



Forgotten Families

The needs and experiences of grandparents who care for children whose parents misuse drugs and alcohol



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1 Introduction	<i>PAGE 2</i>
2 Children and their needs	<i>PAGE 4</i>
3 The impact on grandparents' lives and relationships in the family	<i>PAGE 6</i>
4 Taking care of the grandchildren	<i>PAGE 13</i>
5 And finally...	<i>PAGE 16</i>
Further information	<i>PAGE 17</i>
References	<i>PAGE 18</i>
Organisations that can help	<i>PAGE 21</i>

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1 Introduction

As a grandparent of two children, a boy and a girl, and the mother of a drug user my life is hard. Starting over, as it were, with another family at an age when most people are thinking of retirement to some people may seem crazy...but I would do it all again rather than see my grandchildren lost to us in an often uncaring organisation. The financial hardship, the doing without, all that takes second place when it comes to the love I feel, a love that is reciprocated... I am as proud as any parent whenever the children are recognised at school for some achievement...I may not see them grow into adulthood...but I know the seeds I have planted will help them become kind human beings and because of their mum's past will help them learn tolerance for those who are weaker and more vulnerable than they.

We as carers just want recognition for the time we willingly give up to care and nurture these children. We are not saints; we are just ordinary people with frailties. I shout, I curse, I have days when I think life sucks, but then I hear something on the news, some tragedy, which makes me sit up and think I have my health, I have the kids, we live in England, what am I complaining about.

Grandparenthood remains an important family relationship in Britain. Most grandparents are prepared to step in to help with childcare and babysitting for their grandchildren, to allow their children to go to work, take a break, or in times of family crises. A study of grandparents found that the majority of grandparents look after grandchildren under the age of 15 in the daytime or baby-sit in the evenings.¹ Furthermore many children not living with their parents live with other relatives, often their grandparents. An estimated 200,000 grandparents in the UK have their grandchildren living with them.²

A major reason for children living apart from their birth parents is drug or alcohol misuse. Someone who misuses alcohol or illegal drugs is not necessarily a bad parent or unfit to look after children. However, a child's need for care will frequently conflict with the parents' need for drugs or alcohol. While the effects of drug and alcohol abuse are similar, drug abuse brings with it more anxiety and social stigma and alcohol is more associated with violence and parental absence.³ Parents who use illegal drugs may also be away for periods in hospital, prison or residential facilities.

It is estimated that there are between 200,000 and 300,000 children in England and Wales where one or both parents have serious drug problems – 2-3% of children under 16. It is estimated that only 37% of fathers and 64% of mothers who misuse drugs still live with their children.⁴ Many will be cared for by family or friends either informally or formally. Kinship care, that is care by the immediate family on either side, is mainly provided by grandparents

and is increasing both as a proportion of all foster placements and as a proportion of all children looked after.

Hidden Harm, the report produced by the Advisory Council on the Misuse of Drugs recommends that the reduction of harm to children as a result of parental drug use should be a main objective of the UK's drug strategies. Children of drug using parents are more vulnerable to take up drug use themselves. Evidence shows the importance of stable relationships and family dynamics in helping them avoid becoming problem drug users.

Care by family or friends can provide emotional permanence for children and provide them with stability. Helping grandparents helps children to develop and thrive and will result in better outcomes for children.

Taking on the care of children of substance misusing parents can be very difficult. Grandparents raising grandchildren often receive less support than other foster carers, though their needs may be greater. Information, practice guidance, support structures and social work training in kinship care lag behind the legislative requirements.⁵

This report explores the experiences and needs of grandparents when raising their grandchildren as a result of substance misuse. It looks at:

- Children and their needs
- The impact on the lives of grandparents and the family
- The needs of grandparents when they take on the care of grandchildren

It is based on a literature review prepared by Christine Hogg, and a consultation with grandparents raising grandchildren as a result of drug and/or alcohol misuse. Unless indicated otherwise all the quotes are taken from the consultation.

