



Mentor UK Grandparents
Project

September 2004 to April 2007

Mentor UK has been working with Adfam and Grandparents Plus, with funding from the Department of Health, to assess the needs of grandparents who are bringing up their grandchildren, so that they can help protect them from developing problems with drugs or alcohol.

This report summarises the project's activities, findings and recommendations.

Mentor UK, 4th Floor, 74 Great Eastern Street, London EC2A 3JG

Telephone: 020 7739 8494

Fax: 020 7739 5616

Website: www.mentorfoundation.org/uk

Mentor UK is a registered UK charity that works in conjunction with its partners in the International Mentor family. Our mission is identical: to focus on the prevention of drug misuse in our efforts to promote the health and wellbeing of children and young people and to reduce damage to their lives. Mentor aims to support the effective use of human, financial and intellectual resources to achieve its goals.

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The following materials have been produced as a result of this project and are available from Mentor UK:

Mind the Gap Staff Training Pack: a guide for facilitating a half day training session for staff and volunteers working in community or family group settings. Based around a DVD where grandparents describe their experiences, this pack aims to help staff improve their understanding of the needs of grandparents bringing up their grandchildren. It can also be used to support training of all staff who might come into contact with grandparents bringing up their grandchildren, for example social workers or staff working in drug treatment agencies.

Mind the Gap Grandparents DVD: the DVD shares the experiences of grandparents bringing up their grandchildren and raises awareness of their situations. The DVD consists of eight sections highlighting real-life issues that grandparents bringing up their grandchildren encounter, including financial problems, isolation, bereavement and worries about drugs and alcohol.

Mind the Gap Grandparents Policy Recommendations: a summary of the recommendations made by the grandparents with whom we worked for changes in policy and practice in working with grandparents bringing up their grandchildren. It is targeted at policy makers and planners, for example politicians, civil servants and service commissioners.

Mind the Gap Grandparents Leaflet: a leaflet for grandparents bringing up their grandchildren. This provides information written by, and for, grandparents about where to go for support, and advice when talking to young people about drugs and alcohol.

Mind the Gap Grandparents Directory of Services: a directory of services that grandparents bringing up their grandchildren and others including professionals can use to find local and national services which can help provide support.

Mind the Gap Service Assessment Tool: an assessment tool to help managers and team leaders of statutory and voluntary agencies assess how well their services currently meet the needs of grandparents bringing up their grandchildren and the children that they care for and help them develop an action plan to improve their services.

Mind the Gap Family Group Checklist: an assessment tool for volunteers and paid staff working in family groups and services for families affected by drug and alcohol use, including grandparents. This will help them improve the services they offer to grandparents bringing up their grandchildren and the children that they care for.

Grandparents Plus has also produced “Grandparents First”, a pilot newsletter for grandparents who are bringing up their grandchildren to help overcome feelings of isolation and to share challenges, anxieties, and achievements.

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Introduction

This report describes the Mentor UK Grandparents Project, which was developed in collaboration with Adfam and Grandparents Plus and with grandparents themselves who are caring full-time for their grandchildren. The project began in September 2004 and concluded in April 2007.

The project has aimed to inform future policy development and service planning so that families where grandparents are caring full-time for their grandchildren can be better supported. One intended outcome is that the children in these situations might be better protected from the risks of moving into drug or alcohol misuse and other harmful behaviours. As well as carrying out research, Mentor UK and our project partners have worked closely with grandparents who are caring for their grandchildren to produce resource materials which provide tools for professionals to assess these families' needs and to respond more effectively than at present. As well as this, the DVD which has been produced tells real people's stories, often difficult yet also inspiring. We hope that this will raise awareness among professionals and politicians and also demonstrate to other families in this situation that they are not alone.

We are grateful for the partnerships that we have established on this project, which have been crucial to its success. The continuation of these partnerships will support the improvement of the situations in which these vulnerable families find themselves, ultimately protecting their grandchildren.

We have been inspired and challenged by the grandparents with whom we have worked. They have had the courage to share their stories and offer advice so that the situations of others in similar situations might improve. Thanks to them. Thanks also to Adfam and Grandparents Plus, to our expert Advisory Group, to the Department of Health for funding this important initiative and finally to Susi Farnworth, the Project Officer, who carried out most of the work.

