

NEWS
AND BEST
PRACTICE IN
SUPPORTING
FAMILIES
AFFECTED BY
DRUGS AND
ALCOHOL

families up front

JUNE – AUGUST 2011 ISSUE 1

- > **In focus: grandparent carers**
- > **Parental influence on teenage drinking:
an inconvenient truth?**
- > **Supporting carers in a Big Society**



Adfam

IN THIS ISSUE

- 1 Welcome
- 2 News round up
- 4 Adfam update
- 5 Notes from the community:
Parent Support Link
- 6 Parental influence on teenage drinking: an inconvenient truth?
- 8 Supporting carers in a Big Society
- 9 Your organisation: top five resources

IN FOCUS

GRANDPARENT CARERS

- 11 Setting the scene
- 12 Fostering by family and friends
- 13 **Unsung heroes:** the challenges of kinship care from a legal perspective
- 14 **'Our lives are very complex':** the views of a grandparent carer
- 16 **Young lives:** key impacts on children cared for by grandparents



- 18 **The hard facts:** grandparent carers coping with parental substance use

Acknowledgements

Adfam would like to thank all those who have in any way assisted in the production of *Families UpFront*

Published by
Adfam, 25 Corsham Street, London, N1 6DR
Tel: 020 7553 7640 Fax: 020 7253 7991
Email: admin@adfam.org.uk
www.adfam.org.uk

© Adfam 2011

Design and production by Sharon Crocker

"Young children have a pretty sophisticated understanding of alcohol and its effects"

PAGE 6

parental substance use is a factor in 60 –70 per cent of all care proceedings

PAGE 11

"the future of our grandchildren matters so much!"

PAGE 15

Adfam's services include:

- Policy briefings to help keep the sector better informed
- Training for families and professionals to be better motivated
- Publications for different family members and people working with them
- Consultancy around providing the best possible services for families
- Regional forums for family support professionals to be better together

NEW Support+

Adfam's new Support+ package will also support professionals to be:

- Better supported by the peer support forum for family support workers
- Better trained and motivated through discounts on training and publications
- Better informed through subscription to *Families UpFront* magazine
- Better connected through priority access to events and seminars

Visit www.adfam.org.uk for more details.

We care, for the better



WELCOME to the first edition of *Families UpFront*. Those who subscribe to our free fortnightly policy briefings will have seen previous issues of *InPractice*, but as part of a new Support+ package for family support professionals we have made our quarterly briefing into a bigger and better magazine.

As you will see, we have expanded our magazine to include a news and policy round up of developments affecting family work, as well as keeping and improving the practice focus that has proved so popular with our supporters. This issue looks at the impact of familial substance use on grandparent carers and contains articles from such well-respected organisations as the British Association for Adoption and Fostering, the Joseph Rowntree Foundation, Grandparents Plus and, of course, several grassroots service providers.

At Adfam we are always listening to our supporters, and we exist to meet their needs and better the provision of support for families. It is in response to demand for a more tailored and personal service that we are launching Support+, our new package offering better support to those professionals who want to improve and expand their work with families. *Families UpFront* is a key part of this new scheme, and Support+ also includes access to an online forum for professionals to be better connected, share good practice and receive peer support; there are discounts on our ever-popular training courses and publications catalogue too. You can find full details on our website, and I hope you will join us so we can be better together.

A handwritten signature in black ink that reads "Vivienne Evans". The signature is written in a cursive, flowing style.

Vivienne Evans OBE, Chief Executive, Adfam

Welcome

The news round up for this edition covers a variety of topics. The influence of the Big Society agenda seems inescapable, and makes appearance here in news that funding has been put aside for the local authorities assigned vanguard status. Elsewhere, the Advisory Council on the Misuse of Drugs is looking at naloxone, a drug which can potentially save many lives a year by reversing the effects of heroin overdose; and a sea-change is heralded by the piloting of new Payment by Results systems in eight areas, the success of which will of course play a big part in determining the future direction of our drug and alcohol services.

Parents' perception of their children's alcohol consumption



A new report from **Liverpool John Moores university** presents conclusions from a survey conducted in four Wirral secondary schools between 2008 and 2010 amongst parents and children regarding the influences of parental drinking and perceptions of alcohol consumption. The report aims to tackle alcohol consumption effectively amongst young people and highlight the risks associated with underage drinking.

The survey found that 86% of parent's perceptions of their children's drinking were correct: 33% rightly assumed their child drank alcohol; 53% rightly assumed that their child did not drink; and 9% were unaware that their child drank when they did – with the majority (71%) of survey responses filled in by mothers. In terms of sources of alcohol, almost two-thirds of the children (65%) accessed it through their parents, and 13% through friends.

Regarding parenting methods, 88% of parents reported introducing measures in order to reduce the child's drinking and associated harms: 86% reported talking with their children about alcohol, and 21% ensured their child carried a mobile phone. In terms of parental consumption, 88% of parents providing details of their consumption drank alcohol. The survey also identified a strong association between parental consumption and that of their children: young people who reported that a parent drank alcohol weekly were significantly more likely to also drink themselves.

This report provides a number of findings which can be of value for developing local alcohol initiatives, highlighting the fact that parental knowledge of children's behaviour in relation to alcohol may not always be complete. The report concludes with recommendations to explore ways of working with parents to broaden their knowledge around alcohol, examine the influence of their behaviour on their child and generally improve parenting techniques.

Report available from www.cph.org.uk.

ACMD announces new slate of work

The work of the Government's main drugs advisory body, the ACMD, for the coming year was announced at its open meeting in April. A detailed **cocaine review** will be undertaken, and an investigation into heroin 'antidote' **naloxone** will be launched. Les Iversen, the ACMD Chair, described naloxone as a 'magic medicine' due to its ability to immediately reverse heroin overdoses and therefore save up to 500 deaths a year (particularly amongst recently released prisoners whose tolerance has fallen), safety and lack of abuse potential. The ACMD will also look at prescription rules and the possibility of allowing families and carers to hold naloxone – as Iversen remarked, 'if the [heroin] user keels over he can't inject himself'.

Consultation on charity cuts launched

In response to widespread criticism that voluntary services are bearing the brunt of local authority cuts, the Department for Communities and Local Government has released new draft guidance on 'Best Value' funding decisions. The guidance advises that disproportionate cuts should be avoided; local authorities intending to reduce funding to a community organisation which will damage its viability should give at least 3 months'

notice; voluntary services should be actively engaged as early as possible regarding the impact of any possible cuts; and authorities should allow voluntary organisations to put forward options for reshaping their services.

Violence against children and calls to ChildLine up

Numbers of calls to ChildLine and levels of violence against children have both risen recently, it has been found. Cardiff University's Violence and Society Research Group looked at data from 59 UK hospitals and found a 20% increase in the past year in numbers of assaulted children under 11 admitted to hospital; the previous year also saw an increase of 8%. Levels of assaults against adults have dropped in the same period, with 16.5% less 11-17 year olds admitted after suffering assaults.

Figures from ChildLine, meanwhile revealed a record number of callers reporting suspected child abuse or neglect. The staff of ChildLine referred 16,385 cases in the last year to police and social services, which represents an increase of 37% - the largest ever yearly increase. Parents, family members and professionals such as teachers or health workers all called the help-line. The biggest increase - of 81% - was seen in callers worried about children being neglected.

NEW BENEFITS ADVICE LINE FOR GRANDPARENTS

Grandparents Plus has launched a new advice and information service for kinship carers. The new service, open 10-3 every weekday, provides grandparents and other family members caring for children with comprehensive benefits advice and information on housing, employment, debt, education, pensions and social care.

Advice is available from 0300 123 7015, or www.grandparentsplus.org.uk/advice.



Payment by Results pilot sites confirmed

Eight areas – Bracknell Forest, Enfield, Kent, Lincolnshire, Oxfordshire, Stockport, Wakefield and Wigan – have been selected to pioneer the Payment by Results approach to recovery. At this stage the details are not yet finalised, but the Department of Health stated that ‘clear outcomes for individuals, their families and communities’ would be employed, and that the successful applicants had put forward ‘innovative ideas for payment models’. A cross-government team will now work alongside the pilot areas to have the new systems up and running by October.