2 Children and their needs

My Nanna and Pop are old-fashioned. They are very strict. They treat me like when my mum was little. But they are very kind and I really love them, and my friends like coming because Nanna gives them nice teas and Pop is a joker.⁶

Children who are separated from their parents due to substance misuse often face psychological, emotional and sometimes physical problems. Parents who misuse drugs or alcohol may find it harder to sustain family routines or provide consistent parenting and this may inhibit the formation of stable relationships and bonding between parent and child. Furthermore, children growing up with parents who use drugs may be surrounded by secrecy. Parents may deny that there are any difficulties and this becomes a part of the child's world resulting in confusion, tensions and anxieties. A conspiracy of silence effectively cuts the family off from their wider family and community.⁷

Children may have neurological damage due to their mother's substance use, such as foetal alcohol syndrome, foetal and neonatal toxicity. Children may suffer from slow development, hyperactivity, behavioural problems and poor school attendance.

My grandchildren suffer from low self-esteem, lack of confidence, lack of concentration, hyperactivity. [They are] unable to sustain lasting friendships, need constant reassurance, over-eat [and are] emotionally disturbed.

Children of problem drug users are more likely to misuse drugs themselves and are identified in *Every Child Matters* as a vulnerable group to be targeted. By late childhood these children are likely to have seen their parents using drugs at home. They may see their parents involved in drug taking, dishonesty and criminal behaviour.⁸

So children who end up living with their grandparents as a result of substance misuse by their parents are likely to have substantial health and psychological problems. These can be particularly intractable.

My oldest granddaughter had physical and behavioural problems for over seven years. We had counselling for her, but bringing up the past was very upsetting and she would turn off. It made her worse and she would not co-operate.

Recent evidence suggests that the relative outcomes for looked-after children in kinship care are at least as good as and sometimes better than 'stranger' care, despite social services providing less support to kinship carers.⁹ The 1989 Children's Act requires social workers to consider placing children with family before foster care, and a child's need for attachment, continuity and stability suggests that a family placement would normally be preferable.

Children of substance misusing parents being raised by their grandparents may have very particular needs:

- Counselling or other family therapy to help build and maintain family relationships
- Help with particular medical and behavioural conditions
- Mentoring or other help to address their attitudes to and experiences of substance misuse

Responses to our consultation suggested that some NHS professionals may need further training to help address the health needs of these children. NHS professionals also have to be aware of the concerns and stigma that grandparent carers often face if they are to successfully engage them.

I did not go to any doctor at the time as I was frightened he would be taken into care...

I felt my GP could have helped, but I don't think they have the knowledge to deal with the drug problems.

Doctors haven't got the knowledge and experience to support and give you any information about drug abuse or drug users.

But there are a number of good practice examples of individual counselling and support groups for children.

Examples

- In Bolton the local authority set up a group for the children of problem drug users. They chose group work rather than individual therapy because there were so many children affected and because the group could be a forum for creativity and mutual support. Children were aged 6–11. Most were not living with their parents. Following the sessions, social workers found children more able to talk about drug related issues and children felt less isolated.¹⁰
- The STARS project in Nottingham is run by the Children's Society and aims to give children a voice. It is a stand-alone project that offers support, therapy, advocacy and research services to children affected by substance misuse by their parents.¹¹
- WAM (What about me) is a service commissioned by Nottinghamshire DAT that mainly provides one-to-one sessions with children aged 5–11 affected by drug misuse in the family. Services include mentoring, child and family therapy, play therapy.

3 The impact on grandparents' lives and relationships in the family

The loss can't be counted in money terms: loss of our future plans, time together, peaceful old age, social life. It's as though someone threw a bomb into our lives. But we love our grandchildren dearly; they are beautiful, happy innocent children. Our priority is to nurture and protect them, always be here for them and try, as much as possible, to make up for their awful start in life.

Grandparents may face problems when they take over the care of their grandchildren that stranger foster carers may not face. These are:

- Stress and psychological problems
- Health and age related matters
- Loss of social life and isolation
- The effect on family relationships
- Financial costs

All these problems are exacerbated by substance misuse.

Stress

Mentally I have no interest in anything... I have no time for me. I am on my own and feel very much like any single parent – isolated and scared.

For all grandparents who have retired or are approaching retirement, taking on the care of grandchildren is a major change in their expectations and plans for their retirement. They are not likely to be prepared for the dramatic changes in their life caused by unplanned parenthood. Grandparents often experience more psychological problems and stress than stranger foster carers. They have faced a family crisis and are dealing with their own emotions as well as coping with the children.

I've suffered emotional difficulties due to other children asking my grandchildren where their mum is and saying their mum is an addict.