Eric Carlin, Chief Executive Mentor UK, May 2007

Background

The Advisory Council on the Misuse of Drugs' report into the needs of children of problem drug users, *Hidden Harm*, indicated that 200,000 to 300,000 children in England and Wales come from families where one or both parents have serious drug problems. Only 37% of fathers and 64% of mothers from these families are still living with their children. Most children not living with their parents live with other relatives. Grandparents often lack knowledge about their rights and responsibilities, have access to very little information, are unaware of sources of help or support and often want guidance about the day-to-day practicalities of living with children and young people. At the same time, research points to the benefits for young people who are raised by grandparents, as opposed to being in foster care or children's homes. One of the key concerns of policy makers and practitioners is that children with parents that misuse drugs are more likely to follow their parents' behaviour. For example children whose parents drink heavily are three times more likely to develop such drinking habits themselves. Similar cross generational patterns of drug use have been identified in the findings documented in *Hidden Harm*.

Inspired in part by *Hidden Harm*, in 2004 Mentor UK secured funding from the Department of Health to identify the needs of grandparents who are bringing up their grandchildren and to support them in protecting their grandchildren from drug and alcohol related harm.

Parents and carers can play a vital role in drug prevention and a caring relationship with at least one adult and strong family bonds are key factors that protect young people from developing problems with drugs and alcohol. Family cohesion, parental monitoring and parental discipline are also key protective factors against future drug misuse.

Aims and objectives



Aims and objectives of the Mentor UK Grandparents Project

The aims of the project were as follows:

- To provide grandparents caring for their grandchildren with training and support to develop their skills and knowledge about drug and alcohol use and how to prevent drug-related harm to young people
- To work with these grandparents to develop and pilot resources for use with other grandparents who are primary carers
- To publish the findings of this project and the resources developed, to inform agencies working with grandparents and especially those caring for their grandchildren as well as others caring for the children of problematic drug users e.g. foster carers
- To raise awareness of the impact alcohol and drugs can have on the lives of grandparents generally, grandparent carers and others caring for children and young people

Original objectives of the project

- Recruit, train and support 12 grandparents, who are raising their grandchildren and are also actively involved with community organisations which support grandparents
- Work with these grandparents to identify what information, support and advice grandparents raising their grandchildren need
- Work with these grandparents to develop a training pack, an information resource pack and model for a support group to meet the needs that they have identified
- Pilot the training, resource pack and support group
- Amend the resources, publish and disseminate them
- Evaluate the project, publish and disseminate the findings of the evaluation

Revised objectives of the project

In February 2006, having consulted with grandparent primary carers and the project's expert advisory group, the objectives were revised and extended to ensure that the project would deliver what was needed by grandparents and service providers.

The revised objectives :

- Work with grandparents who are bringing up grandchildren to identify what information, support and advice grandparents raising their grandchildren need
- Work with grandparents to develop resources for grandparents and professionals to meet the needs that they have identified. To summarise recommendations for changes in policy and practice in working with grandparents who are bringing up their grandchildren
- Pilot the resources with grandparents and professionals
- Amend the resources, publish and disseminate them

- Evaluate the project, publish and disseminate the findings of the evaluation (Department of Health responsibility)



Methodology

Methodology

For the full timetable of activities see **Appendix 1**.

Project Partners

Mentor UK worked in collaboration with two project partners in developing and implementing the project:

- Adfam: a national charity that supports family members and others affected by someone else's drug or alcohol misuse, carried out much of the needs assessment and developed some of the project outputs
- Grandparents Plus, a national charity that raises the profile of grandparents and the extended family as providers of essential care, especially to vulnerable children, developed one of the project outputs; a newsletter for grandparents who are bringing up their grandchildren

Appendix 2 lays out in detail the tasks carried out by each of the project partners.

Project Advisory Group

An expert Advisory Group was set up to advise on methodology and direction of the project. The advisory group met six times between September 2004 and April 2007 to help direct the project. See **Appendix 3** for Advisory Group members.

Literature review

A literature review was carried out summarising research relating to the physical, mental and social health of grandparents bringing up their grandchildren, the challenges presented by children and adolescents being brought up by their grandparents and research on positive interventions for such grandparents. A copy of the full literature review can be found at http://www.mentorfoundation.org/uploads/UK_Grandparents_Lit_Review.pdf

Consultation with grandparents

At the start of the project we carried out a consultation with grandparents bringing up their grandchildren to find out how best to set up the project and to get some preliminary information about the needs of grandparents who are bringing up their grandchildren. Six interviews were carried out with grandparents who were bringing up their grandchildren. Information was collected about appropriate frequency, timing and venues for meeting with grandparents, incentives to involve grandparents and grandparents' valued outputs of the project, as well as some preliminary information about their needs in order to communicate with their grandchildren about drugs and alcohol. **Appendix 4** summarises what they told us about how best to work with grandparents who are bringing up their grandchildren.

