behaviors I would see would make me feel more confident to give them more autonomy. So it would be again it probably would be a direct relationship between you know what I would allow them to do based on what they're showing me they're doing. So if somebody was acting maturely then you know consistently behaving and acting maturely, making wise decisions then you know I would feel confident with their decision making and want to give them more autonomy um and if someone was you know behaving immaturely and doing silly things then you know I'd feel like I'm not being a good parent by encouraging that and allowing them to have more autonomy when they weren't already being responsible enough. – Mary

Ya I don't know that I was really thinking about it consciously but I think he knows that I trust him to make the right decisions so that I think he will feel himself that he has all the responsibility and so he does want to make the right decision. That's what I am hoping for. – Sarah

I think um in this circumstance while there might be natural curiosity to look into some of those unsavory elements um that his common sense would prevail and he would know better than to frequent that on a regular basis. – Barbara

The SSG believes that they have guided their child and instilled values which they trust their child will consider to make appropriate decisions and act in a right, proper, and effective way when participating in a recoverable risk activity so they support their participation.

But again I would not force it on him if he says no I'm fine then I think I have to give him some trust and just do the same thing please call me when you get to the theatre so I know you are there safe. Call me again when you are on your way home whatever – Helen

You've got to let them go a little bit at a time. That's where university is a nice practice ground for them where they get that opportunity to be a little bit

independent but yet in most cases they're still financially dependent as you're paying you know part of the bill for them whether you pay their tuition but you're going to live in a house with somebody so you're going to pay your going to cover your rent. I will give you your tuition, your books covered and I will give you a \$1000 towards food for the year so and then as they go a bit further on their own you just give them a little more independence and finally their feeling confident that they can do it on their own and when they finally are able to get a job, secure a job and move out on their own they've got that belief in themselves because they have been given a little bit more every single day kind of thing to build their confidence. – Daniela

So we would have those stipulations in there but if he was nervous at all about the drive that he had the out so he had both sides of it. So I didn't take away the independence but I also made him save face if he needed it. – Daniela

When supporting or encouraging their child to engage in an activity that they view as a recoverable risk the SSG does take into account the child's views and feelings and the importance of allowing them their independence.

Well I think I would spend some time explaining to him how important it is to keep your place clean otherwise you'll get bugs and other dangerous situations could arise like fires if you've got pizza boxes everywhere. Um probably counsel him on eating better because I want to make sure he learns early on how important it is to take care of your apartment and yourself and to keep healthy – Patricia

Well it is always important to talk with your kids to explain risk, to explain potential downsides. Some things look innocent but it's possible they are not, just to make her aware. – Abigail

Communicating again and proper use of the computer and oh there is all that Facebook talk and stuff going on. What's appropriate he would have to know that so we would certainly talk about that. What is appropriate, what are the

consequences down the road if you did send this picture out there that you are just thinking right what is in front of you, you are not thinking down the road as a 14-year-old boy would. They are just thinking immediately. So I think we would have to talk about that and I would try to find examples of what happened when something went awry and I you have to be sorry about what you got into. – Lisa

Um I would have a discussion with him about the risks that I perceived and make sure he was aware of them um and ask if he had any concerns I guess about making the trip in the weather and then I would probably let him go and just tell him to be really careful. So discussing it helps alleviate my concerns but it also helps him to understand what he is getting into when he might not have been in that situation before. – Kimberly

When the SSG allows their child to participate in a recoverable risk activity the SSG adopts a teaching role. The SSG acts as a mentor to the child providing them with guidance and education in order for the child to learn how to independently manage the risk and make appropriate decisions.

We would also have as many discussions as possible about um the risks and you know talk about things that we heard that had happened to other people whether they were friends or stuff we had read in the media. Look how quickly sexting gets around and things like that We would have an open and honest conversation to make them aware of the risks, even though nothing could necessary happen to them. – Kimberly

You want them to be life experiences that are enhancing your life you don't want them to be stressed and spiraling downward. So early intervention if I would have gotten any of that sense of nervous or anxiety or not communicating with me then I would have gone out found out what the situation was and try to intervene and get help if she wanted help but again I don't think she would have embarked on that if she thought she couldn't handle it but I would have intervened getting back to answering your question. – Rebecca

I would like for Jim to just know what is appropriate himself and to discipline himself at that age too and make those choices that are that like to show him that it's better if it came from him and not from me. I think that's important. I will present the whole scenario and I would hope that he will internalize that and that would come out and come forward. – Lisa

When the SSG encourages or supports the child engaging in a recoverable risk activity, the SSG assists the child through communication and problem solving discussions helping them to learn by example or from their mistakes.

Well I think part of it we touched before, it's part of becoming independent and I think when you can function independently should give you lots of self confidence in your ability to do your school work and and integrate yourself into a new community and I think it would be part of making you feel good about yourself and in your situation. – Carol

Um well I think it's key if you're to be a useful adult you've got to learn independence. Um but it's in stages. So if your starting at 14 you're not going to have the same independence as if your 20. But it's key that eventually this is developed for sure. – Patricia

Well I think ah it has ah she knows we're behind her in all of her decisions. So allowing her to have autonomy and supporting her decisions like I told you like about my parenting style, when she makes decisions she has confidence in it and she can also come back and go oh I'm a little bit worried about this and we don't go yah well we told you no, we're like losing face there's no lost ground. – Louise

The SSG sees the benefits to their child of supporting and developing their independence, nurturing their growth and building their confidence by engaging in the recoverable risk activity.

Well simply because I want to make sure she's progressing forward and not getting stuck in a big big change of life to go and live on your own and um want to make sure everything is going okay. – Elizabeth



“Well I think, I think it’s got to be a balance between giving her independence to make the right decisions and educating her on the consequences of some of the things that I would be concerned about.” – Elizabeth

“I think I would probably encourage him to take one of his interests and pursue it more. He is finding his own way and there are times that you have to back off” – Laura

Although the SSG may worry about the child engaging in the recoverable risk activity it is not the primary factor for their actions.

**4.1.5 Taking control.** After evaluating the risk, the SSG makes the decision that the child should not participate in the activity or the child’s participation is modified by the SSG to allow the SSG to control their actions is shown in the quotes below.

Just because you know as a young person often you think everything’s okay and your parents are too protective but sometimes you know I mean often your parent is not necessarily doing it for control reasons they’re doing it so that you are safe from predators or wasting your time or whatever. You know along the scheme of things there can be so many reasons why a parent wants to know what you’re doing not because they’re snooping but just to try to keep you safe. – Mary

Well I feel it’s up to a parent to keep your child safe until they are of an age where and experience where you feel that they are able to make good decisions on their own. – Patricia

I think that the role of a parent in that situation because you’re still a parent is to identify ah things they might not have thought of or make clear any concerns that you might have that really probably come down to their personal safety too. – Carol

If after assessing the risk the SSG’s view is that their child may be irreparably harmed by participating in an activity the SSG is likely (to attempt) to control their child’s actions. If the SSG views the risk associated with the activity as non-recoverable

risk, they assume a higher degree of responsibility in the role they play to ensure the safety of the child and this may override their concern for the development of the child's independence.

Well at 14 you don't always want to listen to your parents and you're pretty sure you're invincible and I think a lot of teenagers it's just part of being a teenager they don't believe that they're um things that are risky really apply to them and um I think it's just another it's not um that's why you often see teenagers getting in car accidents and doing things at high risk – Carol

Ah so this is a scenario like I know what happened in this scenario so this is exactly what happened to Tom. So the risk was 100% because I know what happened [laughs] and he became totally addicted to gaming. – Mary

Because he lived it [laughs]. So every one of those things happened to him. First of all, he was the worst driver like it might take him three times to get his driver's license because he was never focusing on anything and then he lived that life where there would be all kinds of empty pizza boxes, wrappers you name it in his room because he was out of control on the stupid computer. I mean that's gone now but that's who he was. Now he's the totally opposite person. – Mary

The SSG may not support their child engaging in a non-recoverable risk activity based on their knowledge of their child and the child's past actions. They do not trust their child will make appropriate decisions to minimize any harm and remain safe.

Well just in terms I mean driving it requires a whole bunch of inputs in order to make a decision and it's a skill that I think you have to develop over time and it's a skill that I don't believe young drivers have although they think they have. – Elizabeth

I think she might be a little bit naïve maybe I am perhaps I think she might be naïve on that and maybe I am wrong but again I just perhaps didn't have the confidence that she would know what the implications are. I think she could

evaluate the implications on driving I am not sure she could evaluate the implications on the use of Facebook and social media. – Rebecca

Well this is a young person just got a license doesn't have enough experience in driving – Patricia

The SSG's actions do not support the child's engaging in a non-recoverable risk activity because the SSG views the child as inexperienced or not capable of managing the risk associated with the activity.

I would suggest they go another night, go to the movie another night, just because I am not going to go out in a dark and stormy night to drive him and his friend to a movie when it's not important enough to take that risk. – Mary

What would I do... Well I guess if it got serious enough and his studies were terrible, um we would just tell him we are not, you got to come home. You can't, I guess it sounds terrible but I guess we would say to him we are not paying you know \$12,000 a year including your rent if you're not going to put yourself into the process. So I guess what I am saying is we would take a tough route. – Jessica

That's a great idea that you want to go to the movies but here's the way it's going to be, for tonight. Another time when the weather is not so bad then I will entertain that idea, but this is how it's going to be tonight because I am the one that's worried about the risk. Um the factor of picking up the friends made me a little bit more nervous and uh I would lay all that out, all the uh weather, the picking up of friends and the use of the car for these early stages of driving and then I would say um because of all that I will be driving you there – Lisa

If I was really uncomfortable about it then I would call the shots. If I was really uncomfortable about it then I would step in and say no here is what's going to happen you can't have the car – Daniela

As the SSG is concerned that the risk is non-recoverable the SSG takes control of the situation. The SSG makes the decision that the child cannot participate in the activity and the child's views may not be considered.

I don't ever remember there being a flat out refusal to listen to anything that I had to say as long as I explained it and it was reasonable and there was he wasn't going to miss what was happening. I would still get him to what was happening but we would do it in a different way than he had initially planned. He seemed to be ok with that. The explanation part, of that the discussion was a big an important factor. – Daniela

I would start by saying "Tonight of all nights why don't you guys just go hang out at your place or his place" You know I would try to discourage it. – Sarah

If I could sense that something was happening or I was concerned or there was something that made me suspicious then it would be another discussion and come up with some sort of way for us to monitor her sites maybe block some sites – Abigail

We in fact never let them have a computer in their room so if we had decided to let them have a computer in their room, it would be an open door policy. Either the door would have to be open or we could open it at any time and we would certainly emphasize open-door was definitely preferred unless they were unclothed. – Kimberly

Depending on the non-recoverable risk situation, the SSG may take measures to control their child's actions when allowing the child to participate in the activity. This may include establishing rules or setting boundaries for the child to follow, overseeing or monitoring the situation to ensure the child continues to be safe, or persuading the child that participating is not in their best interest.

Well this is a young person just got a license doesn't have enough experience in driving but guys at 18 often think they're invincible and can do everything um but in fact studies have shown that really up until at least 25 you know your brain is

not fully functioning reasoning wise, and especially I would be especially concerned if he was bringing other people with him because they're going to distract him and um this to me is another accident waiting to happen. – Patricia

I would be concerned if she were getting overwhelmed because I think if we spiral down with school you're going to feel out of control with that and unnerving and a bad situation to be in. So if in fact you mention that in the scenario I would have to encounter her in that sort of state of chaos then there is a high risk – Rebecca

If I saw her in a state with empty pizza boxes and all this clutter and things not open and you know she was ah like a stellar student, I would know that something majorly bad was going on. Alone, obviously not going to school, or if she's going to school she's not taking her books, she's in a stuck state and that would be, I would be very, I would be very concerned – Louise

The reason the SSG takes control of the situation is that they are worried about possible irreparable harm that might occur to their child if they were to engage in the activity.

The same with the driving is that you know driving can be you know you can die from a driving accident and so the consequences can be much can possibly seem more than at least on some level driving seems to be much much riskier – Mary

I didn't think the others were life threatening and uh so I think of driving as being more of a life threatening choice and picking up other kids, that kind of scenario made it a big risk for me – Lisa

It wasn't the moving away from home, it was how she was living also those were signals to me of a dangerous situation. Even if she was in the city, you know what I mean like that was it that was the key, major change of a person. All those things, even if it wasn't her, if I went to any kid's apartment and saw that I would go holy smokes you need some help. So it was to me that was a really worst case scenario. – Louise

The SSG's concern is for the physical and mental safety of their child and protecting their child from harm is the primary factor for their actions.

So as a parent you kind of have to balance off their need to be independent and mature and learn through their mistakes. Again this is a serious issue that could physically harm them and I'm going to play a part of the decision. – Elizabeth

Again the scenario that you painted it was all of a sudden high risk because when I got there I mean I learned she was not coping and it was a higher risk situation so it had already become a problem. – Rebecca

Because I um like I say I would trust that he has all the driving skills but I think at that early stage and picking up friends hmm that makes a different atmosphere in the car. We all know that makes a different scenario and we all know how teenage boys um with distractions and everything else, with all the friends in the car I would be putting other people at risk. It's still my insurance that he is covered under I am sure, it's my car that he is using, so that's a great idea that you want to go to the movies but here is the way it's going to be for tonight. – Lisa

The child does not gain the learning opportunities to build their confidence, their independence, and to grow through participation in non-recoverable risk activities as the SSG's view is that the danger to them outweighs the benefits.

**4.1.6 Outcomes.** Whether the SSG allows their child the freedom to engage in the activity or controls how or whether the child is permitted to engage in an activity has a direct impact on the child's independence, growth and quality of life. This also has an impact on the SSG and their evolving caregiving role.

**4.1.6.1 Outcomes for the child.** The following quotes represent the benefits or detriments to the child as seen by the SSG.

I would want Jason to have full self-sufficiency as he grows up and matures and um so that he is capable of living on his own and doing what he wants to do and not calling us for help all the time. – Kimberly

They were dependent on us and gradually less dependent as they move forward and that is a big step and then you would feel some success with that. – Lisa

The SSG understands the importance and value of the child developing their own independence and having the opportunity to make their own decisions.

I think it encourages them to um like it makes them feel positive, it makes them feel that they've got control on their own life. It makes them feel like they can ah they're not just a child anymore and that but it's also ah it's like a privilege to make your own decisions too and so you have to you know to be mature about decisions you're making and ah because it's going to impact on your life you want to make the right decision – Mary

That is the process of growing up is giving children the latitude to make decisions and to either recognize the success or the downside in the decisions that they make and um also the confidence they gain in sort of making good decisions and seeing things work out. – Karen

Sure I guess what I was saying before about competency, it's in your life being able to make good decisions, being able to be competent at what you do, if you never have the chance to be autonomous then you don't learn those things. It holds back your development as a person. – Abigail

Recoverable risk activities are perceived by the SSG as learning opportunities for their child to build their confidence, develop their independence, their self-reliance, and their self-worth. The SSG supports their child's participation in recoverable risk activities as a way to grow, and further their independence. The SSG perceives these as important factors in improving their child's quality of life.

I think independence is a very good thing but it has to be balanced with making wise choices so independence, people learn from their mistakes but without jeopardizing their you know risking their well-being. – Tammy

We would have the final say if we felt certainly this was a situation where perhaps we wouldn't drive then he wouldn't be driving. – Kimberly

I would say as a new driver not to a large extent and I would be controlling things for a while until I have a level of comfort that she could do this on her own. – Elizabeth

Even though participation in non-recoverable risk activities may offer viable learning opportunities to the child, the SSG does not allow their child to engage in them independently. The child's participation is controlled by the SSG as it is their role to protect the child. The SSG views participation in non-recoverable risk activities as a risk to the child's safety as it is too dangerous and could lead to them being physically or mentally harmed.

Again it's just 17 they say not to text, they say not to talk on the phone, but they do and I just want to help minimize that although at least at that age, at that particular age I would offer to drive because my fear of distraction. – Jennifer

I would say high probably 90 to 95 being that you just got your license and you're not taking a route you're familiar with and I've had this scenario before and I would have said no you're not going. He just got his license and it was a stormy night and it was late at night and he was on roads where there was no lights, I would have just said that's not a good idea for him. No you can't have the car anyways. – Tammy

I think it's pretty tempting for kids in the beginning on a computer all those games and the social network is just incredible all their friends are on it, they all want to talk, don't do their homework just talk to me. Um porn is unbelievable these days and the girls just amazing what they put on social media. So it's just the temptation is just too strong if there is no one supervising. – Patricia

Although the child's safety is protected, the child does not benefit from the opportunity to develop their independence through experiencing non-recoverable risk taking activities.



**4.1.6.2 Outcomes for the SSG.** The feelings the SSG derives from the result of the risk taking decision they made for the child are illustrated in the quotes presented below.

