

Too old to care?

The experiences of older grandparents
raising their grandchildren.

Acknowledgements

We would like to thank everyone who contributed to this study, including Brian Dimmock who provided academic guidance, Chris Leaves for her help and support throughout, Lynn Chesterman, David Roth, Elaine Farmer, Jean Stodgdon and Joan Hunt who commented on aspects of the report, Mary Hamer for her typing of the transcripts, Tomorrow's Child for the images and Sheila Duggan for her design work. I would also like to thank Comic Relief for their generosity in funding the research and the older carers 'Keep Families Together' campaign. I would especially like to thank the eighteen grandparents and great-grandparents who took part in this study, for their time and for being willing to speak so openly about their experiences, without whom this study would not have been possible.



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1. Introduction

This report focuses on the experiences of older grandparents (those aged over 65) who are raising their grandchildren. The aim of the study is to provide insight into the circumstances of older kinship carers, and the challenges they experience, in order to bring forward recommendations for improving the support provided to them and the children they are raising.

Older people are more likely to be living on low incomes and to have their own health problems, they are also more likely to be living alone due to the death of a partner¹. While those aged over 65 are less likely to be carers for another adult than people aged 45 to 64², it is more likely that their partner, if they have one, will be elderly and have health or social care needs. Older people may be less likely to ask for help from service providers than younger carers, and they may find it harder to get support than younger carers through informal support networks, because of the large age gap between themselves and others who are bringing up children. We wanted to test these assumptions by carrying out qualitative research with older family and friends carers.

Context

25,000 family and friends carers are aged over 65.

In 2001 there were approximately 173,200 children in the UK living with family and friends carers³. Other estimates suggest that the present number is higher, between 200,000 and 300,000⁴. A high proportion of these children are unable to live with their parents because of very difficult family circumstances such as parental drug or alcohol abuse, disability or long-term illness, death, child abuse or neglect, imprisonment or domestic violence. It is estimated that around 25,000 family and friends carers are aged over 65, most of whom are grandparents⁵. Demographic changes, a shortage of foster carers and increased parental drug and alcohol misuse suggest that increasing numbers of older people will be needed to step in to bring up children.

Today's parents have fewer siblings

Today's parents are likely to have fewer siblings to step in to care if they are unable to bring up their children themselves. Over the next 15 years the proportion of the UK population aged 25 to 54 is predicted to fall⁶, pointing to a reduced availability of younger people to provide care if parents are unable to do so. This is also likely to lead to a reduced pool of potential foster carers.

Rise in older motherhood

At the same time, the rise in older motherhood suggests that many grandparents are likely to be older when their grandchildren are born. The average age of mothers at the birth of a child has risen from 26.2 years in 1971 to 29.3 in 2008⁷. Between 1981 and 2008 there was a rise of 125% in the total number of births to women aged over 35, to 20% of all births that year⁸. In turn the mothers of these older mothers are likely to be older. (But there are also significant class differences with working class women twice as likely to become grandmothers before they are 60⁹.)

Rising numbers of children unable to live with their parents

Other demographic changes, including the increase in the number of children under the age of eight in the population¹⁰ because of a rising birth rate, suggest that the number of children unable to live with their parents may increase. Evidence from the 2001 Census¹¹ indicates that older children (i.e. over the age of 12) make up a higher proportion of those in kinship care than in the wider population, so if this trend continues it is likely to result in higher numbers of children in kinship care in the next decade, which we are likely to see in the 2011 Census data. The changing nature of family life with parental relationships breaking down and reforming also points to higher rates of children living away from their parents.

Parental drug and alcohol misuse

Parental, and especially maternal, drug and alcohol misuse is the biggest single reason why children are brought up by the wider family¹². It is estimated that one in 10 children in the UK are affected by parental alcohol abuse¹³ while one in 25 are affected by parental drug misuse¹⁴. The prevalence of problem drug use between the ages of 25 and 34, an age at which many people first become parents, is much higher than for younger and older age groups¹⁵. Problem drug use in the UK rose by over 12% between 2004 and 2009¹⁶. There is also evidence that heavy and problem drinking among young women aged 25-44 rose between 1988 and 2000¹⁷. If these trends continue, they are likely to lead to even more children living in family and friends care.

Statutory framework for children unable to live with their parents

The law firmly establishes the wider family as the first option for children whose parents are unable to bring them up themselves. Since the implementation of the Children Act 1989 local authorities have been required to arrange for looked after children to live with family and friends where that is consistent with their welfare, and the Children and Young People's Act 2008 states that family and friends care should be the first option when children cannot live with their parents.

Other trends, such as the response to the Baby Peter case, which saw local authority care applications increase by 36% in 2009-10¹⁸ (they continue to rise but at a slower rate), suggest the proportion of children deemed unable to live with their parents may increase: the total numbers of children looked after by local authorities increased by 7% between March 2006 and March 2010, and the number of children entering care in the year ending March 2010 was 13% higher than in the year ending March 2006¹⁹. According to the Fostering Network there is a national shortage of 10,000 foster carers.

New statutory guidance on family and friends care, which came into force in April 2011²⁰, places greater emphasis on the role of family and friends care as the preferred alternative to caring for children who can no longer live with their parents. This, coupled with the increasing financial pressures on local authority children's services, means there is likely to be greater use of family and friends care in the years ahead.

Adoption

Adoption can offer the chance of a new permanent family for children unable to live with their birth parents. 2,300 children in care were placed for adoption in 2010²¹. However, adoption is not a panacea: while there is a lack of national data on this, it is clear there is a relatively high rate of placement breakdown, particularly for children placed in middle childhood, and many children experience ongoing difficulties. A research review carried out by Alan Rushton²² from the Institute of Psychiatry at King's College London found that around 20% of adoptions 'disrupted' (broke down irretrievably), with a range of 10 to 50%, and that many children living with adoptive parents continued to experience developmental, behavioural and social difficulties.

Family and friends care should be the first option when children cannot live with their parents.

Outcomes for children living in kinship care

Research on children placed with family and friends foster carers carried out by Elaine Farmer and Sue Moyers²³ found that they had similar outcomes to those placed with unrelated foster carers, despite the fact that family and friends foster carers were much more likely to be facing difficulties such as financial hardship, overcrowding and health problems than unrelated foster carers, and that they received significantly less social work support. Another study, by Joan Hunt, Suzette Waterhouse and Eleanor Lutman²⁴ found that children placed with family and friends foster carers did best when they had fewer difficulties before placement, if they had previously stayed with the carer, and if there was a positive assessment of the carer's parenting capacity. Interestingly, children also did well in placements where the local authority or the guardian had opposed the placement at some point. Earlier research found that children placed with family and friends carers did better on virtually all measures than those placed with stranger foster carers²⁵.

Research findings on grandparent carers

Research based on analysis of the 2001 Census found that around one in four grandparent kinship carers were aged 65 or older²⁶. Most grandparent carers were caring for only one child but family size ranged from one to nine children. The majority had no educational or professional qualifications and were poor. Grandmothers in particular reported high rates of long-term limiting illness.

A review of US research on the implications for grandparents own wellbeing of raising a grandchild conducted by Karen Glaser and colleagues from King's College London found a negative influence on grandparents' own physical and mental health, as well as an association with social and financial problems²⁷. One study concluded that differences in physical health were related to ethnicity and employment characteristics rather than grandparenting responsibilities²⁸. However, other studies suggest that poorer health may be a consequence of being a grandparent carer²⁹.

Research by Grandparents Plus concluded that most grandparent carers were on lower incomes than other groups of similar ages in the population, despite being broadly comparable in terms of their employment and occupational status before taking on care of the child³⁰. 57% gave up work or reduced their hours when a child moved in. A high proportion were suffering from long term illness or disability, and a higher proportion than average were single.

Over the next 25 years there are predicted to be 6.2 million more people in the UK over the age of 65.

Increasing numbers of people over 65

Increased life expectancy and the ageing of the post-war baby boom generation mean that the potential for older people to play an active part in children's lives and provide care will increase significantly. Over the next 25 years there are predicted to be 6.2 million more people in the UK over the age of 65³¹. Life expectancy has increased since the 1970s, by around three years for women aged 65 and by nearly eight years for men aged 65³². This means the average 65 year old woman is likely to live for 19.4 years, to age 84, while 65 year old men are likely to live for 16.6 years, to age 82³³. As a result it is now more common for a young person to reach adulthood while their grandparents, and even great-grandparents, are still alive. In 1999 80% of 20 year olds had at least one living grandparent³⁴.

Risks of disability for older people

Debate around ageing tends to focus on older people's health and care needs, rather than the potential and actual contribution they make to society. While the risk of disability increases as people age, only a small minority of older people under the age of 80 require long term care³⁵. The most common health condition affecting older people is arthritis, which causes disability for around 25% of the UK population at some point, followed by eyesight problems affecting 13% and chronic airways obstruction affecting 10% of people³⁶. While such disabilities may limit the activities in which older people can engage, they do not necessarily preclude them from being able to care for children; any more than younger people with disabilities are precluded from looking after children. Just 7.6% of men aged 75 to 79 and 5.6% of women of this age have high dependency needs³⁷.

Equality legislation

Older people are net contributors to their families until they reach the age of 75.

From April 2012 new provisions under the Equality Act will outlaw age discrimination in goods, facilities and services. This means that a local authority could be breaking the law if they refuse to consider or reject a potential carer for a child on the grounds that they are 'too old'. The only defence under the legislation is that they would have to be able to 'objectively justify' the discrimination as a proportionate way of achieving a legitimate aim. Under the Act, local authorities are also subject to a general statutory duty to promote equality, including on grounds of age.