Mapping exercise

In order to identify the support services that currently exist for grandparents who are bringing up their grandchildren and to inform the dissemination of the project outputs, two related mapping exercises were carried out to identify where grandparents might, or do, access support.

First, a national mapping exercise was carried out, with the objectives of identifying:

- The services in England that grandparent primary carers access for support around drug and alcohol issues:
 - a. The types of agencies that provide these services
 - b. The nature of these services
 - c. Whether the services are evaluated and the type of evaluation used
 - d. Whether these services are targeted at specific ethnic minority or gender groups
 - e. The geographical spread of these support services
- Any examples of promising approaches to supporting grandparent primary carers and common difficulties that have been identified
- The types of services that grandparent primary carers don't access and why they may not do so

Secondly a micro-mapping exercise was undertaken to identify all the types of agencies that grandparents bringing up their grandchildren might access. We researched two very contrasting areas of England, Calder electoral ward in Calderdale, Yorkshire; a fairly affluent rural area with a predominantly white British population and Stratford and New Town in the London Borough of Newham, a densely populated, economically mixed, multi-cultural urban area.

A full copy of the mapping exercise report can be found at www.mentorfoundation.org/uk.

Needs assessment about the experience of grandparents who are bringing up their grandchildren

A needs assessment was carried out with grandparents bringing up their grandchildren. It focused on their experiences and what they require in order to protect their grandchildren from developing problems with drugs and alcohol. **Appendix 5** is the report of the needs assessment.

27 grandparents who are bringing up their grandchildren took part in research which consisted of:

- two focus groups with 7 grandparents, one within a kinship care support group, the other within a grandparents support group
- a further seven interviews, with 10 grandparents who were not in regular contact with any sort of support service/group
- 7 questionnaires being completed by grandparents from black and minority ethnic communities
- a further 3 interviews with grandparents from black and minority ethnic communities

Rationale for specifically targeting black and minority ethnic grandparents

All bar one of the grandparents who took part in our initial focus groups and interviews were of white British ethnicity. However, the limited research data available indicates that black and minority ethnic (BME) grandparents may be over-represented among grandparents bringing up grandchildren in the UK. After the initial seven interviews, and two focus groups it was therefore a priority to consult more grandparents from BME communities and considerable effort were made

to do this. However, many BME grandparents were wary of talking about drugs and alcohol, because of the stigma attached to addiction, and were therefore unwilling to be interviewed. Therefore the project used a questionnaire to provide them with an opportunity to have their views heard and their experiences reflected in this project, while retaining their anonymity.

One BME grandparent expressed the stigma that she felt:

“Our son is on drugs and in and out of prison, we feel the shame from relatives, trying to keep secret his condition and whereabouts. I’m tired of lying and covering up all the time, I feel angry too”.

We received 7 completed questionnaires and carried out an additional 3 interviews with BME grandparents.

Extensions and revisions to project objectives

As laid out above (Section 3) after learning from our needs assessment and research about the experience of grandparents bringing up their grandchildren, the original objectives and planned outputs were revised and extended.

The initial intended outputs of the project were:

- A published report which would identify the needs of grandparents caring for vulnerable grandchildren at risk of harm from substance misuse. This report would inform the future planning and funding of services and policy development for young people who are being cared for by family members or foster carers as a result of their parents’ substance misuse and for grandparent carers and other carers caring for these young people.
- A group of grandparents raising their grandchildren would receive the training and support to enable them to act as a resource for other grandparents raising or caring for grandchildren around substance misuse issues. They would in turn disseminate what they have learned through their formal and informal networks.
- Training materials for use with grandparents raising or caring for grandchildren would be piloted, amended, published and disseminated, for use by voluntary sector groups, social services departments, support and self-help groups for grandparents and community groups and other agencies working to prevent substance misuse.
- A resource pack for grandparents raising and caring for their grandchildren would be piloted, amended, published and widely disseminated. It would be used by Grandparents Plus, Adfam and Mentor UK in future work with grandparents. It would also be tailored for use by social workers, fostering and adoption agencies, self-help groups and community organisations working with grandparents and other carers caring for the children of parents who misuse drugs.
- The beginnings of a network of support groups for grandparents raising their grandchildren would be established. This project would seek to encourage the development of self-help and support groups for grandparents caring for their grandchildren.