They do not have time to grieve for their own losses, the parent, their freedom and plans.¹² They may also suffer from the loss of the normal grandparent-grandchild relationship – where they are expected to be supportive but not interfering.

Evidence suggests that the children of drug using parents who are taken into the care of the local authority or grandparents may have physical, educational or developmental difficulties as a result of their early experiences.

In addition taking on this role as a result of substance misuse by their children will add to the stresses of stigma, shame and guilt grandparents feel about what has happened and whether they could have prevented it.

Grandparents who are stressed are more likely to become depressed and this may lead to inconsistent parenting, which has itself been linked to adolescent substance use.¹³

Health and age related matters

Grandparents taking over the care of grandchildren are likely to be older than other parents and foster carers. Many find it difficult to adapt to the physical demands of young children and may feel too old to be doing things young children want to do.¹⁴ Their energy levels are lower and the likelihood of physical illness greater.

I am generally run down and worn out and rarely get a full night's sleep. Stress has caused me to have a skin condition and I have constant thrush which won't clear up. I have suffered a sprain in my arm from picking up and carrying children, inflamed knees and had two car accidents within three days due to being very tired.

They often feel tired and worry about their capacity to keep going. Grandparents also may be caring for their partners with poor health.

My husband had a heart attack after my daughter died. So I had to look after him as well as our grandchildren. I felt depressed but had to carry on.

The world has changed since grandparents brought up their own children. They may not feel confident with computers, mobile phones and other modern technology, which may be a major feature of the child's life.

My main problem is not being able to help with most of their homework due to the big age difference. I can't use a computer.

... it is obvious to me that children of this day and age are completely different to my own children in their outlook. I lack technological know-how ie I am not computer-literate. Education has changed so much I am out of touch. I do sometimes feel like a fish out of water. I would like to go to classes that teach you how to help the children to achieve their potential, that show me how I can help them. I read with them, do spellings and help with topics, but maths is different to when I was at school.

Youth culture, clothes and music seem strange. Attitudes to parenting and discipline have also changed and some say they do not know what is acceptable.¹⁵ Many say that the hardest thing is discipline.

Grandparents raising grandchildren want support and recognition of the stress of caring for children and the age gap. Many studies show that carers want to be valued and given respect and consideration for what they were trying to do for their grandchildren.¹⁶

Loss of social life and isolation

Drugs and alcohol still carry stigma. Children are taunted at school and do not get invited to other children's homes. I also feel isolated and am not welcomed into a lot of circles with friends of my own age.

Grandparents may be widowed or divorced and caring for children alone.¹⁷ Social activities are important for the health and well being of the carer, but can be hard to maintain. Both grandparents and grandchildren feel isolated and different from their peers and are unlikely to know anyone else in their situation.¹⁸ Furthermore, the stigma of substance misuse may affect the attitudes of neighbours, the school, fellow pupils and parents.

Worry about stigma – our little one attends a local nursery in a fairly affluent area. He invited six children from the nursery to his third birthday party but not one came. I feel isolated as I don't know anyone in my situation, there is no network of parents in a similar situation, and I have become estranged from my own friends. On top of all this I had to change jobs to look after the children.

Many studies show the importance of support from other grandparents and opportunities to meet with other kinship carers. Those grandparent carers who attend support groups say that it has made a positive difference to their lives, and most others said that a support group would help them.¹⁹

I don't know how I would have coped without the support from the counsellor at the Kensington Support Group. She... gives all her time helping grandparents to rebuild their lives.

I am so glad of their support (the support group), and am delighted to give my support and knowledge to other grandmothers. But none of us would be able to without the brilliant counsellor who runs the group.

The support from the group is priceless; I couldn't have survived without them.

The group have been so helpful and understanding to our family situation and I would recommend them to anyone.

The group are very supportive and help you understand all the different types of drugs and their effects. They also have discussion groups where you can talk to others in the same position as yourself

But support groups don't suit everyone.

I run a group for grandparents... [but] some people are put off by groups and do not interact well. Perhaps someone with knowledge of the situation could offer a listening ear or perhaps even counselling would help these people.