In practice, social workers conducting viability assessments are weighing up the likelihood that a placement for a child could be permanent and the carer's age is often a factor in their considerations. This report aims to challenge the assumptions made about who is or isn't 'too old' to care for a child and also question whether the perceived long-term viability of a placement is more important than the love, continuity and stability that an older carer can offer, even at the risk of them not being able to care at some point in the future.

The dominant narrative in the wider debate about our ageing population is one of a 'burden' to be carried by the younger, working age population. Yet research has shown that older people are net contributors to their families until they reach the age of 75³⁸ and they make a substantial economic contribution which goes unrecognised³⁹. This report demonstrates the essential, positive contribution older people make to caring for children even in the most challenging circumstances.

2. Methodology

Survey

The first stage of the research involved a survey of family and friends carers who are members of the Grandparents Raising Grandchildren Network run by Grandparents Plus and funded by the Big Lottery Fund. Questions covered carers' demographic, personal and financial circumstances, the children they are looking after and the reasons for children coming into their care. They also covered the support received from children's services, contact with the children's parents, whether or not they had a legal order and legal expenses incurred. Membership of the Network is free and open to all family and friends carers who are recruited mostly through word of mouth, online and also in response to media stories about family and friends care. Others are recruited via the membership of local groups for family and friends carers. There are currently around 1,700 Network members, most of whom are grandparents. The survey was carried out in August and September 2010 using both postal questionnaires and an online version via Survey Monkey. 255 valid responses were received, of which 32 were from carers aged over 65, 13% of all those responding. Responses were cleaned to remove obvious errors and paper responses were recorded on Survey Monkey for analysis.

Interviews

We interviewed a total of 18 grandparents for this project, all aged over 65. Twelve were interviewed over the phone between December 2010 and February 2011 and a further six took part in a focus group conducted in February 2011. The aim of the interviews was to allow the grandparent carers to tell their story and carers were asked broadly similar questions covering:

- the challenges and rewards of raising a child as an older person
- the reasons why they had taken on the care of their grandchild or grandchildren
- what support if any was provided by the local authority
- relationships with the children's parents and the wider family
- their support networks
- any health problems or caring responsibilities the grandparents have
- their experience with schools and other service providers and
- any concerns they had about their grandchildren's wellbeing.

Grandparents who took part in the in-depth interviews were selected from those who had indicated to Grandparents Plus that they were happy to be involved in the project. A broad spread of grandparents was selected to include people from different parts of the country, ethnic and socio economic groups and ages – although all were over 65. We included grandparent couples, widows and single grandmothers raising their grandchildren alone. We included grandparents looking after younger children and those raising teenagers, and a grandmother who was continuing to provide support for her now adult grandchildren whom she had raised. We also included a step grandfather and a great-grandmother who had raised her grandson and three great-granddaughters for a period of a year and a half and grandparents raising grandchildren with special needs. Finally we included grandparents raising grandchildren for different reasons and with different legal arrangements including those with no legal order.

The twelve grandparents who took part in the interviews in ten cases also completed the paper survey providing detailed demographic and personal information about themselves, their personal and financial circumstances and the children they were looking after.

Focus group

The aim of the focus group was to enable grandparents to reflect on their own and each other's experiences in talking about the challenges and rewards of being a grandparent carer. A less structured approach was used than with interviews, with grandparents asked first of all what they felt was most challenging about being a grandparent carer.

Eight grandparent carers took part in the focus group, two of whom were also interviewed individually. One grandparent acted as organiser and joint facilitator of the focus group. There were three married couples and one widowed grandmother in the focus group, and also a great-grandfather. Everyone in the group knew the group facilitator, and some of the other participants already knew each other through attendance at grandparent carer support groups.

The interviews and focus group discussion were transcribed and analysed manually to collate and compare grandparents' experiences.

3. Findings from the survey

About the carers – demographics and income

32 grandparents aged 65 and over responded to the survey. 74% are women and 26% are men. 58% are living with a partner, while 22% are single carers (separated or divorced). 19% are widowed. Four are still working. 56% are managing on incomes of £300 a week or less; all are in receipt of the state pension and 38% say they also get welfare benefits to help with living costs – including pension credit, housing tax benefit and council tax benefit.

Health and caring responsibilities of the carers

75% of carers have a long term health condition or disability.

24 of the carers (75%) have a long term health condition or disability, of which arthritis is the most common followed by heart disease and high blood pressure. 57% of those with a health condition, or 13 individuals, describe the impact of the health condition as “moderate or severe”. 13 (50% of those who answered the question) describe themselves as “stressed”, with 10 rating their personal wellbeing as “good”. Just one respondent receives help with their condition from adult social services. Eight respondents say their partners have a long term health condition, for whom four are providing care and support. Four are providing care and support for an elderly relative or neighbour.

About the children they are bringing up

Two thirds (21) of the carers are bringing up one child, 10 are raising two children and two are raising three children. Most of the children (63%) they are bringing up are aged 12 and over, however 16 are under 12 and four are under seven. 18 (58%) of the respondents have been looking after the children for over five years, a further 29% have been looking after them for between two and five years.

Over half (17) of respondents are raising at least one child with special needs or a disability. Over a third (11) say at least one child they are looking after has emotional or behavioural difficulties. Four are looking after children with autism or Asperger syndrome and five are looking after children with learning disabilities. 45% of respondents say at least one of the children they are looking after has difficulties at school of some kind, of whom 10 say at least one of the children has difficulties making friends.

67% of carers say they provided intensive support to the family before the children came to live with them.

Relationships with the children's parents

Relationships with the children's parents are often difficult or there is no contact at all. Just seven describe the relationship with the children's mother as good. Half have no contact with the children's father, in some cases due to his death, and only three say they have a good relationship with him. 20 (67%) say they provided intensive support to the family before the children came to live with them.

Legal orders

19 of the carers have residence orders for the children they are looking after, six have special guardianship orders and two are foster carers. Six have no legal order. 22, or 71% say they were involved in legal proceedings of whom eight paid legal costs of up to £5K and one paid legal costs of £18K.

Contact with children's services

11 are currently in contact with children's services and nine have never had any contact. Seven say they requested help and got what they needed while nine say they requested help but didn't get what they needed. Eight describe themselves as satisfied or very satisfied with children's services and 13 say they are dissatisfied or very dissatisfied.

Support

Eight of the grandparents said they needed respite or short breaks, five said they would like help for their family from a volunteer.

4. Findings from the interviews and focus group

The grandparents are bringing up a total of 22 children and young people.

4.1 Who are the grandparents who took part in the research?

18 grandparents from 15 families took part in this research. 12 grandparents were interviewed individually and 8 participated in the focus group. (Two took part in both.) All are aged over 65. The oldest grandparent is aged 82 and there were two great grandparents, both aged 70. The grandparents come from a mix of social and economic backgrounds. They include both maternal and paternal grandparents. Two of the grandmothers are retired social workers – one a former senior manager in children’s services and another who worked for CAFcass, two were nurses while another worked in journalism. One grandfather is a retired engineer and another a former senior finance manager. Other grandparents gave their most recent occupation as security guards, warehouse operators or cleaners. One grandmother is still working as a childminder.

Two of the grandparents are from ethnic minorities. Five are married and raising their grandchildren with the support of their husband or wife, of whom three have serious long-term health conditions requiring at least two hours a day care. Seven of the grandmothers are raising their grandchildren alone, two of whom are now widowed but before their husbands’ deaths were joint carers, and five are divorced and have always looked after their grandchildren alone. One is a great-grandmother, who has raised her teenage grandson for much of his life as well looking after three great-granddaughters full time for 18 months. There is also a 70 year old great-grandfather who raised his granddaughter and is now providing intensive support for her in looking after her young son, including several times a week overnight.

4.2 The children the grandparents are raising

The grandparents are bringing up a total of 22 children and young people, two of whom are now adults. Twelve of the grandparents are raising one grandchild, four are bringing up two children (of whom two were now grown up but still living with their grandparents) and two are bringing up three children. In the case of the great-grandmother, the children have recently gone back to living with their mother, although she is continuing to provide intensive support especially during school holidays as well as intensive support to her teenage grandson. The children ranged in age from six to 17, plus two young adults. Nine of the grandparents are looking after at least one child with special needs. These range from autism to emotional and behavioural difficulties and from ADHD to speech difficulties.

11 of the grandparents have been looking after the children for over five years – in two cases since birth, five for between two and five years and one for eighteen months. Several said they had been intensely involved in supporting the children while they were still with their birth parents, often from birth.

Of those interviewed, four of the grandparents are looking after the children following the death of the children’s mother and two as a result of severe parental illness or disability. However, of the grandparents interviewed, four gave parental substance misuse as the primary reason why they were looking after their grandchildren, and a further two identified abuse, neglect or child protection concerns. Two are looking after the children because of parental disability or mental health problems. For many of the birth families, the reasons why they have been unable to continue looking after the children are complex and involve a combination of factors which include drug or alcohol misuse, mental illness, domestic violence and child neglect. (The grandparents who took part in the focus group were not specifically asked why they were raising their grandchildren.)

Six of the grandparents have residence orders for the children they are looking after, three have special guardianship orders and one is a foster carer. Two have no legal order.