The main changes made to the objectives were that we would no longer develop training for grandparents who are caring for their grandchildren or create a model for a support group. Instead, the focus shifted to producing accessible information about drugs and alcohol for the

grandparents and training and assessment resources for professionals who might work with them. The entire set of the Mind the Gap materials is as follows:

Mind the Gap Staff Training Pack: a guide for facilitating a half day training session for staff and volunteers working in community or family group settings. Based around a DVD where grandparents describe their experiences, this pack aims to help staff improve their understanding of the needs of grandparents bringing up their grandchildren. It can also be used to support training of all staff who might come into contact with grandparents bringing up their grandchildren, for example social workers or staff working in drug treatment agencies.

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As well as this, and with funding from this project, Grandparents Plus has also produced "Grandparents First", a pilot newsletter for grandparents who are bringing up their grandchildren to help overcome their feelings of isolation and to share challenges, anxieties, and achievements.

Field-testing of materials

All resources were produced in conjunction with and field-tested with grandparents who are bringing up their grandchildren and professionals who work with these grandparents. **Appendix 6** describes the processes undertaken to produce and field-test materials.

Publishing and disseminating

The Mind the Gap Resources were published in February 2007.

The resource pack and policy recommendations were presented to parliamentarians and policy makers at the House of Lords in March 2007, attended by 50 people.

This was followed by three regional dissemination launches, for professionals and grandparents held in London, Bristol and Manchester. The aim of these conferences was to introduce the materials and issues and action plan how to take the policy recommendations forward.

At each event the projects findings, policy recommendations and Mind the Gap resources were presented. Following this there was a talk from a grandparent about their experience, a speech by each of the project partners and then a guest speaker, these included Susie Harries, the principle author of the RSA Commission on Illegal Drugs, Communities, and Public Policy, Drugs - Facing Facts, and Kate Davies, Strategic Director of Nottinghamshire County Drug and Alcohol Action Team. There was then a facilitated discussion to action plan how to take the policy recommendations further, which produced a great deal of useful feedback and ideas as to how Mentor UK and participants will take forward the policy recommendations.

A total of 173 people attended these three events. These were predominantly grandparents, those working with and for children, those supporting grandparents, and those working with families where there is a drug or alcohol problem.

In addition, 200 people attended a workshop held about this project and the materials at the North East Hidden Harm network conference in March 2007.

Feedback from all events was extremely positive. Comments from grandparents suggested that attending had made them feel less isolated, that they had welcomed the opportunity to meet other grandparents and hear about their experiences, and that as a result of attending they had resolved to campaign for grandparents rights. Feedback from those working with children showed that they felt inspired and moved by the events, and all of them had identified how they would disseminate the information and the Mind the Gap resource pack more widely and campaign for better support for grandparents.

These events were backed up by a PR strategy which resulted in television, radio and newspaper coverage.

Informed by the mapping exercise, Mentor UK is currently developing a marketing plan to promote the materials more broadly nation-wide to agencies who might come into contact with grandparents who are bringing up grandchildren.

An external evaluation of the project, commissioned by the Department of Health is currently being carried out. A report of the findings of this evaluation will be complete in December 2007.



Project Findings

Key Project Findings

From the literature review:

- Where grandparents become full-time carers for their grandchildren this is often as a consequence of the parents experiencing a serious problem, such as drug misuse or mental health issues. Grandparents often don't anticipate taking on this caring role in advance.
- The extent to which a grandparent is comfortable with their role as a full time carer can be heavily influenced by his or her ethnic background. Grandparents from cultures where there is a strong tradition of close extended families can often feel more at ease with their role.
- Grandparents bringing up their grandchildren often experience health and emotional issues such as stress and depression.
- Grandparents experience social isolation and this is frequently linked with the stigma attached to drug misuse or mental health issues in the family.
- Grandchildren being brought up by their grandparents frequently have behavioural/ emotional issues, often linked to being in a disruptive or neglectful environment when previously living with their parents.
- A review of interventions to help grandparents indicated that education and training for grandparents can be useful, although grandparents may resist such training because they feel it implies they are an inadequate parent. For training packages to be most effective they should focus on empowering the grandparent and focusing on their strengths as a carer. There was mixed evidence as to the efficacy of support groups for grandparents. Raising awareness of the issues that affect grandparents who are bringing up their grandchildren was emphasised as one of the most important ways of improving the quality of life of such grandparents.