Ah like um it's very important that um the cycle would be broken and that he's totally self-sufficient because then I would feel you know a lot less worried about him knowing that he's happy and doing what he wants to do in a positive way verses being just you know unhappy sitting in his room ordering in pizzas and just playing games on his computer whatever – Mary

The SSG often derives their caregiver satisfaction from their knowledge that they assisted their child to become independent and ensured that their child's safety was protected.

Well um I am kind of a momma bear. So it's really about making sure that my kids are safe and uh well looked after. I like to, still even though he is 28 I still like to know sort of what he is up to. – Jessica

So I think letting him have some autonomy gives him the ability to show that we trust him to make good life decisions but not being able to give all autonomy is showing that we do care still and you're still learning and you're just becoming an adult and that parents sometimes still know the best so especially if you are living under the same roof. – Tammy

The SSG's need to be valued is second to the importance to the SSG of their child's well-being, safety, growth and independence.

Because again that's where we are leading to starting off being very dependent on Mom and Dad and then gradually, like we make the decisions when they are little and we decide who they play with and we it's our world and then it has to become their world and there comes a time when you can't make those decisions for them. They have to have some experience making choices on their own, feeling good about it and I think we have to let them. We have to let them choose and maybe it's not always right but they need to see the consequences of that so the next choices will be better experiences. – Lisa

I think that as a child and as a parent it is interesting how your role changes particularly as a child to the parent as the parent ages and you become less of the child and more of the parent to your parent, whether it is physically, whether to hold their hand, grab their arm, you know carry things for them, or um having to explain things to them and slow down for them, slow down the talking because they can't hear, slow down the walking because they can't keep up um slow down just the number of things you do you can't do three things in a day you can only do one thing in a day so it is a circle that we are all kind of on. We are all standing and then also I guess as a parent to my child as he grows older there is less and less knowledge about what's going on and less and less input into potential risks of behaviour, um he also becomes a bit of the other adult even to my mother so the two younger generations start taking care of the oldest. – Kimberly

As the child grows and becomes more independent the SSG is less involved in assessing risk and deciding what activities their child engages in.

**4.1.7 Risk assessment model: child.** The determining factors and process the SSG uses to assess and evaluate risk and the resulting impact is illustrated in the Model for Risk Assessment by Selected Sandwich Generation: Child. This model was created by the researcher as a result of this study to better exemplify the SSG's thought process.

#### **Model for Risk Assessment by Selected Sandwich Generation: Child**

SSG's parenting role/responsibility:

- Assess the risk associated with the activity/situation
- Consider the importance of the child becoming independent
- Consider the importance of the child's safety

The SSG views risk as good

How does the SSG assess the risk:

- The SSG balance learning and developing independence with the safety of the child
- The SSG considers:
  - The risk factors
  - The child's personality, traits and abilities

- Knowledge of their child and their past actions
- Trust that the child will rely on instilled values in managing the risk

Does the SSG believe the child is capable of managing the risk based on the above criteria?

If yes, the SSG categorizes the risk as recoverable

If no, the SSG categorizes the risk as non-recoverable

### Recoverable Risk

The SSG views the risk as:

- A beneficial learning opportunity
- A way to develop independence
- Causing no irreparable harm to the child

The SSG supports the child's freedom to engage in the activity

The SSG's role is:

- Teaching/educate
- Mentor
- Provide guidance
- Build confidence
- Nurture the child's growth
- Problem solve

Outcome of engagement in a recoverable risk for the child:

- Increase in the child's independence
- Learn how to independently evaluate and manage risk

### Non-Recoverable Risk

The SSG views the risk as:

- A possibility of causing irreparable harm to the child

The SSG takes control to keep the child safe

The SSG's role is:

- Protect the child from harm
- Make the decision regarding engagement
  - Prevent the child from engaging
  - Establish measures to control such as setting boundaries, rules, or monitoring the child's actions
  - Values safety over the child's independence

Outcome of not engaging in a non-recoverable risk for the child:

- The child remains safe
- Avoids harm
- Limited learning opportunity
- Limited independence

## 4.2 Senior Results

The SSG views the senior maintaining their independence and dignity as very important. The SSG's role is to balance maintaining the status quo in the senior's life with protecting the senior's safety. The SSG assesses the risk associated with the senior participating in an activity or situation by considering the risk factors and their perception of the senior's personality, traits and ability to perform the risk activity. They base these considerations on their knowledge of the senior's past actions and their confidence that the senior is capable of making the appropriate decisions to remain safe. How the SSG categorizes the risk influences the actions of the SSG and whether the SSG supports the senior engaging in the activity. These decisions affect the senior's experiences, independence, safety, and quality of life.

For the senior results there are headings and subheadings to assist in describing the SSG's caregiver role in assessing the risk and the process the SSG follows in their risk assessment. This is followed by how the SSG classifies the risk based on their risk assessment, the actions they take, and the resulting outcomes.

**4.2.1 Risk assessment by the Selected Sandwich Generation.** The SSG makes a decision whether to support or control the senior's participation in an activity by assessing their perception of the risk and considering the importance of the senior maintaining their independence.

**4.2.1.1 Caregiver role.** The quotes below illustrate the SSG's view of their responsibility as a caregiver to assess the degree of risk associated with the senior engaging in an activity.

Again you are now dealing with an adult who has life skills, who has you know parented you to a point that you're self-sufficient and I think there's a fine line where you step in only when they need help and it's a variable based on the parent. So I know she doesn't really like driving at night but she can. She can do everything right and it's still that I'm you know I'm the last one to bed and lock the door but there are some things that are easy enough that um you can do without um hurting any ego and it's a tough call so you know no skin off your

nose you have the time, you're talking on the phone why is she calling me instead of just going? [pause] Maybe she really doesn't want to go out, so you read between the lines and you know that person very well and you don't want to insult them but on the other hand if anything were going to happen that would be the kind of weather and the night and the decision where something god forbid happened it would happen. So ya. – Ruth

One end of the spectrum as we get older we get more mature but then as we get older we start to go backwards again. It kind of like happens and I think giving people the confidence and knowing that you believe in people helps them to remain competent and stronger and to make good decisions in their life and I think that's really really important. As an older person being self-sufficient and with a younger person being competent and when they are competent they make smart decisions and they don't get involved in a lot of the crap that is out there that kids can get involved in, that kind of stuff. So it's a balancing act is what it is and you have to know the person that you are dealing with and how you go about fixing that balance point, how much guidance, how much independence depends on the person and depends on the situation. – Daniela

The SSG see themselves as having an important and evolving role in the decision making process to determine when to support the senior engaging in an activity based on their assessment of the risk associated with the activity and the senior's independence.

**4.2.2 Risk assessment process.** The SSG views independence as important. Whether the senior's independence is maintained is affected by the SSG's risk assessment.

**4.2.2.1 Risk factors.** The following quotes are representative of the external factors which are considered by the caregiver in determining the degree of risk.

The fact that she's in an area where she doesn't have any friends, and she's relying on ah she doesn't have any of the you know same stores and grocery stores and everything so it just really put the senior at a great great risk because they're not familiar with anything – Mary

Well I would worry if she's not able to take care of herself properly, there could be an accident, she could leave the stove on if she's got wrappers all over the place to me that's a fire hazard. Maybe she's not eating properly, um and sounds like she's not cleaning the apartment well which could lead to all kinds of sanitary problems. – Patricia

Ah time of night, so the visibility, the fact that there is a storm, the fact that there is construction, and the fact that he is already older and you know your night vision is not as good what not so I think all of those things. – Helen

You're painting a scenario of what it looks like after she's moved in ("yes" – researcher one) I would say there is a fair amount of risk. I think it depends if there are elevators and stairs and new sidewalks and all of this stuff. You know my mother's eyesight wasn't great and um there is risk in that getting around and getting on buses and all of that, um and its new so it takes some getting used to. On the emotional side I think there is much more risk. Unopened mail means they are not engaged and messy apartment means they are really not coping very well um with their environments so um I would rank that at her age a 50/50 because you don't know how she's going to adjust right. It's my mother I think she'd do pretty well but we're just talking under that scenario. I wouldn't be pleased if I walked in and saw that. – Karen

The SSG's assessment of the risk is influenced by the risk factors as viewed by the SSG associated with the situation or activity in conjunction with the senior's capability to manage the particular risks.

**4.2.2.2 Personality, traits and abilities.** The SSG's view of the characteristics of the senior affect their confidence that the senior is capable of managing the risk factors and the quotes below demonstrate that the SSG considers this when evaluating risk.

Because I assume she's in her 90s by this time and your reflexes are not what they used to be, your judgment even if you appear to be pretty well, ah your brain is aging by that time, I don't think you have the same judgment you do when you're

younger and your eye sight is certainly not as good at night especially and raining to me that's just an accident waiting to happen. Um yes because as you grow older in fact your reasoning and your intelligence unfortunately don't increase [laughs] it's starting to decline no matter what so that's why the risk is higher. You don't expect them to improve with age. No, it's the opposite. – Patricia

The fact that at the age I am thinking of her she would be um the reflexes are not the same as they use to be, the eyes are not the same, she would be nervous mhmm that would be a natural thing, and put all of those together that doesn't make for a low risk drive to the store that's for sure. – Lisa

Well again Joan is very methodical. Joan is a retired school teacher. She's methodical. She is very I mean she is not incredibly computer savvy but she is methodical and knows she has a good sense of what she is doing and she is very cautious. She would not get sucked into any kind of um she is questioning and cautious and quite honestly unless her grandchildren and her kids help her set anything up she wouldn't get into trouble. [laugh] So that's Joan but we are not concerned and I am not concerned for her use of computers which is a little different than my daughter right because I think people will prey on your daughters and perhaps your kids. People may prey on elders too and I understand that but I just don't think my mother's very she's kind of astute and would not hopefully fall into those traps of money scams and everything so I would not be worried – Rebecca

The SSG's assessment of the risk is also influenced by their knowledge of the personality, traits and ability of the senior to manage the particular risk factors associated with the activity or situation.

Um well I think that as you get older people sometimes feel that just because she's 90 um she can't possibly do these things. A lot of people even in their 90s are quite able to take care of themselves. So you can't you just can't automatically say because your elderly you can't do it. – Patricia



Well for the first two situations it's my Dad right now he's bright and he's clear and um I really have no issues with him. He does get nervous driving so that situation which doesn't sound which would be ordinary for you or I would be a bit stressful for him so I did give that an issue but I'm not too worried about him he's 82 and he has no issues. The other situation was kind of high alert for him where life wasn't that good for him but honestly my Dad is so bright and naturally skeptical so it's a very low risk for him. – Sarah

Mom's 83 and she currently lives 25 miles to the nearest store. Um I know she doesn't like going out in those weather conditions, and she doesn't like driving at night but if she had to she would. Um so it would be less than opportune for her to do it but she probably would be very slow because she's worried and cautious. So she wouldn't be driving the way she normally drives I would expect um so she should be able to go there and back and I mean for her right now driving isn't really an issue but then at night and the weather would be you know her weakness. – Ruth

When the SSG views the senior as capable of safely managing the risk factors as perceived by the SSG associated with the activity or situation, the senior is thought by the SSG to be capable and responsible.

There is still some potential risky situations too that she wouldn't consider simply because she's not she hasn't been exposed to the internet. Maybe she would hit on some sort of scam somewhere, possibly wanting to buy something and didn't recognize that she maybe needs to do some more homework in checking out what's on the other end of that website maybe not recognizing security for her credit card numbers. Ya that's more what I would think of in terms of risk. – Abigail

I think that you need to be very careful with older people because they're vulnerable to scams. Um they are very trusting for the most part because they're not used to or been exposed to people that have not been as trustworthy as the younger generation is seeing so things like bank accounts and important

information like social insurance and credit cards and things like that I think that they should be very well informed that they shouldn't just don't put those types of things on line. Um to be able to google and see recipes and sports scores is one thing but I don't think that private information for older people being shared on line is such a good idea. – Tammy

Once the email and that starts happening she's not aware or um familiar with viruses and um you know confidentiality and breaching your internet or your profile and everything that comes in she reads and takes it as it's directed like a letter hand written is mailed to her personally. Email to her is personal so she will read these things and go oh my god they want to know my bank accounts and there's a problem with this and I'm going like no no no right so I don't think um there has been enough education with me to know the difference between good email and bad email until it actually happens. So the 40% is that unfortunate of you know perhaps they will compromise, perhaps they sent away and gave money or all of a sudden they don't know what's going on with the system but they can't get into it the same way they did five minutes ago and it makes them very frustrating for them so what I actually find is in computer issues its more my, the next generation that does well with her because I'm not supposed to know more than her – Ruth

If the SSG does not think the senior is capable of safely managing the risk factors as perceived by the SSG associated with the activity or situation they view the senior as vulnerable, inexperienced, and lacking the requisite skills to manage the risk.

I think that she accepts what uh what is happening with the aging process. I don't think that she's going to be so bull headed she is going to say to herself I have to get out there I have to drive to show everybody I can still do this. – Lisa

Um I think there's a period of adjustment that is required and so I would expect that over time um he would assimilate to his new environment and it's the thought of him you know starting from ground zero he's never lived on his own before,

never been out and about but it takes time I think to assimilate to a new environment – Barbara

Because my father would never do that anyway because he too would say that it's too dangerous for him to do it because he has no confidence himself in being able to drive under those conditions. He doesn't, he doesn't drive today so this is kind of just difficult to ah I mean he would never ever get in the car under those circumstances. He would never let his wife do that kind of driving either. – Elizabeth

In assessing the senior's capability to manage the risk associated with participating in an activity the SSG considers whether they have confidence that the senior will be able to react favorably and make appropriate decisions to remain safe.

**4.2.2.3 Knowledge of past actions.** The SSG's understanding of the senior's reactions in prior risk taking situations is also considered by the SSG when they assess the risk to the senior and the quotes noted below illustrate this.

Emotionally it would really tax him really because he couldn't master it. This was a person who has been the boss of the family, been the boss of the company, who doesn't like to be you know made to feel like a dunce. With my Dad it would be the frustration of managing the technology, not being able to handle it. So those scenarios you present to me were all challenging for an elderly person. That's you know my sort of feeling. – Louise

I guess when you said you know sort of living on his own for the first time and some of the signs that it just sort of makes you think about getting older and less independent and maybe needing some caregiving and it comes back I think you think about even though you know their sort of fictional but we're not so I am drawing upon past experience and things that I might have noticed on my own from him so I think that sort of pushes you that way. – Helen

Given the context and knowing this person as I do, Mark is not a very independent person. He likes to do things on his own but he needs people around.

He needs someone in his life. Again I am contextualizing it here because he's not if left to his own devices for food and stuff Dad probably won't eat very much. If he was left to his own devices to go and get medications he doesn't leave the house very much. So that's the risk. – Jennifer

I will comment that Joan is perhaps more habitual right and generally wouldn't go out in the darkness. Joan plans ahead so much she would never find herself in a predicament where she had to get milk. I am describing Joan. She would plan ahead so she would not be out there but my factors it would be a high risk thing. She would know that she couldn't see very well so um it would be a risky proposition there would be a high amount of risk – Rebecca

The SSG's knowledge of the senior and the senior's past actions also affect their assessment of the risk and whether the senior is capable of managing the risk factors associated with the activity or situation.

**4.2.3 Categorization of risk: recoverable or non-recoverable risk.** The SSG assesses the probability of harm caused by an event and categorizes it into two main categories based on the senior's capability of handling the risk and remaining safe: recoverable or non-recoverable risk.

**4.2.3.1 Recoverable risk.** Recoverable risk is a risk that is associated with a situation where the outcome of participating will not cause obvious irreparable damage or harm to the senior.

He was always pushing technology so in my case in this situation there's no risk because if Dad doesn't understand something he will find out how it works. He is very self-sufficient that way. He's lived a life that he understands a lot of stuff and in his profession he has seen a million scenarios. So I don't have a risk with him exploring technology at all. He's a very good brain. – Jennifer

I would feel that I was encouraging her to use the computer and then with a little bit of discussion on bank account security and things like that so that she would not be taken advantage of. That would be foreign to her at that age but I would

encourage her to find out things and expand her knowledge and different things.  
It's great. – Karen

If the SSG sees the senior as capable of safely managing the risk factors associated with engaging in the activity, they categorize the risk as a recoverable risk and support the senior's choice to engage in the activity.

**4.2.3.2 Non-recoverable risk.** A non-recoverable risk is a risk that is caused by a situation that could lead to irreparable damage or harm to the senior (life threatening).

This is the one scenario where you see somebody on a bad path that may not be fixed with just a few short interventions. It could be depression, it could be losing some of his faculties, it could be a wide spread problem. He could feel he needs more and doesn't have it – Sarah

Well the weather report, all those things of course, but the fact that at the age I am thinking of her she would be um the reflexes are not the same as they use to be, the eyes are not the same, she would be nervous mhmm that would be a natural thing, and put all of those together that doesn't make for low risk drive to the store that's for sure. I would be worried. – Lisa

Ya because as an adult if you want to make your own decisions that I suppose at a certain point analyzing risk I would know when it was potentially a lot riskier in my estimation than she might think but how do you change their behaviour, how do you make them not do that risky thing? You can't stop them short of me going over there if she were very insistent maybe that's what I would do. – Abigail

When the SSG views the ability of the senior as less capable or not capable of managing the risk factors safely they view the risk of engaging in that activity as a non-recoverable risk. In this situation the SSG considers whether they may have to take control to keep the senior safe.