Examples

Support groups

- Local authorities in Swansea, Cardiff and Hampshire have set up support networks for kinship carers.
- In Plymouth there is a monthly support group, 'Parents Again', for grandparents.
- Second Generation in Peterborough is a longstanding support group for grandparents raising grandchildren.
- In Nottinghamshire a generic family carers' support service (Hetty's) includes grandparents. Recently it has become involved in supporting carers in contact with the criminal justice system, which is particularly relevant to grandparents who may be looking after their grandchildren while the parents are in custody.
- In Liverpool, the Kensington support group for grandparents is funded by the PCT and Liverpool City Challenge.
- SPODA has a specialist worker who supports grandparents. It also offers a group session for grandparents. Covers all Derbyshire excluding Derby City.
- GASPED a support service for families of substance users has a dedicated grandparents' group providing weekly peer support.
- New Era Enterprises based in Burnley has established a Grandparents Network. The project provides monthly peer support and training for grandparents.

Counselling

Some studies have suggested that counselling or cognitive behaviour therapy is beneficial for grandparents who are depressed.²⁰

Childcare and respite care

Many studies suggest that respite care should be available for tired and isolated carers. Grandparents would also like help with childcare, holiday clubs, babysitting and child minding.²¹

How family relationships are affected

Strained relationship with my son, children's father. Strain on relationship with my husband due to tiredness and lack of time together. Strain on our other children still at home due to lack of space, huge changes in family life, loss of holidays. Strain and stress on everyone due to shortage of money and worry about future finances.

When a family member becomes involved in drugs or alcohol, this can have a severe and enduring impact on the whole family, including brothers and sisters.

My four other children thought I should not have helped my daughter who was on drugs by keeping her children, and were resentful as they had children who I could not help with as much.

These effects are often overlooked as agencies focus on the individual with the drug or alcohol problem.²²

My daughter has attended drugs centres for six years. I have never had any contact with them – they are not interested.

When grandparents take over the care of a child, this affects the whole extended family.²³ Grandparents caring for grandchildren following a family crisis may find that their relationship with their own son or daughter gets worse.²⁴

My marriage broke down – I am now divorced. I have lost contact with some of my family, and my relationship with my daughter is now non-existent.

Grandparents want to help their own children but also want to protect their grandchildren from drugs and from the violence and conflict that substance misuse might bring into the household.

I gave up work to care for my grandson, but I do enjoy being with him – it's the constant stress of my daughter asking for money or taking things from my house that affects my health.

To do this grandparents have to put the needs of the child before that of their own son or daughter; they may even have to exclude their adult drug using children from their households. The child will often have a conflict of loyalties.²⁵

Other members of the family may resent the child's parents and make it difficult for them to visit. They may be angry that their sibling will not take responsibility and grandparents may even lose contact with their other adult children and their children.²⁶

Tensions within the family are tangible. Often I have to choose: the drug addicted daughter or her siblings. This is very distressing and I feel pulled in all directions.

Relationships within the family, especially between grandparents and the birth parents, may be exacerbated when legal proceedings are involved. For many grandparents a formal relationship with the child is the only way to get a financial allowance which enables them to look after the child. Formal arrangements can also give the child some stability and permanence. For grandparents caring for children there are complex legal issues in relation to access, custody and legal aid.

A survey by the Family Rights Group found that more than half of grandparents had been involved in court proceedings.²⁷ The proceedings can be very difficult and grandparents may feel powerless in the face of professional decisions.²⁸

- Taking legal proceedings causes financial hardship. Parents can make repeated appeals to the court against residence orders or to change contact on legal aid, while grandparents have to pay the legal costs, unless they are eligible for legal aid. Some grandparents who are unable to afford legal representation may be disadvantaged in the proceedings.²⁹
- Legal proceedings adversely affect relationships with the child's parents. Two grandparents in the FRG survey had not taken out care orders as this would involve conflict with the mother, though several reported that they had been pushed into applying for residence orders by social services, sometimes with the threat that the children would be removed if they did not.

Helping families

Research shows three main interventions that would help family relationships when grandparents take on the care of their grandchildren.