The full version of the literature review is contained at http://www.mentorfoundation.org/uploads/UK_Grandparents_Lit_Review.pdf

From the consultation about how we could work with grandparents on this project - although applicable to other projects:

- Meetings should be held at a venue that is not far from where the grandparents live (maximum 20 miles away).

However, one London based grandparent who was very keen to be involved said:

"I would be prepared to travel to Wales to be involved in this project".

- Meetings should also be held somewhere neutral (not in someone's home), and during the middle of the day (when the grandchildren are at school). Face to face meetings were seen as preferable to telephone/email or written contact, as grandparents valued the opportunity to meet other grandparents in a similar situation.
- Financial incentives were welcomed but it was felt that the empowerment gained by feeling a sense of control over an apparently uncontrollable situation would be the strongest incentive for involvement. Covering travel expenses and providing a free lunch would also

encourage grandparent involvement.

One grandparent said:

“The opportunity to talk to other grandparents would be an incentive in itself”.

- Ideas about how to involve socially excluded grandparents included considering physical health problems, childcare needs and cultural and religious beliefs. It was also suggested that it is useful to avoid holding meetings or events on religious holidays.
- The grandparents said that the most important outcome they would value from this project would be policy change, followed by training for professionals who work with grandparents.

One grandparent said:

“Grandparents need to be given a sense that they can do something to improve their situation, they should not be left feeling helpless and passive”.

From the mapping exercise:

There are currently very few services that specifically target the needs of grandparents who are bringing up grandchildren. The result is that for grandparent primary carers seeking support in their local area, there may only be generic support services available which may not address their specific needs, and in some cases there may be no relevant local support services.

The specific findings of the national mapping exercise were:

- Of all the different types of drug agencies contacted, agencies supporting families of substance misusers and others affected by someone else’s substance misuse appear to be providing the most support to grandparent primary carers.
- There are a small number of agencies that specifically aim to support grandparent primary carers/grandparents and kinship carers around drug and alcohol issues which are also providing support tailored to grandparent primary carers.
- The most common services for grandparents provided by the agencies contacted were help lines, support groups, one-to-one support and referral to other services.
- The majority of support agencies for grandparent primary carers do not systematically evaluate their services, making it difficult to assess the efficacy of their services.
- Examples of potentially promising tailored support for grandparent primary carers were identified but the lack of evaluation made it difficult to assess their efficacy.
- There were very few local authority areas where no support services for grandparent primary carers could be found.
- The majority of agencies expressed an interest in further training around the needs of grandparent primary carers.

The key findings of the micro mapping exercise were:

- Grandparent primary carers appear to be served by a mixture of generic services at the local level, including community, family and ethnic minority organisations. Many of these agencies provide support for this client group.
- Social services provide support for grandparent primary carers. In the areas covered by the micro mapping exercise this support was provided by professionals concerned with child protection and fostering and adoption.

A full copy of the mapping exercise report can be found at www.mentorfoundation.org/uk.

From the needs assessment:

We found that grandparents often faced different challenges than we had originally anticipated. For example, though they said they would like more information about drugs and alcohol, they felt confident communicating with their grandchildren and did not need training around that.

The needs assessment also revealed that grandparents wanted some support from other grandparents in a similar situation to their own. There was some interest in the idea of support groups for grandparent primary carers. However, several findings from the project suggested that producing one model for a support group would not be feasible. We found that grandparent primary carers have diverse experiences and needs; for example the two support groups we contacted initially were very different from each other in their style and structure but the grandparents in these groups were very happy with the support they received because it fitted their specific needs. We concluded that proposing one model of a support group would not be appropriate. Also the support groups we came across during the project were often dependent on there being a kinship care worker in the area, suggesting that where there is not a kinship care worker developing and maintaining a support group is likely to be challenging.

Grandparents did express a great deal of interest in the idea of developing individual relationships with one or two other grandparent primary carers. We hope this will be facilitated through the Grandparents First newsletter for grandparents.