Safe, active communities championed – Baroness Newlove report

This report from the Government-appointed champion for active, safer communities, who has a mission to see how local areas can be helped and changed for the better, highlights the importance of organisations working together in a new and unified way. This study worked closely with seven neighbourhoods across the UK over a period of six months, meeting local people to learn about their experiences and understand the barriers which stop citizens restoring the safety and wellbeing of their own streets. The report outlines many ways in which communities can be improved, with the aim of to creating communities where people feel safe and have a sense of pride and ownership in their area. The report clearly provides a vision for the future regarding the change for neighbourhoods, the relationship between local authority

and the community, and what a good neighbourhood would look like. Specific recommendations are also provided around local ownership: for example ‘Community Reward’, where information provided by a community which leads to conviction is rewarded and spent locally on crime prevention; and ‘Bling Back’, where proceeds from the sale of drug offenders’ assets are reinvested in the community.

Available from www.homeoffice.gov.uk/crime



Helen Newlove with community members in Cutskye, Castleford

Under the Influence

A new interim report from Demos – *Under the Influence* – looks at factors influencing drinking patterns. It is especially concerned with social, parental and peer influence and how local community partners can work together to decrease levels of dangerous drinking among 18-24 year-olds. Although there is a public perception in Britain of young people drinking more and more, earlier and earlier in their lives, the data does not always back that up, with levels of binge drinking in the group actually falling since 2004. The report also looks at how misunderstandings over the very definition of binge drinking have clouded the issue.

This is an interim report on the project and further findings will be published later in 2011.



Funding for the Big Society’s vanguards

The Department for Communities and Local Government has earmarked £400,00 for the four local authorities with Big Society vanguard status. Liverpool, Winsor and Maidenhead, Sutton and the Eden valley all had this status, although Liverpool pulled out in February citing a decrease in grants as incompatible with attempts to nurture the voluntary sector in the area. The authorities may each access around £100,000 to fund community projects under the Big Society banner. It is not clear how much money Liverpool had access to before giving up its vanguard status.

Diary

● The five step intervention model

Adfam is running two courses on the five step intervention for families. Attendees will learn how to use the model to work with families affected by drugs and alcohol, provide on going support and discuss further needs.

Thursday 7 July (London) and Thursday 14 July 2011 (Manchester).

£104 per participant. Contact 020 7553 7640 or training@adfam.org.uk for more details.

● Drugs and alcohol today: Understanding and implementing the Government’s new Drug Strategy 2010

The Home Office, the Society Guardian and Pavilion present this one day event. It will offer delegates a chance to discuss how best to implement the Drug Strategy with a range of policy-makers from the sector and the Minister for Crime Prevention, James Brokenshire.

Tuesday 28 June 2011, London. You can apply for a place at www.drugsandalcoholtodayexhibition.co.uk.

● Making Commissioning Work

This one day event will look at how GPs and other health professionals can best work together to adapt to planned changes in the commissioning structures of the NHS. Speakers will include Dr Tim Ringrose, Medical Director of Doctors.net.uk, and Dr Clare Gerada, Chair of Council, Royal College of General Practitioners.

Wednesday 6 July 2011, London.

You can find out more at www.publicserviceevents.co.uk



This past year we have seen an unparalleled period of change and transition across the policy landscape and families affected by drugs and alcohol have not been left untouched.

Paradoxically, the needs and role of families have been appreciated by policy and decision makers more than ever before, but the sector is also faced by some crippling disinvestment decisions that have the potential to stunt development at a local level. Adfam has spent much of the last year responding to the Coalition Government's policy consultations and fighting for the needs of families to be considered and invested in. As we move towards increased localism, these arguments need to be made across the country to a number of new decision makers who will have increasing budgetary control. All the work Adfam has done over the past year has ensured we are well positioned to translate central Government's principles to our supporters and work with local services to lobby for better provision and support. We will continue to meet with Government departments and ministers, contribute to consultations, host and attend regional

forums, develop and disseminate good practice and policy information and build the capacity of family support across the country. However Adfam is a small team and, as with everyone, our resources are tight so we continue to need your support to ensure we are aware of the key issues and developments in local areas and how best to direct our resources. Our relationships with you, as supporters, is crucial to our ability to better the work with families affected by drugs and alcohol and we appreciate it greatly.

SUPPORT +

We have launched our Support+ package of benefits which will work for you to support the work you do in local areas. The benefits have been developed from listening to the needs of our supporters and recognising the changing environment within which we all exist. Please visit the Support+ homepage on our web site to find out more.

A PARTNERSHIP APPROACH

Supporting families with multiple needs

In order to consider the future of partnership working and the needs of families, Adfam ran a series of consultations in winter 2010 with partners across the country including family support providers, drug and alcohol treatment staff, commissioners, social

workers and health professionals. The consultations challenged participants to consider working with families as a partnership and the key considerations such an approach entailed. In an environment of cuts and budget tightening, working in partnership can be challenging and the future for many vital voluntary and community groups can feel uncertain. However, as the paper discusses, often these times are exactly when partnerships should be at their strongest.

To receive a free copy of the briefing please go to our website or email policy@adfam.org.uk.



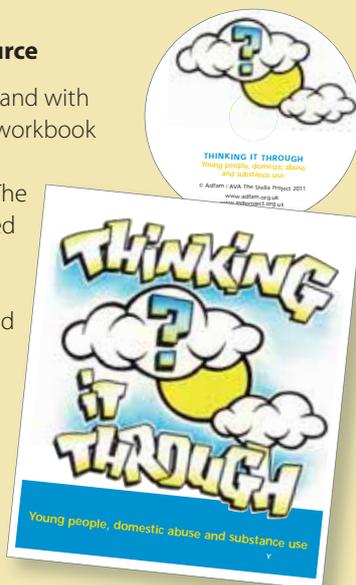
COMMUNITY INFO EVENTS

Adfam has run, in partnership with family support organisations across the country, a series of community information events. These events were designed to help those affected by the substance use of others to identify themselves as carers and be signposted to support services. The events were also developed to support communities to access or develop self-help groups for the families and carers of drug and alcohol users and to assist these groups to network with existing family groups. These families and carers were provided with information and guidance on policy, good practice and how to have a say on the development of services in their local community, and were able to network with existing family groups.

The events were attended by a large number of family members, community services, MPs, local decision makers and members of the community. Adfam will be looking to share the good practice from the development of these days and hopes to run further events in other communities.

Thinking it through Young people and domestic abuse resource

Adfam, in partnership with the Stella Project and with funding from Comic Relief, has launched its workbook and DVD addressing the issues of domestic violence, young people and substance use. The 'Thinking it through' DVD pack was developed by groups of young people affected by domestic violence and substance use who attend support groups across the country and is an excellent tool to facilitate discussion with young people on these issues. We would like to thank all of the young people involved for their incredible work which we hope will be used to support other young people across the country. If you would like to know more about the resource please email policy@adfam.org.uk





Attendees at a recent training event

Small but active

Parent Support Link is a small but very active charity based in Hampshire. **Christine Tebano** describes their work.

Being part of a small but very active charity during the last year has been a rewarding challenge: rewarding because of the people we work with, and challenging because of the times we live in.

Parent Support Link (PSL) supports and informs people affected by someone else's drug use. The charity is based in Southampton and works in the city and the surrounding area of Hampshire. PSL has been operating since 1994, providing information – not as much these days, due to the internet and the ease with which most people can access factual information – and support. 'Support' is an interesting way of thinking about what we do: we offer a 24/7 telephone contact line; face to face "interventions" (both for groups and individuals); Time-out, a respite project offering complimentary health sessions; training and learning; counselling and social events.

PSL can deliver training around family and drug issues and will always work with other organisations or individuals to share our skills and knowledge. Our service is delivered with the needs of the family member, friend or partner at the core: not a unique idea but certainly a unique service. We are able to do all of this work because we have a superb group of volunteer staff. However it must be said that, contrary to the crazy ideas of some people, voluntary does not mean free!