- Grandparents and grandchildren may want help from social services with relationships with the birth parents, helping them to arrange access for birth parents to the children.
- Advocacy and more mediation would help avoid family conflict in custody and access issues.
- In planning for children, the wider family needs to be involved. Family group conferences bring the child's network together to discuss the problem and plan the solution.³⁰ They can also ensure that the resources of the extended family are more effectively used for the benefit of the child

Examples

- The Grandparents Association is developing a mediation scheme in London.
- A project by the Grandparents Federation (now the Grandparents Association) in England provided grandparents with a professional independent supporter to help them negotiate with social services departments about the care and welfare of young relatives. Volunteer support workers (who were qualified professionals) provided support, with a professional co-ordinator. Generally grandparents felt that the supporter had provided practical and emotional support and had helped them to cope and achieve the outcome they wanted. The independent evaluation concluded that the project was very successful though small scale.³¹
- Family Rights Group runs training courses in family group conferencing for social workers.
- BAAF and Grandparents plus both offer training courses on kinship care for practitioners.

Financial costs of raising grandchildren

We should be treated in a similar way to foster carers as at the end of the day this is exactly what we are doing, but we do not receive the... emotional or financial support provided to foster carers.

Taking on the care of children can put financial stress on families who are often already on low incomes.

- Some grandparents have retired or are reaching the end of their working lives. Their earning capacity is greatly decreased.
- When grandparents first take over care of children they may have additional expenses – beds, bedding, stair gates, clothing. The Social Fund can give loans but this leaves families in long-term debt.³²

- Their housing may not be large enough to accommodate the children and they may need to move home.

Financially it is a nightmare, I am constantly in the red at the bank. My credit cards... are a double edged sword, I would like to clear them but they are a necessary evil, I cannot manage without them. I have a loan for my car which is also necessary as with two children I have to get to the supermarket and I live where there are few shops.

The Family Rights Group carried out a survey of grandparents raising their grandchildren. This survey found that 85% of respondents said they had to make financial sacrifices and 72% had experienced financial hardship as the result of taking on care. It also found that 36% of grandparents had given up work, and 7% had reduced their hours to care for their grandchildren.

Initially I had to reduce my hours from full-time to 16 hours a week. I was then made redundant and now can't find employment to fit in around caring for my grandson.

Local authorities have the power to pay a contribution to a person with a residence order towards the 'accommodation and maintenance' of the child. Special Guardianship Orders provide a more robust legal framework for the grandparent's relationship to their grandchild without the birth family losing legal responsibility for the child. If the grandchild was looked after by the local authority prior to the order, the child, grandparent and child's parents would be entitled to a needs assessment which can lead to financial support, mediation, counselling, advice and information, training, therapeutic care for the child, and access to support groups. The Children Act 1989 also allows local authorities to make cash payments in exceptional circumstances and assistance in kind (Section 17 payments). There are variations among local authorities and many grandparents with residence orders have no additional financial support from social services.^{33 34}

... I don't think social services want to be bothered with problems faced by grandparents bringing up drug/alcohol abusers' children; they drop you like a hot potato once you get a residence order, yet they support people who foster for them.

Friends and Family Carers, 2003, a report published by the Department of Health notes that current arrangements are uncoordinated, complex and far from transparent. Kinship carers must, therefore, find the system confusing and hard to negotiate.³⁵

Not enough advice and information ... just get put through to different people who don't know and pass you on. Could do with a booklet guide to tell you what help and money you are entitled to.

There is consistent evidence that kinship carers have generally been paid less than non-relative carers. However, a judicial review in 2001 (the Munby judgement) stated that payments to friends and relatives as carers must be on the same basis as other foster carers whether it is short or long term. However, it has been reported that local authorities are getting around this by making additional payments to non-relative foster carers in the form of experience and training supplements.³⁶

Grandparents resent the reluctance of local authorities to offer financial support when the alternative of non-relative foster care is so costly.

There should be a care allowance for bringing up your grandchildren. By keeping them out of care it is saving the government a lot of money.

Even if they receive a residence order allowance, payments cease when the child is 16, though local authorities can make special payments up to 18. There is no right to Leaving Care Support for the young person so the family may have difficulties in supporting children into further education and training.

Some grandparents are concerned about the stigma of local authority payments and would prefer benefits available to other carers.

I care 24/7 and receive £40.00 for my grandson. I feel I should be paid the carers allowance or the foster allowance. When he goes to secondary school in three years his uniform will cost me £200.

4 Taking care of the grandchildren

Our granddaughter is a good girl which makes our job easier. She brings us a lot of happiness and love which more than makes up for the things in our life that we don't like.