We concluded that the key issues affecting the lives of grandparents who are bringing up their grandchildren include the following:

Financial hardship: Most grandparents experience financial hardship.

Health issues: Grandparents often describe feelings of exhaustion, as well as other health problems. Although some grandparents feel that caring for their grandchildren actually improves their physical and emotional health.

Isolation: many Grandparents experience strong feelings of isolation.

Relationships with others: Grandparents often feel that bringing up grandchildren affects their relationships with their children/the grandchildren's parent, their relationships with their other grandchildren who are not living with them and their friendships and social life.

Relationships with professionals: Grandparents frequently express dissatisfaction with the professional support they receive and feel that the professionals they encounter (e.g. social workers) do not understand what it's like to bring up a grandchild.

Bereavement: Grandparents who are bringing up their grandchildren because the parents have

died have to cope with their own grief, while supporting children who have lost a parent.

Drugs and alcohol: When grandparents are bringing up grandchildren because of parental drug misuse, they are sometimes concerned about the possibility of the grandchildren misusing drugs.

To help protect their grandchildren from misusing drugs or alcohol, grandparents who are bringing up their grandchildren need:

Support from other grandparents who are bringing up their grandchildren: Grandparents often want to build support networks with other grandparents who have had similar experiences.

Information about drugs and alcohol: Many grandparents feel they do not know enough about drugs and alcohol and about how to look for the warning signs that their grandchildren may be misusing drugs or alcohol.

Better financial support.

A specific kinship care worker or worker with an understanding of the needs of grandparents who are bringing up their grandchildren.

Time for themselves: Many grandparents would appreciate respite from bringing up a grandchild.



Recommendations

Policy recommendations

Grandparents who are bringing up their grandchildren face a variety of issues, including financial difficulties, isolation and health concerns, and issues with professionals and legal services. It is vital that policy in relation to these grandparents is reviewed and, where necessary, changed so that grandparents can help to protect their grandchildren from developing problems with drugs and alcohol.

Many grandparents bringing up their grandchildren experience severe financial hardship. The costs of raising children at a time of life when incomes are significantly reduced can result in deprivation and social exclusion for many grandparents and their grandchildren. The majority of the grandparents we worked with experienced financial difficulties. Many have had to give up work to care for their grandchildren, or take part time or lower paid jobs to fit around school or nursery hours.

“...it’s week to week month to month. If there’s not much overtime at the weekends we can’t afford to live. I’m 63 and I’m working 7 days a week.”

Grandparents also frequently lack adequate information about the financial support they are entitled to.

A grandparent we worked with told us:

“One grandmother, she used to come to this group, she brought up three children on £55 a week for more than two and a half years until L (the kinship care worker) found out about it...”

Recommendation 1: Grandparents across the country urgently require information and advice in accessing the financial support and benefits that are available to them, including residency order payments, foster care allowances and Section 17 payments. This information should be made available in an accessible format to grandparents who are bringing up their grandchildren as soon as they come into contact with statutory or voluntary agencies.

- **Action: Local Government and Voluntary and Community Sector.**

Financial support for grandparents as kinship carers is also inadequate in comparison to that available to foster carers. Many grandparents are caring for grandchildren under Residence Orders and Special Guardianship Arrangements. In these cases payments from the local authority are discretionary. Our experience was that many therefore received no financial support to care for their grandchildren over and above the Child Tax Credits and Child Benefit they may be entitled to. Taking on the care of a child or children at a time in life when income is reduced and often with no prior warning can be particularly challenging when adequate financial support is not provided.

The government have recently produced guidance on a [National Minimum Allowance for Foster Carers and Fostering Payment Systems](#) which should regularise the position for those kinship carers who care for children as foster carers. However as a recent petition to the Prime Minister explains, family members outside of a fostering arrangement don’t enjoy the same allowances:

“In this country we have a huge number of relatives that are bringing up children belonging to their families. for example grandparents bringing up

grandchildren, Aunties bringing up their sisters children etc. These children through no fault of their own, have been taken from parents because of drug and substance abuse, alcohol issues, death or illness or because they just can not cope. These children are then placed with a relative. Kinship carers do not receive the same weekly allowance as foster carers, in fact allowances differ from town to town so carers are paid different amounts depending on where they live! Kinship carers need an allowance for each child that is consistent throughout the U.K.”

Recommendation 2: Payments to kinship carers, including grandparents, should be standardised and comparable with payments to other carers such as foster carers.