One of the biggest tests during the last year has been keeping up with the changes in the way that local services have been – or indeed will be – funded and commissioned. Identifying and securing the finances to operate the charity is time-consuming and not without some level of stress. The very process of bidding for funds can start a contest that is played out on a somewhat uneven playing field. For a charity to remain true to its original aims and objectives is of course of paramount importance, but this can be a struggle in itself. Too often organisations are asked to bend a bit, make exceptions and fit in

with other services to help meet their aims and targets. Voluntary organisations are on the whole representative of what people want: this is how they develop and grow. It seems unfair that change is coming not from those people, but from funders or commissioners. Being offered the chance to bid for underspend money at short notice, not being on the right mailing list, being excluded from training events and sometimes being dismissed as 'not big enough' to be included are not helpful.

There needs to be recognition – true recognition – of the work that is undertaken by third sector organisations. PSL was born out of need and grows out of need; however the past year has seen a list of additional needs to be met. These have come not from family members (their needs, although diverse, have remained the same) but from changes in the way that funders and commissioners see the role of family support.

We talk about 'whole family' support, better outcomes for the drug user, successful treatment outcomes, and so on; we recognise that the family has a role to play in this, and that most families are happy to play their part. However, family members themselves also need to be provided with the opportunity to heal. Family involvement is of course key to the development of drug treatment services, but the next big step for commissioners is to listen to what families want to meet their own treatment and support needs.

We are all facing times of austerity and change, but this could be a wonderful chance for organisations like PSL, which can represent the families and friends of problematic drug users, to have their voices heard. If we hold together and shout loudly enough, someone will listen.

To find out more please visit
www.parentsupportlink.org.uk



parent support link

Parental influence on teenage drinking: an inconvenient truth?

*Given the way we demonise young people for binge drinking, you'd be forgiven for thinking that they have a drinking culture entirely separate from adults. As **Claire Turner** explains, recent research from the Joseph Rowntree Foundation suggests it's a bit more complicated than that.*

The role of family and home

The findings of two Joseph Rowntree Foundation (JRF) research projects about so-called ordinary families with primary school-aged children tell us that home is the main place where children learn about alcohol. And, even at an early age, young children have a pretty sophisticated understanding of alcohol and its effects which mostly comes from observing their parents or other adult relatives.

Our research suggests that at this stage, parents mostly do a good job of conveying the social pleasures and risks of drinking and the message that alcohol should be consumed in moderation. But, of course, parents are not perfect. Research indicated that there were occasions where some parents drank to excess in front of

their children (for example, on holiday or at parties) and there were gaps in what children learnt from home, such as the health risks of drinking and the potential risks of drinking outside of the home.

Teenage drinking and family influence

As children get older and socialise more with friends, parental influence becomes weaker and other factors such as friendship networks grow stronger. Parents who took part in our research felt a sense of pragmatism and acceptance about this. However, the findings from the JRF studies found that home and family still have an important role to play as children grow up.

In teenage years young people want to get drunk, have fun with their friends and then sober up before going home.

Many teenagers believe that their parents will turn a blind eye to their drinking as long as they are relatively sober by the time they come home. When it comes to parenting strategies for dealing with teenage drinking, parents made decisions not on the basis of public health messages but their own childhood experiences, personal beliefs or the characteristics of their children.

Our research provides mixed findings about the effectiveness of parenting strategies for teenage drinking. One JRF study suggests that young people who have more supervision and monitoring by a parent (for example, parents know where their children are on a Saturday night) and have a parent (or older sibling) who drinks moderately, but not excessively, in front of them are at a reduced risk of drinking heavily. It also indicates that supervised alcohol consumption at home in mid-teens could reduce the likelihood of teenagers drinking to excess.

However, other research found that attempts by parents to restrict their teenagers' contact with alcohol, such as limiting the time they spend with friends, didn't seem to lead to teenagers drinking less – many are able to circumvent these strategies and continue to drink socially. Some parents were also unwittingly increasing their children's alcohol consumption by providing young people with limited alcohol within the home, without being aware that their children had started drinking socially outside the home with their friends.

What can we do?

There are plenty of positives to draw from our research regarding things parents can do (and are often already doing) to encourage their children to drink moderately in the future. It is important to note that parents can have an influence: something that the parents in these studies

KEY FINDINGS

Teenage drinking cultures

- > **Most teenagers are drawn to alcohol by curiosity.**
- > **Older siblings and parents often introduce a young teenager to alcohol and this experience is quickly shared amongst friends.**
- > **Parents attempt to restrict their teenager's contact with alcohol by setting rules and monitoring behaviour around consumption, but most teenagers manage to drink and have a good time with their friends whilst concealing it from their parents.**
- > **Few parents are aware of the full extent of their offspring's alcohol consumption.**
- > **Most teenagers develop a degree of self-control over their alcohol consumption through trial and error. Teenage drinkers are particularly vulnerable when they change the social context in which they drink alcohol.**
- > **When young drinkers get too drunk they can be at risk of a wide range of alcohol-related harm, such as getting into fights or trouble with the police, or engaging in risky sexual behaviour.**
- > **There is a clear need for the development of more pragmatic interventions for underage drinkers focusing on reducing the acute risks associated with drinking.**



ISTOCK PHOTO

did not always believe to be the case.

The behaviour of parents seems to be as important as talking to children about alcohol – witnessing examples of moderate drinking is a key influence on young people's attitudes and behaviour. The challenge is that the social worlds of young people and adults are largely separate, giving young people limited exposure to contrasting attitudes to alcohol and different, more moderate, drinking styles. Our research and wider evidence also point to the importance of family relationships in shaping attitudes and behaviours around alcohol. Good communication and positive relationships between parent and child seem to have more of an influence than having a 'big chat' about alcohol.

But there was a lot of confusion amongst the parents in our studies. Many were torn between a pragmatic approach - should they 'teach' their teenager to drink by introducing them to alcohol in the home or providing them with a small amount of alcohol for a party - and the moral argument, namely, can giving

alcohol to a child or young person ever be the right thing to do?

If the Government is to intervene in the way that parents tackle the issue of alcohol with their children, rather than focusing on health messages, efforts might best be placed on providing practical advice, looking at the reality of alcohol use and the complex issues children and young people deal with at different stages of their lives. Furthermore, it is clear from the JRF studies that any guidance which ignores parents' current practices may lack credibility and is likely to be ignored.

The question is: what is the role for Government? It could be argued that this research shows examples of good parenting and that the Government should keep out of the parenting decisions of ordinary families. Alternatively, the influence of the family is so strong, and levels of drinking among young people so worrying, that maybe the state should intervene more with ordinary families to help prevent excessive alcohol use amongst young people.

TEENAGE DRINKING A FAMILY PERSPECTIVE

JRF and Adfam are holding a free practice-based event, 'Teenage drinking – a family perspective' in London Thursday 16 June.

Visit www.adfam.org.uk
or www.jrf.org.uk
for further details.



For more details about the JRF Alcohol Programme visit www.jrf.org.uk/work/workarea/alcohol
Claire Turner is Programme Manager, JRF Alcohol Project.

Supporting carers in a Big Society

Much of the ethos of the Big Society is already being implemented, and has been for years, in the essential work done by voluntary and community organisations throughout the country. But, as Adfam maintains, grassroots support organisations should not have to shoulder the whole burden of supporting families.

The ideals of the Government's Big Society are clearly laudable. 'The Big Society is about a huge culture change, where people... don't always turn to officials, local authorities or central Government for answers to the problems they face, but instead feel both free and powerful enough to help themselves and their own communities', David Cameron told us¹. Who would not welcome a new emphasis on individual and community empowerment, and a move away from burdensome state bureaucracy and the interventions of central Government?

But much of the ethos of the Big Society is already being implemented, and has been for years, in the essential work done by voluntary and community organisations throughout the country: groups supporting families affected by drugs and alcohol are a prime example. These grassroots organisations are often set up by family members, themselves affected by the drug or alcohol use of a loved one, who have found the provision of support in their area insufficient. At their most effective they neatly encapsulate the Big Society's aims – created by the community for the community; reliant upon local (and not central) knowledge and direction; cheap, flexible and responsive; and driven by passion and expertise born of real life experience and not Government policy initiatives. Any emphasis on community empowerment and local problems being addressed with local expertise must therefore be welcomed, though recognition and support is due for those organisations which have done it without the stimulus of a central policy initiative.

