

Grandparent carers raising grandchildren due to parental substance misuse

'My grandson is 14 years old and because of his mother's drug use and chaotic life I have looked after him for almost 10 years now. It is an informal arrangement and often difficult. Social workers and drug workers are more of a hindrance than a help; they should trust us more than the drug using parent – but having the child's wellbeing as a priority puts the drug using parent first - we feel like they think we are interfering. I had to take early retirement and have been very stressed. My daughter spends all her benefits on drugs so I have to pay for everything. She has threatened us if we try to get the child benefit and will make it even worse if we go for a residence order. Her two siblings and other grandchildren have missed out as a result of my looking after my drug using daughter and her two children... every time my drug using daughter 'sneezes' at least ten people in her immediate family are affected.'

This statement was made by a grandparent carer who is raising grandchildren because of parental substance misuse. This situation is growing increasingly common in the UK and reports find that approximately 200,000 to 300,000 children in England and Wales come from families where one or both parents have serious drug problems (with only 37% of fathers and 64% of mothers living with their children)¹. It has been estimated that there are more than 200,000 family and friends carers (such as those illustrated above) in the UK, most of whom are grandparents bringing up their grandchildren under formal (e.g., fostering) or informal arrangements².

The situation for these grandparents is fraught with complexity and difficulty, with grandparent carers typically placing their own needs behind those of their grandchildren (and usually behind those of the substance using birth parent too). Difficulties faced by these grandparents are many and varied, for example, financial, e.g., costs associated with bringing up a child at a time when income is likely reduced (in retirement or due to the need to reduce hours worked) and when money needs to be spent on grandchildren before self. Grandparents often juggle employment with child care and typically experience difficulties, stress and financial burden navigating through legal processes involved in care proceedings. Specialist agencies such as the [Family Rights Group](#) and [Grandparents Association](#) can help by advising on these issues.

Housing is another area of great stress to grandparent carers; property is often too small, with children of different ages and sizes sharing bedrooms. Homelessness is common in the case of the drug using parent which leads to anxiety and worry for the grandparent, and this is heightened in cases where grandparents are also 'fighting' local councils for more suitable accommodation.

Reported time and time again as an area of upset and frustration to grandparent carers is the sense of isolation felt due to poor – and in many cases completely nonexistent – support networks. Adult children

¹ Advisory Council on the Misuse of Drugs (2003) *Hidden Harm*, Home Office

² Estimate from the Family Rights Group cited in Saunders and Selwyn (2008). Supporting Informal Kinship Care. *Adoption and Fostering Journal*, 32 (2): 31-42.

and grandchildren are unavailable for support in the same way as they are within families unaffected by substance misuse and a sense of stigma and feelings of shame are associated with approaching others for support. Grandparents often feel uncomfortable around other parents, as they are usually much older and feel stigmatised by the substance misuse. These feelings of isolation are compounded when relationships with friends and social life – inevitably – diminish; grandparents feel alone as their friends are unlikely to be in the same situation, they have reduced energy levels, reduced money for socialising at a time when their peers often have more, and some have reported that in any case they prefer to spend any free time available to them, alone.

Grandparent carers will inevitably be heavily involved with statutory services and these dealings are often problematic (as illustrated in the quote by the grandparent carer above). Grandparents fear children being taken into care, lack resources to deal with the complex issues they face, have to ‘fight’ for rights and sometimes feel initial pressure to take on the responsibility of their grandchildren from local authorities/ social work professionals.

The substance user’s behaviour is often an ongoing negative force in the lives of grandparents who care for their children and relationships are likely strained. Grandparents’ property may be stolen, they may be pressured for money and by the impact (psychological, financial and time wise) on the wider family if the user goes to prison or into rehab. This is particularly difficult when other familial addictions (such as another’s gambling) are present. The user may blame the grandparent and their upbringing for their use, the grandparent may feel exploited, conned and kept in the dark by the user and grandparents may experience shame and guilt at perceived parenting failures.

Where there is substance dependency, conflict within the wider family is likely – for example, within families with step grandparents - siblings are sometimes resentful of the time, energy and attention given to the user and younger siblings may blame themselves. Family and romantic relationships may break down, fragment and ‘take sides’ when there is substance misuse and grandparents often agonise over whether they are doing the right thing by taking on the care of their grandchildren.

The grandchildren themselves may also have problems (e.g., emotional issues such as a sense of rejection, abandonment and loss) which grandparents need to find strength and resource to cope with. Of particular concern is the fact that the grandchildren of substance misusers are at a greater risk to drug and alcohol use and where not yet present grandparents report ongoing worries over potential for future use.

Grandchildren cared for by their grandparents because of parental substance misuse are at a greater risk to bullying at school and there is potential for negative impact on children’s educational attainment due to familial problems. There may also be issues around domestic violence along with management of complex family dynamics and shifting family roles: grandparents becoming parents again, parents becoming children again, and grandchildren often care for their drug using parent until they are placed under the care of the grandparent. Many grandparents are still heavily involved in supporting the user – and even when the user is absent, their use still impacts the wider family and grandchildren.

Overall, life will have been difficult for these children - with early exposure and socialisation into illegal drug use and criminal activity - and grandparents cite uncertainty about what and how much to let the grandchildren know about the family situation. One grandparent explains *‘Drugs are not a word I want to be using around him at the moment’*. Grandparents worry about the practical implication of their own death or their being unable to parent further down the line. Ongoing battles persist due to conflict with

the parents or grandchildren over contact, for example the grandchildren may not want to see their parent, the parent may not want to see the children, the parent may fail repeatedly to turn up, the user may fight the grandparent in court for parental responsibility, or grandchildren may desire contact with parent/s when this is deemed unsafe by the grandparent. More often than not though, grandparents are keen to maintain the bond between birth parent and child. This is an important issue as professionals have reported fears of parents 'giving up' motivation to come off substances if they think the child will never return to their care anyway.

Health is of grave concern to grandparent carers and their families and something that professionals working with this group should keep in mind. There will invariably be increased physical demands associated with bringing up a child in later life and deteriorating health may impact upon the ability to care for the grandchildren. Familial drug use and behaviour also pose risks to health, e.g., blood borne viruses and violence, and this is particularly problematic when grandparents are disabled or raising a disabled child. Experienced emotions (e.g., depression, stress, anxiety, worry, loneliness and desperation) may be somatised and mental ill health generally, is a concern. Grandparents experience pain, loss and bereavement; for hopes and expectations (as no longer a grandparent, now a parent again) but also for loss of retirement, career and hopes and expectations for dependents, sometimes whilst grieving for the child who died through substance use (and in some cases having to delay or inhibit the grieving process to care for the grandchildren).

On a more positive note and perhaps most importantly (and certainly overriding the whole situation) grandparents report a sense of pride in bringing up their grandchildren, are glad their grandchildren are loved and valued, that they can provide them with moral guidance, cultural connection / identity, security, love, routine, consider themselves to be the next best thing to the birth parent(s), feel relief knowing that grandchildren are now safe, and have fun raising their grandchildren.

For more information on the [Adfam Grandparent Carers Project](http://www.adfam.org.uk) please visit the Adfam website.
www.adfam.org.uk

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References:

- (1) Advisory Council on the Misuse of Drugs (2003), *Hidden Harm*, Home Office.
- (2) Estimate from the Family Rights Group cited in Saunders and Selwyn (2008). Supporting Informal Kinship Care. *Adoption and Fostering Journal*, 32 (2): 31-42.