**4.2.4 Freedom to engage.** The following quotes demonstrate that if after evaluating the risk the SSG makes the decision to support the senior they do so by empowering them to engage in the situation.

I would like them to have be as self-sufficient as they possibly can be within the restrictions of like drivers license. If they have lost their drivers license, um ability to get out and be mobile if they are limited in their mobility but I would like them to be as self-sufficient as they can be for as long as they can and then when you have to reduce or make them more um when they need more help, more they have to rely on other people making it so that they still feel fairly self-sufficient and their reliance on someone else is not a 24/7 so that they don't feel like they are a pain in the butt all the time. They can do some things on their own so it might be scaling down what the expectations are for them but still make them feel like they are doing it on their own. – Daniela

Yah I think it's very important that they're independent so that um they're able to feel they have some control on their life and even though this is absolutely not what happened to my Mother of course, that's a different set of circumstances there but if a person you know is mentally able to um you know they're confident then I think it's very important that they have as much freedom as they want themselves and you know everybody needs help with anything. You don't have to be old to need help but you know as long as they have someone to help them when they need help and they have their freedom so they can do what they want to do I totally agree with that. Like because you know how we talked about it before they have a better quality of life if they feel that they are able to be in charge of their own destiny so they'll be a happier person if they're able to do that. – Mary

Um you know very important. Just being able to live your life um the way you wish to without requiring someone to assist you at every step of the way. I think being able to be in control of your own life without undue influence or meddling from other people who ought to know better as long as it doesn't concern safety

or health and well-being it's definitely good. My father who is completely independent and the quality of life when you rely on someone else in my way of thinking is not at all what I would want for myself and um I believe my father would want to be as self-sufficient as possible to live his life with dignity. – Barbara

If the result of the SSG's risk assessment is that the SSG sees the senior as capable of safely managing the risk factors associated with engaging in the recoverable risk activity, the SSG will take actions to support the senior's independence, preserve their dignity and empower the senior to engage in the activity thereby maintaining the status quo.

For her piece of mind I think again giving guided independence is a good thing. Ah I see different things now where she's been very good at finding whose best at doing certain things and she gravitates to that. So it's got her into the ask for help mode which is a good place to be because otherwise people would sit there and let them sit from you know in the muddle and not be able to um figure it out and not be willing to ask for the help to do it. So yah I think the communication side of it is pretty good and you'll know very quickly when you cross the line. Right? [laughs] It's like okay we've got this leave us alone. I know what I'm doing. So yah you have to respect that too. – Ruth

Oh I would definitely encourage her to take a courses in computing, how to use the internet, how to do searches, how to send emails, Facebook that sort of thing so that she would become literate and probably meet some friends that way too. You know I am not going to say to her Mom I am going to go through your email and make sure you are not talking to someone you shouldn't be. I would encourage her to do it but I would talk to her about the training that she needs – Laura

When the SSG has confidence that the senior will make appropriate decisions and act in a safe manner, they see their role as supporting the senior engaging in the recoverable risk activity.

I would show her a few places to let her choose from amongst those three. So she gave me her criteria and I went out and found places that fit that so that those desired attributes and then she can choose from amongst those. So she had some autonomy but I did all of her legwork whatever and I would certainly have thought that being close to where her friends live is an important part. – Laura

Back to the computer scenario, get her more training you know get her to go to a computer course, if she has that would be the kind of actions I would take. She would that's what I would do to help her um make sure again that she is not exposing any account numbers and that kind of information. So get her the training because it is a little more difficult because of her generational time gap in the use of computers so that's the action I would take. Make sure she has the tools. I know she's not getting into trouble. – Rebecca

I would ask her what was going on and why all the take-out food, have you lost interest in cooking or do you not like cooking or does the stove not work or what's going on and see if she was also concerned or whether she just decided I'm finally free now that Dad is gone and I can eat all the take-out food I want you never let me have it. Sometimes people do change so you don't want to just assume because she has changed that it is a bad change so hopefully talking about it would either elevate my concern or we could talk about why her behaviour changed, what she was unhappy about and what we could do to help her be more comfortable in her new surroundings and to get into habits that she sort of showed all her life. – Kimberly

When the SSG supports the senior engaging in a recoverable risk activity the SSG assists the senior by sharing their ideas and feelings with them, providing guidance, and helping them find resources, if needed. The SSG will discuss their actions with the senior allowing them to make an independent decision and to be comfortable with the result.

It is trickier with your parents than it would be with your kids but um again I don't know I would argue with them you know and if they would actually again with Joan if she would really want to go because then she would feel that she is



no longer self-sufficient and um that may be insulting right if she could not actually make the decision herself so you know um maybe it would be following behind her. I am just thinking back to the autonomy thing I would be very respectful and try to value her opinions but understanding her physical limitations. That is the delicate part for this situation. – Rebecca

Well its more around self-esteem and confidence and you don't want to destroy that by taking away all decision making. His self-esteem is important here and his if the brain stagnates everything starts to stagnate so you know he's got to be able to do things on his own and that gives him more more pride, more self-worth, all of those things. – Elizabeth

Well it's very important again you know going back to scenario one just having control over your own life and independence as long as decisions are reasonable um he just continues to exercise his own decisions. – Barbara

When supporting the senior to engage in an activity that the SSG views as a recoverable risk, the SSG does take into account the senior's independence and dignity and respects the senior's views.

...but what would worry me is that um elderly people are often naïve and might believe all these requests for money that come in um you know from god knows where and that is what would concern me because I would worry that she wouldn't clue in that people have the ability to hack into your computer, that they can get your email address very easily in all sorts of mifferious [sic] ways and there are all these schemes out there to get money from you. So that worries me. – Patricia

It's not really about should she decide to go or not just that your concerned about her ah in the circumstances so trying to minimize that you're reducing her autonomy and trying to make more clear that you're just concerned for whether it's a good idea given her just for her welfare. – Carol

Although the SSG may worry about the senior engaging in the recoverable risk activity, it is not the primary factor for their actions as they value the senior maintaining their independence.

It's very important to them and we try to offer it and encourage it or facilitate it for as long as possible but most adults have had a period of time where they are happy to be on their own or managing their affairs um as long as they can continue doing that safely then they should be encouraged – Kimberly

So the support would be still understanding that she needs her dignity and her independence. She is not totally dependent on everybody for everything. Taking all that away is shocking to a person. She still has got all her mental faculties and capable so I would think that. ... I would like her to be as self-sufficient as she could possibly be – Lisa

The SSG sees the benefits of empowering the senior to control their own life and supports the senior engaging in recoverable risk activities. The SSG values the senior maintaining their independence as they age for as long as they are capable of doing so safely.

She never would have been the person you described on the computer. So that was never going to be her. Um she just never had those skills – Mary

She wouldn't be able to be very fast on or with it so she wouldn't have involved herself in it that it would be a risk that it shut down or, it burnt up, or she couldn't get on because in this scenario when she is just starting out she wouldn't be very adaptable. So her ability to learn it brand new right now would be hard so there wouldn't be much risk because she wouldn't be able to use it. So I would say she has no risk she just probably couldn't do it. – Amy

If the SSG did not see the senior participating in the activity at all or it was their view the senior would have little or no exposure to the risks associated with the activity if they did participate, the SSG supported their engagement or took no action. Often this was the case for the computer and internet use scenario by the senior.

**4.2.5 Taking control.** After evaluating the risk and the senior's capability of managing the risk factors the SSG makes the decision that the senior should not participate and controls their actions which is exemplified by the SSG's quotes.

Well it looks to me as if she's not able to take care of herself that her memory may be failing, her judgement is failing, and she's just not able to cope with the situation – Patricia

Because it's the safer alternative. [Jennifer driving her father] He's not equipped to drive at that time of the night and maybe of him hurting somebody else and as far as the other risk elements he doesn't have the physicality to make those decisions. I mean driving all that kind of stuff. – Jennifer

Well he's older so his attention to or his focus is less than he hoped for. Um his hearing is bad so so he doesn't necessarily hear sirens immediately, um lack of familiarity with the path he would take coupled with the fact he would get confused. Um mostly it's just he's not a good driver in the best of conditions [laughs]. – Barbara

If after assessing the risk, the SSG's view is that the senior is less capable or not capable of managing the risk factors and may be irreparably harmed by participating in an activity the SSG views the risk as a non-recoverable risk for that senior.

I would just go get the milk for him and tell me what your friend needs I'll get that too. Well because I want to I don't want him to um feel that because I didn't do it he has to do it so I'll just take the decision making out of his hands. – Elizabeth

This way I can handle it you stay where you are, where your nice and safe. I'll take care of it and that's how I would feel. I would just say I'll take that on, but I yah it does kind of open the door to making the decisions for her instead of her making them herself. – Lisa

Yah, take the car away. That is what her sons and daughters in law want to do. We are at that point, just these last couple of weeks we have started, you have to be slow in starting that conversion. You can't just say we are taking your car, you have to say mom we don't want you hurt, we don't want you to hurt anyone else and that is sort of the way we are dealing with it and she seems very open to that at this point. – Jessica

Although the SSG wants to preserve the senior's dignity, when the SSG does not have confidence that the senior is capable of managing the risk factors, they see their role as controlling and protective in order to ensure the safety of the senior. The SSG exerts their control over the situation with little or no input from the senior. The SSG advises the senior of the actions they will take.

I would make arrangements to have you know to have her driven around wherever she wanted to go. Like just have a driver. Yah yah. So she can still have her freedom but not have the responsibility of driving the car. – Mary

No I think that's I mean I'd have the discussion with him and if he were to argue with me and there was no going anywhere but his direction then I might suggest that I would come over and drive him myself if that was what I had to do or I would go with him. – Daniela

Then the actions then I would say I would be on the phone and I would have to call the community care and look at who can come in for different support systems for cleaning the house and for cleaning her and making sure she gets to the grocery store and back and all of those services – Lisa

Depending on the non-recoverable risk situation, the SSG may take steps to control the senior's actions while still allowing them their independence to participate in the activity. The SSG may facilitate the desired result being achieved by a third party or the SSG, or may set boundaries to keep the senior safe.

Knowing what his behavior is now living in his home with my mother he is not a messy person. He opens his mail to the point that he fine combs to make sure that

he hasn't been overcharged on something and if like with Bell [a phone service company] he calls them up and calls them out on it. Um his clothes are always hung up or put right into the laundry um I can see him having maybe the take-out but I can't see him he wouldn't leave his kitchen a mess he just that's just not his personality. So all of those behaviours of the messy clothes, the unopened mail and the food are just diabolically opposite to what he is, who he is and what I have seen of him. So that's why that would be absolutely alarming to me because he is a very social person and ah that would just be so opposite of what his behaviour is and I think he would be. If that was it I would start to wonder if there was some depression happening in there, if he is on a medication is he not taking the medication, why the severe personality change and starting to look at things like that and definitely maybe say well asking are you not happy here? – Daniela

It's actually high risk. It is actually unfortunate because she is not confident in going outside she is having food delivered um I don't know she is not confident in going out to shop to get her groceries so um it is high risk. She is out of her element she is no longer comfortable so it is a high risk that she is feeling. She is feeling very uncomfortable in her new environment so those signs if I would witness those signs I would be very very worried so that's why I rate it at a high risk – Rebecca

Well she does not drive anymore. She has stopped driving about a year ago and in the last five years her driving she was quite vocal about the fact she did not like to drive at night and she didn't like to drive when it was raining because she couldn't see. If she called me and she told me she was going to do that I would think something was seriously wrong but putting that aside if she really seriously phoned and said she was going to do that I would put it at quite a high risk because it is an area that she is already herself declared weakness and fear and inability or declining ability. – Kimberly

When an activity or situation is viewed by the SSG as a non-recoverable risk for the senior the SSG has increased anxiety and worry due to their perception that the senior is declining in ability.

Um fortunately with the driving sort of at that same time there was some lady in Florida that drove right through some people and hurt them. There was also a lady around town that drove the car right through a store and there was also a lady and a man that drove their car right through the beer store window here in the mall. So all of these things were happening around the same time so I was really able to say to my Mom "Mom" and because she drove on the wrong side of the road with Bill in the car, I simply said "Mom you know your driving record has been good your whole life you have never had a problem. Why don't we surrender your license now and then you don't have to worry about ever you know because if you ever hurt somebody you'll feel bad for the rest of your life but if you do surrender your license now then you never have to have any of those worries again." And she actually did it. She did it, she probably knew and it didn't take much for me to get her to surrender that license. So I think she was worried herself. – Mary

I don't want to put her down or anything like that and make her feel that I'm, I don't think she is capable but on the other hand the facts are facts she is an 85-year-old woman who does not have the greatest eyesight especially at night so um is a nervous driver anyways so um neither of us want a disaster situation. – Laura

I would think that would be pretty high risk because that is not normal behaviour so she's obviously got something going on with her. Its dementia or whether its ah depression or something because she's been used to living in a tiny home so and being on top of her mail. So if she's not opening her mail and she's got fast food containers she's probably in a state of depression or ah needs to be assessed by the CCAC or somebody as to what her mental capacity is because that would not be that is high risk. If she is living in those conditions um and I would be afraid she's not opening mail and she is doing things that are out of the ordinary

that she could be quite capable of leaving the stove on doing things that are going to be a danger to her and to others in the building. – Tammy

The reason the SSG takes control is that they are worried about possible irreparable physical or mental harm that might occur to the senior if they were to engage in the non-recoverable risk activity.

She probably would have fairly full autonomy unless it was really either a danger what I felt would be a dangerous situation or an unnecessary one in which because I find that at that age often she would tell me she was doing something I think hoping that I would say oh don't you do it I will do it and rather than phoning and saying can you do it she would describe that she would do it and how it might be difficult or nerve wracking um in hopes that another solution might be found. It's a little passive aggressive. – Kimberly

Well I think there would be a natural, I think any challenge to your independence sometimes causes a reaction so I would think that um she really wouldn't want to feel that she was being told not to do something or that she wasn't able to make a decision herself. So I think that you want to be very careful about how you position your concern and really allow her you know really autonomy in a lot of other things but in this case focus on the safety concerns – Carol

Hmmm. I would think because she phoned to tell me she's going, she was looking for a little bit of advice, otherwise she would have jumped into the car and gone on her own, without telling me she was going. So I would take that as being an opportunity to give my two cents worth and say, never mind why don't you stay at home and I will do that. I think probably inside she would want, she would be thinking the same thing too, but picking up a passenger and putting everybody at risk na – Lisa

Although the SSG does respect the senior's view, they dismiss it or discount it if they are not confident in the senior's capability to perform the activity in a safe manner as

safety is always the primary factor. To respect the senior's dignity, the SSG tries to persuade them that the SSG's choices are the best option.

That's what I saw happening in her life, like she actually drove on the wrong side of the road so I experienced those things with her and I saw the effect of those things on her so ah interesting scenarios all of these things she lived you know –  
Mary

It's a balance. I mean you don't say that they can't make any decisions because that would destroy their self-worth but I think that you let them know that you care and that on certain things we'll make decisions together to keep them safe. –  
Tammy

Well I wouldn't support necessarily moving in on his own but I would support moving into an assisted care where he could be kept an eye on just to be sure he is eating on a daily basis and that he is getting any meds that he might need. He's not a candidate for living on his own. – Jennifer

The SSG may not support the senior engaging in a non-recoverable risk activity based on their knowledge of the senior's past actions and the senior's ability to make appropriate decisions to minimize any harm and remain safe.

Well I don't when I said wait until tomorrow morning I think she would understand that the conditions are less than ideal and it would probably be a more polite way to say Mom you should not get behind the wheel of the car. Um if she said no to that than I would say I would go get it myself since I live fairly close to her. The taxi scenario would be my last resort if she had to go out to get something. If I had milk, I would go and give it to her myself, to the friends so they would not have to bother. – Laura

...ok so I would have said the highest but if you see that they are struggling then I think you need to step in so at that point I would just try to introduce people when we are together like the cleaning lady, and as long as he is ok with that cleaning lady it was his decision if he didn't like her then we would get somebody else you



know that sort of thing. So I wouldn't rate it as high as I have rated all the others just because in this case it would show that he needs some sort of support a bit of an intervention for himself. – Sarah

Again it's very high but not if it's a danger to them. In this scenario there is a possibility of danger. So the self-sufficiency would have towards safety. You wouldn't want them driving the car when they can't see and might crash up and hurt somebody. You would not want them living alone and having self-sufficiency at the price of mental health which again that's what I'm kind of reading into the scenario. – Louise

When the SSG determines the senior is not capable of engaging in the activity and the SSG has stepped in to control the senior's actions, the SSG does so to keep the senior safe even if it leads to a reduction in the senior's independence.