We know from research that children can be very badly affected by parental substance use. Whilst drug or alcohol use is not a guaranteed indicator of decreased parenting capability, evidence suggests that children affected are less likely to achieve positive outcomes through their childhood and more likely to be exposed to criminal behaviour². This clearly indicates the importance of the role kinship carers play in looking after the

children whose parents use substances and are unable to parent effectively. Children affected by parental substance use need good support, from both immediate carers and state policy.

But too often the needs of the carers themselves are overlooked: families need to recover too. 'Drug misuse can place an enormous strain on the families... and can have a serious negative impact on the long-term health and wellbeing [of families]' the NTA wrote in 2007³. Grandparent carers are likely to suffer worsened mental and physical health as well as economic hardship⁴. Effectively supporting families and carers, therefore,

Family carers currently provide care to substance users worth £750m annually

can improve outcomes for both the children in question and the family members themselves. The NTA states that services meeting the needs of families 'leads to improvements for families, carers, children and drug misusers'.⁵

So what can be done to improve support and build the recovery capital of these carers? The RSA describe recovery as existing in the 'lived, physical community', and resulting in 'improved functions for family and the wider community'⁶. Recovery capital is defined in the same paper as composed of social, physical, human and cultural capital, with friends and family identified as key components of social capital. By supporting families affected by substance use (including grandparent carers) the recovery capital of communities, families and individuals is boosted. Family carers currently provide care to substance users worth £750m annually⁷ – with appropriate support this

care could become even more efficient and the health and wellbeing of families affected could be preserved. This would therefore improve outcomes for all involved, which in turn would lessen the burden on statutory services and save the Government money. This maximising of recovery capital at community level is surely in line with the drive of the Big Society.

The messages of the Big Society, though, naturally raise the issue of what we expect service provision to actually look like. The question of how the meeting of society's manifold needs is shared between statutory, private and voluntary sectors is a hard one. The Big Society looks to communities to provide answers, but in a time of financial hardship and hard budget cutting its authors must be careful that their new project is not seen simply as an excuse to roll back expensive public services and invite the voluntary sector, itself short of money, to fill the gaps.

For families affected by substance use the support must surely come from both sectors. Worthy targets for celebration though they are, grassroots support organisations should not have to shoulder the whole burden. Government policy could do more to strengthen the position of family carers, including grandparents, by recognising them as experts of their own experience, and deserving of the same level of support, both practical and financial, as foster carers. Foster carers currently receive funding from local authorities in order to provide for the children they look after: why shouldn't family carers receive the same?

1 Speech available at www.conservatives.com/Get_involved/Webcasts.aspx

2 Advisory Council of the Misuse of Drugs, Hidden Harm, 2003

3 National Treatment Agency, Drug Misuse and Dependence: UK Guidelines on Clinical Management, 2007

4 Grandparents Plus report 60% of grandparent carers suffering from chronic health condition or disability, with 47% caring for grandchildren due to parental substance use

5 National Treatment Agency for Substance Misuse, Supporting and involving carers, 2008

6 RSA, The Potential of Recovery Capital, 2010

7 UKDPC, Supporting the supporters: families of drug misusers

Your organisation – top 5 resources

Recently published resources to help your organisation during this time of transition

1 **Connected Communities: How social networks power and sustain the Big Society** RSA projects



This report intends to understand how social networks can affect community strategies and outcomes, aiming to inform the policies and practices required to power and sustain the Big

Society. The report highlights the major limitations in defining communities in geographical terms and instead suggests that a new way of developing communities based on mapping local social networks is required. In conclusion, the report attempts to address how the RSA's approach to communities could inform the Government's vision of the Big Society, whilst outlining future plans for the connected communities programme.

www.thersa.org

2 **Gimme, Gimme, Gimme! A guide for organisations new to fundraising or just starting out raising money** nfp Synergy

This document aims to help small organisations and those trying to raise more voluntary income to improve their chances of success. It sets out some basic rules of fundraising and illustrates some common mistakes that organisations make. There is also a checklist for organisations trying to improve donations; a section highlighting the different ways of raising money; and explanations of the pros and cons of different techniques. To conclude, this document gives pointers towards what speed and scale of fundraising success an organisation might expect, stating that "fundraising with the right expectations and approaches can provide an organisation with the liberating effect of unrestricted income, which can be spent on whatever the organisation believes best fulfills its mission."

www.nfpsynergy.net

3 **Below the radar in a big society? Reflections on community engagement, empowerment and social action in a changing policy context** Third Sector Research Centre

This briefing paper looks at community engagement against the backdrop of governmental Big Society policies. It asks key questions about why people volunteer in the first place and whether Government can – or should want to – 'co-opt' this; how the idea of the Big Society can be harmed if the impression solidifies in the public consciousness that it's about 'public services on the cheap' and is associated with deficit reduction; and whether policy-makers have sufficient understanding of the voluntary sector, particularly 'under the radar' groups.

The report states that voluntary groups exist 'to meet basic human needs, not deliver on policy agendas', and that 'the drivers for community engagement are not well understood at policy level'. This hints at a potentially problematic disconnect between groups that are already delivering on Big Society principles under another name, and the Government's efforts to harness this.

www.tsrc.ac.uk

4 **Community Organisations: a guide to effectiveness** New Philanthropy Capital

In addressing the problem that small community organisations are often difficult to analyse and compare, this report states that 'a proper understanding of what makes community organisations effective can help organisations to improve their services and funders to improve their giving'. The study identifies six 'elements of effectiveness' in community organisations (activities, results, leadership, people and resources, finances, and ambition) and looks at these in depth. Key points include the importance of measuring the overall impact of an organisation as well as its individual projects; whether activities are properly needs-led and if the organisation

is best placed to meet them; and the crucial role of good financial management in keeping track of the many moving parts in a complex organisation. The final point, and possibly the most powerful, is that community organisations should focus on meeting their mission rather than growing their own organisation.

www.philanthropycapital.org
(Free registration needed)

5 **Capacity Manager – Improving Support**

The Capacity Manager, launched by the Association of Chief Executives of Voluntary Organisations, is a new tool allowing you to evaluate whether your internal support services – such as core costs, overheads and fundraising – are working effectively. The capacity manager explores more important aspects of internal policies and procedures, questioning whether they are followed properly, how effective they are and how widely they are understood and used. The capacity manager is available to use for free and provides organisations with easy-to-use 'traffic light' ratings for their activities which can be compared with other similar agencies

www.capacitymanager.org.uk



In Focus **Grandparent carers**

AFTER previous issues of *InPractice* looked at fundraising, domestic violence and complex needs, this first edition of *Families UpFront* tackles another pressing issue for anyone working with families affected by drugs and alcohol: grandparent carers.

As many of you will already know, and other readers will learn, grandparents are often relied upon to take care of the children of substance users in both the short and long term. As well as suffering the effects of their child's use of drugs and alcohol, grandparent carers also have to cope with taking on the care of a young child again, with everything that this entails – including navigating the benefits system and learning the ins and outs of the law. Though the choice is never black and white, many grandparents feel conflicted between the instinct to take care of their grandchild and keep them in the family, and the legitimate need for support in fulfilling this role and securing the best outcomes for themselves and the children.

To investigate the experiences of grandparent carers we have reached out to our networks for authoritative articles and interviews, including contributions from Grandparents Plus, the British Association for Adoption and Fostering, an expert family law solicitor, a service for young people affected by their parents' substance use and, of course, grandparents themselves. We hope that this magazine will give a fresh and varied insight into what is an extremely complex, unpredictable and difficult issue, and help show the way towards effective working practices with these grandparents.

Joss Smith *Head of Policy and Regional Development, Adfam*



4 in 5
teenagers say
grandparents
are the most
important
people outside
immediate
family

Grandparents Plus, *Rethinking Family Life: exploring the role of grandparents and the wider family*

Setting the scene

Context, statistics, definitions and background policy to inform your understanding of the issues affecting grandparent carers

Glossary

Kinship carers are family carers who are looking after relatives' children, whether informally or at the request of the local authority. As looked-after children can only be placed with approved foster carers, kinship carers are assessed according to the same standards.

Foster carers are carers who are often not part of the family who are approved and paid by local authorities to care for looked-after children.

Fostering allowances are paid to foster carers by local authorities to care for looked-after children. They are non-means tested and are reviewed annually.