Grandparents raising grandchildren are all very different and come to this role in different ways. Some grandparents may take over care without involving the local authority and so are not assessed by social services and do not receive help. Others may be approached by the local authority to look after their grandchildren. Some local authorities may opt for fostering or adoption even when the grandparents or other family members are willing to take on the responsibility.

Even when registered as foster carers, kinship carers are often treated as 'family' rather than as foster carers and so do not get the support, training or financial help given to other foster carers – despite evidence showing that they need more, rather than less help.³⁷

In Hidden Harm the Advisory Council on the Misuse of Drugs highlights the importance of care by relatives and the need for training and support for foster families (recommendation 33). Support includes:

- Information on their options, rights and entitlements
- Social services assessment, support and training

Information on options and kinship entitlements

Many studies show that carers want improved information and advice on law, benefits, entitlement and complaints systems.³⁸

Grandparents need information as soon as they take on the care of their grandchildren.

I needed advice on whether or not to inform the children about drugs, or where their Mum was at the time, ie in jail.

They may not like to ask for help from social services because they dislike social services intrusion or fear that asking for help may imply that they cannot cope.³⁹

Kinship carers, particularly those caring for children aged 16–18 wanted to know what foster carers are allowed to do, for example relating to parental responsibility, medical treatment, holidays, smacking, discipline and baby sitting.⁴⁰ Having this information lessens the likelihood of conflict with social services.

Information and advice needs to be accessible to carers whose first language is not English and for those who may not be literate.

Examples

Information for grandparents

- Hampshire and Plymouth have produced an information pack for grandparents considering taking on the care of their grandchildren, including financial rights and legal issues.⁴¹ In Plymouth the welcome pack includes information on format of the assessment, timescales and the kinds of checks and references required.
- Plymouth has also a monthly advice surgery involving an independent lawyer, a benefits specialist, a social worker, a manager and a grandparent carer.⁴²

Social services assessments, support and training

There are wide variations in how carers are assessed, supported, trained and paid by local authorities.⁴³ Grandparents report that social workers may sometimes treat them with suspicion. In non-relative foster care the social worker set up the placements and undertakes links with the birth parents. In kinship care they have a more peripheral role. Social workers may feel that the birth family is part of the drug or alcohol problem, or that child protection concerns might be more difficult to address when the child is placed within the extended family. They may also feel that the family should not be paid to care for their own family members.

Because social workers are responsible for both support and child protection, this can cause tensions and mistrust. Therefore some grandparents are concerned about becoming involved with social services, but still need support to look after their grandchildren. New Zealand has addressed this by state funding of voluntary organisations to deliver kinship care support services.⁴⁴

Where siblings have different fathers and some are mixed race and others not, grandparents may need additional support. Some social services may assume that mixed race children would be better off in black or minority ethnic foster families. Grandparents report that they would like guidance on how to help their grandchildren with their cultural identity.

Assessment

Kinship care is a different form of care from other foster care. Grandparents may take on the care of grandchildren following a family crisis, without time to prepare or plan for taking over care. As a result assessment procedures for foster care usually happen when the child is already living with grandparents. So kinship carers do not receive preparation and training that other foster carers receive as part of the selection procedures.

Some kinship carers also report that they found the assessment gruelling and overly intimate and intrusive.⁴⁵ They feel that procedures developed for stranger foster carers do not take account of their particular circumstances or value what they are trying to do for their grandchildren.

Examples

Assessment for kinship care

- Some local authorities have special arrangements for kinship foster carers.
- Hampshire has a separate assessment form for family and friends carers.
- West Berkshire has a Fostering Approval Panel especially for friends and family.⁴⁶
- Plymouth City Council has developed a framework for family and friend carers and there is a clear statement in the Children's Services Plan about the Council's position in respect of grandparents and other relatives.⁴⁷

Social work support

Even where grandparents have been formally assessed as foster carers, they receive less training and support than non-kinship carers. A study that compared kinship foster carers and other foster carers found that 77% of kinship carers said they had not received any training since they began fostering (compared with 21% of non-relative carers) and nearly one quarter had no link worker (compared with less than 5% non-relative carers).⁴⁸

Kinship carers report that they want better access to social work support, such as their own social worker, in addition to the child's, more visits, access to a named social worker in a crisis etc.⁴⁹ Some carers wanted more support and involvement from social workers,⁵⁰ and this could particularly be true in the case of carers from ethnic minorities who too often are deemed 'self sufficient'.⁵¹

Training

Some grandparents do not see themselves as in need of training but others welcome it. For some grandparents parenting and communication skills may be important, and research shows that this can help family members communicate better and reduce the likelihood of teenagers getting involved with problem drug use.⁵² Other grandparents may want practical skills such as computer training. This can increase their self-confidence as well as build common ground between children and themselves.