**4.2.6 Outcomes.** Whether the SSG supports the senior's freedom to engage in the activity or controls how or whether the senior engages in an activity has a direct impact on the senior's independence, safety, and quality of life. This also has an impact on the SSG and their evolving caregiver role.

**4.2.6.1 Outcomes for the senior.** The following quotes demonstrate the benefits or detriments to the senior as seen by the SSG.

It is the core of his existence and their existence. I want to do this now at their age they need people to assist them but it is honestly to sit in the chair you want to sit, to read the paper you want to read, or the book, to wear this funny old sweater even though everyone wants you to change it and get another one. That's their quality of life. It means everything to them and we are very our family is very aware of it and I'm particularly aware of it. – Louise

...lived on their own and made their own decisions for many decades would feel somewhat tricked or concerned with their independence being challenged. Well I think you know it's not up to me to judge if someone wants to stay in bed until noon or in their pajamas or whatever, that's not a big deal but I think the whole

idea of being able to decide what they want to eat, how they want to eat, I think there's a great fear in older people in being you know put in a situation where their it's very regimented so I think that last little bit of independence and decision making is important. I think you'd want them to have self-sufficiency for as long as you could make sure they had it so assuming there is no medical issue getting in the way of anything I think that it's important because um that allows them to have some control over their life. – Carol

Well I think it makes them feel positive, it makes them feel accomplished, it makes them feel like they can manage their own lives. Again as you get older that can be a problem. I am speaking from my own personal experience with them so yes anything that I could do to help her feel that way would be positive. – Abigail

I think being able to be in control of your own life without undue influence or meddling from other people who ought to know better as long as it doesn't concern safety or health and well-being it's definitely good. – Barbara

The SSG sees it as important for the senior to maintain their independence and quality of life for as long as they are able to do so safely.

Oh actually here's a funny story, he was putting salt on his french fries, he's 99, and my sister goes "Dad you're putting salt on your french fries". He goes what I'm not going to live to 99 like what how is it going to hurt me now? [laughs] So there's salt on the french fries, there's more creams in the coffee because he really likes creamy coffee, he's doing what he wants to do and if you ever butt your head against him he's like "I'm 99, I must have done something right". So you see it's it's a reaffirming every day that he's an important person. We're not in fantasizing him or whatever the word is you know. Yes, he needs care and his wife needs a lot of medical care but he can still make all his own decisions. For example, he grew a handle bar no, what kind of side burns are these, mutton chops this summer like "Dad what are you doing, it's not the 70s". He liked the look. He got aviator glasses. I don't know that's what the 90-year-old guys doing, that's what he wants to do. You pick your fights. – Louise

In my mind I think it's very important that they be or consider themselves to be as independent as they can because I think that the more independence they feel the stronger they are in mind and body and they're able to overcome more things than if they feel they are dependent on other people they feel incapable they lack their confidence to perhaps try something on their own – Daniela

Yah I think it's very important that they're independent so that um they're able to feel they have some control on their life and even though this is absolutely not what happened to my Mother, of course that's a different set of circumstances there but if a person you know is mentally able to um you know they're confident then I think it's very important that they have as much freedom as they want themselves and you know everybody needs help with anything. You don't have to be old to need help but you know as long as they have someone to help them when they need help and they have their freedom so they can do what they want to do I totally agree with that. Like because you know how we talked about it before they have a better quality of life if they feel that they are able to be in charge of their own destiny so they'll be a happier person if they're able to do that. – Mary

If the SSG views the senior as capable of managing the risk factors perceived by the SSG associated with recoverable risk activities or situations, the SSG supports the senior engaging in these activities and empowers the senior to control their own life and preserve their dignity.

I think it is a very fine line that you walk on making sure that they are safe but yet making them not feel that you are trying to walk all over them and take away their independence. They really need that aspect. – Daniela

Well I mean these people as you get older you've been around for a long time, you're used to being on your own, you're used to being independent, and I think its ah demeaning to them to suddenly lose it entirely. So even if you are keeping an eye I think you try and give them as much freedom as you can. – Patricia

Well ok ah my reason would be this is an unsafe option so I have to present another option. We're talking about an older person here who's used to being autonomous, running their own life, making their own decisions, and now I'm an adult child telling them that's not a good idea. So ah there's a respect here ah, there's also acknowledgement that this is a really not a super wise course of action. – Louise

As the senior's safety is a primary concern for the SSG, the SSG will control the senior engaging in non-recoverable risk activities as their perception is the senior is declining in ability and lacks the capability to manage the risk factors. The SSG still tries to minimize the loss of independence and dignity but the senior's quality of life may still be affected.

**4.2.6.2 Outcomes for the Selected Sandwich Generation.** The feelings the SSG derives from the result of the risk taking decision they made for the senior is exemplified in the SSG's quotes below.

...and I am also very close to my parents so they know that I'm there for them and we talk every day so being involved in their life and knowing what's going on we talk every day and I know that my scenario may not be their own scenario. You know I hear things about elderly abuse I just can't believe it so I'm just very very close to my parents and making sure they grow old in a very healthy, happy, safe environment. – Tammy

That's so interesting, because I am thinking the computer will expand her knowledge and her interests and motivate her to keep curious, and keep learning and the thrill of that. I would feel that I was encouraging her to use the computer and then with a little bit of discussion on bank account security and things like that so that she would not be taken advantage of. That would be foreign to her at that age but I would encourage her to find out things and expand her knowledge and different things. It's great. – Lisa

Oh I would just do it myself. I would just go and get it for her, the weather, not wanting her to slip and fall, hurt herself, break a hip, um that I would just want to do it for her. It would make me much happier if I just did it for her so that we do not need to have any accidents at this stage of her life. – Tammy

The SSG often derives their caregiver's satisfaction from their knowledge that they ensured the senior is safe.

That's pleasurable as a daughter to see her Mom expending her knowledge. This is so interesting you know this is on the other spectrum that you would almost feel proud and excited that someone that age is taking an interest in using the computer and seeing what it has to offer and how that can affect her life and ah I think that is she is moving along with the times and that is rewarding to see. I would encourage that. That would be great because it's like they are not declining in my mind. It is like they are still ah going forward still able to live their life, make their choices, and it's not on my shoulders yet. It's not totally on my shoulders to help other than help for positive things, help with the computer, learning about that, that's all positive. – Lisa

Well if they are 100% self-sufficient they are not going to be dependent on me or a sibling or grandchild or something like that um if they are 100% self-sufficient I am hoping they are also happy and um able to do the things that they want to do in the times they want to do them. – Kimberly

The SSG also derives their caregiver's satisfaction by maintaining the senior's independence and dignity when safety is not a factor.

...think that as a child and as a parent it is interesting how your role changes particularly as a child to the parent as the parent ages and you become less of the child and more of the parent to your parent, whether it is physically, whether to hold their hand, grab their arm, you know carry things for them, or um having to explain things to them and slow down for them, slow down the talking because they can't hear, slow down the walking because they can't keep up, um slow

down just the number of things you do you can't do three things in a day you can only do one thing in a day so it is a circle that we are all kind of on – Kimberly

Well I can say that as a someone who takes an active role as a caregiver, it's exhausting. Whether it's being on the phone, or physically, I can't even keep my own house clean but I am up cleaning hers so I know Arthur appreciates it but it's exhausting and you really are looking for um different degrees of um where she is going. Graham does not worry me at all but with Ann you know from month to month you sort of see a change, maybe in her speak or her sleeping or memory, you really have to keep an eye on what's going on. – Jessica

Probably because I'm overly protective and I know that I am because I don't think you can ever be too careful. So and that's just probably the way I am I'm just you know a worry wart, a person that is over protective that's just the way I've always been so whether that's a good reason I just think that you should be overly cautious about old people and I think you should be overly cautious about young people and helping them make wise decisions – Tammy

...so I definitely feel a shift and that it's my responsibility to look after my children and now my parents and um and I feel the need to help out – Laura

As the senior ages the SSG's role evolves and they become more involved in assessing risk and deciding what activities are safe for the senior to engage in as the senior declines in ability and they become in the SSG's view less independent.

**4.2.7 Risk assessment model: senior.** The determining factors and process the SSG uses to assess and evaluate risk and the resulting impact is illustrated in the Model for Risk Assessment by Selected Sandwich Generation: Senior. This model was created by the researcher as a result of this study to better exemplify the SSG's thought process.

### **Model for Risk Assessment by Selected Sandwich Generation: Senior.**

SSG's caregiver role/responsibility:

- Assess the risk associated with the activity/situation
- Consider the importance of the senior maintaining their independence and dignity
- Consider the importance of the senior's safety

How does the SSG assess the risk:

- The SSG balance maintaining the senior's independence and dignity with the safety of the senior
- The SSG considers:
  - The risk factors
  - The senior's capability to manage the risk factors
  - The senior's personality, traits and abilities to manage the risk factors
  - Knowledge of the senior and their past actions
  - Confidence that the senior is capable of managing the risk

Does the SSG believe the senior is capable of managing the risk based on the above criteria?

If yes, the SSG categorizes the risk as recoverable

If no, the SSG categorizes the risk as non-recoverable

#### Recoverable Risk

The SSG views the risk as:

- Causing no irreparable harm to the senior
- The senior capable of safely managing risk factors
- A way to maintain independence and dignity

The SSG supports the senior's freedom to engage in the activity

The SSG's role is:

- Provide guidance
- Help find resources if needed
- Share ideas with the senior
- Support the senior's independent decision making

Outcome of engagement in a recoverable risk for the senior:

- Maintains the senior's independence and dignity
- Has a positive effect on dignity and self-worth
- Continue to control their own decision making and life
- Maintain the status quo and the senior's quality of life

#### Non-Recoverable Risk

The SSG views the risk as:

- A possibility of causing irreparable harm to the senior
- The senior is less or not capable of safely managing the risk factors

The SSG takes control to keep the senior safe

The SSG's role is:

- Protect the senior from harm
- Make the decision regarding engagement
  - Prevent the senior from engaging
  - Establish measures to control and facilitate achieving the desired result by setting boundaries and persuading the senior that SSG's option is best
  - Values safety but respects dignity

Outcome of not engaging in a non-recoverable risk for the senior:

- The senior remains safe
- Avoids harm
- Limited or reduced independence

#### **4.3 Average Risk Ratings: Child and Senior**

Set out in Table 1 below is the average amount of risk on a scale from 0 (no risk at all) to 100 (the highest possible amount of risk) for the child as rated by the SSG for each of the three scenarios: driving, moving into a new residence, and computer and internet use, as well as an overall average risk rating for the child of 59.50. Table 1 also depicts the average amount of risk using the same scale for the senior as rated by the SSG for each of the three scenarios noted and an average risk rating for the senior of 64.23. Overall the SSG's perceptions of risk were similar for both their child and senior as is illustrated by the overall average risk ratings for each of the different scenarios. However, for the senior two of the three scenarios were rated a higher risk than for the child (driving and moving into a new residence) and one (computer and internet use) was rated a lower risk than for the child. This would seem to illustrate that the SSG does not consider age alone to be the determining factor for the amount of risk the situation poses for the child and senior. Instead they rely on multiple factors in determining the amount of risk for their child and senior such as the different risk factors in the scenario, if they believe that the child/senior is capable of managing the risk factors and their past experience in similar situations.



**Table 1 Average Risk Ratings**

| Scenario Type               | Child Average Risk Amount<br>on a Scale of 0 – 100 | Senior Average Risk Amount<br>on a Scale of 0 – 100 |
|-----------------------------|--|---|
| Driving                     | 59.25  | 79.7  |
| Moving into a New Residence | 63.25  | 76.75   |
| Computer and Internet Use   | 56   | 36.25   |
| Overall Average Risk Rating | 59.5   | 64.23   |

#### 4.4 Summary

The Models for Risk Assessment by the SSG for the Child (page 50) and for the Senior (page 78) illustrate that the SSG does view it as their responsibility to evaluate risk in deciding whether the child or senior should engage in an activity or situation and does consider the importance of their independence and their safety in making the evaluation. Their perception of the risk is determined by weighing the same factors. However, the SSG views the factors with a different lens. The SSG's assessment of risk for the child takes into consideration someone who is becoming an adult, whose formative years they can influence. Therefore, they view the child's capabilities and the risk factors as life experiences they might need to have to learn to be self-sufficient. For the senior, the SSG respects the fact they have a lifetime behind them, and they are who they are with life experiences that predated the SSG's role as a caregiver. Therefore, the assessment takes into consideration their current view of the senior's capabilities and this can be influenced by their view that the senior may be declining in ability. Provided the SSG does not see the risk associated with the situation or activity causing irreparable harm, as the SSG views the senior as declining in ability whether they remain capable of managing the risk safely is an important consideration. However, for the child, who may not have experienced the risk, the opportunity to learn how to manage the risk is considered rather than their capability to manage it.

The SSG supports the child by teaching them how to manage the risk. For the senior the SSG supports their independence only offering a helping hand if needed. In both cases the SSG sees the outcome as having a positive effect on independence and quality of life.

If the SSG views the risk as causing irreparable harm they take control to keep the child and senior safe which is the primary factor for their actions. The SSG prevents them from participating if the risk is too great or they establish boundaries or rules to ensure their safety is protected. In both cases the SSG sees a positive outcome as the child and senior remain safe.

## **Chapter 5: Discussion**

This study focused on developing an understanding of how women (SSG) as caregivers to both a child and senior perceive risk and the process they used to assess, classify and evaluate risk when making risk taking decisions for the child and senior. By understanding this, one can explore similarities or differences in how each generation is treated by the SSG when it comes to risk taking and any impact this has on their quality of life.

The SSG views themselves as having an important and evolving role as caregivers for the child and the senior to assess and evaluate risk associated with an activity or situation. Similarities and differences were identified regarding the risk assessment process they used and how they classified risk for the child and senior in similar situations. Whether the SSG decided to support the child or senior engaging in risk taking or control their actions were compared and contrasted as was the resulting impact on their quality of life. The SSG's perception of their evolving role in making risk taking decisions and the relationship this had on the child's and senior's independence as they age was discovered.

### **5.1 Risk Assessment Process**

The risk assessment process used by the SSG in this study is similar to the Risk as Value Theory which considers the perceived risk of a situation, past risk taking experiences, and how one felt about those experiences. Taking these considerations into account, one balances the possible positive and negative outcomes (Finucane & Holup, 2006). Following the Risk as Value Theory when making a risk assessment for their child or senior the SSG used a similar thought process during their assessment of the situations posed to them in this study.

In determining the degree of risk each situation posed for the child or senior the SSG first identified the risk factors associated with the activity. The SSG's knowledge of the personality, traits, and abilities of the individual were considered as they related to the child or senior independently managing the identified risk factors. Along with the SSG's knowledge of the child or senior, they also considered their confidence that the child or

senior would make appropriate decisions in order to minimize the risk. Along with their confidence in the child or senior the SSG also considered if they believe that the child or senior are capable of safely engaging in the situation.

The SSG also considers the child's or senior's past actions in their risk assessment. For the senior the SSG relies on their knowledge of the senior's past actions and how they previously managed risk in similar situations. As the child may not have yet experienced a similar risk, the SSG relies on their knowledge of the child's character traits, whether they believe they have instilled values which their child will rely on to independently manage the risks, and what they have observed their child doing in other situations. When balancing the pros and cons that a favorable outcome will occur if the child or senior participated in the activity, the SSG's assessment of all of these criteria are utilized.

## **5.2 Risk Classification**

After considering these criteria, the SSG assess the outcome as favourable when the SSG believes there was little or no probability that irreparable harm would occur to the child or senior by engaging in the activity. It is their view the child or senior was capable of managing the risk associated with the situation or activity. Therefore, the SSG supports the child or senior engaging in the activity. The SSG classified this as recoverable risk. Recoverable risk is a risk caused by a situation that's outcome has no obvious irreparable damage or harm to the person. A non-recoverable risk is a risk that is caused by a situation that could lead to irreparable damage or harm that may be life threatening. In this case the SSG did not see the child or senior as capable of reducing the risk and minimizing the harm on their own. Therefore, the SSG controlled the situation to ensure the child's or senior's safety. Thus achieving in the SSG's view, a favourable outcome.

In determining whether the risk is recoverable or non-recoverable, the SSG also balances the importance of developing the child's independence, maintaining the senior's independence and dignity with the need to protect them from irreparable physical or

mental harm. This decision determines whether the SSG supports or controls the child or senior engaging in an activity.

Little et al., (2011) stated that how a parent views risk affects the risk taking opportunities they allow their children as it is their responsibility to not only keep the child safe from risk but also to ensure the child experiences appropriate risk taking to gain competence. These findings are supported by the SSG who believe it is their role as caregiver to protect their child from harm but also to help their child to grow and learn from risk taking experiences. The SSG views risk as good and they support the child engaging in risk activities except when in their view the child is not capable of managing the risk which could result in irreparable harm occurring to the child.

The SSG's view that risk is good differs from the hyper-safety-conscious view that any risk is too much risk and children need constant supervision of an adult as expressed in O'Brien's & Smith's (2002) study. However, the SSG's view that risk is good and their belief that risk taking opportunities for their child is beneficial in developing independence aligns with the findings of Brussoni et al., (2012); and Gill (2007) that risk during play provides many benefits in all parts of a child's development.