Five of the grandparents are currently in contact with children's services, three of whom are receiving financial support – either fostering allowances or special guardianship allowances. One of these grandparents has also requested help with managing contact with parents and siblings but not received the help they needed. Two others have requested help with their grandchildren but not received the support they felt they needed. Of the seven not currently in contact with services, four had contact with children's services at the time of placement, of whom three said they requested help but not received it.

Three of the grandparents describe themselves as 'struggling' financially whilst eight said they are coping. Not everyone provided details of their financial situation, but most are on a low income of below £300 a week. All are in receipt of the state pension and five are also receiving some welfare benefits for household costs – for example pension credit or council tax benefit. At least two grandparents have never claimed child benefit or child tax credit.

Three of the grandparents describe themselves as 'struggling' financially. Most are on a low income of below £300 a week.

The grandparents are all members of Grandparents Plus Grandparents Raising Grandchildren Network. Several are active members and have attended events organised by the charity. Others have not previously taken part in any Grandparents Plus project. They are drawn from across England, with people living in urban and rural areas and small towns, including people from London the south east, East Anglia, Yorkshire, the north east and north west.

4.3 Relationships with the children's parents

A source of ongoing stress and difficulty

For many of the grandparents, relationships with the children's parents are a source of ongoing difficulty and stress. Of the 12 grandparents interviewed, four of the children's mothers have died. Six have difficult relationships with the children's mothers, five of whom are substance misusers, and one who has both mental health difficulties and drinks heavily. Two of the grandparent couples in the focus group also have difficult relationships with their grandchildren's mothers. Despite the difficulties most of the grandparents manage to maintain contact with the children's mothers. However in most cases the fathers are entirely absent or contact is very infrequent. In just one case there is frequent contact with the father, i.e. once a week or more.

One grandfather has only irregular contact with his granddaughter's mother, his step-daughter, because he and his wife have taken out injunctions against her and at the time of the interview she was serving a prison sentence for breaking the injunction and assaulting her mother:

"It is very hard for my wife who is her biological mother. She was already breaking a non-molestation order to keep away from us and the house. She broke that on several occasions and now she's in prison for assault, battery and breaking a non-molestation order. She actually jumped on [my wife] when she went to the park to pick [our granddaughter up]. It's had a profound effect on [our granddaughter] and made our job even harder."

Other grandparents have come to terms with the failings of their children as parents, often putting it down to 'genes', and are able to focus their energies solely on their grandchildren. One of the grandparents in the focus group commented:

"We brought his father up and he was a nightmare. He went completely off the rails. We brought our other two up just the same – you can't understand why the other two turned out fine.... You put a barrier there. He's had his chances. We don't know where he is now. You put your grandchildren first and you decide your priorities."

You put your grandchildren first and you decide your priorities.

Relationships with the children's parents are frequently a source of stress and difficulty irrespective of whether the parent is the grandparent's child or not biologically related. In two instances deliberate malevolent actions by absent fathers were reported:

“His father, he's got no interest in what he does, and when he was at primary school they didn't even know him, he never bothered. He never went to the school, never went to parents evenings, nothing like that. He's got no interest. Basically, the going to court is a 'get at us' thing, it's more than what it is about seeing his son.... if he was interested in his son he'd be interested in what he was doing, he would buy him something. We've never ever had a penny off his father [in eight years]. ..He has done the dirty on us so much.”

Two of the grandparents interviewed have taken out injunctions against parents because of the abuse they have experienced:

If he comes banging on the door I just call the police.

“There is actually an injunction out for them being verbally or physically abusive in the street, in the shops or in my home to me. I could have had him back into court on many occasions but I decided not to go down that route. So he's not allowed near my home, if he comes banging on the door I just call the police.”

Managing contact with parents

Several of the grandparents do manage to maintain contact with the children's parents because they recognise this to be in the children's best interests, even though they find it deeply problematic. Two of the grandparents interviewed are managing very complex contact arrangements without any support from the local authority.

One grandmother, who is looking after her grandchild because of a combination of factors including domestic violence and abuse by the child's father, as well as the mother's mental health difficulties and alcohol misuse, takes her granddaughter to visit her mother every week:

“The court has said my granddaughter should have about six hours a week with her mum. She likes to see her mum but wants her mum to come into [the city where they live] so they can go round the shops and buy make up and stuff like that, and she won't. For us to go there it's more than an hour's bus ride each way. I have to stay there and button my lip. She's been verbally abusive on the phone to both me and my granddaughter recently. I said to my granddaughter, 'If she threatens to go back to court we'll call her bluff and you can tell the judge why you don't want to go over there'. The place is dirty and my daughter and her new boyfriend both drink and smoke. I'm just waiting for something to go haywire again, like when my granddaughter came to live with me.”

One of the grandparent couples who took part in the focus group also spoke of the many years of difficulty with their ex-daughter in law whom they tolerate because she is their grandson's mother and because they feel that it is right that he should have an ongoing relationship with her:

“We have tried to keep it as amicable as it can be with his mum. We've tried to keep as good as it can be.... The boyfriends were another worry. I used to think, 'Could he be a paedophile?' They were pretty grim, usually alcoholics or something. If it wasn't for our grandson we would have nothing to do with her.”

Several of the grandparents spoke of making an effort to be positive about the parents, which could be challenging:

“My granddaughter is very quick on the defensive if I ever say the slightest thing that could be classed as criticism; I wouldn’t class it as criticism, like if mum is late or something. I say, ‘Mum does know it starts at half past four,’ and she says, ‘No, there you always go,’ and will go off on one. She’ll ask me a question testing out the past and I’ll say, ‘You know mum really wasn’t in a good place’. She’ll say, ‘You never have a good word to say about mum’ which isn’t true.”

Supporting grandchildren to cope with the disappointment of little or no contact with their parents

Many of the grandparents are supporting their grandchildren to cope with the fact that one (or sometimes both) their parents do not want much if any contact with them:

She was seeing her dad and her other nana and then they just seemed to lose interest.

“The strange thing was she can’t even rely on her biological dad. She was seeing her dad and her other nana and then they just seemed to lose interest which we don’t understand because she’s such a lovely girl. It is hard for her.”

A grandmother raising her autistic granddaughter spoke of the ongoing challenge of supporting contact with a father who has little interest in his daughter:

Her dad hasn’t wanted her for sixteen years so why would he want her now?

“She thinks that when she’s eighteen she’s going to live with him. Her dad hasn’t wanted her for sixteen years so why would he want her now? He’s onto his third wife. Her dad doesn’t understand her. He would expect her to go and find a job. If I said to him she’s not able to go out to work he wouldn’t accept that. She sees him every four weeks for about an hour and a half but they have no contact in between times.”

Many of the children find it very difficult to accept that they cannot see their parents, or that their parents do not want to see them. One grandmother spoke of the problems caused by hopes raised in her seven year old grandson following telephone conversations with his mother:

“She rung about twelve months ago and said, ‘I’m going to start ringing [my son] every night’. I said, ‘Don’t tell him that if you’re not going to do it because he’ll get upset’. She said to him she was going to find a new home and he were going to go back to her. Well, he expected it then. He was with me when I was looking for a new home so he couldn’t work out why Nana was looking for a new home too and said, ‘Why can’t I do it with Mummy?’ He couldn’t understand that and he cried and he cried. He said, ‘Mummy’s looking for a new home, I want to live with my mummy’. And at school he cried, which is not like him because he’s usually happy. So I had to have a word with her, I said, ‘Just be careful what you say to him because it’s not fair, it’s not going to be for a while yet, and you’re just putting hope into his mind and to a child even a week’s a long time’.

“He sort of fantasises about his mummy. He’s got all sorts of things at his mummy’s house. He’s got X Boxes at his mummy’s house and all these games. I says, ‘You haven’t, love’, and he says, ‘I have, you don’t know what I’ve got at my mummy’s house’. And then he goes on about his dad and his dad can do anything, his dad can make things and build things and I just say ‘Yes, love, I know’. He’ll learn in time.”

Grandparents may be supporting their adult child as well as the grandchild

Several of the grandparents were trying to support their adult child with learning difficulties, mental health problems or substance misuse, as well as bringing up the grandchild. The reasons for this are complex and manifold: love, guilt, concern for their adult child and an overwhelming sense of duty.

Parents with learning disabilities

One of the grandparent couples who took part in the focus group have raised their granddaughters from the ages of six and nine and have been intensely involved in the upbringing of both girls since birth, on account of the learning disabilities of both parents:

“The caring never ends. Our [adopted] daughter is still like a child of ten in some ways. We still have to help her with her money and take her shopping; you can’t leave her alone at home. You’ve still got a daughter with learning difficulties and mental health problems at 50, even though you’re 20 years older and poorer.”

Parents with mental health difficulties

Another grandmother raising her grandson because of her daughter’s severe and enduring mental health problems, has been her daughter’s carer for over thirty years, since she was first diagnosed as a teenager. The grandmother and her daughter moved away from their home city in order to access better care for the daughter. Although the daughter lives independently, her mother has daily contact with her and wants to ensure that her grandson maintains a close relationship with his mother, both for his own sake but also for her daughter’s. For this grandmother, caring for daughter and now her grandson has become her life’s work, and she sees her grandson as continuing in this role when she is unable to care:

“My daughter’s been ill since she was 15. It was a long slog trying to get a better quality of life for her against the wishes of the psychiatrists. We moved here because...here she gets better treatment. She was given a new lease of life by having this baby. She comes here for Sunday dinner and we go to her several times a week after school and on Saturdays... My grandson rings her in the morning before he goes to school but she can only just rouse herself from her medication. He calls her when he gets in from school if he isn’t going to see her and then calls her again at bedtime to say goodnight. ..it’s in the nature of the illness that she can be very volatile....He understands a lot about [his mother’s illness] and when I’m not around anymore I think he will be a wonderful carer for her.”

