



Forgotten Families

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



Introduction

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.

An estimated 200,000 grandparents in the UK have their grandchildren living with them. One of the main causes of this is drug or alcohol misuse by the children's parents. *Forgotten Families* is based on a comprehensive literature review and consultation with grandparents about the impact of this on their lives. This report highlights the problems grandparents face, the deficiencies in current support provision for them and examples of good practice that improve the quality of grandparent carers' lives.

Two to three hundred thousand children in England and Wales have at least one parent with a serious drug problem. Only 37% of fathers and 64% of mothers who misuse drugs still live with their children (*Hidden Harm*, ACMD, 2001). 1.3 million children in the UK are affected by parental alcohol problems (*Bottling it Up*, Turning Point, 2006).

Grandparents often become the primary carers of these children; many without adequate support. The effect on grandparents can be extreme. Their physical and mental health can be affected and many report feeling isolated or depressed.

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.

Children and their needs

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.

The impact of parental substance misuse on children cannot be overstated. Whilst not all children face physical neglect they are all likely to suffer some emotional difficulties due to parental preoccupation with substances. Evidence suggests that kinship care¹ can be more beneficial than 'stranger' care.

Structured counselling, medical or psychological interventions and peer support can be pivotal in helping these children to overcome the problems they face.

¹ Defined as when a member of the extended family cares for a child

The impact on grandparents' lives

Every area of a grandparent's life can be affected when they become 'second time' parents for their grandchildren. The strain on family relationships causes stress.

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

Older grandparents may not have the same physical strength they once had and they may also be caring for an elderly or ill spouse.

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.

Coupled with this is a lack of understanding both of modern technology and issues to do with education and discipline.

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.

The grandparents we consulted who had not been able to access support services expressed feelings of isolation and shame. This marginalisation was often accompanied by depression.

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.

Equally grandparents who had accessed services expressed how beneficial such support had been – and as with most substance misuse work – meeting others in the same position can be a huge relief.

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.

Caring, for many grandparents, has a financial impact too. Many have experienced financial hardship. Others have to borrow money to meet their new financial needs.

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... as with two children I have to get to the supermarket and I live where there are few shops.

There is consistent evidence that kinship carers generally get paid less than non-relative carers. A 2003 Department of Health report admitted that the system was too complicated, uncoordinated and lacked transparency; noting that kinship carers would find it hard to negotiate.

Information and opinions

Grandparent carers need more advice and information about their entitlements, the law, benefits, complaints procedures and their options. The specific issues around substance use can be complicated to deal with. The information and advice gap for black and minority ethnic grandparent carers and those whose first language is not English is even worse.

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

Grandparents worry about asking social services for help as this may be perceived as not coping. The stigma and fear that their ability to care for their grandchildren might be questioned also stopped them talking to NHS professionals about their problems.

They usually get a raw deal with carer's assessments and training. 77% of kinship carers receive no training (compared with 21% non-relative carers) and nearly one quarter have no link worker (compared with 5% for non-relative carers).

Social services appear not to understand the wider issues grandparents face in relation to substance use; and substance misuse services rarely provide support services for misusers' families. Specialist substance services are often adult focussed with little or no understanding of child protection. Furthermore information sharing and confidentiality protocols can prevent partnership working. The children of substance misusers and the grandparents who care for them need genuine interagency interventions backed up by multi-disciplinary training.

Finally

Forgotten Families found that 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...

Grandparents also told us about a host of good services including GPs, social care and schools which had helped make their roles as carers easier to handle.

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.

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

The challenge for health, social care, education and substance misuse services is to ensure that every grandparent caring for children due to familial substance misuse has access to this type of excellent, comprehensive support. For all these reasons *Forgotten Families* commends the recommendations laid out in the recent Mentor UK *Grandparents Project Policy Paper*².

² A copy of the paper is available from Mentor UK, 4th floor, 74 Great Eastern Street, London EC2A 3JG

A full copy of *Forgotten Families* can be downloaded from www.grandparentsplus.org.uk or www.adfam.org.uk