A Residence Order (RO) gives a carer parental responsibility. A carer with parental responsibility makes all decisions, big and small, as if they were the parent of the child. A child subject to an RO stops being looked after by the local authority.

A Special Guardianship Order (SGO) stands between an Adoption Order and a Residence Order. It's like a 'super' residence order. Once an SGO has been made a parent has to have permission from the Court before an application can be made to discharge the SGO. There can be a package of support for carers with SGOs.

An Adoption Order gives exclusive parental responsibility for a child to the adopters. Contact with the birth family can still take place but it is likely to be very limited.

The policy context

Grandparent carers cut across so many different policy areas that it is often a challenge finding everything relevant to them. A major recent development has been the Department for Education's publication of *Family and Friends Care: Statutory Guidance for Local Authorities*, which mandates each local authority to publish its own policy on promoting and supporting the needs of children living with family and friends carers. Other guidelines and policies affecting grandparent carers include care planning and fostering regulations; the Family Justice Review (interim report) from the Ministry of Justice; the Munro Review of Child Protection; the national Carers Strategy; and parts of the Children Act 1989, for example the requirement that local authorities give preference to family and friends foster carers over other options for care.

What's the scale of the problem? And is it a 'problem'?

Grandparents caring for grandchildren is obviously not a problem in itself, and often represents the best option for the care of children in need. However, when these grandparents are not adequately supported in this role, the wellbeing of the grandparent and long-term outcomes for the child can suffer.

- Parental substance misuse is a factor in 60-70% of all care proceedings
- Nearly half of grandparent carers are looking after children because of parental drug/alcohol use
- There are 250,000 – 350,000 children of problem drug users in the UK
- 68% of family and friends carers say they don't receive the help or support they need from social services
- 6 in 10 have a disability or chronic health condition.

Barriers and challenges commonly faced by grandparents

Grandparents experience many challenges in everyday life and when trying to access support, not only in

terms of their caring role but also around their relationship with a drug or alcohol using child. Common issues for grandparent carers are:

- Financial – the extra cost of bringing up a child for the second time, often on retirement income, and the costs of legal proceedings
- Stigma, shame and isolation – including everything from guilt about their own children's substance use to feeling they 'don't fit in' amongst parents at the school gates
- Managing the relationship with the drug or alcohol using birth parent(s), including conflict over childcare, resentment and guilt
- Extra issues relating to parenting a substance user including mental health, homelessness, bereavement and the criminal justice system
- Conflict with the local authority and 'the system' – from accessing legal advice to feeling that children are left with them as the 'easy option' to ease social work caseloads.

What grandparents want and need from support services

As with anyone using a service, grandparents want – and are entitled to – effective practical support delivered or signposted by knowledgeable and empathetic staff. In particular, grandparents have expressed a need for:

- Recognition of their own needs
- Accurate and honest information, including on the progress of care proceedings
- Training, mediation or counselling to cope with the behaviour of their own children – this relationship should not be sidelined or forgotten
- Access to peer support.

Further information

Some information above has been taken from Adfam's Grandparent Carers project toolkit. For further information and free download visit www.adfam.org.uk/grandparent_carers.

Fostering by family and friends

Seasoned professionals, let alone grandparents, can struggle with the complexities of the welfare system when it comes to fostering, residence orders and special guardianship. **John Simmonds** from the British Association for Adoption and Fostering talks to Adfam about some of the key issues.

Last year there were over 7,200 children being officially fostered by family and friends, not including those in more informal arrangements or with different legal designations. 68% of kinship carers are grandparents and, according to a recent Grandparents Plus report, 47% of grandparent carers are looking after children due to parental drug or alcohol use. The scale of the problem is quite clear, but every family is different and the experiences of grandparent carers are equally varied – not least in the level of support they receive in their role as carers.

Most people turn to the family

When a parent is no longer able to care for their child, for whatever reason, the child's own kinship or community network is the most natural option to take over caring responsibilities. In terms of keeping the child in the family, the benefits are many and obvious – children know and trust the grandparents, it offers stability and there is a clear continuity of family and personal identity. As Simmonds explains, “if you ask anyone what they would want to happen if they become unable to care for their children, you'll find hardly anyone who wouldn't turn to family members – and grandparents are the first port of call in the majority of cases”.

Just as parents would often put families first when asked who should care for their children, grandparents usually want to be first in line when there is a question of the child's care. However, even if grandparents are motivated, once the opportunity – or necessity – presents itself, it is unlikely they have detailed plans for care. This friction – between the clear desire to care and the understandable need for support – has often caused grandparent carers and social workers to fail to see eye-to-eye.

Grandparents and the Local Authority

Many grandparents feel uncomfortable with the impersonal 'foster carer' label, which does not explicitly recognise their family identity, and it's easy for

grandparents to resent any interference which challenges their commitment to the best interests of the child. The formal adoption process is even more thorough and time consuming, and includes medical assessments, personal referees, background checks and panel discussions. This level of intrusion can make grandparents feel barriers are being put up when they are trying to secure the best outcome for their grandchild.

grandparents are the first port of call in the majority of cases

The idea of conflict and misunderstanding between grandparents, the local authority and social workers is not lost on Simmonds when we discuss it as a common problem for families where substance use is an issue: “becoming an approved foster carer is a very formal process, and one that can feel intrusive and strange for family members. Everyone hears difficult stories and I wish they were better”, he continues. “There needs to be a really honest and direct dialogue from the grandparents' side about what their aims are, why they're doing what they're doing and the support they need to do it. Social workers aren't always trained to deal with these specialist areas and they need to recognise the particular sensitivities and insight required in these cases”.

Though foster carers are entitled to a good level of support from their local authority, the child is still legally 'cared for', and many grandparents find the idea of their grandchild being officially 'in care' unpalatable, no matter how practical it may be at the time. “With foster caring, parental responsibility for the child still lies with the local authority”, explains Simmonds. “Special guardianship can be a route out of the care system for the children, as it

transfers this parental responsibility to the guardian”. However, going from one legal classification to the next can have unintended consequences and lead to a downgrading of the support that carers can access. Though the legal framework behind foster care is robust, there can be local discrepancies with the support special guardians get: “of course the local authority has to act reasonably and lawfully, but once an assessment has been made the levels of support given in practice can vary”.

“If the local authority decides there are safeguarding or welfare issues for the child and goes down the route of care proceedings, they're required to work with the family to sort out what's in the best interests of the child. If these proceedings are started, the local authority has to work with the family and the question of what grandparents can offer comes up very early on”, Simmonds explains, “and if grandparent carers come forward, they should be supported to make that arrangement work”.

Support and advice

Many grandparents feel they are dismissed as the 'easy option' when it comes to caring for the children of substance users, and there is sometimes an assumption that they don't need the support that other carers do.

As far as support for grandparents is concerned, Simmonds is unequivocal: “a local authority-approved family and friends carer should have the same support as other foster carers: financial and practical support, and a care plan for the child including educational and health needs. We all need to recognise the enormous contribution that grandparents make. The pathway isn't clear at the beginning and it's really important that grandparents get the support and information they need”.

John Simmonds is Director of Policy, Research and Development at the British Association for Adoption and Fostering. For further information visit www.baaf.org.uk.

Unsung heroes

Solicitor **Nigel Priestley**, an expert on kinship care, gives *Families UpFront* his views on the challenges faced by family and friends who take on care of children in difficult times.



The telephone rang at 7:30. It was a Friday night. The Social Worker's message was clear - if Harry didn't come now to collect his grandchild, she would go into care. He went.

And so began a series of events that changed his and his granddaughter's lives. At 62, Harry was a self-employed kitchen fitter. It was therefore impossible to work, take his granddaughter to be assessed with her mother and collect her again. He looked for financial support from his local authority but his battles with the council began. He came to see me for advice.

Harry's story is no different from many grandparents and kinship carers across the UK. There is a shortage of 10,000 foster carers according to the Fostering Network – and this number has risen since the Baby P case saw a surge in the number of care cases. Local authorities, already under a duty to assess family and friends carers, have increasingly turned to grandparents and family members to plug the care gap.