Parents who misuse drugs

Another grandmother provides continuing financial and emotional support to her son, the father of the two children she is looking after, who is recovering from drug addiction:

“I had to bail my son out from time to time. He was always very close to me, but as a teenager got involved in black youth subculture and got into drugs. The rest of his peer group just passed through that phase – but he met [the children’s mother] and they were both crack cocaine users. My son never lost a sense of what was right, but he just got so depressed with himself when he relapsed. That was why I helped him [with money] but that was probably not the right thing to do. Any savings I had went. The biggest stress for me was when my son had a relapse – he’s been working on his recovery for years – I’d wake up if a car drove up in the middle of the night and think ‘oh no’... Now he goes to his treatment sessions and he’s working – I think eventually we’ll be sharing the care [of the two children.]”

The caring never ends.

You build your life round your children, then your grandchildren, you build it round your great grandchildren. You do it because you feel responsible.

Teenage parents

One of the grandfathers who took part in the focus group, aged 70, is providing care for his elderly wife as well as looking after his great-grandson, a continuation of the support he has offered to the little boy's mother, the granddaughter he raised who had her first child at the age of 16:

“When she was 15, 16 she was uncontrollable, she got pregnant. But she still sees me as her dad. Even though they can't deal with it they need your help... You build your life round your children, then your grandchildren, you build it round your great-grandchildren. You do it because you feel responsible. Even if they [the parents] are in their thirties and forties you still feel it. They are still your baby. You are the rock that the next generation is built on.”

4.4 Relationships with children's services

The carers reported a mixed picture of the support they had received from children's services, ranging from some receiving no support despite requests for help to others with relatively generous fostering allowances. However a clear majority felt deeply unhappy with the support they had received, or not received.

Five of the 15 families are currently in contact with children's services, four of whom are receiving financial support – one getting fostering allowances, two receiving special guardianship allowances and one getting a residence order allowance. One of these grandparents also requested help with managing contact with parents and siblings but did not receive the help he needed. Two others requested help with supporting their grandchildren through emotional and behavioural difficulties but have not received the support they felt they need.

Of the ten families not currently in contact with children's services, four had contact at the time of placement, of whom three said they had requested help but not received it.

Grandparents who avoid contact with children's services

Eight of the families say they now avoid contact with children's services, three of whom consciously avoided contact throughout the time before and during the children coming to live with them. This included two of the three grandmothers who worked for children's services, because they lacked confidence in the ability of social workers to make good judgements in the best interests of their families – a serious indictment of children's services departments:

“I didn't want them to be involved because I worked for them for thirty years and they often make the wrong decision. I was very fearful of losing him. . It is the quality of the social worker on the day. Most are very young... We wouldn't have trusted his mother to tell the truth – she would have lied if she thought she was going to lose any benefits.”

The implication here is that the grandmother felt that young social workers were inexperienced and would believe the story given by the mother.

Another former senior social worker said she feared that she might lose the children:

“I was terrified. I didn't ask for anything. I didn't tell them. I didn't want them to know my business.”

I worked for them for thirty years and they often make the wrong decision.

Fear of children being taken away

One grandmother who has been raising her grandson since he was born expressed fear of him being taken away:

We're a bit scared of local authority stuff because they tried to take him away in the early years.

“We're a bit scared of local authority stuff because they tried to take him away in the early years. They sort of backed off, thank God, because the mental health support team could see I was fairly competent and willing... When they come near us from time to time it's very scary because obviously we don't want him to be taken away.”

Perception that social services will be interfering or won't help

Many of the grandparents who avoid contact have a very negative view of social services, either because they requested help and did not receive it or because they perceived them to be interfering. One grandmother who is raising her six year old grandson following social services' intervention because of child neglect, domestic violence and parental substance misuse, commented:

“I could do with a bit of respite, but life's bad enough as it is without them interfering.”

This grandmother said that she felt she needed a break from looking after her grandson sometimes, particularly when her rheumatoid arthritis was bad. She requested help from a local carers' centre was told she was entitled to nothing because he was still attending school. As a result she just relies on occasional breaks when her grandson goes for sleepovers with friends from school.

Another grandmother requested help from social services with adapting the family home when her two grandchildren moved in following the death of her daughter. Despite having real challenges now with her teenage grandson she feels unable to go back to ask for help:

“It's seems as if for everything you've got to beg and I'm not prepared to beg. Once they refused me my pride would not let me go back to them.”

Asking for help from children's services but not receiving it

Another grandmother, also raising two grandchildren since the death of their mother three years ago, began to experience serious difficulties with her older granddaughter when she entered her teens. She asked children's services for help with managing her but didn't get it, and feels that she and her granddaughter were seriously let down:

Social services did not want to know, they didn't support me at all.

“Social services did not want to know, they didn't support me at all. The social worker, I had a good one, was pushing hard [to get some support for my granddaughter]. I kept ringing and asking for her and they said she was no longer with them. They allocated someone else to me and she was awful. She said she was protecting me because she could see what [my granddaughter] was like. ... I didn't get very much support and eventually they took her away from me and she went to the dad... They didn't take into consideration that she had to come over here and back every day to school, they didn't check where she was living. She was with her dad for less than two weeks and the wife didn't want her... so he found some stranger for her to go to. She has a bigger sister from the father's side and the sister took her in because she didn't like the arrangement but she didn't have no accommodation for her. Eventually [her father] rented a room in a communal place but sometimes she doesn't see him for days and she has no food and no heating and no nothing. She used to come here from school, have her shower, have her dinner and then go. It was a rough time for her but social services didn't want to know. She got beaten up one time and she was in hospital and they didn't want to know.”

They can't do anything because there's no physical abuse and mental abuse doesn't count.

No contact with services following granting of a residence order

Grandparents who had contact with children's services at the time of the children's placement with them generally have no ongoing contact following the granting of a residence order:

"I'm not involved with the social services system because I went and got a residence order on the advice of the police when the situation blew up in our faces in 2002. I rang up [the senior social worker] and told her I'd been to court and they'd granted me a full residence order straight away. She was so visibly pleased, I heard her sigh and I said, 'Is anything the matter?' and she said, 'I'm just grateful we haven't got to be dealing with your case, thank you very much,' and that was it. I haven't heard from social services since regarding my older granddaughter. I have been in touch with them regarding the one that still lives with her mother but they can't do anything because there's no physical abuse and mental abuse doesn't count."

Another grandparent couple who have received a residence order's allowance for thirteen years have never had a visit from a social worker in that time:

"We had a care order initially with [our grandson] then we got a residence order. We was involved with social services when he came to us. When he was seven months he came to us and he never went back home. We get an allowance, we've had no contact with social services since he was four but we get the allowance."

Grandparents who received packages of support from children's services

Two grandparents felt they had been relatively well supported by children's services. One grandmother, raising two grandchildren as a result of parental drug misuse, felt that as a former social worker herself she had been in a strong position to negotiate a good support package. She receives a special guardianship allowance (currently frozen), support with contact with the children's mother and was offered respite care (short breaks) but stopped using it because she felt unhappy with how it was being provided:

"I knew what to ask for. I knew what my rights are so they know they can't mess with me. As a special guardian I don't get a social worker. I was lucky as NSPCC were involved so they acted as a support to me and did some work with the children. They also acted as a voice for me with social services. I'm not always popular with social services as I speak out. I discontinued respite care because I felt it involved me with lax procedures. At the first review I wasn't invited, some of the factual information wasn't correct and some of what they recommended wasn't appropriate. In terms of continuity I don't know who the contact supervisor will be."

This grandmother has been pushing for a team to support special guardians along the lines of the post adoption service:

"Someone who knows the history of the children who can support you as and when. The goodwill is there but it's just a lack of resources."

The goodwill is there but it's just a lack of resources.

The great-grandmother who took part in the study became a family and friends foster carer for her three great-granddaughters because her granddaughter was no longer coping after moving away from the area where she grew up to escape domestic violence, and misusing drugs and alcohol. The great-grandmother felt generally well-supported by children's services. As well as receiving foster carers allowances, she was provided with support for herself in managing the children's challenging behaviour. However, good though she felt the service provided was in many respects, there were also shortcomings which contributed to the placement breaking down. Apart from when the girls were at school, the 70 year old great-grandmother had no respite at all from looking after three girls aged seven, eight and ten, two of whom had very challenging behaviour. A barrier to her receiving support was social workers' insistence that anyone who helped her out with the children informally, including close relatives, had to have Criminal Record Bureau (CRB) checks:

A lot of my family wouldn't have the CRB done, and were of the attitude of, 'I don't want social services in my life'.

“The one person who gave me as much support as possible was my youngest son but his CRB [check] didn't come up very good. They could all come to the house but I had to be there. A lot of my family wouldn't have the CRB done, they just didn't want it for whatever their reason and were of the attitude of, 'I don't want social services in my life, thank you very much'. I didn't even have anybody who could say to me, 'Sit down or go to your room, have a cup of tea, I'll take the girls on for an hour or so,' because everybody had to be CRB'd and nobody wanted to. My son wanted to, the older boy, he said, 'I can take one of them off your hands,' because he has his own family, one at a time, but can't do all three and especially as he knew the two little ones had various little bits of problems. Everyone felt that, even their paternal great-grandmother couldn't have the children there because she couldn't cope with the two smaller ones.”