The differences in circumstances and attitudes of kinship carers mean that generic training programmes are difficult to devise.⁵³ Studies suggest that effective training needs to:

- Reflect the changing experiences of grandparents, build on their strengths and help them to identify their own learning needs.
- Respect the different ways people might wish to use training. Materials need to be deliverable in different ways including one-to-one by social workers with trainers' notes for the social worker.
- Empower grandparents. Mentoring rather than training may be useful as this implies a more enabling role.⁵⁴ Local authorities might train experienced carers to mentor new carers.

Parenting and life skills for grandparents can help them cope with the difficulties they face and improve communications within the family. *Every Child Matters* identifies parents, carers and families as having a key role in preventing problem drug use among young people. Young people are more likely to delay or avoid drug taking when they talk openly with their parents. Research also shows that where young people develop serious problems with drugs, the involvement and support of parents and families can contribute greatly to improved outcomes.⁵⁵

Training for staff

Many of the difficulties expressed by grandparents might be reduced if the social workers had been specifically trained to deal with kinship carers.⁵⁶

There are additional difficulties for grandparents where drug and alcohol agencies are concerned. Specialist services working with substance misusers are adult focussed and are not specialists in childcare and child protection. They have a different view on confidentiality and sharing information. Interagency preventive work with families backed up by multi-disciplinary training was identified as important by professionals in a study of agencies in five Scottish local authority areas that were involved in either the drugs or childcare fields.⁵⁷

Examples

Training programmes for grandparents

- The Family Rights Group has produced a training pack, *Here We Go Again*, for grandparent carers. This is an eight week support programme designed for grandparent carer support groups, with notes and exercises for facilitators, and handouts for participants. The materials are also of benefit to grandparents who are raising their grandchildren, and who are not in a support group. The course covers the legal, practical and emotional issues affecting grandparent carers and their grandchildren, such as special educational needs, financial options and relationships with other members of the family.
- Grandparents plus has a training course for grandparents raising grandchildren as well as for social workers and other practitioners working with grandparents raising their grandchildren.

5 And finally...

Not all drug users are bad parents.

My daughter and her partner are in their thirties and the love and affection they give their children and the children to them makes me proud, even if they are users struggling just to keep on their methadone...

We also asked grandparents to tell us about good practice. Apart from specific feedback about support groups, reported in Section 3, we heard about helpful schools, social services, Sure Start, NHS staff and drug agencies.

I contacted social care direct. They sent a social worker who referred us to a family therapist and psychologist... who helps me emotionally.

My grandson's school has been very helpful this year and he has a very good supportive teacher.

My granddaughter's school is always helpful and co-operates with any questions I may have.

When my daughter's health was failing (she has one child) I phoned round and a local drug agency helped very quickly, and helped me as well.

The Sure Start Nursery, Sure Start Second Time Around, RODA and my daughter's drug worker from the NHS Norfolk House, Sheffield have all been helpful in different ways.

I have a very understanding GP and he helped by prescribing anti-depressants and being a listening ear when I needed to talk.

Further information

Substance use

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Organisations that can help

- **Adfam** www.adfam.org.uk
Tel: 020 7553 7640
admin@adfam.org.uk
- **BAAF** www.baaf.org.uk
Tel: 020 7593 2041/2 (southern region)
- **Family Rights Group** www.frg.org.uk
Tel: 0800 731 1696
advice@frg.org.uk
- **Fostering Network**
Tel: 020 7620 6400
info@fostering.net
- **Grandparents Association** www.grandparents-association.org.uk
Tel: 01279 444964 helpline
info@grandparents-association.org.uk
- **Grandparents plus** www.grandparentsplus.org.uk
Tel: 020 8981 8001
- **Mentor UK** www.mentorfoundation.org
secretariat@mentorfoundation.org