### **5.3 Recoverable Risk**

If the SSG assess the risk as recoverable, they support both the child and the senior engaging in the activity and allow them their independence to do so. Although the level of support they offer and the reason for the support differs, the SSG views them both capable of managing the risk factors safely and they have confidence in their decision making. In the event a negative outcome occurred the SSG did not view it as resulting in irreparable harm to the child or senior.

For the child, the SSG believes that participating in a recoverable risk activity will benefit their child by allowing them the learning opportunity to develop their independence, build confidence and gain a better understanding of how to assess risk in the future. To support the child's learning and growth the SSG often takes an active teaching role to educate the child. The assistance the SSG provides is offered to help in the learning process by providing guidance, mentoring, and problem solving with the

child. This agrees with observations by Brussoni et al., (2012); and Gill (2007) as noted above that children benefit and learn by taking risks during play. Risk taking experiences help in the development process of children and provides them the opportunity to understand the amount of risk that is acceptable for them to take during different activities (Brussoni et al., 2012; Little & Wyver, 2010). Stephenson (2003) noted that in order to develop independence children need to be challenged by facing their own limits. The child is better able to make appropriate decisions in order to manage challenges by relying on past experiences which Mitchell et al., (2006) found is important in the healthy development of a child.

For the senior, the SSG views participation in recoverable risk activities as a way to empower the senior to maintain their independence and preserve their dignity. Randers and Mattiasson (2004) and the SSG's in this study believe that allowing seniors the ability to control their own life and make their own decisions maintains their feeling of independence and has a positive effect on their dignity and self-worth. The SSG has confidence in and supports the senior's independent decision making to engage in recoverable risk activities. The senior's ability to be self-sufficient and control their own life is thereby maintained although the SSG may perceive the senior as declining in ability and may assist the senior to manage the risk. As safety is not a major factor there is no need for the SSG to control the situation, therefore, they allow the senior their independence to manage the risk. However, the SSG provides guidance and assists the senior by offering a helping hand if they think the senior needs it or if the senior asks them to help. Maintaining the senior's independence and allowing the senior to decide what recoverable risk taking activities will be beneficial for them to participate in aligns with the concept of dignity of risk (Ibrahim & Davis, 2013; Parsons, 2008). Dignity of risk is a principle of permitting a person the autonomy to make choices around activities that may have some level of risk without inference from those who wish to protect them from harm. By doing so personal growth and quality of life can be enhanced. A person's dignity is in part linked to their ability to be autonomous and by empowering one to make their own choices dignity of risk can foster self-esteem, self-respect and quality of life (Ibrahim & Davis, 2013; Parsons, 2008).

#### **5.4 Non-Recoverable Risk**

If the SSG assesses the risk as non-recoverable they see the child and the senior as less or not capable of managing the risk factors or making appropriate decisions regarding the risk. The SSG assumes a higher degree of responsibility to keep the child and senior safe. Therefore, the SSG takes control to protect the child or senior from harm. The type of control may differ depending on the degree of danger or harm perceived by the SSG. For the child, the SSG will either take total control and veto the child's participation in the activity or control the situation by offering the child a supervised learning opportunity to participate with the SSG. For the senior, the SSG assumes an authoritative role preventing the senior from participating entirely or stepping in to facilitate the desired result being achieved for the senior by a third party such as finding the senior a driver, or the SSG obtaining the item for them. However, as the SSG respects the senior's dignity they may soften the impact by persuading the senior that this is the best option and setting boundaries to keep them safe.

For the child the SSG prevents them from participating in a non-recoverable risk activity as they do not believe the child can assess the level of risk, is capable of managing the risk, does not appreciate the severity of the outcome and that such an outcome could occur to them. This view follows Little's and Wyver's (2010) findings that children are unable to assess in their evaluation of risk the severity of the resulting harm that might occur should they fail to avoid the hazardous outcome. However, the SSG's view differs from Little and Wyver (2010) who found that children can evaluate their own abilities and will engage in risk taking activities that match their own capabilities. Sandseter (2009) also found that children are able to determine when a challenging activity exceeds their ability level. The SSG sees it as their role to evaluate the risk for the child as they are better able to do so. The child's independence is not considered when the risk of harm is so great that the SSG takes control to ensure that their child is safe from harm.

When the SSG views the risk as non-recoverable, only in the case of the senior does the SSG consider their views and feelings and the importance of maintaining their independence. However, the need and responsibility to ensure their safety overrides the

importance of maintaining their independence if the activity cannot be done safely. This need to protect the senior aligns with Ibrahim's & Davis's (2013) study that found caregivers have a strong sense of responsibility to keep the senior safe, which resulted in reducing the senior's autonomy as the caregiver made decisions that erred on the side of caution. The caregivers often held a risk intolerance view. The idea of protecting and prolonging life using absolute hazard avoidance (Ibrahim & Davis 2013) places safety over quality of life (Kane, 2001).

The perception and societal view of seniors is that they need to be protected for fear they will be physically or mentally harmed as they are seen as vulnerable and dependent (Brocklehurst & Laurenson, 2008). It is often the perception of caregivers that risk is negative and something that should be avoided (Ibrahim & Davis, 2013) emphasizing safety over quality of life (Kane, 2001; White-Chu et al., 2009). The SSG in this study do not support this view. They value the senior's independent decision making concerning risk and support maintaining the senior's autonomy and dignity unless in the SSG's view irreparable harm will occur to the senior, then the SSG emphasize safety over independence.

### **5.5 Relationship Between Degree of Independence and Risk**

A relationship was found between the amount of risk the SSG allows the child or senior to manage and the degree of independence the child or senior has. As the risk increases the amount of control the SSG exercises increases and the independence of the child and senior decreases. This could have a negative effect on their psychological well-being (Ryff, 1989; Ryff & Keyes, 1995). For example, in the driving scenario generally the SSG viewed this as high risk for both the child and the senior. The SSG viewed them as not or less capable or inexperienced to manage the risk factors. Therefore, the SSG took control of the situation and did not allow them to drive, which decreased their independence. However, for both the child and the senior the SSG sees being independent as important in improving one's quality of life.

As noted above the SSG support their child engaging in risk activities to develop independence which is valued by the SSG. However, their need to keep the child safe and



protect them from harm was more important to the SSG than supporting their independence if the risk was too great. This coincides with Little et al., (2011) that it is a parent's responsibility to not only keep the child safe from risk but also to ensure the child experiences appropriate risk taking to gain competence and the finding of Brussoni et al., (2012) and Gill (2007) that taking risks benefits a child's development.

Having the freedom to decide on daily activities increases self-esteem and quality of life (Blair, 1999). When a senior is independent and able to control their own daily life which may include making decisions concerning risks or risk taking activities, the senior feels they are being treated with dignity. Maintaining one's autonomy, self-worth and dignity all have a positive effect on a senior's psychological well-being and quality of life (Anderberg et al., 2007; Randers & Mattiasson, 2004; Ryff, 1989; Ryff & Keyes, 1995). The SSG agrees with these concepts as they view the senior maintaining their independence and dignity as very important and values the impact maintaining one's autonomy has on the senior and their quality of life.

The SSG wants to do whatever they can to maintain the senior's autonomy and quality of life provided they view the senior as capable of managing the risks associated with participating in the activity safely. In those situations, the SSG supports the senior and empowers them to control their own life and preserve their dignity. The SSG will control the senior's engagement in non-recoverable risk activities when they perceive the senior as less or not capable of managing the risk factors or their ability declining. However, the SSG still tries to minimize the loss of independence and dignity for the senior whenever possible by providing them with safe options or allowing them the ability to make decisions regarding less risky activities, as the SSG seeks to maintain a high level of quality of life for the senior.

Ryff (1989) and Ryff & Keyes (1995) say there are six dimensions of psychological well-being of seniors: positive relations with others, environmental mastery, purpose in life, autonomy, self-acceptance, and personal growth. The last three dimensions are negatively affected for a senior when their caregiver is risk adverse. Reducing or removing any one of the six dimensions can have a negative impact on the

senior's self-worth and psychological well-being. A senior loses their independence and sense of well-being when the caregiver controls their actions by preventing them from engaging in a risky activity as it may have a negative outcome. As the SSG sees independence as an important factor in maintaining the senior's quality of life, they only reduced the senior's autonomy by controlling risk taking decisions if in their view safety was an issue. As the SSG understood taking control away from the senior could have a negative effect on the senior's quality of life, the SSG tried to provide the senior with a modified sense of control by allowing some level of autonomy to the senior. The SSG may offer the senior another option for the senior to achieve the desired result. For example, the SSG may not allow the senior to drive but will arrange for someone to drive the senior or the SSG may hire a cleaning service but allow the senior the choice of who to hire. In these ways the SSG agrees with Ryff (1989) and Ryff & Keyes (1995) conclusions.

## **5.6 Risk Scores Analysis**

Table 1 set out in the results section (page 81) illustrates the overall average risk rating for the three situations for the child was 59.50 and for the senior was 64.23. These results support the conclusion that the SSG saw the amount of risk to the child and to the senior as similar. However, for the driving and moving into a new residence situation if one considers the average risk rating for each of these two situations as noted on Table 1, there is a large difference in how the SSG scored the risk for the child as compared to the senior. This is interesting as the SSG views both situations as being physically or mentally harmful to the child and to the senior. The SSG views a situation that may cause harm as a greater risk to the senior than the child as they see the senior being less capable of mediating the risk, declining in ability, vulnerable or more likely to incur harm by participating in the activity. However, for the computer and internet use situation the average risk rating was lower for the senior than the child. The reason for this might be explained by the view the SSG held that the situation would not apply to the senior. It was the SSG's view that the senior was not capable of using the computer so they would not incur any harm. In the event that the senior was able to use the computer the SSG did not see such use exposing the senior to irreparable harm.

It is also interesting to note in assessing or evaluating the risk each scenario presented for the child and the senior the SSG's approach was analytical. They carefully considered a number of factors such as the specific risks, the ability of the person and their confidence the person was capable of managing the risk. The SSG also took an emotional approach to evaluating the risk. How the SSG felt about the individual participating in the activity based on their knowledge of their past actions was also taken into consideration. By combining both an analytical approach with emotional considerations the SSG's risk assessment process followed the risk-as-value theory. The risk-as-value theory is when an individual uses logical reasoning to weigh the outcomes of a situation as well as considering the feelings the individual has about their past experiences. The SSG applied both an analytical and emotional evaluation of the perceived risk and balanced the possible positive and negative outcomes for the child and senior participating in the activity in order to rate the risk (Finucane & Holup, 2006).

### **5.7 Caregiver's Evolving Role Relationship**

As both the child and the senior age the SSG caregiver's role changes. For the child the SSG sees their role to educate and guide the child in order for the child to learn from the risk taking experiences. From the SSG's perspective as the child grows and learns they have an upwards trajectory for independence and autonomy which continues to increase as they age. The SSG is less involved in assessing the risk and making decisions for the child regarding risk taking activities as they view the child as more capable of making their own decisions. Although the SSG sees the benefits of supporting the child's independence, the SSG may still take steps to control the child's participation in risk taking activities if the possibility of harm outweighs the benefits. Depending on the SSG's confidence in the child's abilities the SSG may protect their safety by setting boundaries, monitoring the situation, or preventing their engagement entirely. Otherwise, the SSG allows the child more autonomy and the child gains more independence. The SSG also derives satisfaction from supporting this outcome.

By contrast, the SSG views the senior as maintaining a stable or declining trajectory for autonomy and independence. The SSG may assist the senior to manage the risk as they still see the benefits of the senior controlling their own life as they age

provided they can do so safely. As the SSG perceives the senior as declining in ability and less capable of managing risk as they age, the SSG sees a greater probability that irreparable harm will occur if the senior participates in risk taking activities. However, the SSG may view the risk as minimal if they do not see the senior as capable of participating in the activity at all and the activity would not be one the senior would engage in. An example of this is the computer and internet use scenario where some of the SSG participants rated the risk low as they did not view the senior being able to use the computer so they would not be exposed to the risks. Although the SSG wants to preserve the senior's dignity if the potential for harm is too great, the SSG takes steps to control the senior's actions by persuading them not to engage or preventing them from doing so entirely. Therefore, as the SSG views the senior declining in ability, the SSG is more involved in assessing risk and controlling the situation which decreases the senior's autonomy. The risk rating scores for the driving and moving situations support this view as does the finding that the SSG as caregiver gains satisfaction from protecting the senior from harm and knowing they are safe.

Because I assume she's in her 90s by this time and your reflexes are not what they used to be, your judgment even if you appear to be pretty well, ah your brain is aging by that time I don't think you have the same judgment you do when your younger and your eye sight is certainly not as good at night especially and raining to me that's just an accident waiting to happen. Um yes because as you grow older in fact your reasoning and your intelligence unfortunately don't increase [laughs] it's starting to decline no matter what so that's why the risk is higher. You don't expect them to improve with age. No, it's the opposite. – Patricia

It would make me much happier if I just did it for her so that we do not need to have any accidents at this stage of her life. – Tammy

The SSG's evolving caregiver role and views regarding experiencing risk did impact the child's and senior's independence as they aged. The concept that for children autonomy continues to increase and by contrast the senior's autonomy declines is exemplified in the SSG's own statements.

Well I think it's ironic that you are looking at someone as they begin to become an adult and someone as their adult life and independence somewhat changes because there is some correlation to how much you care. I mean at one stage as a teenager letting go of the care and parameters and then at some stage with some seniors you're looking at how you add it back in and it's an interesting equation because they're not really at the same stage but you're looking at a pattern of independence growing and then independence perhaps being taken away. – Carol

No I don't think so I just find it curious that we're working both ends of the spectrum and ah you have huge risk factors for your parents and you have huge risk factors for your children and yet they are diametrically opposite risk factors. If that makes any sense. – Jennifer

This was fascinating for me, just that for me to think of those two opposite ends of the spectrum and how, how I differ on that. I never realized it before, but when you put it in these terms I see, I can see how I feel differently for one then the other similar situations. It was really interesting for my own awareness – Lisa

## **Chapter 6: Conclusion**

This study focused on understanding how women in the sandwich generation as caregivers to both children and seniors perceived risk. The process they used to assess, evaluate and classify risk was explored to understand the criteria considered by them when making risk taking decisions for both a child and senior engaging in risk taking activities. The impact of their risk perception and evaluation was considered as it related to their actions, the child and senior's ability to engage in risk taking and ultimately the resulting outcome or impact on the child or senior's independence and quality of life. The fact the SSG was a caregiver for both the child and senior allowed researcher one to identify similarities and differences in the SSG's perception and evaluation of risk, actions taken by the SSG and the impact on independence for both generations.

The findings highlighted that the SSG used a similar process to assess, evaluate and classify risk for both the child and senior. The SSG valued the importance of independence for both the child and the senior as well as ensuring their safety when determining whether to allow them to engage in a risk taking activity. However, the findings showed that the SSG did not treat the child and senior the same when it came to engaging in risk taking activities. Provided safety was not an issue, the SSG saw risk taking as a learning opportunity for the child and a way for the senior to maintain their independence.

### **6.1 Background: Why Focus on Risk Perception by the Sandwich Generation**

The SSG are a group of people who are caring for both their child and parent (senior) (Grundy & Henretta, 2006; Pierret, 2006; Ward & Spitze, 1998) and as caregivers are members of a risk adverse culture which views risk as something that should be avoided whenever possible (Allin et al., 2013; Ibrahim & Davis, 2013). Parents tend to follow a parenting style and practice believed to be the best by others (Allin et al., 2013). As parents hold a shared view that keeping their child as safe as possible is their responsibility, in a risk adverse culture this has led to parents placing limits on risky play and an excessive focus on safety, both of which can pose a threat to healthy child development (Brussoni et al., 2012).

Children seek and engage in risk taking during play (Sandseter, 2007; 2009; Stephenson, 2003). Taking part in risky play allows children to understand their limits and face their challenges (Gleave, 2008). Children are able to determine what level of risk is appropriate for them and when a challenge exceeds their ability level (Sandseter, 2009). As children gain experience managing risk during play, their ability to do so increases (Morrongiello & Dawber, 2004). They learn to manage challenges and are better able to make informed decisions based on past experiences, both of which are important in their healthy development (Mitchell et al., 2006).

Seniors are seen as a vulnerable population who need to be protected from risk for fear that they may be physically or mentally harmed (Brocklehurst & Laurenson, 2008). Caregivers view it is their responsibility to keep seniors safe which often leads to a reduction in the senior's autonomy (Ibrahim & Davis, 2013; Kane, 2001). Autonomy is an important factor in a person's psychological well-being (Ryff, 1989; Ryff & Keyes, 1995). Autonomy has a positive impact on a person's well-being and dignity. Autonomy and dignity have a large influence on quality of life of seniors (Randers & Mattiasson, 2004; Kane, 2001). Independence and autonomy are an important part of daily life. Engaging in activities of daily living which might be perceived by some as risky for seniors, allows them to express their independence and autonomy (Blair, 1999).