But many grandparent carers feel isolated and on their own. When they had their own children they could share their problems with friends in the same position; now their friends' children have grown up. Often the children they care for are challenging, with emotional or psychological damage, and may face problems at school. Carers' houses may need to be adapted. Where do they turn for help? What are local authorities' duties?

Support is out there for grandparent carers – thankfully there is an increasing number of support groups developing across the UK. Carers can search the internet to find out about their rights and they can get telephone advice, but in the end many still need specialist legal advice that they cannot find online.

Since 2003, with my team at Ridley and Hall Solicitors, I have advised and acted for many carers needing support. Some have felt betrayed. Some, at considerable personal cost, have taken

responsibility for their grandchildren. A social worker may have assured them that they would get financial support, only for them to find that the placement is classed as a 'private family arrangement' and no allowance is paid. Others find that they are paid a small amount, but nowhere near what foster carers receive.

Some grandparents have found that social workers want them to immediately apply for a Residence Order or a Special Guardianship Order. Often in these cases, the local authority will offer to pay for the legal costs – or they will even draft the proceedings and go with the carer to court, which is not always a suitable course of action. Carers are in danger of sleepwalking into a position where the local authority's duties to a 'looked after' child disappear and the burden of support ends up entirely with the grandparents.

It is vital to get good legal advice – when a local authority places a child with family and friends, it is under a legal duty to treat them as foster carers, which means they should be assessed. The local authority is also under a duty to promote the 'best interests' of the child, which can mean the child getting quicker access to psychological advice through CAMHS (Child and Adolescent Mental Health Services).

Since 2003, Ridley and Hall have challenged many local authorities across the country, helping to secure over £650,000 in back payments for Fostering Allowances. In one case, a London family were being paid £180 per week to care for two very challenging children; at the completion of the case, they were paid over £500 per week and had received a back payment for over £35,000. We also successfully challenged the local authority in Kirklees over its decision to set its Special Guardianship Allowance at two-thirds of the level of the Fostering Allowance.

There are still a lot of inconsistencies between local authorities: many councils want to limit the definition of a 'looked

after child'; there is no nationally agreed level of payments for Special Guardianships or Residence Allowances and many local authorities do not pay

Family and friends carers are unsung heroes. They should not be taken for granted by society or local authorities

as they should; some areas allow kinship carers to claim 'fee' payments, but most do not; and many courts and councils are against family and friends carers being represented in Care Proceedings, which I believe is necessary to ensure the welfare of the child.

Ideally, grandparent carers would have support from Social Services to help them look after the vulnerable members of their families. Unfortunately a shortage of money and the pressure on local authorities to reduce the number of 'looked-after' children in their area prevent this happening. Unless local authorities are challenged, there is a serious risk that injustices could occur which could blight the lives of both children and carers for many years to come.

Family and friends carers are unsung heroes. They should not be taken for granted by society or local authorities, but research suggests that many are fearful of asking for help. It is vital to make local authorities do what the law tells them to do!

Nigel Priestley is the Senior Partner of Ridley and Hall Solicitors, and a trustee of the Family Rights Group; in 2010 he was named Solicitor of the Year (private practice) in the national Law Society Excellence Awards. For more information on Ridley and Hall's work with carers, see www.ridleyhall.co.uk/services-for-carers.

"Our lives are very complex, and often the pressures we face can be overwhelming"

Many individuals and organisations strive to provide support and **Kevin Doherty**, who cares for his grandchildren, shares his experiences.

WHEN the realisation hits you that drugs are being used by your son or daughter, the effects are both devastating and far reaching. Such a life changing event can send a previously well balanced family home into 'freefall'. Many grandparents, just like me, have been thrust into such a nightmare situation, which we neither have any previous knowledge of, nor can begin to understand. Some of us chose to make a conscious decision to 'step in before

social services got involved' and take on the full-time caring role to protect our beloved grandchildren. However, what of their parents, our sons and daughters? They have become embroiled in a web of self-centred destruction such that the consequences for our grandchildren would be unthinkable.

I, like many others, initially needed to understand about drugs, but in hindsight, why? It didn't help me become a better grandparent, it didn't improve my parenting skills or increase

my energy levels, but I now recognise that this was where my 'carer's journey of recovery' began. I had no idea what a long haul it was likely to be!

Over time, as a parent and grandparent carer, drugs indirectly affect you in many different ways. You develop a range of new skills as self-defence mechanisms, such as your public face of control and your private face of despair, as you continually try to stabilise the family dynamic and convince others that what you are doing is the right thing to do. As grandparent carers, we are all different in terms of our needs, coping capabilities, energy levels and ability to accept help; but where we are all similar is the level of commitment we offer to our 'unfortunate' grandchildren, who find themselves victims of circumstances which could negatively affect their futures. Most importantly, we are providing a stable home and a safe environment in which our grandchildren can flourish.

Grandparent carers' mental and physical health, finances and living standards are all adversely affected by caring, along with a social isolation and stigma which is thoroughly undeserved. All these things are well documented, but words on paper cannot begin to enlighten those who choose to read about us: this can only be truly understood by those who have experienced the effects of a loved one's substance misuse.

Our lives are very complex, and often the pressures we face can be overwhelming. Although help and support is available, it can be difficult to access and a poor first experience of seeking help can often end up with another grandparent carer that 'got away'. To more appropriately meet our needs, services

Top ten tips for supporting grandparent carers

- 1 Know their rights.** Grandparents need reliable information on practical issues such as benefits, legal rights, housing, carers' assessments etc.
- 2 Don't forget the impact of substance use on the situation.** You might not be an expert in drugs or alcohol, but look for available training and make sure you can refer to family support services in the area.
- 3 Ensure your service is visible and accessible:** make yourself known in places grandparents might access such as GP's surgeries or prison visitors' centres, and ensure your premises and staff are 'grandparent-friendly'.
- 4 Be flexible with the support you offer:** grandparents may find it difficult to stick to formal, structured sessions.
- 5 Get up to speed on safeguarding and child protection:** be alert to safeguarding concerns and appropriate interventions to protect the child.
- 6 Consider peer support:** grandparents value the experience of meeting people in the same situation.
- 7 A named worker is important for grandparent carers:** building relationships of trust is crucial.
- 8 Don't assume age is the only factor affecting grandparents' lives,** but remember they may be at a life stage where they had other plans.
- 9 Consider workshops for grandparents:** they can be very empowering with subjects ranging from conflict and communication to computer-literacy.
- 10 Give support with parenting and childcare:** grandparents may need support with particular issues, for example coping with bullying, dealing with separation from birth parents, drug information for young people etc.



ISTOCK PHOTO

should be easier to access and flexible in terms of opening times and venues. They should provide a wide range of accessible information designed around the experiences and support needs of the diverse range of carers – particularly grandparents. Support services should be delivered by well trained, knowledgeable and empathic staff.

I have been fortunate to be involved with many individuals and organisations that understand the difficulties we face and strive to provide support for us. Across the country there are many support services which provide for the ever growing numbers of grandparent carers. In the majority of cases those who are helped praise the agencies and workers highly, and rightly so; however when you are distraught and at breaking point, it is difficult to both

recognise and understand the positive effects such support provides. Although there are national and local carer strategies in place, few detail specific considerations for grandparent carers affected by someone else's substance misuse. This has contributed to a plethora of approaches and a range of interpretations, which in turn has resulted in services which provide what they can in very difficult circumstances rather than design strategically around need.

The complex emotions and traumas involved in protecting and bringing up our grandchildren, whilst witnessing our son or daughter deteriorate before our eyes, can be both powerful and debilitating. We therefore need the best available support, tailored to our individual needs and circumstances.

So what does 'good practice' actually look like? Some difficulties in addressing this question lie in the fact that 'what works for one doesn't always work for another', and my views and those of support workers and commissioners may differ significantly. However, it is reasonable to consider that good practice should include a wide range of relevant information and services, all important in their own right but working collectively to provide a comprehensive understanding and approach from services to meet the needs of grandparent carers.