- **Action: DfES should review the statutory arrangement for financial support for kinship carers. Local Government should ensure that discretionary payments to grandparents are in line with financial support available to foster carers.**

Many grandparents who are bringing up their grandchildren feel alone and isolated. Few have contact with other grandparents in similar positions. Negative experiences with social services or schools can prevent grandparents from seeking help, even when they are under severe physical and emotional stress.

One grandparent we worked with told us:

“There isn’t anyone out there who can help, who takes any notice. It’s just: “Keep up the good work”.

Few are aware of where to go to get information, support and advice.

Recommendation 3: Grandparents who are bringing up their grandchildren should be given accessible information on specialist support services (Grandparents Plus, the Grandparents’ Association and the Family Rights Group) and on local generic services (welfare rights, advocacy and childcare services).

- **Action: Local Government and Voluntary and Community Sector.**

A lot of the grandparents we worked with felt that they were not well supported by social services. Many talked of children being placed with them without any understanding of the impact this would have on the grandparent, or the additional support that would be required for the whole family. We came across many cases where, once the children were placed with the grandparents, support from statutory services was withdrawn.

For example one grandparent told us:

“Social services, all of them, they don’t really care. They have no real awareness of the demands on one person to care for all those children. Talk about feeling abandoned, I was just left to get on with it you know.”

Another said:

“I thought social services would help but... well in the beginning I think it was just a case of, “You look responsible enough, just get on with it.” There was no support, no guidance whatsoever.”

The Advisory Council on the Misuse of Drugs, in reviewing the action on Hidden Harm, made the point that services often review the needs of adult drug users in isolation from their families.

The Children's Services Inspectorate (DfES) in their Framework for the Inspection of Children's Services, state that 'Parents and Carers should receive support to keep their children healthy'.

Recommendation 4: Grandparents bringing up their grandchildren who are in contact with statutory services should receive a comprehensive assessment of their needs as well as the child/children's needs. Appropriate referrals to counselling, family therapy, respite, self-help, advocacy and other support services should then be made.

- **Action: DfES and local government, working with the Children's Services Inspectorate should ensure that when judging whether 'Parents and carers receive support to keep their children healthy' they consider whether grandparents needs have been assessed and responded to in order that they can keep their grandchildren healthy.**

Grandparents who had a kinship care worker in their local area found this a vital source of support.

One said:

"She (kinship care worker) will tackle schools, social workers and solicitors... she's great..."

However there isn't consistency on the provision of kinship care workers across England.

Recommendation 5: Dedicated kinship care workers should be the norm not the exception within Children's Services Departments and these workers should have a high profile in the department and within the voluntary sector.

- **Action: DfES and Local Government.**

We found that peer support services where they exist were valued by the grandparents we worked with. However, this type of support was not always available locally and where it was grandparents were not aware of it.

One grandparent said:

"I can't even let myself feel the pain. Sometimes I think if I start screaming I won't stop...(I would love to have) a forum, a forum where you could talk without shame or guilt."

Recommendation 6: Grandparents should have access to information on peer support services and such services should be supported by local and national statutory agencies. As well as support groups, support services and newsletters could bring isolated grandparents into contact with each other.

- **Action: DfES and Local Government.**

Our findings indicate that grandparents would like a break from caring for their grandchildren, however there is a lack of appropriate respite care available for such grandparents.

One grandparent expressed a wish for short breaks from caring responsibilities:

“Having kinship carers’ days where you don’t need to be stigmatised... that would be great.”

However grandparents were very aware of vulnerabilities of their grandchildren and services need to be similarly aware when planning respite services.

“It would be lovely to go away for a few days or a week but I don’t think that he (grandson) would cope.’ ‘In a sense you don’t want to leave the child with anyone for you to have a bit of a break. The insecure child wants his grandmother 24/7.”

Recommendation 7: Grandparents bringing up their grandchildren should have access to sensitive and appropriate respite care and childcare arrangements. These arrangements should take into account the needs of traumatised children who have experienced bereavement and loss and who may take considerable time before trusting adults. Respite care should also address the needs of grandparents whose health and age may mean that even twice daily trips to and from school leave them exhausted.