In order to understand the SSG's perception of risk and the process they used to assess risk taking by their child or senior a grounded theory methodology was deployed. Grounded theory is a research method where the participants own experiences in assessing risk for a child or senior are shared and form the basis to develop a theory of the process used when making risk assessments as well as to understand how risk is perceived, evaluated, and classified. In this way the results are grounded within the words and lives of the participants (Glaser, 1992; Corbin & Strauss, 2008).

## **6.2 Findings**

The SSG view themselves as having an important caregiving role in determining whether their child or senior should engage in a risk taking activity. In making this determination they follow the same risk assessment process by considering the same

factors for both a child and senior. The SSG first identifies the risk factors associated with the particular situation or activity. Next the SSG considers the personality traits and abilities of the child or senior as they relate to participating in the activity. To assess the degree of risk the SSG also rely on their knowledge of how the child or senior reacted in similar situations in the past. The SSG also considers whether they have confidence that the child or senior is capable of managing the risk factors and will make appropriate decisions to minimize the risk. After considering each of these factors the SSG classifies the risk associated with the activity in one of two ways, recoverable risk or non-recoverable risk.

If the result of the SSG's risk assessment is that the child or senior is capable of managing the risk associated with the activity, and the SSG does not see any irreparable harm occurring to them, the SSG deems this a recoverable risk situation. The SSG supports the child's and senior's engagement as they see it as a learning opportunity for the child to develop their independence, and empower the senior to make their own decisions as a way of maintaining their independence.

If the SSG determines the child or senior is not capable of managing the risk the SSG's responsibility to keep them safe drives the SSG to control the situation and prevent or limit the child or senior's participation in the activity. This is deemed a non-recoverable risk situation as in the SSG's view irreparable harm could occur to the child or senior if they engaged in the activity.

Although the SSG supports the child or senior engaging in a recoverable risk activity and controls the participation by the child or senior in a non-recoverable risk activity, the level of support or control the SSG offers and the reasons for their actions is different for the child than the senior.

The SSG views participating in recoverable risk activities as a learning opportunity for the child. The SSG assists the child by providing guidance, mentoring, educating them and problem solving with them, in order to build their confidence and help them gain a better understanding of how to manage future risks. As the SSG views it as their responsibility to prevent their child from being harmed by participating in a non-



recoverable risk activity, depending on the degree of danger the SSG perceives, the SSG controls the situation. They do not permit them to do the activity or they allow them to participate in the activity under the SSG's supervision. The SSG does not see the child as capable of managing the risk or appreciating the severity of the outcome.

When the SSG has confidence the senior is capable of managing a recoverable risk situation safely they allow the senior to independently make their own decisions and offer the senior assistance if asked or if they believe the senior requires it. Although the SSG respects the senior's independence and dignity, for non-recoverable risk activities the SSG controls the senior's actions to protect them from harm. The SSG will prevent the senior from participating and may offer them a safer option to address their need persuading them that the SSG's course of action is the better and safer one for the senior.

A relationship was found that the degree of control the SSG takes to keep the child or senior safe increases as the SSG's perceived risk associated with participating in the activity for the child or senior increases. This results in a decrease in the independence and independent decision making of the child and senior.

### **6.3 Key Observations**

The theory that emerged from this study provides insight into the SSG's perception of risk and the risk assessment process they rely on in their caregiver role. The SSG perceives risk as good for their child. The SSG follows the same risk assessment process for both the child and senior. The SSG considers external risk factors associated with the activity or situation along with the personality, traits, and abilities of the child and senior, their knowledge of the child and senior's past actions and the SSG's confidence that their child or senior is capable of managing the risk factors. Based on these considerations the SSG classifies the risk as recoverable risk or non-recoverable risk. For a recoverable risk situation, the SSG sees the child or senior as capable of managing the risk such that no irreparable harm will occur to them. The SSG supports participation by the child as a learning opportunity to develop independence and supports the senior making their own decisions as a way of maintaining their independence. For a non-recoverable risk situation, it is the SSG's view that irreparable harm could occur to

the child or senior if they engage in the activity as the SSG does not see them as capable of managing the risk. The SSG controls the situation and prevents or limits the child's or senior's participation. The SSG views it as their responsibility to keep them safe. The degree of control the SSG takes to keep the child or senior safe increases as the SSG's perceived risk associated with the activity increases. This results in a decrease in the independence of both the child and senior, although in the case of the senior the SSG will attempt to maintain their dignity and some level of independence whenever possible provided their safety is not an issue. The SSG sees their caregiver role evolving as the child and senior age based on their view that the child has an upwards trajectory for independence and the senior has a declining trajectory for autonomy although for both the child and senior the SSG sees their role as supporting independence.

The SSG's caregiver role evolves as both the child and the senior age. As the child grows and learns, it is the view of the SSG that the child has an upwards trajectory towards becoming more independent and autonomous. The SSG's role is one of educating and supporting their growing independence. The SSG's role of assessing risk for the child reduces over time as the child in the SSG's view becomes more capable of evaluating risks. However, for the senior the SSG's perception is that their trajectory for independence and autonomy is constant or declining. As the SSG views the senior as less able and capable of managing risk the SSG is more involved in assessing risk and controlling the senior's actions to keep them safe. Therefore, the SSG sees their role as one of attempting to maintain the senior's independence and dignity whenever possible but more so to keep them safe.

This research was important as the findings demonstrated that the participants of this study as SSG caregivers rely on the same risk assessment process when evaluating risk and making risk taking decisions for their child and senior. The SSG supports both the child and senior participating in a risk taking activity when the SSG perceives the associated risk as one that will not cause irreparable harm to the child or senior. This research was important to gain an understanding that although the participants of this study as SSG caregivers see an upward trajectory for their child's independence and a declining trajectory for the senior's autonomy for both the child and senior the SSG see

their role as supporting independence. This is particularly important for the senior as the SSG view their caregiver role as one of supporting the senior to maintain their autonomy, independence and dignity for as long as they can do so safely.

#### **6.4 Limitations**

The results of this study may have been affected by certain limitations. The participants were asked to envision either their child or senior in the particular contrived situations posed to them. In some circumstances the participant indicated that this was out of character for their loved one as they would not have found themselves in that type of situation. This may have affected how the participant rated the risk or expressed what actions they would have taken as they could not relate their experiences to the situation.

Another limitation is, there has been no follow-up over time to determine as the SSG's child and senior age whether the SSG's role does in fact change and if their perception of risk and the resulting impact would be different.

The risk factors used in the development of the six scenarios were chosen from those identified in the literature as high risk for the three types of situations focused on in this study being driving, moving into a new residence, and computer and internet use. No external verification from experts in these fields was used to validate that the risk factors identified in the literature and used in the creation of the scenarios were high risk.

In addition, only high risk scenarios were used during the interviews. The addition of medium or low risk scenarios during the interviews would have helped to determine if the SSG was risk adverse.

#### **6.5 Future Research**

Future research could focus on the role SSG men play as caregivers for a similar population and if gender influences the caregiving role and the perceptions of risk. Future research could also explore how the male caregiver assesses risk for the child and senior and whether the actions they take regarding risk taking by both are similar to those of women as SSG caregivers to these populations. The resulting impact on the child's and the senior's independence and quality of life could also be considered. Another area of

focus for future research could be to investigate if the SSG caregiver using similar risk situations views the risk and takes the same or different actions when considering: i) male and female children; ii) male and female seniors; iii) male children and male seniors; and iv) female children and female seniors.

## References

- Allin, L., West, A., & Curry, S. (2013). Mother and child constructions of risk in outdoor play. *Leisure Studies, 10*, 1-14
- Anderberg, P., Lepp, M., Berglund, A., & Segesten, K. (2007). Preserving dignity in caring for older adults: A concept analysis. *Journal of Advanced Nursing, 59*(6), 635-643.
- Arfi, N., & Agarwal, S. (2013). Knowledge of Cybercrime among Elderly. *International Journal of Scientific & Engineering Research, 4*(7). ISSN:2229-5518
- Arfi, N., & Agarwal, S., Dr. (2014). Knowledge of Cybercrime Among Elderly Across Gender. *International Journal for Advance Research in Engineering and Technology, 2*(2). ISN:2320-6802
- Blair, Charles E. (1999) Effect of Self-Care ADLs on Self-Esteem of Intact Nursing Home Resident. *Issues in Mental Health Nursing*
- Brocklehurst, H., & Laurenson, M. (2008). A concept analysis examining the vulnerability of older people. *British Journal of Nursing, 17*(21), 1354-1357. doi:10.12968/bjon.2008.17.21.31738
- Brussoni, M., Olsen, L., Pike, I. & Sleet, D. (2012). Risky Play and Children's Safety: Balancing Priorities for Optimal Child Development. *International Journal of Environmental Research and Public Health, 9*, 3134-3148.
- Bryant, Anthony., & Charmaz, Kathy. (2007) *The SAGE Handbook of Grounded Theory*. California, USA: Sage Publications, Inc.
- Carver, A., Timperio, A., Hesketh, K., & Crawford, D. (2010). Are children and adolescents less active if parents restrict their physical activity and active transport due to perceived risk?. *Social Science & Medicine, 70*(11), 1799-1805.
- Strauss, A. L., & Corbin, J. M. (1998). *Basics of Qualitative Research: Techniques and Procedures for Developing Grounded Theory, 2nd ed.* Thousand Oaks, California: Sage Publications.
- Corbin, Juliet., & Strauss, Anselm. (2008) *Basics of Qualitative Research 3e Techniques and Procedures for Developing Grounded Theory*. California, USA: Sage Publications, Inc.
- DePoy, Elizabeth., & Gitlin, Laura N. (2005) *Introduction to Research Understanding and Applying Multiple Strategies Edition 3*. Missouri, USA: Elsevier Mosby

- Ferguson, S. A. (2003). Other high-risk factors for young drivers-how graduated licensing does, doesn't, or could address them. *Journal of Safety Research*, 34, 71-77. doi:10.1016/S0022-4375(02)00082-8
- Finucane, M., & Holup, J. (2006). Risk as value: combining affect and analysis in risk judgments. *Journal of Risk Research*, 9(2), 141-164.
- Gill, T. (2007). *No fear: Growing up in a risk averse society*. London: Calouste Gulbenkian Foundation. ISBN:9781903080085
- Glaser, Barney G. (1992) *Basics of Grounded Theory Analysis*. California, USA: Sociology Press
- Gleave, J. (2008). *Risk and Play*. London: National Children's Bureau.
- Grundy, E., & Henretta, J. C. (2006). Between elderly parents and adult children: A new look at the intergenerational care provided by the 'sandwich generation' *Ageing & Society*, 26, 707-722. doi:10.107/S0144686X06004934
- Ibrahim, J. E., & Davis, M. (2013). Impediments to applying the dignity of risk principle in residential aged care services. *Australasian Journal on Ageing*, 32(3), 188-193.
- Jacelon, C. S., Connelly, T. W., Brown, R., Proulx, K., & Vo, T. (2004). A concept analysis of dignity for older adults. *Journal of Advanced Nursing*, 48(1), 76-83.
- Kane, R. A. (2001). Long-term care and a good quality of life: bringing them closer together. *The Gerontologist*, 41(3), 293-304.
- Kroeber, A., & Kluckhohn, C., (1952). Culture a critical review of concepts and definitions. *Peabody Museum of American Archaeology and Ethnology*. Harvard University XLVII (1).
- Lindon, J. (2011). *Too safe for their own good. Helping children learn about risk and lifeskills*. London: NCB.
- Little, H., & Wyver, S. (2010). Individual differences in children's risk perception and appraisals in outdoor play environments. *International Journal of Early Years Education*, 297-313.
- Little, H., Wyver, S., & Gibson, F. (2011). The influence of play context and adult attitudes on young children's physical risk-taking during outdoor play. *European Early Childhood Education Research Journal*, 113-131.
- McGwin, G., Jr., & Brown, D. B. (1999). Characteristics of traffic crashes among young, middle-aged, and older drivers. *Accident Analysis & Prevention*, 31(3), 181-198. doi:10.1016/s0001-4575(98)00061-x

- Mitchell, R., Cavanagh, M., & Eager, D. (2006). Not all risk is bad, playgrounds as a learning environment for children. *International Journal of Injury Control and Safety Promotion*, 122-124.
- Morrongiello, B., & Dawber, T. (2000). Mothers' Responses to Sons and Daughters Engaging in Injury-Risk Behaviours on a Playground: Implications for Sex Differences in Injury Rates. *Journal of Experimental Child Psychology*, 76, 89-103.
- Morrongiello, B., & Dawber, T. (2004). Identifying Factors that Relate to Children's Risk-Taking Decisions. *Canadian Journal of Behavioural Science*, 36(4), 255-266.
- Morrongiello, B., & Hogg, K. (2004). Mothers' Reaction to Children Misbehaving in Ways That Can Lead to Injury: Implications for Gender Differences in Children's Risk Taking and Injuries. *Sex Roles*, 50, 103-118.
- Morrongiello, B., & Lasenby-Lessard, J. (2007). Psychological determinants of risk taking by children: An integrative model and implications for interventions. *Injury Prevention*, 13, 20-25.
- Morrongiello, B., & Matheis, S. (2004). Determinants of children's risk-taking in different social-situational contexts: The role of cognitions and emotions in predicting children's decisions. *Journal of Applied Developmental Psychology*, 303-326.
- Morrongiello, B., Midgett, C., & Stanton, K. (2000). Gender Biases in Children's Appraisals of Injury Risk and Other Children's Risk-Taking Behaviors. *Journal of Experimental Child Psychology*, 317-336.
- Morrongiello, B., Walpole, B., & Lasenby, J. (2007). Understanding children's injury-risk behaviour: Wearing safety gear can lead to increased risk taking. *Accident Analysis & Prevention*, 39, 618-623.
- Morrongiello, B., Zdzieborski, D., & Normand, J. (2010). Understanding gender differences in children's risk taking and injury: A comparison of mothers' and fathers' reactions to sons and daughters misbehaving in ways that lead to injury. *Journal of Applied Developmental Psychology*, 322-329.
- National Alliance for Caregiving. (2009). *Caregiving in the U.S. 2009*. National Alliance for Caregiving and AARP.
- O'Brien, J., & Smith, J. (2002). Childhood transformed? Risk perceptions and the decline of free play. *British Journal of Occupational Therapy*, 65(3), 123 - 128.
- Oxley, J., Fildes, B., Corben, B., & Langford, J. (2006). Intersection design for older drivers. *Transportation Research Part F: Traffic Psychology and Behaviour*, 9(5), 335-346. doi:10.1016/j.trf.2006.06.005

- Parker, C., Barnes, S., Mckee, K., Morgan, K., Torrington, J., & Tregenza, P. (2004). Quality of life and building design in residential and nursing homes for older people. *Ageing and Society*, 24(6), 941-962.
- Parsons, C. (2008). The dignity of risk: Challenges of moving on. *Australian Nursing Journal*, 15(9), 28.
- Pierret, Charles R. (2006) The 'sandwich generation': women caring for parents and children. *Monthly Labor Review*, (September), 3-9.
- Randers, I., & Mattiasson, A. (2004). Autonomy and integrity: upholding older adult patients' dignity. *Journal of Advanced Nursing*, 45(1), 63-71.
- Rengamani, H., Upadhyaya, S., Rao, H. R., & Kumaraguru, P. (2010). Protecting senior citizens from cyber security attacks in the e-health scenario. *Proceedings of the Sixth Annual Workshop on Cyber Security and Information Intelligence Research - CSIRW '10*. doi:10.1145/1852666.1852759
- Ryff, C. D. (1989). Beyond ponce de leon and life satisfaction: new directions in quest of successful ageing. *International Journal of Behavioral Development*, 12(1), 35-55.
- Ryff, C. D., & Keyes, C. L. (1995). The structure of psychological well-being revisited.. *Journal of Personality and Social Psychology*, 69(4), 719-727.
- Sandseter, E. (2007). 'Categorising risky play—how can we identify risk-taking in children's play. *European Early Childhood Education Research Journal*, 15(2), 237 — 252-237 — 252.
- Sandseter, E. (2009). Characteristics of risky play. *Journal of Adventure Education & Outdoor Learning*, 3-21.
- Sandseter, E. (2011). Children's Risky Play for an Evolutionary Perspective: The Anti-Phobic Effects of Thrilling Experiences. *Evolutionary Psychology*, 9(2), 257-284.
- Sawyers, J.K. (1994) The preschool playground. Developing skills through outdoor play, *Journal of Physical Education, Recreation & Dance*, 65(6) 31-33.
- Smith, P., (2001) Cultural Theory an introduction. *21<sup>st</sup> – century sociology Blackwell Publishers*.
- Sousa, C.A.A., & Hendriks, P.H.J. (2006) The Diving Bell and the Butterfly: The need for grounded theory in developing a knowledge-based view of organizations. *Organizational Research Methods*, 9 (3), 315-338  
doi:10.1177/1094428106287399
- Spencer-Oatey, H., (2012) What is culture? A compilation of quotations. *GlobalPAD Core Concepts*.