*As grandparent carers,
we are providing a
stable home and
a safe environment in
which our grandchildren
can flourish*

Those tasked with ensuring services are available to carers of substance misusers may consider it good practice to support families and friends to develop strategies and resilience to counter the negative impact of their loved one's substance misuse in order to maintain healthy functioning lives themselves. Carer support workers may suggest that good practice is meeting the needs of individual grandparents by providing services which include a variety of support options. However, to me, good practice is as simple as a listening ear that understands my plight, is willing to help and provides support that is tailored to my needs. Professionals supporting grandparent carers at all levels should never underestimate their contribution to the health and wellbeing of both grandparent and grandchild, our positive parenting, and to our unwavering ability and desire to carry on when all around 'just don't get it'.

We need help, we need support, we need recognition and we need to be able to continue in our chosen lifestyle as grandparent carers, even to the detriment of our health. To us, it is simple – the future of our grandchildren matters so much!



Young lives

Although grandparent carers are the focus of this issue, it is important not to forget the needs of the children in their care, and Families UpFront interviewed Jo Parker to find out more.

The organisation Young Oasis works with children affected by familial drug and alcohol misuse and we took the opportunity to interview **Jo Parker**, a Young Person's Therapist working at Young Oasis. Here she highlights some issues around the key impacts on children cared for by grandparents and the support that children receive, and also explores things which could be done in order for children to be better supported.

What are the impacts of grandparents taking on a caring role?

Although grandparents do have the choice to provide kinship care, when the alternative is a foster placement, there is inevitably pressure. They are being asked to provide care for their loved ones in a time of crisis, but this is not always simple; of course grandparents can provide a nurturing and stable base for children and have positive relationships with both the parent and grandchildren, but this cannot be assumed.

For the grandparents, there can be resentment and they may feel that they have no choice. For the children, they can feel that it is all their fault and that they're a burden. This situation can amplify conflict and be divisive within families, resulting in blame, resentment and the splitting of loyalties, with children being caught in the middle.

Sometimes there is inter generational dysfunction, so the grandparents, rather than being reparative, may perpetuate negative patterns.

There may be a vested interest in keeping a child: a grandparent may be trying to put right some problems from the past, or attempting to compensate for what they felt they did wrong when they were parents. A parent may resent the children getting more attention than they may have received themselves, which can create tension.

Young mums who become grandparents in their 40s can feel that they are having their freedom taken away: they are caring for a grandchild just when they've regained their personal



freedom. The responsibility can bring with it anger and the unmet needs of the grandparent can get passed on.

Families consistently underestimate the extent to which children understand the nature of their problems

Older grandparents may be in retirement and will not have anticipated the high levels of energy and time required for childcare. For the child being cared for by an older grandparent, there may be anxiety around the health of the grandparent; this will be particularly acute if they have experienced bereavement (such as the loss of a parent through substance misuse) or separations without explanation, such as a parent going to prison.

There is also a financial impact: kinship carers are not provided with the same level of financial support as those

in the care system, such as foster carers or adoptive parents.

What are the main support needs for children being cared for by relatives?

Beyond the basic needs of food and shelter, a child in this situation needs to be emotionally supported. They need to feel loved and wanted and must be provided with a level of consistency that can help them to bear the uncertainty of their future.

A child will feel a deep sense of rejection when a parent is unable to look after them, whatever the situation is. Helping a child understand and make sense of their situation, and listening to their experiences, can be invaluable to them in the long-term. If a child is not able to live with their parent, how they interpret this matters a great deal. It's a huge loss for the child to be separated from the parent, no matter how much neglect they may have experienced. Children may find it difficult to understand their need for 'protection' and consistent care, particularly if they have lived in a chaotic situation for some time. Giving a child a framework of time and keeping them informed and in the picture is more helpful than leaving them to struggle with the complete unknown.

How are children affected by care proceedings and what could be done better?

Children love their parents, even if their situation is dysfunctional. All children have attachment needs, and they will adapt to survive and get their needs met. Often children have had an important role in caring for their parents, and they may worry about who is looking after them when they are removed from this role. Care proceedings can make them feel like things are out of their control and they are left not knowing or understanding. Sometimes children are not told why they are in care proceedings or where a parent has gone in an attempt to 'protect' them. Age-appropriate relaying of information can help a child understand that it's not their fault.

Children feel and understand much of what is really going on, and it really helps if people are honest with them – a child's emotional intelligence should not be underestimated. If a child is not told the truth about a situation they can worry unnecessarily. For example, being told that their parent is 'ill' when they have a secret substance misuse problem can cause children to think their parent has a life-threatening illness. Families consistently underestimate the extent to which children understand the nature of their family's problems – from a very young age they often understand this

is a 'secret', which can leave them very isolated and lacking in support.

How are children affected by contact visits and the issues around boundaries?

Contact visits can bring up profound feelings of loss; they can be a reminder of what children have lost. There can be a lot of expectation and disappointment around visits. Parents being inconsistent in their attendance on contact visits can reinforce feelings of rejection and not being 'good enough' in a child.

How does Young Oasis support grandchildren and their grandparents?

Young Oasis offers 1:1 creative therapy to children affected by familial drug and alcohol misuse and runs groups. Many of the children we work with have a child protection plan and are in kinship care or foster care, though some are still with their parents. We do not offer a support service specifically for the needs of grandparents, but we do invite them to come and talk to us if there are any concerns. We also signpost to other agencies that have resources to provide more specialist support to families and grandparents.

How could children and young people be better supported when they are cared for by their grandparents? Is enough being done by agencies both statutory and non-statutory?

All families are different and there are

many variables to consider such as the state of family finances, age of children, age of grandparents, situations the child has been exposed to (including bereavement) and the presence of siblings or other family members who can offer support. Family members affected by substance misuse often have difficulties finding the right support, negotiating complex services and meeting criteria. It can also be difficult for grandparents or professionals to know how much information to share with others about the child's circumstances; some grandparents describe feelings of shame and are reluctant to find support for this reason.

It is important that grandparents can access support for themselves to deal with the feelings that arise from caring for a grandchild. Although there are different patterns of service provision throughout the country, peer support from others who have had similar experiences is constantly praised by families. Although there are many good services around the country, some families tell us they have to be quite assertive in order to get the support they need, both for themselves and for the children in their care.

To find out more please visit www.oasisproject.org.uk



The hard facts: grandparent carers coping with parental substance use

Sam Smethers, Chief Executive of Grandparents Plus, gets to grips with the statistics and what they reveal about grandparent carers coping with parental substance misuse.

In ‘What if we said no?’, a survey of 255 members of our Grandparents Raising Grandchildren Network published in October 2010, we found that 47% of grandparents and other family carers cited parental substance misuse as the main reason, or one of the main reasons, they are raising a child who is not their own. Of course, for many families this interplays with a number of other factors: of the 117 carers who gave drugs and alcohol as a reason for their caring responsibilities, 27% also said that abuse and neglect was a problem; 15% indicated domestic violence; 7% mentioned parental imprisonment; 8% said parental illness or disability was a factor; and 6% cited parental death. But for so many grandparent carers, the common thread is parental substance misuse.

The statistics are hard-hitting but the real stories told by our grandparent carers are even more powerful, and many are heartbreaking. Grandparents dealing with parental substance misuse often experience guilt and shame themselves: they are isolated by it as they can’t tell their friends, or they lose their friends and family along the way. They are traumatised by watching their own son or daughter harm themselves and seeing the impact this has on their grandchild. They often have the added emotional challenge of having to switch loyalties from their child (the parent) to their grandchild – a dilemma that goes to the very heart of what being a parent is all about. In some cases this can present real challenges for safeguarding the child when the grandparent is left to manage contact with the parent.

The relationship with the drug or alcohol misusing parent may be a source of continuing stress and difficulty for the carer. In some cases, grandparents are simultaneously supporting two generations: as well as bringing up their grandchildren, the carer provides emotional, practical and financial

support to their child. It is not unusual, however, for carers to lose contact with the parent, and they are more likely than other family and friends carers to have difficult relationships with parents.

The erratic and unpredictable nature of dealing with parental substance misuse means that grandparents often find themselves providing prolonged periods of care, which can disrupt their lives but for which they are not entitled to any recognition or support. This disruption in grandparents’ lives can last for months – or even years – before the child comes to live with them: in our survey, we found that 65% of carers had provided intensive support to the family prior to their grandchild coming to live with them. It is only when an arrangement becomes permanent or formalised in some way that they have the possibility of receiving local authority help, and even then only a minority will do so: just one in three grandparent carers receive any form of local authority allowance. It is also difficult to claim benefits for a child when they may be returning to their parents a week or a month later.