- **Action: The Children’s Service Inspectorate (Ofsted) should ensure that when judging whether ‘parents and carers receive support to keep their children healthy’ (as stated in the Framework for children’s services) they should consider whether carers such as grandparents have been provided with adequate respite care. Local Government should provide respite for grandparents who are bringing up grandchildren.**

We do not know how many grandparents are bringing up their grandchildren in the UK. Nor do we know how many are doing so as a result of parental misuse of drugs or alcohol. The ACMD believe there may be as many as 300,000 children affected as a result of parental misuse of illegal drugs. Turning Point estimate one in eleven children live with parents who misuse alcohol and say that across the country 1.3 million children are affected.

Experience from other countries would lead us to believe that grandparents from black and minority ethnic communities are more likely than others to be bringing up their grandchildren. However, findings from our mapping exercise would indicate that black and minority ethnic grandparents were underrepresented amongst those accessing grandparent support services.

The black and minority ethnic grandparents we worked with highlighted that services needed to be aware of culturally specific needs.

“(I need)... written information (on substance misuse) and videos in Punjabi.”

Recommendation 8: A question should be added to the Census to collect information about the number of grandparents who are bringing up grandchildren in the UK. Additionally, data should be collected concerning the number, ethnic origin, first language and religion of grandparents who are bringing up their grandchildren from black and minority ethnic communities. Without this information there is no way of assessing what services grandparents from black and minority ethnic communities need.

- **Action: DfES, Local Government, and Office for National Statistics.**

Recommendation 9: Culturally sensitive, mother-tongue services should be provided to

grandparents from black and minority ethnic communities.

- **Action: Local Government and Voluntary and Community Sector organisations.**

Where grandparents experience positive professional support from statutory services, this has made a significant difference to their ability to cope as primary carers. Unfortunately many grandparents have had negative experiences; including feeling bullied, harassed and threatened by social workers and other health and social care professionals.

One grandparent told of her experience with social services:

“when I said we couldn’t afford to care for the grandchildren without financial support, the social worker said, in that case they’ll be adopted, and she actually used the word “adoptable” to describe them.”

Another said:

“Services are dreadful. The schools really need training. They don’t understand. If you are looking after your grandchildren, it’s not like the mum’s in hospital or anything, there is usually a long-term, big history.”

Many grandparents we worked with also felt that the professionals they encountered did not have an understanding of the issues that their grandchildren faced.

One grandparent talked of the support her grandson needed around grieving for his mother:

“If he had space, he could deal with the death of his mother, but now he takes all that pain on into his life.”

Recommendation 10: Training for social workers, GPs, teachers, drugs workers and other health and social care professionals should cover an overview of the practical and emotional implications of becoming a kinship carer.

- **Action: Local Government.**

Recommendation 11: Voluntary sector agencies working with children and families should ensure that staff receive training on the needs of kinship carers and the children for whom they care.

- **Action: Voluntary and Community Sector.**

Recommendation 12: Training providers should consult grandparents who are bringing up their grandchildren in developing appropriate training.

- **Action: Local Government and Voluntary and Community Sector should engage with grandparents when planning staff training.**

Many of the grandparents we worked with felt they didn’t fit in and were ‘like a fish out of water’ in services for families and parents, and struggled to find adequate and appropriate support to meet their needs.

For example one Sure Start Family Centre that we came across through our mapping exercise had observed that grandparents were not attending their family support services, and when they enquired as to why, they found that grandparents did not feel that they ‘fitted in’ at these groups. They therefore set up a separate support group for grandparents.

One grandparent we worked with talked of the lengths she had to go to get appropriate help:

“It’s just been a battle, a battle, finding out about everything - bereavement counselling for them...I’m lobbying the council now to be moved, it’s everything...”

Recommendation 13: Information on local, regional and national services for families should indicate that kinship carers’ needs are recognised and are on the agenda.

- **Action: Local Government and Voluntary and Community Sector.**

Grandparents entering an application for a residency order are not entitled to legal aid.

One grandparent we worked with described her experience of negotiating the legal system:

“After seeing the solicitor twice and his attending court twice when the case was adjourned, our legal bill was £1,400. We could no longer afford this, so we are now representing ourselves in court. It is really hard to explain the pressure that this puts you under. I am completely unable to sleep the night before due to the stress, going to court, feeling sick with worry, just sick, and the threat of adoption is absolutely terrible and then you’re going into work in the afternoon as if nothing has happened.’ ‘We borrowed money on the house to pay the solicitor’s fees.”

Recommendation 14: Grandparents should have access to free legal advice.

- **Action: Ministry of Justice.**



 **Mentor**