- Stephenson, A. (2003). Physical risk-taking: dangerous or endangered?. *Early Years: An International Research Journal*, 23(1), 35-43.
- Ward, R. A., & Spitze, G. (1998). Sandwiched Marriages: The Implications of Child and Parent Relations for Marital Quality in Midlife. *Social Forces*, 77(2), 647-666.
- White-Chu, E. F., Graves, W., Godfrey, S., Bonner, A., & Sloane, P. D. (2009). Beyond the medical model: the culture change revolution in long term care. *Journal of the American Medical Directors Association*, 10(3), B6.
- Young, M. S., & Bunce, D. (2011). Driving into the Sunset: Supporting Cognitive Functioning in Older Drivers. *Journal of Aging Research*, 2011. doi:10.4061/2011/918782
- Zuckerman, M. (2007). *Sensation seeking and risky behavior*. Washington, DC: American Psychological Association.

# Appendices

## Appendix A: The University of Western Ontario Research Ethics Board Approval.



Research Ethics

### Western University Health Science Research Ethics Board NMREB Delegated Initial Approval Notice

**Principal Investigator:** Dr. Alan Salmoni  
**Department & Institution:** Health Sciences/Kinesiology, Western University

**NMREB File Number:** [REDACTED]  
**Study Title:** The perception of risk for loved ones by sandwich generation caregivers  
**Sponsor:**

**NMREB Initial Approval Date:** June 02, 2015  
**NMREB Expiry Date:** June 02, 2016

**Documents Approved and/or Received for Information:**

| Document Name                           | Comments         | Version Date |
|---|------------------|--------------|
| Recruitment Items                       | Telephone Script | 2015/04/15   |
| Recruitment Items                       | Email            | 2015/04/21   |
| Other                                   | Scenario         | 2015/04/21   |
| Revised Western University Protocol     |                  | 2015/05/19   |
| Revised Letter of Information & Consent |                  | 2015/05/19   |

The Western University Non-Medical Research Ethics Board (NMREB) has reviewed and approved the above named study, as of the NMREB Initial Approval Date noted above.

NMREB approval for this study remains valid until the NMREB Expiry Date noted above, conditional to timely submission and acceptance of NMREB Continuing Ethics Review.

The Western University NMREB operates in compliance with the Tri-Council Policy Statement Ethical Conduct for Research Involving Humans (TCPS2), the Ontario Personal Health Information Protection Act (PHIPA, 2004), and the applicable laws and regulations of Ontario.

Members of the NMREB who are named as Investigators in research studies do not participate in discussions related to, nor vote on such studies when they are presented to the REB.

The NMREB is registered with the U.S. Department of Health & Human Services under the IRB registration number IRB

[REDACTED]

Ethics Officer to Contact for Further Information

[REDACTED]

*This is an official document. Please retain the original in your files.*

[REDACTED]

## Appendix B: Participant Letter of Informed Consent.



Kinesiology

**Project Title:** The perception of risk for loved ones by sandwich generation caregivers

**Principal Investigator:**

Trevor Hines Duncliffe, M.A. Candidate, B.A. University of Western Ontario

Alan Salmoni, PhD, School of Kinesiology, University of Western Ontario

### **Letter of Information**

#### **Invitation to Participate**

You are being invited to participate in this research study to investigate the ways in which you view, understand, and assess risk and risky behaviours in regards to your children and parents.

#### **Purpose of the Letter**

The purpose of this letter is to provide you with information required for you to make an informed decision regarding participation in this research on risk assessment.

#### **Purpose of this Study**

The purpose of this study is to:

1. Develop an understanding of how caregivers interpret risk for their older parents and their children.
2. Develop an understanding of how caregivers influence the risk taking choices of those under their care.

#### **Inclusion Criteria**

Individuals who have a parent 75 years of age or older and a child over 16 years of age are eligible to participate in this study. Both the older parent and child must have or have held a valid driver's license.

#### **Exclusion Criteria**

Only English speaking caregivers will be interviewed.



**Study Procedures**

If you agree to participate, you will be asked to evaluate the level of risk associated with different plausible scenarios involving possible activities (for example driving) of seniors and children. You will then be asked follow-up questions to determine what you would have done in these scenarios if these individuals were your parent or child, and why you rated the level of risk in the activities the way you did. It is anticipated that the entire task will take 45 minutes to 1 hour to complete. The task will be conducted either at your home or at a research office on the University of Western Ontario's campus (Room Thames Hall 3140).

**Possible Risks and Harms**

There are no known or anticipated risks or discomforts associated with participating in this study.

**Possible Benefits**

You may not benefit directly by participating in this study but information gained in this study may provide benefits to society as a whole, which may include:

1. Advancement of knowledge on how caregivers determine acceptable levels of risk for children or seniors in given activities;
2. Greater understanding of perception of risk; and
3. Improved quality of life and experiential learning opportunities for children and seniors by understanding when caregivers allow them to make their own risk-related decisions.

**Compensation**

You will not be compensated for your participation in this study.

**Voluntary Participation**

Participation in this study is voluntary. You may refuse to participate, refuse to answer any questions or withdraw from the study at any time with no harm to you.

**Confidentiality**



All data collected will remain confidential and accessible only to the investigators of this study. If the results are published, your name will not be used. If you choose to withdraw from this study, your data will be removed and destroyed from our database.

**Contacts for Further Information**

If you require any further information regarding this research project or your participation in the study you may contact Professor Alan Salmoni [REDACTED]. If you have any questions about your rights as a research participant or the conduct of this study, you may contact The Office of Research Ethics [REDACTED] email: [REDACTED].

**Publication**

If the results of the study are published, your name will not be used. If you would like to receive a copy of any potential study results, please provide your name and contact number on a piece of paper separate from the Consent Form.

**Consent**

If you are willing to participation in this study, please complete the attached consent form.

*This letter is yours to keep for future reference.*



**Consent Form**

**Project Title:** The perception of risk for loved ones by sandwich generation caregivers

**Study Investigator's Name:** Dr. Salmoni, Trevor Hines Duncliffe

I have read the Letter of Information, have had the nature of the study explained to me and I agree to participate. All questions have been answered to my satisfaction.

I agree to the interviews being audio recorded. You may request to have the recording device turned off at any time during the interview.

Please circle a response.

Yes    No

Participant's Name (please print): \_\_\_\_\_

Participant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Person Obtaining Informed Consent (please print): \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



### Appendix C: Research Guide.

Please indicate the name of your parent that you will be thinking about for the following scenarios \_\_\_\_\_. The name of your parent will be removed and a fictitious name used to replace it after the interview.

Please indicate the name of your child that you will be thinking about for the following scenarios \_\_\_\_\_. The name of your child will be removed and a fictitious name used to replace it after the interview.

*For the follow scenarios you can close your eyes or read along.*

#### **Moving into a new residence**

After living at home for 18 years NAME \_\_\_\_\_ has just moved away from home, to attend school (University or College). The university/college is in a new city and NAME \_\_\_\_\_ will be living on his/her own in his/her first apartment. All summer NAME \_\_\_\_\_ has been worried about not meeting new friends since he/she is the only one from his/her high school attending this school. Upon your first visit to NAME's \_\_\_\_\_ apartment you find it is untidy with many pizza boxes in the recycling, very little food in the fridge, clothing on floor and many of his/her school text books still wrapped in their packaging.

1. On a scale of zero (no risk at all) to 100 (highest possible risk) how much risk is involved for \_\_\_\_\_ NAME to move into their new apartment on their own?
  
2. What factors lead you to rate this scenario the way you did?
  
3. What actions would you take, if any, to intervene or help \_\_\_\_\_ NAME in this scenario? Please explain your reasoning behind these actions.
  
4. To what extent would you want \_\_\_\_\_ NAME to have self-sufficiency?

## Driving

*For the following scenario please assume that you live only a few streets away from your parent's home*

It is a dark and stormy summer night (approximately 10 pm) and it is raining quite hard.

You are talking on the phone with *NAME*\_\_\_\_\_.

*NAME*\_\_\_\_\_ tells you that he/she has run out of milk for his/her evening tea and is planning on driving to the store tonight to buy milk. The only store that is open at this time of night is on the other side of town and will require

\_\_\_\_\_ (*NAME*) to drive about 5 Km on both busy and quieter streets. The route \_\_\_\_\_ (*NAME*) would normally take is closed for construction so he/she is going to take a less familiar route to the store that requires him/her to drive through multiple four-way stops (taking some left hand turns) and intersections with traffic lights (at which they will need to go straight through or turn right). Most of the route is lit with streetlights, however, there are sections that have no lighting. The road is wet and it is currently raining outside. *NAME*\_\_\_\_\_ tells you that he/she will be going to stop on the way to pick up their friend who also needs to go to the store.

1. On a scale of zero (no risk at all) to 100 (highest possible risk) how much risk is involved for your parent to drive to the store?
  
2. What factors lead you to rate this scenario the way you did?
  
3. What actions would you take, if any, to intervene or help your parent in this scenario? Please explain your reasoning behind these actions.
  
4. To what extent would you allow your parent to have autonomy in the decision making?
  
5. What impact do you think allowing or not allowing autonomy have on them?

When you were envisioning *Parent name* what age were they?



**Computer and internet use**

NAME \_\_\_\_\_, who currently lives alone, has just purchased a computer (their first computer) and has set it up in the dining room of his/her own home.

NAME \_\_\_\_\_ plans to use the computer to access information such as recipes or sport scores, using a search engine such as Google. He/she has also obtained an email account and intends to use it to correspond with friends and family.

NAME \_\_\_\_\_ is very interested in learning what else he/she can use the computer and Internet to do.

1. On a scale of zero (no risk at all) to 100 (highest possible risk) how much risk does using the computer in this way pose for \_\_\_\_\_(NAME)?
2. What factors lead you to rate this scenario the way you did?
3. What actions, if any, would you take in this scenario? Please explain your reasoning behind these actions.
4. How important is it that your parent is allowed their own independence as they age? Please explain

When you were envisioning *Parent name* what age were they?

### **Moving into a new residence**

NAME \_\_\_\_\_ has lived in his/her own home with his/her spouse for the past 30 years. He/she is now moving to an apartment and will be living on his/her own as his/her spouse has recently passed away. NAME \_\_\_\_\_ does not have any friends living close by and is not familiar with this area of the city. This move means that NAME \_\_\_\_\_ will need to rely on a new pharmacy and grocery store, as well as use public transit. On a visit to NAME's \_\_\_\_\_ new home, you find that the apartment is very untidy, with take-out food containers left in the kitchen, clothing on the floor, and unopened mail on the table.

1. On a scale of zero (no risk at all) to 100 (highest possible risk) how much risk is involved for \_\_\_\_\_ NAME to move into their new apartment on their own?
  
2. What factors lead you to rate this scenario the way you did?
  
3. What actions would you take, if any, to intervene or help your parent in this scenario? Please explain your reasoning behind these actions.
  
4. To what extent would you want your parent to have self-sufficiency?

When you were envisioning *Parent name* what age were they?

## Driving

I am now going to ask you some questions about when your child was learning to drive. Your child has gotten their G2 license (and is now legally allowed to drive without supervision)

It is a dark and stormy summer evening (approximately 10pm) and it is raining quite hard. \_\_\_\_\_ *NAME* asks to borrow the car.

*NAME* \_\_\_\_\_ tells you that he/she wants to go to the movies with a group of friends. The route he/she would normally take is closed for construction so he/she is going to take a new route to the theater that requires him/her to drive through multiple four-way stops and intersections with traffic lights (making some left hand turns). Most of the route is lit with streetlights however; there are sections that have no lighting. The road is wet from the rain. *NAME* \_\_\_\_\_ tells you that he/she will be picking up his/her teenaged friend on the way to the theater.

1. On a scale of zero (no risk at all) to 100 (highest possible risk) how much risk is involved for your child to do this activity?
  
2. What factors lead you to rate this scenario the way you did?
  
3. What actions would you take if any, to intervene or help your child in this scenario? Please explain your reasoning behind these actions
  
4. To what extent would you allow your child to have autonomy in the decision making?
  
5. What impact do you think allowing or not allowing autonomy has on them?

When you were envisioning *Child name* what age were they?

## Computer and internet use

*You will be asked to imagine NAME at age 14 as they enter high school.*

You have purchased a new computer for NAME \_\_\_\_\_ because he/she needed a computer for school work. To give NAME \_\_\_\_\_ a quieter study space to complete his/her homework, the computer has been set up on his/her desk in his/her room. You have agreed once NAME's \_\_\_\_\_ homework has been completed that he/she can use the computer to talk with his/her friends using social media such as Facebook. You also set up an email account for NAME \_\_\_\_\_ so that he/she can email you his/her schoolwork for proof reading when necessary.

1. On a scale of zero (no risk at all) to 100 (highest possible risk) how much risk does using the computer in this way pose for \_\_\_\_\_(NAME)?
2. What factors lead you to rate this scenario the way you did?
3. What actions, if any, would you take in this scenario? Please explain your reasoning behind these actions.
4. How important is it that your child has opportunities to develop their own independence? Please explain.

**Follow up**

**\*\*Look at all risk scores\*\*** I have noticed that *pattern of risk scores* appears. Can you think of any reasons why this might be the case?

Is there anything answers you would like to change or add too?

Before we end the interview I would like to allow you the chance to add any final comments.

Thank you for your time.

**Appendix D: Dictionary of Codes and Operational Definitions.**

| Code                        | Definition  |
|-----------------------------|---|
| Aware of Limitations        | <p>The child's/senior's knowledge that they are not able to do something which they may perceive others think they should be able to do or were able to do in the past</p> <p>“He has only just realized that he shouldn't be driving and he's 90” – Jennifer</p>   |
| Balance Respect with Safety | <p>The caregiver gives equal consideration to the mental and emotional well-being of their child/senior and the risk of physical, mental or emotional harm to them</p> <p>“I think it is a very fine line you walk on making sure that they are safe but yet making them not feel that you are trying to walk all over them and take away their independence” – Daniela</p> |
| Build Confidence            | <p>The caregiver provides the child/senior with the tools and/or support to perform the activity or make the decision for themselves</p> <p>“Things like that would help him to be successful in his endeavour down the road, help build his confidence in being ready to do the test” – Daniela</p>  |
| Care Receiver's Anxiety     | <p>Caregiver is concerned about the emotional state of the child/senior which can often be the rational for their taking control</p> <p>“it is interesting my father wouldn't want to do it so he would be stressed about it...” – Sarah</p>  |

|  |  |
|--|--|
| Caregiver's Satisfaction                 | <p>Caregiver derives pleasure from the actions they took or the result of their actions</p> <p>“That’s pleasurable as a daughter to see her Mom expanding her knowledge” – Lisa</p>  |
| Caregiver's Evolving Role                | <p>A change in the role that the caregiver assumes based on their view of the risk (recoverable vs non-recoverable) to their parent/child or the needs of the parent/child</p> <p>“I just find it curious that we’re working both ends of spectrum and ah you have huge risk factors for your parents and you have huge risk factors for your children and yet they are diametrically opposite risk factors.” – Jennifer</p> |
| Caregiver's Need to be Valued (by child) | <p>Caregiver's affirmation that their child still sees them as an important part of their life</p> <p>“... as a mother I still want to feel like I’m welcome to do that and he appreciates it and wants it” – Tammy</p>  |
| Caregiver's Role                         | <p>Caregiver's sense of responsibility for the well-being of or caring for their child/senior</p> <p>“Yes because I feel I need to take care of her” – Lisa</p>  |
| Communication                            | <p>The caregiver conveys or shares their ideas or feelings with the child/senior</p> <p>“I want you to understand how I am feeling and I don’t feel really comfortable with you doing this” – Helen</p>  |

|                               |   |
|-------------------------------|---|
| Competence                    | <p>Caregiver believes the child/senior has the necessary skills/ability to do what they are doing or to make the decision</p> <p>“I wasn’t nervous for her driving” – Karen</p>   |
| Concern for Mental Well-Being | <p>The caregiver is apprehensive that the child’s/senior’s action or inaction may be due to their mental health.<br/>(Can be the rationale for the caregiver to take control)</p> <p>“... he’s isolating himself and that’s you know can lead to health issues, depression, those types of things...” – Elizabeth</p> |
| Concern for Physical Safety   | <p>The caregiver is apprehensive that their child/senior may suffer a physical injury</p> <p>“... You know you can die from a driving accident and so the consequences can be much can possibly seem more...” – Mary</p>  |
| Confidence                    | <p>The caregiver believes that the child/senior will act in a right, proper or effective way and has the acquired proficiency (aptitude) to do so</p> <p>“I am confident in what their abilities are. So I don’t see it as high risk” – Rebecca</p>   |
| Control – Assistance          | <p>Doing things for the child/senior that the caregiver does not view as something the child/senior wanted to do and therefore it is not a threat to their independence, dignity or quality of life</p> <p>“...it is not important to her that she goes and gets her</p>  |