So what more do we know about the carers and the children they are caring for?

Of those caring because of substance misuse, the vast majority are **grandparents but are still relatively young**: 93% are aged under 65, and 44% are under 55.

Family and friends carers raising children as a result of parental drug or alcohol abuse are even more likely than other carers to say they are **struggling financially** – 47% compared with 36% looking after children for other reasons. 64% of these carers have a household income of below £300 a week; 28% say they had to give up work when they took on the care of the child or children, and a further 28% said they reduced their hours. Over half of these carers

47%

of carers say the reason for taking on the care of a child/children is parental drug or alcohol abuse

60%

of family and friends carers have a chronic health condition or disability

57%

gave up work or reduced their hours to take on care of a child

ISTOCKPHOTO



(53%) have a **chronic health condition** or disability themselves; on top of this, 40% are raising the children alone.

49% look after at least one child with special needs or a disability. There is a particularly high incidence of **children with emotional and behavioural problems**, with 32% saying at least one of the children they are looking after is affected, compared with 28% of carers raising children for reasons other than parental drug or alcohol misuse. This is likely to reflect the often very difficult experiences children have with their birth parents before they live with a carer.

4 in 10 carers say one or more of the children they are looking after has **difficulties at school**, of which the most commonly cited problem is making friends with other children: so the isolation experienced by the carers persists for the children too. 8% say they are looking after a child with Asperger's or autism spectrum disorder.

The Welfare Reform Bill

One of the concerns Grandparents Plus has is that carers in this situation are not visible to policymakers; the welfare reform bill, currently on its way through the House of Commons, is a good example of this. Together with our partners in the Kinship Care Alliance, we are calling for exemptions for family and friends carers from some of the proposals in the bill: in particular, we

want carers to be given time to adjust to a child coming to live with them before being expected to actively seek work. At the moment the system will treat them like any other parent, but this takes no account of the need for carers to adjust to their circumstances and the exceptional needs of the child. A new parent in any other circumstance gets time to adjust to their situation – maternity leave and adoption leave, for example – but family and friends carers have no such opportunity.

We believe one consequence of this additional pressure on family carers will be placements breaking down and more children ending up in the care system, at great cost to the taxpayer: if all the children living in family and friends care were in the care system, it would cost £12billion in care costs alone each year. It would make far more sense for the children, their families and the taxpayer if those carers could be better supported in the first place. Now, the question is, can we win that argument?

Sources:

'What if we said no?'
Grandparents Plus, 2010

Policy Briefing Paper 04: Family and friends care and parental substance misuse
Grandparents Plus, 2011

Both these documents are available from
www.grandparentsplus.org.uk

Useful organisations

Carers UK

The voice of carers in the UK.
www.carersuk.org

Family Action

A leading provider of services to disadvantaged and socially isolated families.
www.family-action.org.uk

Family Rights Group

Free advice for families when social services are involved with a child in the family.
www.frg.org.uk

Grandparents as parents

A campaign group for kinship carers, pushing for changes in policy to better reflect the contribution made by grandparent carers.
www.grandparentsasparents.org.uk

Grandparents' Association

National charity supporting grandparents and their families and working to improve the lives of children.
www.grandparents-association.org.uk

National Association of Kinship Carers

An independent campaigning organisation working to improve rights and entitlements for grandparent carers and their grandchildren.
Email: nakinshipcarers@gmail.com

Princess Royal Trust for Carers

Provides local and national services to meet the needs of all carers, including carers' centres and information on rights and benefits.
www.carers.org

Phoenix Futures: Rebuilding families

Our Family Services are unique because:

77% of parents complete our programme drug free

100% of families who came together, stayed together

69% of children who were previously in care, were reunited safely with their families

Adults and children come to our services; families leave.

Our Family Services provide specialist residential drug and alcohol treatment for mothers, fathers and couples, whilst living together with their children.

For further information please contact our services:

Brighton Family Service

0127 355 8645 brighton.family@phoenix-futures.org.uk

Sheffield Family Service

0114 268 5131 sheffield.family@phoenix-futures.org.uk

or visit www.phoenix-futures.org.uk/familyservices

Phoenix Futures

Ending dependency, transforming lives



Registered charity number 284880 (England and Wales) and SCO39008 (Scotland)

RAPt's evidence-based
treatment programmes
helps people to build
drug and crime
free futures



RAPt (The Rehabilitation for Addicted Prisoners Trust) is a charity which helps people with drug and alcohol dependence move towards, achieve and maintain drug and crime-free lives. We deliver pioneering drug and alcohol services in prisons and in the community.

For information about our services go to www.rapt.org.uk

RAPt

THE REHABILITATION FOR ADDICTED PRISONERS TRUST

stopping addiction. stopping crime.

Registered Charity No 1001701

Riverside House
27-29 Vauxhall Grove
London SW8 1SY
020 7 582 4677
Info@rapt.org.uk

Revised and fully updated!

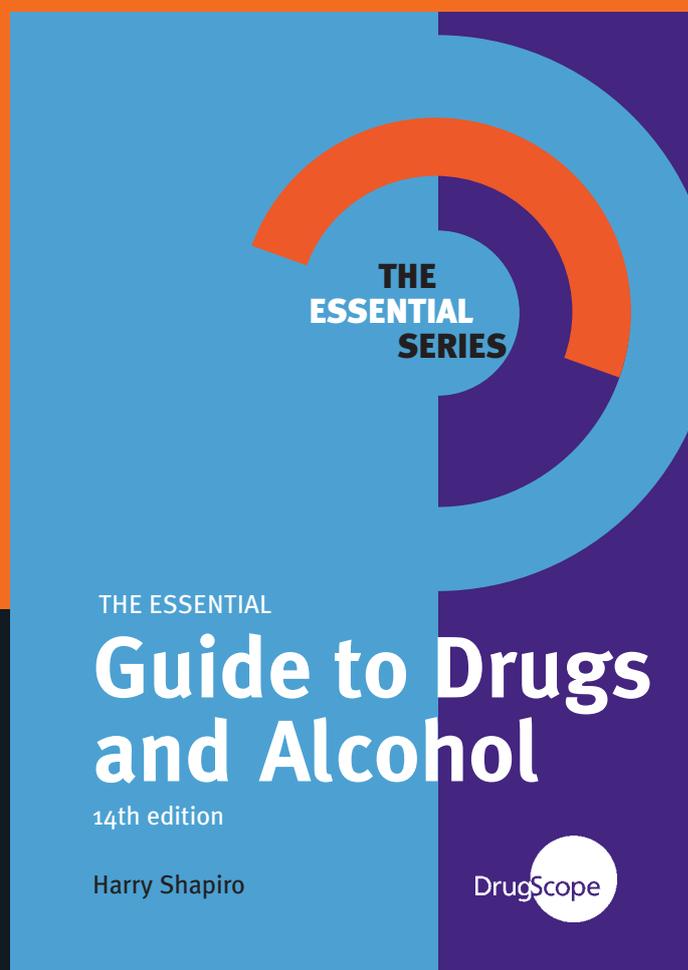
DrugScope's *The Essential Guide to Drugs and Alcohol* on sale now!

With half a million copies sold since its launch in 1982 and now in its 14th edition, *The Essential Guide to Drugs and Alcohol* is indispensable to everyone with a professional interest in the field. With an A-Z of illicit substances including new sections on BZP, mephedrone and naphyrone, a jargon buster of key sector terms and accessible tables on seizure stats and prevalence, the guide pulls together vital information in an easily digestible way. Order your copy today!

£13.45 for DrugScope members
£14.95 for non-members

Order your copy today from HIT at
www.hit.org.uk,
by email at
stuff@hit.org.uk

or by phone on 0844 412 0972



It really is an *essential* resource for users, parents, teachers, scholars and those in the drug sector generally. Excellent!
Dr Sue Pryce, University of Nottingham

Coming soon..

The Essential Guide To Drugs and Alcohol – the E book version

Currently in preparation, this online version will allow organisations to buy multi-site licenses to the Guide.

The E book will be regularly updated with live links and other features.

To express an interest, please contact Harry Shapiro at harrys@drugscope.org.uk