The local authority informed her she was not entitled to receive respite because she was a grandmother, and that if she needed it she would have to pay for it out of her fostering allowance. She suffered a serious breakdown in her physical health which led to the children being moved to stranger foster care. Yet when the foster carers with whom the children were subsequently placed wanted to take a week's holiday, social workers expected her to take the three great granddaughters back for the week for no payment.

4.5 Relationships with schools

The grandparents generally felt that teachers and schools were supportive and willing to look for ways to provide additional help to their grandchildren if they needed it. However some found the relationship with school problematic because it was so different to when they had been parents first time around.

Support provided by schools with grandchildren's difficulties

Several grandparents said the school provided individual support for their grandchildren to help them overcome their difficulties:

“The school helped the older child, the school counsellor. She was very good because really they're only supposed to counsel about things that happen at school but she was absolutely marvellous with [my granddaughter].”

Another grandmother felt teachers treated her grandson with particular kindness:

“They are supportive because [my grandson] has had some delayed development and the school lets me, in fact it was their idea, they let me go into school and wait in the cloakroom for him with his coat ready so we don't get tangled up in crowds of other children and families because he doesn't function well in crowds. ... They're very sweet to him; I often feel he's almost unfairly nicely treated.”

The school helped the older child, the school counsellor.

This grandmother was able to choose the right school for her granddaughter's special needs:

“She’s at the best high school in [the local town] that I could find for her. It’s a Catholic high school. We’re not Catholics but it’s very close to home because she gets panic attacks and she can get there in ten minutes on the bus and it has a very good pastoral care department which is why I applied for her to go there. She has a statement of special needs so they are giving her some help and she has an extremely excellent head of year who, when I have a query, addresses it and has stepped in when there have been problems with the special needs department and has put things right.”

I’ve got some wonderful things said by the school. That’s what helped me keep going.

Children making progress at school

Generally grandparents felt that their grandchildren had made good progress since they had come into their care. Sometimes, despite the difficulties that the grandparents had with them at home, they were doing well at school. This was a source of real pride and satisfaction:

“I’ve got some wonderful things said by the school. That’s what helped me keep going from one three months to the next, [when the girls’ placement was reviewed].”

Several others said that schools commended them on their grandchildren’s progress and achievements:

“The eldest in particular was behind when she came to us. They’ve really come on with their reading, and they’ve really come out of their shells. They’ve improved a lot. The head teacher said to me that our three children are always smiling when they’re at school. She said, ‘Not a lot of children do, these are always smiling so they must be happy.’”

I didn’t expect to be on PTA committees and goodness knows what again but I’m enjoying it

Grandmothers who volunteer in schools

Two grandmothers mentioned being closely involved in the children’s school, either volunteering on the governing body or the parents association:

“I’m on the PTFA [parent, teacher and friends’ association]. I didn’t expect to be doing all this; my son is forty, my daughter whose daughter I look after is thirty four. I didn’t expect to be on PTA committees and goodness knows what again but I’m enjoying it, it’s a social activity.”

Worrying about contact with schools

The grandparents in the focus group felt less comfortable about their relationship with teachers and the school:

“You don’t want that much contact. We held the headmaster in awe. There is a generational difference there. People find it difficult going into school. The teachers don’t always know how to talk to us. We worry about making it worse for the children. You might want to push – when you are nervous anyway you worry about saying the wrong things.”

Another grandmother felt reluctant to be assertive with teachers:

“The school seemed to think we are doing as much as we should be. We do worry more. The young people, especially the mothers, are quite forceful.”

Helping grandchildren with their homework

Several grandparents commented on finding it difficult to support children with their homework, either because they have too much else to deal with or because schoolwork has changed so much since their own children had been at school:

The homework was a nightmare.

“We were constantly at the school, they were slow learners. The homework was a nightmare. Because they couldn’t do it themselves you had to help them. The last thing you wanted was kids coming in with a load of homework.”

Even grandmothers with primary aged children found supporting children with maths particularly hard:

“Everything’s different, cor blimey, I was even baffled when my daughter got hers, never mind [my grandson], two generations here. I once had to write on it, ‘I’m sorry, I could do with going back to school myself, I don’t understand it’.”

However, she acknowledged that struggling to understand children’s homework was not only an issue for grandparents:

“When I say to [the mothers], ‘Did you understand that homework last week?’ No, they don’t understand it at all. So I don’t feel so bad then when some of the young uns don’t understand it.”

Grandparents raising grandchildren with special needs

Three of the grandparents in the focus group were raising grandchildren with autistic spectrum disorders and felt they had encountered additional hurdles in getting the support they needed for their children at school because they were outside the loop of informal parental support networks. One of the grandmothers raising an autistic grandchild, from the age of two following the death of her mother commented,

“Because we had brought up three children ourselves we knew there were something different about [our granddaughter]. We go to an autistic group – a lot of parents say the same thing. People saying, ‘There’s nothing wrong with your child, go to parenting classes.’ It took me four years to get a statement for her.... It’s also finding where to get that help and support – you don’t have the same contact with [other] parents as you would if you were the same age.”

Another grandmother raising her grandson with Asperger syndrome felt that not fitting in with parents and not being part of their networks added to the worry and difficulty which many parents of disabled children experience:

“Schooling has always been a worry because of his Asperger’s. They wouldn’t let him go to the school in the village. You are different; all the other parents at the school are young. That’s awkward.”

You are different; all the other parents at the school are young. That’s awkward.

Relationships at the school gate

There was wide variation between the grandparents in the extent to which they felt accepted by parents of their grandchildren’s classmates. For some grandparents, these parents were a source of friendship and support:

“His friend’s mother sometimes picks my grandson up from school for me if I need her to and he sometimes stays over at her house or his friend will stay here overnight. I’ve been lucky really. Obviously, they’re all a lot younger than me.”

For other grandparents, relationships at the school gate are problematic. One grandmother, who is struggling on a very low income, has a strong sense that both she and her grandson are different and don't fit in:

I don't get eye contact from any other families and parents and I just feel that I'm in some way beyond the pale.

"It's difficult because I'm older than they are and I'm just not in their generation, plus I'm not very technical and we're not very prosperous either. In other people's homes they've got a big TV where we've got a little small one or they've got computers and things I don't even know the name of, Wiis and so on, and we don't even have mobile phones. ... There are about three parents who are my friends but, apart from that, I don't get eye contact from any other families and parents and I just feel that I'm in some way beyond the pale; they wouldn't be able to put a name to it. I feel different and it makes me sound a little bit paranoid; I don't think I'm being victimised in any way, shape or form but I do feel that I'm not liked. I look very old and pale and toothless and I just feel that they don't like to look at me, that they don't want to smile and have eye contact because I don't look like them at all or even like their mums. I don't look like their mums; I look more like their grandmas."

4.6 Grandparents' health and wellbeing

Ten of the 12 grandparents interviewed had health problems of some kind, ranging from arthritis to anxiety and stress related difficulties. In most cases the problems are relatively minor and do not have a significant impact on their ability to look after the children.

Health problems associated with the stress of caring

Three of the grandmothers felt their health problems were linked with the stress of looking after their grandchildren:

"I get very tired and I get very stressed sometimes. A lot of people who know me say, 'You must take some rest, make time for yourself', but where? When? I'm managing though, I'm managing."

A grandmother who is looking after her disabled husband as well as her two teenage grandchildren is suffering from anxiety:

"I've got myself into that much of a rut that I panic if anyone asks me to go out. The doctor's very good, I can always go to him and they understand my situation. He did want me to have some tablets but I refused."

Social services asked me to hang on, but in the end I developed ulcerative colitis. I couldn't care for them.

Another grandmother who was looking after three great-granddaughters suffered a breakdown in her health which she feels was triggered by the stress of looking after the children with insufficient support. This great-grandmother was approved as a foster carer and receiving financial support, but no respite:

"Social services asked me to hang on because they really didn't want the children to go into care but in the end I developed ulcerative colitis. I didn't know it was that at the time. I couldn't care for them; I was constantly in the bathroom. It was a horrible time for me, I was terribly frightened as well, I thought it was something worse. So I thought if they go into care just for a little while..."

Conditions which limit the activities grandparents engage in

Several of the grandparents who are raising younger grandchildren commented that their health conditions have an impact on the physical activities they are able to engage with their grandchildren, and they are keen to compensate by providing other opportunities and activities for the children:

“Well, I have COPD [chronic obstructive pulmonary disease] and arthritis in one knee which I can hardly bend and like [my granddaughter] says, ‘Come and make a snowman, Granddad, come out the front and play football’. I can for a few seconds and that’s it and you can’t explain to a ten year old, all you can say is your chest’s poorly, Granddad can’t do it. So it is hard and we do make a lot of attempts, we take her to parks and what not. She’s been to a lot more places than other children round here.”

A grandmother who has suffered with rheumatoid arthritis all her adult life said that had been a period when her health had meant she struggled with caring for him:

“There’s things I can’t do with him, I can’t go out and kick a ball about. I mean, I have tried and he’s told me I’m rubbish. He said, ‘You’re rubbish, Nanny, but then you’re old, aren’t you?’ I said ‘Yes, I am.’”

This grandmother is able to get some support when she felt unwell through a friend she made with a mother of a child in her grandson’s class:

“It gives me a little break but [the mother] has got four kids. If I ring her up and say, ‘Can you have [my grandson] for me?’ she probably would, she’d say one more don’t make any difference but you don’t like doing it all the time.”