|                          |  |
|--------------------------|--|
|                          | own milk she just needs the milk, um I can potentially save her from worrying concern and an accident um by just jumping in my car and taking her some milk” – Kimberly  |
| Control – Authoritative  | Caregiver directs the child/senior to do something<br><br>“I would tell her to wait until tomorrow morning” – Amy  |
| Control – Autocratic     | Control that is forced onto the child/senior by the caregiver without any negotiation<br><br>“I’ll go and get him or I will go get it for you and deliver it.” – Barbara   |
| Control – Persuasion     | A discussion the purpose of which is to discourage the action or decision of the child/senior<br><br>“...to convince her that maybe she really doesn’t need it because the risks are so much higher than the potential benefit then having a cup of tea with milk” – Abigail |
| Control – Set Boundaries | Caregiver sets or establishes rules for the child/senior to follow<br><br>“...some very specific guidance in the purchase of that computer and you know what we use it for and the guidelines and the family house rules with regard to using it” – Daniela                  |
| Control – Veto Power     | Caregiver is the final decision maker and acts on their decision   |

|              |   |
|--------------|---|
|              | <p>“If I was really uncomfortable about it then I would step in and say no here is what’s going to happen, you can’t have the car” – Daniela</p>  |
| Denial       | <p>Refusal to admit the truth or reality</p> <p>“Sometimes you do not want to admit weakness and admit the fact that you’re not the same as you use to be” – Patricia</p>   |
| Discussion   | <p>Two-way communication</p> <p>“...discussion with him about the risks that I perceived and make sure he was aware of them um and ask if he had any concerns” – Kimberly</p>   |
| Educate      | <p>To give intellectual, moral or social instruction to someone</p> <p>“...to spend a little time with her talking about how to best use the internet” – Carol</p>  |
| Empowered    | <p>Child/senior feels they have control over their own life and have the freedom to choose their experiences and learn (no one is holding them back)</p> <p>“Just being able to live your life. Um the way you wish to without requiring someone to assist you every step of the way” – Barbara</p> |
| Goal Setting | <p>Discussion to develop a plan to achieve a result</p> <p>“...if he is overwhelmed then we would make a plan” – Sarah</p>  |

|                     |   |
|---------------------|---|
| Growth              | <p>The gaining of respect, knowledge and independence</p> <p>“I would want Jason to have full self-sufficiency as he grows up and matures and um so that he is capable of living on his own and doing what he wants to do and not calling us for help all the time” – Kimberly</p>  |
| Guided Independence | <p>The caregiver believes they have provided guidance and instilled appropriate values and have confidence that their child/senior will rely on these principles (the caregiver has given the child/senior advice and values and the caregiver is confident that they will consider these values to make appropriate decisions)</p> <p>“...they will make their choices as they go along but you want to give them enough, plant some little seeds, so that they know the process to go through when making choices” – Lisa</p> |
| Help find Resources | <p>The caregiver assists in finding third party resources to help the child/senior</p> <p>“I would make arrangements to have you know to have her driven around where ever she wanted to go, like just have a driver” – Mary</p>  |
| In-Tune             | <p>Understanding the competence of the child/senior</p> <p>“I would say it’s I know my father and what I think where he makes good judgments and he understands and I know where he has capabilities that aren’t as strong as they use to be” – Elizabeth</p>   |

|                              |   |
|------------------------------|---|
| Independence                 | <p>Child/senior is free from outside control or influence and capable of thinking or acting for themselves</p> <p>“Oh that’s the utmost. Be happy in life, make your choices, you know set your sights live within your means, be happy with what you do, that is number one lesson in life.” – Rebecca</p>   |
| Inexperienced                | <p>Child/senior lacks knowledge and/or skill in an activity</p> <p>“...he does not have the experience of driving yet and that takes years” – Lisa</p>  |
| Infer Asking for Help        | <p>The caregiver interprets the actions or words of their child/senior as a request for the caregiver to make the decision or perform the task for them</p> <p>“...She made that decision that said I am going to phone because probably Lisa will offer to go for me and that would be better overall...” – Lisa</p>   |
| Intervention – Authoritative | <p>Caregiver will make a decision and act on it without the say of their child/senior, if in the caregiver’s view the action is in the best interest (for the physical, mental, emotional well-being) of their child/senior.</p> <p>“well I think I would like them to be able to make decisions and I think they would be resentful right, if it wasn’t autonomous but deep down they would understand that I only have their best interests at heart” – Rebecca</p> |
| Intervention – Shared        | <p>Caregiver will discuss their actions so that the</p>   |

|   |  |
|---|--|
|   | <p>child/senior has a say and is comfortable with the result (more reasoned action)</p> <p>“...helping them to maybe just see that it’s not a good idea which is not telling them what to do but just suggesting some options of how else she might deal with the situation” – Carol</p>               |
| Joint Problem-Solving                   | <p>Working together (caregiver and child/senior) to find a solution</p> <p>“...we can sit down and look at it together that kind of thing” – Daniela</p>   |
| Judgment of Importance                  | <p>Caregiver does not feel the action affects the dignity of the child/senior. It is something the child/senior does not care if they do or not do themselves</p> <p>“I would just do the errand for him. I know that he would be stressed about it and it wouldn’t be a big deal for me.” – Sarah</p> |
| Knowing the Care Receiver (personality) | <p>Caregiver’s knowledge of the personality, traits, skills and abilities of the child/senior</p> <p>“You know Grace and you just know that’s not going to happen so I don’t see the risk there” – Lisa</p>  |
| Lack of Awareness of Limitations        | <p>The child/senior perceives that they can do something or make a decision but they do not have the necessary competence to</p> <p>“The risk is she thinks she’s more independent and capable than she is. She is declining a bit” – Amy</p>  |

|                      |  |
|----------------------|--|
| Lack of Confidence   | <p>Caregiver views the child/senior as not capable</p> <p>“...he’s not equipped to drive at that time of night” – Jennifer</p>   |
| Learn by Example     | <p>The caregiver explains or illustrates the outcome or results experienced by others in a similar situation in order for the child/senior to gain knowledge and understanding</p> <p>“...you know talk about things that we heard that had happened to other people whether they were friends or stuff we had read in the media, look how quickly sexting gets around” – Kimberly</p> |
| Learn from Mistakes  | <p>The child/senior will gain knowledge and understanding from their own experiences, when the results were not what they had predicted it to be or the goal was not achieved</p> <p>“We have to let them choose and maybe it’s not always right but they need to see the consequences of that so the next choices will be a better experience” – Lisa</p>                             |
| Learning             | <p>The child/senior will gain knowledge and be better able to assess the risk in the future from gaining the experience</p> <p>“...we would let him kind of weigh the pros and cons and carry on in hopes that he would act in a safe manner and learn something from it” – Kimberly</p>   |
| Loss of Independence | <p>The child/senior has less control over their actions and</p>  |

|                    |   |
|--------------------|---|
|                    | <p>is less capable of making their own decisions</p> <p>“...gave up driving and I think that kind of change of being fully able to do everything on your own to something else is a little frightening. Um it’s just human nature to be you know a little bit concerned about losing control over things” – Carol</p> |
| Loss of Self Worth | <p>The child’s/senior’s reduced confidence in themselves and their abilities</p> <p>“I think she gets frustrated sometimes about aging and her ability to um to do certain things ... but it all frustrates her just not having the ability to have the autonomy really frustrates her” – Jessica</p>                 |
| Mentoring          | <p>Caregiver uses their experience or knowledge to help to guide the child/senior (make them aware of the risks)</p> <p>“...dig into my experience and say don’t click on that I’d have to educate her on the financial dangers of the email account” – Karen</p>   |
| Monitor            | <p>To watch, oversee or check for a purpose</p> <p>“I would support moving into an assisted care where he could be kept an eye on just to be sure he is eating on a daily basis and that he is getting any meds that he might need” – Jennifer</p>  |
| Negotiate          | <p>A discussion to try and reach an agreement with the child/senior</p> <p>“...listening to what they have to say and you know if</p>   |

|                      |   |
|----------------------|---|
|                      | <p>they ask a question what is my opinion and going through and discussing it but being careful with how you say it or um making suggestions that aren't overpowering to them" – Daniela</p>  |
| Non-Recoverable Risk | <p>A risk that is caused by a situation that could lead to irreparable damage or harm (life threatening) where a caregiver may have to step in or take control</p> <p>(if non-recoverable the caregiver reduces autonomy)</p> <p>(often the risk is rated high)</p> <p>"...you know driving can be you know you can die from a driving accident" – Mary</p> |
| Not Adjusting        | <p>The child/senior is not adapting or becoming use to a new situation</p> <p>"...there has been a behavioural change brought about you must assume brought about by the change um in living accommodations" – Kimberly</p>   |
| Not Capable          | <p>Inability to do something successfully, lacking the ability to do a task as thought by the caregiver</p> <p>"...he's not a good driver in the best of conditions" – Patricia</p>   |
| Nurture Growth       | <p>The caregiver encourages the child/senior to learn or engage in new activities</p> <p>"Encourage her to enjoy her time away at school because it's not only academic learning it's social learning and to expose herself to things that will help</p>  |



|                                 |  |
|---------------------------------|--|
|                                 | her grow” – Jennifer   |
| Out of Character/Temporal       | <p>Behavior of the child/senior is not what the caregiver anticipated or deemed normal for them (the child/senior)</p> <p>“... this would be such a departure that it would be alarming...” – Louise</p>   |
| Parenting Responsibility        | <p>Caregiver’s job or role to assist child/senior</p> <p>“I feel it’s up to a parent to keep your child safe until they are of an age where and experience where you feel that they are able to make good decisions on their own” – Patricia</p>   |
| Perception of Declining Ability | <p>Caregiver’s view that as a person ages their ability to care for themselves declines</p> <p>“As you grow older in fact your reasoning and your intelligence unfortunately don’t increase it’s starting to decline no matter what... you don’t expect them to improve with age. No it’s the opposite” – Patricia</p>   |
| Person-Situation                | <p>Assessing the situation based on what the caregiver knows about the personality and traits of their child/senior. When the situation differs from known character traits the caregiver views this as an increased risk (when looking at seniors may view it as a mental or physical decline). It is not the age of the person that’s important but the personality traits/characteristics of the individual that is important to rate the risk</p> <p>“...because my father would never do that anyway,</p> |

|                         |  |
|-------------------------|--|
|                         | because he too would say that it's too dangerous for him to do it, because he has no confidence himself in being able to drive under those conditions" – Elizabeth   |
| Personal Image          | The child's/senior's view of themselves<br><br>"... it's who they are, its they have their own friends, I mean my parents grow their own food, they are very self-sufficient and that defines them" - Rebecca  |
| Preservation of Dignity | Caregiver's view of the importance for the child/senior of controlling their own life in order to maintain their own dignity<br><br>"...it's like they are still ah still able to live their life, make their choices, and it's not on my shoulders yet. It's not totally on my shoulders other than to help for positive things, help with the computer, learning about that, that's all positive" – Lisa |
| Pride                   | Delight arising from some act, behavior or relationship (in yourself or in others)<br><br>"This is so interesting you know, this is on the other spectrum that you would almost feeling proud and excited that someone that age is taking an interest in using the computer and seeing what it has to offer" – Lisa  |
| Problem Solving         | Caregiver expresses concern to the child/senior about an issue in order to understand the child's/senior's perspective and resolve the issue together. To find a resolution to the issue together.   |

|                  |   |
|------------------|---|
|                  | <p>“...trying to find out, trying to get to the bottom of what the problem was and seeing if you can get him open to talk about it” – Daniela</p>   |
| Promotes Health  | <p>Something or some action that maintains or increases health from a psychological or physical standpoint</p> <p>“people that have their own apartment or small place that still look after their yard and that have self-worth. I just think they stay sharper longer and healthier.” – Sarah</p> |
| Provide Guidance | <p>Caregiver provides advice to child/senior to assist in resolving a situation/issue</p> <p>“I still would like to um have my advice, my advice and guidance and two cents worth on that night for sure.” – Lisa</p>   |
| Quality of life  | <p>The child/senior is happy with themselves and their current situation</p> <p>“... it is dignity it is you know the role of being is to be independent, happy and content.” – Rebecca</p>   |
| Recoverable Risk | <p>A risk caused by a situation that’s outcome would not do irreparable damage or harm</p> <p>(if recoverable the caregiver allows more autonomy and respects the child’s/senior’s dignity)</p> <p>(often the risk is rated low)</p> <p>“...thinking about someone young it would not be that</p>   |

|                |  |
|----------------|--|
|                | big a deal if the place was a mess living on their own for the first time I think that all becomes part of learning. So I wouldn't really be worried..." – Helen   |
| Respect        | <p>The caregiver defers to their child's/senior's actions, decisions, feelings as they deem them worthy of high regard and therefore deem that they should not interfere</p> <p>"...he grew handle bar no, what kind of side burns are these mutton chops this summer like 'Dad what are you doing it's not the 70's'. He liked the look, he got Aviator glasses. I don't know that's what the 90-year-old guys doing. That's what he wants to do" – Louise</p>  |
| Responsible    | <p>The repeated actions of the child/senior that shows the caregiver and the caregiver accepts as showing the child/senior is accountable for their actions and able to choose for themselves between right and wrong</p> <p>"Well if you see this person is more trustworthy for example with the computer, if you've been looking at the history and you've been checking and you see that in fact he is sticking to the rules that you've setup ... then you start giving him more independence" – Patricia</p> |
| Risk Awareness | <p>The caregiver believes the child/senior understands the risk</p> <p>"I think he has confidence in his driving, he is not nervous to drive in the snow um I think he is aware that there are dangers" – Kimberly</p>   |
| Risk Factors   | Elements that are taken into consideration when  |

|                    |  |
|--------------------|--|
|                    | <p>evaluating risks</p> <p>“...any environmental or traffic construction whatever weather related um factors always create a risk” – Barbara</p>   |
| Risk is Good       | <p>If the assessment of the risk is recoverable, exposure to it is good in order to learn and in order to develop one’s independence (learn from mistakes, importance of failures)</p> <p>“...I think that experiencing risk is a good thing and judging and evaluating is part of life” – Rebecca</p> |
| Self-reliance      | <p>The child/senior has confidence in their own efforts and abilities and in exercising their own judgement</p> <p>“...a big impact I think that Jim would have or gives him an opportunities to trust his own choices moving forward in his own independence, and that’s what you want” - Lisa</p>    |
| Self-worth         | <p>The child/senior has confidence and satisfaction in themselves (self-esteem)</p> <p>“I think it makes them feel positive, it makes them feel accomplished, it makes them feel like they can manage their own lives” – Abigail</p>   |
| Sense of Belonging | <p>The caregiver sees the importance the child/senior being a member of a community</p> <p>“I can see she is not feeling like she is part of her community because she is introverted, she is staying</p>  |

|                      |  |
|----------------------|--|
|                      | <p>within her place right she's I think it is very important ... she needs to be part of a community and um so I am trying to introduce her to her new community because it is very important to feel like she belongs" – Rebecca</p>  |
| Support Independence | <p>Caregiver takes action to actively promote child's/senior's own autonomy and/or does something to facilitate it</p> <p>"She knows we're behind her in all of her decisions. So allowing her to have autonomy and supporting her decisions ... when she makes decisions she has confidence in it and she can also come back and go 'oh I am a little bit worried about this' and we don't go 'yah well we told you no' ... so making your own decisions and owning up your decisions and being supported" – Louise</p> |
| Take no Action       | <p>The caregiver believes the child/senior can manage the situation themselves. Therefore, there is no need for them to step in and help.</p> <p>"I think I would just let it play out. Give him time" – Helen</p>   |
| Trust                | <p>The caregiver's knowledge of and confidence in the character or ability of their child/senior (this is top down from parent to child). The trust is evidence based from past experiences</p> <p>"I think um in this circumstance while there might be natural curiosity to look into some of those unsavoury elements um that his common sense would prevail and</p>  |

|            |  |
|------------|--|
|            | <p>he would know better than to frequent that on a regular basis.” – Barbara</p>   |
| Vulnerable | <p>The child/senior is viewed as open to attack or capable of being injured (psychologically, emotionally, physically or financially) by a third party.</p> <p>“I mean it’s kind of like an aging parent and a child with the driving and the computers they both can be very risky scenarios you know um for both groups because both can be taken advantage of by somebody on the computer” – Mary</p> |
| Worry      | <p>The caregiver’s expression of concern based on the amount of risk there is.</p> <p>“There is always a risk, I mean if anybody gets behind a wheel of a car but at 17 it as a parent you’re incredibly fearful.” – Jennifer</p>  |

## Curriculum Vitae

**Name:** Trevor Hines Duncliffe

**Post-secondary Education and Degrees:** The University of Western Ontario  
London, Ontario, Canada  
2013 – 2016 M.A Kinesiology  
2007 – 2013 Honours B.A. Specialization in Kinesiology

**Honours and Awards:** The University of Western Ontario Graduate Scholarship  
2013 – 2015

**Related Work Experience** Teaching Assistant  
The University of Western Ontario  
2013 – 2015