She tries to reciprocate by having other children round to play:

“When you’re not feeling too good, it’s sometimes a bit easier having two because they play together.”

Health benefits of looking after grandchildren

Other grandparents commented on how raising their grandchildren was keeping them fit and active at an age when they might otherwise have been relatively inactive:

“My health is good. There’s an upside to having the children, it keeps you young, it keeps you active. I think health wise I’m pretty fit but then 66 these days is no age. I’m not too stressed.”

Neglecting their own health needs

Several grandmothers admit they are neglecting their own health needs because of their caring responsibilities:

“I’ve a bunion that needs operating on and it limits how I walk and now I’ve got an Achilles tendon problem with the good foot. I should really go and have it done- I’ve been referred by the consultant. I just couldn’t see how I would cope with the children. I have been sacrificing my own health in order to provide continuity for the children. I’m getting quite arthritic as well – knees and thumbs. I forget to take cod liver oil tablets and forget to use the cream. It’s because I’m just looking after the children and not looking after my own needs....I used to go to over 50s swimming and keep fit but because you’re so busy with the kids there isn’t time.”

There’s an upside to having the children, it keeps you young, it keeps you active.

Feeling reluctant to ask for help

Several grandmothers commented on being reluctant to ask for help when they were unwell, including from wider family. One grandmother aged 70 and looking after a six year old, said she had put off asking for help until she had no choice at all:

“At the end of last year I was having a lot of trouble breathing and I passed out. I’ve been having tests to see if it was my heart but I’ve been told it’s my lungs so I’m having treatment for that now. If I ask [relatives or parents from the grandson’s school] for help they give me it but I’m not really good at asking, that’s the trouble. When I was ill I had to because I just couldn’t do it, I had no choice, I had to ask. Now I am a bit better and I can fetch him to and from school myself.”

Concealing ill health from grandchildren

Another grandmother spoke of her guilt when she was ill and feeling the need to pretend to her grandson that she wasn’t feeling too bad:

“I used to rest in the day so I could be up when he came in from school. He took it very seriously. It is a worry for them if we are ill. They rely on us so much. I felt guilty – we took this child on and here am I ill.”

Tiredness

Several of the grandparents commented on finding raising a child as an older person very tiring:

“When you’re 67 it’s hard because you haven’t got the same stamina as what you had 20, 30 years ago. Obviously, you can’t expect to have and he’s a very active little boy. I just get tired, obviously. Sometimes I fetch him home from school and he might be playing with his tools or he might be reading a book or whatever he’s doing, I sit down and I feel my eye’s going and I think I’m going to go to sleep and he’s “Nana, wake up, wake up, Nana, don’t go to sleep, Nana.”

Another grandmother found taking her grandson to activities tiring, and that her exclusive focus on the child added to feelings of tiredness and stress:

“Physically you are so tired. You are wanting to go to bed at night and they never want to go to bed, they want to be up. Stress levels are greater when you are older. It’s harder to put things to one side. All your attention is on that child compared with when you are still working.”

Others felt that raising their grandchildren kept them young. Grandparents who had also combined fulltime work with raising a grandchild felt that it was in some ways easier now they were retired:

“You do get tired but also I think because you have slowed down, in some ways you are a better a parent – if you are both working full time the weekend is taken up with cutting the lawn, doing the washing. Now you are much more relaxed about the whole thing..You are wiser, better at knowing when to say something and when to just listen.”

When you’re 67 it’s hard because you haven’t got the same stamina as what you had 20, 30 years ago.

Physically you are so tired. You are wanting to go to bed at night and they never want to go to bed.

Caring for a partner as well as grandchildren

Four of the grandparents, including the great-grandfather in the focus group, are caring for disabled partners as well as bringing up their grandchildren. None of the grandparents expressed resentment about the care they were providing for their partners. Inevitably however the multiple caring roles they have taken on pose additional responsibilities, restrictions and ties on these carers, especially where they do not receive outside support with the care of their partner. For one couple, the grandmother's health problems – which include epilepsy – mean that she needs to have her husband with her when she goes out, and so for example when they go shopping the grandparents and the granddaughter all go together, and she cannot take her granddaughter out alone.

Only one family is receiving regular help from adult services – to pay for care for a grandfather whose daughter, the children's aunt, has been funded to give up work to become his fulltime carer, enabling the grandmother to focus on her bereaved grandchildren. But this has come at a price – she feels that she neglects her husband, and is suffering from a stress-related illness. Another grandmother commented on how her husband no longer accepted support from adult services because what had been provided was unsatisfactory:

I just get on with it.

“My husband's got emphysema and he is thoroughly disabled. I get carer's allowance...He used to have someone come in but this fellow, he just used to come and sit at the table with my husband for three hours. He never said about taking him out and doing this, that and the other and my husband just got fed up with him.... I just get on with it.”

This attitude of “just getting on with it” and not expecting anyone to help them is very typical of the grandparents' attitude to the challenges of multiple caring. As one grandmother commented:

“It's what you've got to do. It's no good thinking negative all the time because you'll just drag yourself down and everybody else that's with you. You've got to think positive, try and see that light at the end of the tunnel. It's not always easy but life's not always easy is it?”

You don't fit in anywhere. You don't know anyone else who is doing the same thing.

Social life

The focus group discussed the impact of raising a grandchild on their social lives. Most found it difficult to relate to the much younger parents they had contact with through their grandchildren, but also found it hard to find time for friendships with their own peer group:

“You don't fit in with either group really. Your friends are going out and about and you're tied.”

“You don't fit in anywhere. You haven't got anything in common with the young ones. Your friends are going off on coach trips and holidays out of school holiday time. You don't know anyone else who is doing the same thing.”

Particularly for single grandparent carers, there is little opportunity for much of a social life because of the tie of looking after their grandchildren:

“The social side has lost out most. When you have got kids who are very lively and the age they are, with some of behaviours they have, you can't just ask any babysitter really... Once a fortnight if I'm lucky I can get to a church group. It's a bit easier now some of my friends are retired so I can meet people sometimes for lunch but now I'm picking up their little brother three times a week as well. I try to have a bit of a social life during the day. But something like going away for a weekend or going out in the evening or going to visit friends – no. Your social life obviously does suffer.”

“[If my grandson didn’t live with me,] I’d have a life. I’d be able to do what I want, wouldn’t I? I’d be able to go out... before he came to live with me I had friends and we all used to go swimming together, we used to go shopping in the afternoons. I used to go out and about, not particularly shopping, just go out and about and if it was anybody’s birthday we’d all go out for a meal. That all stopped for me then when I got my grandson.”

I have had no social life at all since I’ve had the children. I have neglected my husband over the years.

Loss of social life and other aspects of ordinary life for retired people was also an issue for grandparents who have a disabled partner:

“I have had no social life at all since I’ve had the children, I gave all that up. It’s a lot of things. You can’t go to bed when you want and all things like that, do what you want to, eat like an ordinary old couple. Me and my husband have lost an awful lot because... don’t get me wrong, we still feel an awful lot about each other, but I have neglected my husband over the years.”

Worries about not being there to care

Many of the grandparents expressed anxieties about what would happen to their grandchildren if they were no longer able to care. While several had already agreed with other relatives that they would take the children, others feared the children might go into care or might go to a parent who they felt was unfit to care for them. This was a particular concern for those looking after grandchildren with a disability.

“It’s not what you expected in retirement. How are they going to cope when you are not around? That is a terrible worry.”

One of the grandparents who is raising a disabled granddaughter, herself a widow, is trying to prepare her granddaughter for independence by looking into the support that may be available to her from adult services:

“I’m looking into direct payments for when she’s older – trying to find someone who would take her swimming for example. She needs someone younger to go out with. It’s finding the right person.”

Some grandparents acknowledged that this was also a worry for their grandchildren, even where they did have other family members who were happy to take them:

“She knows her Nana’s poorly, and she knows I’m poorly. Even in the snow she hangs onto us to make sure we don’t fall over. The funny thing was last night we were sat watching telly with [my granddaughter] and I went to bed and she says to the wife, ‘When Granddad dies will you make a speech, Nana?’ So we explained that I didn’t intend to die just yet. [Laughs.] Anyway, who knows when anybody’s going to die? We try to explain to her. I think she’s a bit worried about what happens to her when something happens to us which is natural.”

Just four of the fifteen families received a financial allowance from the local authority

4.7 Grandparents’ financial situation

Most of the grandparents interviewed took a stoical attitude to the financial impact of raising a grandchild in later life; however several felt that they were struggling financially. Just four of the fifteen families who took part in the interviews or focus group received a financial allowance from the local authority to help with the costs of bringing up the children.

Several mentioned having spent all their savings on their grandchildren, while another family spent all their savings - £18,000 - on legal expenses and subsequently had to remortgage their home. Another grandmother said she remortgaged her home to pay for school trips and other things she couldn’t afford for her grandson out of her pension.

You don't have a retirement. You haven't got spare cash because you are spending it on school uniforms and bus passes.

Putting the grandchildren first

Even grandparents who have occupational or private pensions put their grandchildren first and are unable to enjoy the kind of retirement activities which their friends take for granted:

“You don't have a retirement. You don't go off on coach trips and holidays. Financially you haven't got spare cash because you are spending it on school uniforms and bus passes, education.”

Another grandmother has a strong sense of wanting to provide opportunities and treats for her grandchildren which they missed out when they lived with their parents:

“I'm not managing now. My husband used up quite a bit of his savings and any savings I had went – I had to bail my son out from time to time. My taxable income is a couple of hundred more than would entitle me to free school meals... Money's a problem. I try to overcompensate because before they missed out. They do scouts and cubs – NSPCC said, ‘Why don't you do that instead of respite?’ So they do loads of camps and super activities and they do cost money and I find it really hard to say I can't afford that. I certainly put them first money wise. There are times when we go to McDonalds and I get them something but I don't have anything. My savings are right down to a hundred pounds and I've only got a pound in my purse till tomorrow. I've started using my credit card again. Hopefully my son will start to be able to help financially, that will make a difference. Hopefully I will keep my [special guardian's] allowance.”

A grandfather who took part in the focus group, having raised his granddaughter, is now looking after his great-grandson for most of the week, including overnight, paid off his granddaughter's debts after she went bankrupt:

“Financially it hurts, you can't afford the things you want to do, but then you've got the rewards. We are used to hardships to a certain degree – caring for my wife, just turned 80 and looking after a four year old.”

Additional costs of being a grandparent carer

Two of the grandparents mentioned costs they incurred as grandparent carers on top of those which parents would normally have for children:

“All my child benefit, £20 a week, goes on my bus fares and his bus fares to get him to school and back. I did say to him about moving schools but he just got so upset. He's had enough people in his little life so I just keep taking him to school.”

Grandparents who do receive financial allowances from social services said they spent all the money on the children, and still found it difficult to make ends meet, often because of the additional needs of the children they are looking after:

“I used the money that social services gave me to do things with the girls, so that I could get them out to the cinema, get them out on day trips, and it was very expensive. I was stressed for fifteen months. That's why I did things, I spent all my savings. Getting them onto the beach on day trips etc, that was quite expensive because there's three of them, isn't it. It was £120 a time to buy them an outfit each and they were growing so much, I was constantly in the shops buying them clothes. They had bags of the stuff and the older, she grew about five inches, I think, she grew boobs, she put on weight.”

I spent all my savings.

We haven't had a boiler for two years so we don't have hot water or radiators and we find bathing is quite a struggle.

Several grandparents mention being unable to afford holidays:

“It's been very hard financially, yes. I get tax child credit and, I think it's a guardian's allowance which is £12 a week or something for each child. We live in a two bed bungalow and when they first came we had to make one bedroom into two bedrooms, providing them with new beds and stuff. ...No holiday and things like that for them. We've only been able to provide one holiday for the children and that's what I won in a competition.”

Grandparents who don't claim benefits

Two of the grandparents who took part in the project said they are not claiming benefits to which they were entitled, including child benefit and tax credits. One grandmother and her grandson experience real hardship as a result of living on a low income since he came to live with her:

“I have been struggling very badly financially. Just this month I suddenly started to receive a small deferred pension which I'd pretty much forgotten I would ever receive because I took redundancy many many years ago when my daughter first had problems. So that's going to ease things but at the moment we don't have a boiler, we haven't had a boiler for two years so we don't have hot water or radiators and we find bathing is quite a struggle, we have to put a baby bath in our bath and then fill it up from jug kettles.

“I've had pension credit and it's not an enormous amount, it was £14.47 per week but very very welcome. My daughter gets the child credit and often gives it to me and she washes his clothes because she has a washing machine and I don't and she buys most of his clothes and he gets hot school lunches because she's on income support and gets DLA. She often forgets to give me the money or if she's cross with me she doesn't give me the child credit but she has often offered. I've had a very good reason for not doing so; the DWP [Department for Work and Pensions] are very very difficult to deal with, very inflexible. Their computer system, it's like dealing with a ton weight. You can talk to a nice DWP staff member on the phone and you think they understand your individual circumstances and then ... the computer has no way of being flexible. I just know that if I were to keel over or fall under a bus and my daughter tried to get the child credit back again, she would probably be told that she couldn't because she has mental health problems.”

Another grandmother said that although they now received £50 a week from the child's mother, she was still claiming benefits as if he were living with her, even though he has been living with his grandparents for ten years:

“His mother gets more benefits because of him. She has never worked and she's living on her own in a three bedroom house. We don't claim anything. She does give me money each week. They would take it off our pension in tax. What you get in benefit you would lose in tax. She gives us £50 a week now, until he was ten she gave us ten pounds a week.”

4.8 Concerns about the children

Children's views about their grandparents

They won't accept that we are old.

Children's views were not directly sought in this project, which is based on interview and focus group contributions from grandparent carers. However grandparents spoke about how their grandchildren felt about them. Several of the grandparents in the focus group felt that their grandchildren were unwilling to acknowledge their age:

“They won't accept that we are old. They always say ‘You are not old.’ It's a defence mechanism.”

One of the grandfathers said that his grandson insisted on calling him ‘Dad’:

“He won't stop calling me ‘Dad’. He hasn't seen his real dad for years and can't remember what he looks like. He won't countenance his dad. He says he doesn't want to know him, he thinks he's a waste of space.”

Knowing other children living with grandparents can help some children feel more comfortable about their situation, and less of a sense of difference:

“They have other friends who are with grandparents too. There are some in school they also do know this friend from church who has two with her.... I know they are very happy with me. They are lucky - their friends come round here and their friends accept me.

Children being perceived as ‘different’

The focus group also discussed their concerns that the children were different, or would be perceived as being different by other children. Several grandmothers commented on the importance of their children spending time with younger adults, who might have a better idea about fashion, partly so that they can fit in better with other children. This was also acknowledged as important by some of the grandmothers who were interviewed:

“For the contact supervisor they always stress they want somebody young [laughs] ... I'm quite lucky in that mum buys their clothes and her auntie is very with it and fashionable - they are lucky that they have people they spend time with who have more idea. I haven't a clue...”

One grandmother felt very strongly that it was important for children with special needs to dress like other children, and that the children were potentially doubly stigmatised by living with grandparents and having special needs if they didn't.

Her son who is eight doesn't like us and feels that he would be stigmatised by being noticed as my grandson's friend.

Another grandmother feels that her grandson is stigmatised by the fact that she looks so much older than other children's grandmothers, and because he is different to other children for a variety of reasons, including because they do not have a computer, games console and other consumer goods that others may take for granted:

“There's a gorgeous lovely mother, very sensible, a bit older than the others, who lives just up the road from us and she's absolutely lovely to us. She always gives my grandson a Christmas present and an Easter present and when she had a spare radiator over Christmas she brought it to us because she knew that we were cold... several times she's said that she's going to invite [my grandson] for tea, next week she says, and it never happens and I know why it doesn't happen. It's because her son who is eight actually doesn't like us and feels that he would be stigmatised by being noticed as my grandson's friend, you see?”

Bereavement and abandonment

Two of the grandmothers are raising grandchildren as a result of double trauma, the death of the children's mother and abandonment by their father. They feel that their grandchild has never got over their bereavement and are suffering serious emotional difficulties as teenagers:

“When my daughter was really ill [with secondary cancer] my granddaughter was really rebelling, I think she couldn't cope with seeing her mum. Then when her mum died she was not there and she was really mad at that. She didn't see her mum for the last time and she went off the rails, she went berserk....They had a very close relationship, my daughter and her children, so I think she felt she hasn't got anyone really because her dad more or less abandoned her.”

Another grandmother also feels that her grandson is suffering profoundly from a sense of abandonment by both his stepfather and natural father:

“I've had a lot of emotional problems with [my grandson] since his mum died. He was very hard hit because he was closest to his mum. He used to push mum's wheelchair, go shopping with her and they had a lovely relationship... Everything was taken away from him so suddenly and his stepfather, when my daughter passed away, he promised them all kinds. He would always be there for [my grandson], visit him, let him go and stay with him but he's had not contact with him at all and that a big thing in [my grandson's] life as well. We don't know where his real father is.

He's very angry all the time. Me and my husband, no matter what we do we're always in the wrong.

“He's been to a counsellor, he's been to bereavement [counselling], the school have been very good providing a counsellor but nothing is working with him. He's very angry all the time. Me and my husband, no matter what we do we're always in the wrong. It's very sad listening to him at times, you think you've got through to him and it just flares up again. ..He's a very lonely boy and he keeps himself to himself. He's got this big chip on his shoulder and it's very hard for him to accept his cousins, the other grandchildren, on day's outings or anything like that, it's very hard.”

Grandchildren with disabilities and special needs

Seven of the grandparents are raising children with special needs, in some cases more than one grandchild with special needs. In some cases these are difficulties associated with the children's experiences prior to coming to live with the grandparent – three grandparents commented that they felt their grandchildren may have been damaged by the alcohol and other substances which the children's mothers had been taking in pregnancy:

“She can't help what's born into her. God knows, the things her mother was on when she was carrying her, she was drinking brandy, taking drugs. I mean, who knows how it affects people.”

It is often impossible to disentangle the causes of children's difficulties, whether they are a result of living in kinship care, the difficult experiences they endured before living with the grandparents, inborn characteristics or any combination of these. This grandmother's comments reflect the complexities of the difficulties her grandson experiences:

“He loves sport but he doesn’t seem to judge distances, he thinks people are further away from him than they are... several times over the years people have wondered if he’s on the autism spectrum and the school is very hopeful over that but they’re absolutely determined not to stigmatise him by labelling him.....But he is different and he doesn’t have [friends he sees out of school]... it’s a nice school, it’s not an unpleasant bullying school or anything but other people say things to him and often he doesn’t report back to me for months and months and then it will come up that somebody said something ages ago, like last summer or something like that, and he hasn’t forgotten it...So it would be a great relief if one day, when his schooling is over, we can go back amongst people who really like us and really know us.”

Three of the grandparents who took part in the in focus group (two of whom were a couple) are raising teenaged grandchildren with autistic spectrum disorders. This raises a number of additional concerns and challenges for the grandparents, from getting appropriate educational support to concerns about what would happen to the grandchildren when they were no longer able to care:

“It’s not what you expected in retirement. How are they going to cope when you are not around? That is a terrible worry.”

“We are worried about how is he going to get on because of his social skills. He doesn’t easily make friends and converse with people he’s not familiar with. He’s doing two A levels at the moment but we do worry about his career. He doesn’t like us coming to these meetings; he doesn’t like to think he’s different. He thinks it’s all these other people who are different.”

Children with emotional difficulties

One grandmother whose two granddaughters are now in their twenties and who runs support groups for other grandparents raising their grandchildren believes that all the children have been harmed by the disruption of their relationship with their birth parents, as well the multiple adverse experiences many have suffered:

“People don’t always realise how damaged the children are. Social workers and GPs say they are not children in need, but they have emotional problems and behaviour problems. They don’t appreciate the impact of their lasting experiences.”

Even the children who are outwardly achieving well often have emotional difficulties of some kind, often as a result of experiencing neglect or trauma with their birth parents:

“He’s got problems with confidence; we had a heck of job getting him to go on a school trip. He is better than he was - he had some very frightening things happen to him as a little boy. He was there with police raids going on, when he was three; we were so worried when he was with his mum. Things just come out and you just think, ‘That isn’t right’. He’s scared of his older half-brother who’s very violent and been in jail. He’s been frightened by a lot of things, he’s had a lot to deal with.”

Many of the grandparents felt the children had improved enormously during the time in their care. One grandmother, who had been been a social worker, explained that when her grandchildren first came to her they had “frozen watchfulness”, a common marker of child abuse, where children are clearly aware of their surroundings but do not respond:

Social workers and GPs say they are not children in need, but they have emotional problems and behaviour problems. They don’t appreciate the impact of their lasting experiences.

“My granddaughter still has some difficulties with concentration and is still a little bit oversensitive with friendship issues...I did have a time when my grandson was very aggressive with me. I found him at tears at bedtime and he said in the morning that he had been worried about his mum, where she was going and would she be safe? Occasionally they do still get locked into a pattern of behaviour, I think they regress into former patterns and that’s when I get really stressed. I envisage that I might have some problems in adolescence but he’s a high achiever and achieves very well at school. They’ve been very lucky with a good circle of friends with lovely families.”

Relationships with other grandchildren

I found myself referring to my daughter’s two as ‘nephew’ and ‘niece’.

Two grandparents mentioned finding it difficult to manage relationships with their other grandchildren because they were not able to treat them in the same way as the grandchildren they are raising:

“I found myself referring to my daughter’s two as ‘nephew’ and ‘niece’. I found myself saying ‘my nephew’ about my grandson. It’s because I’ve taken on the parenting role. What happens is that the only time they can have me to themselves is if they are ill. So again part of me thinks ‘oh no’ but part of me is pleased that I can do something with them. My daughter has just had a hysterectomy so I have had [her other grandson] quite a bit when’s he’s not well. ... They noticed it when we all went out together – we went to a fair and we were all paying for ourselves. The other grandchildren thought I would be buying strawberries and cream for them too. I felt terrible about that. It’s the same with presents. I have to buy as if I’m the parent [for the grandchildren she is raising] but I can’t do that for all of them. “

4.9 Grandparents’ experiences of the courts

Applying for legal orders

Grandparents reported a wide range of experiences in applying for legal orders to secure their grandchildren’s living arrangements. Generally unless they were being supported by social services they found the experience stressful, and expensive if they were not entitled to legal aid. This is often the case for older grandparents who may be managing on a modest pension but have capital tied up in their home. However, despite fears about losing the children, most found the courts to be more sympathetic to them than they expected, and often more sympathetic than social workers. Two families whose cases were supported by social services had particularly positive experiences of the legal process.

No legal order

Two of the grandparents have no legal order for the children they are looking after, even though in one case the grandmother has been looking after her grandchildren since birth.

Even now I haven’t got parental responsibility for my granddaughter.

“Even now I haven’t got parental responsibility for my granddaughter. Because I did try to apply and they said I have to go through court and they told me roughly how much it’s going to cost so I just left it.”

Fear that children will be taken away when applying for a legal order

One of the grandparents in the focus group, who worked for social services for many years, said she waited until her grandson was ten before applying for a residence order because of her fear that he would be placed for adoption:

“We found getting the residence order very very stressful. We did it all ourselves because it was so much cheaper. We were very frightened of losing him. We were pretty sure that by ten we’d be okay, they are difficult to place then. When I went to court I was terrified they would say you are too old. Luckily when we went to court the CAFCASS officer had been his mother’s probation officer so she knew what she was like. They said, ‘We are sure he is better off with you than with his mother.’”

Fighting social services in court

We found getting the residence order very very stressful. When I went to court I was terrified they would say you are too old.

It was clear that they had one thing in their minds, adoption.

One grandfather was involved in a year long court battle to prevent his grandchildren from being adopted, costing him £18,000. He was initially excluded from care proceedings, but eventually his legal representatives succeeded in making him and his wife party to the proceedings and persuading the judge that they should be assessed by an independent social worker to become special guardians:

“We had to go through five meetings with him, very stressful, going all through our background. He sent his report in before this court hearing about special guardianship and he gave us a glowing report and the social services kicked it out. I think our age was a factor at the time. Because I did have a kidney out with cancer and they said what if it happened again? It was clear that they had one thing in their minds, adoption.”

The grandparents were awarded special guardianship orders for their three grandchildren:

“The judge gave social services a roasting and she said they were draconian in attitude and she said it’s not the permanency panel that makes the decision, it’s her.”

Access proceedings

Two of the grandparents had to return to court repeatedly because parents of the children they are looking after were seeking greater contact. One grandmother felt that her grandson’s father, who is unemployed and able to get legal aid, uses court proceedings as a weapon against her:

“His father has taken us to court on various occasions and I’ve had to go back to court because his father wasn’t seeing my grandson as he should do and if that was the case then I was liable because he wasn’t seeing him as he was supposed to even though he wasn’t bothering. It’s been a hiccup all the way through.”

Another grandmother who has had numerous appearances in court over contact spoke of how she felt only one judge put the needs of her granddaughter before the needs of the parents:

“I’ve had to battle with courts and judges and barristers... the first judge gave me the order straight away, asked me what my granddaughter called me in 2001 when she was four and I said ‘Grandma’. I had various judges who kept referring to me as ‘the grandmother’ and put the father and the mother’s wishes first before the child and then on the last occasion, it was five years later, the judge suddenly looked up and he said, ‘Would Grandma like to give me her views’ and I thought, ‘You know who I am.’... Once I’d realised that he knew who I was, I knew he was on my side and he would put my granddaughter before her parents and he did.”

4.10 Grandparents' support networks

It was striking that the grandparents who felt they were coping least well were less likely to have strong support networks and that having someone who understands their situation and can offer emotional support is vital for their wellbeing.

One grandmother who is suffering from anxiety said that she had been offered counselling by her GP but preferred to confide in a friend:

“I have a friend who used to be my daughter’s social worker before she passed away. Me and her over the last thirteen years have become best friends and she is my rock, she is fantastic.”

One grandmother spoke about her difficulty making friends in the village where she now lives with her grandson, despite having lived there for over ten years, and her continuing reliance on friends from London:

“I retained my old friends from where I lived previously so we talk a lot on the telephone and meet each other, summer holidays, we go on holiday together with my grandson and he meets their children and that kind of thing, but we don’t seem to have a [local village] life. My grandson is seven now and we just haven’t made local friends although I have tried.”

Churches as a source of support

Four of the grandmothers mentioned finding church a strong source of support:

“At times I feel very lonely, I didn’t have much help but I’m a Christian and I’ve got the Church family to help me a lot. I mean, I get a lot of encouragement, a lot of help from them so I’m supported by them and they love the children.”

Another grandmother spoke of the support she received from the church community, neighbours and the parents of children she looks after as a childminder:

“I am very blessed. The situation could be a whole lot worse; there are people of my age in much worse situations than I am. I’ve got a good church community. I am a religious person but I’m not a fanatic and I don’t go to church every Sunday. The support I’ve had from even people who didn’t approve of illegitimate babies, which my granddaughter obviously was when she was born, but even they came around as soon as they saw her and I had immense support from the elderly mothers of the congregation. I get immense support from them and the whole community. My neighbour next door, who’s extremely good, if my granddaughter wanted to go in with her she can. And that’s been another lifesaver, two extremely good neighbours, one attached to me, semi-detached, and the other one is a school dinner lady whose front door opens onto mine and she’s been brilliant, absolutely brilliant.”

Family and friends carer support groups

Most of the grandparents who took part in the interviews are not members of local support groups, either because none were available in their local area or because they were too tied by their responsibilities in looking after their grandchildren to attend meetings. However, the focus group members did all belong to support groups.

At times I feel very lonely.

I had immense support from the elderly mothers of the congregation.

It's good to go to them groups because we know exactly how each other's feeling.

Grandparents in touch with support groups generally found them to be hugely helpful, both for practical and emotional support:

“It's good to go to them groups because we know exactly how each other's feeling. They all have similar problems. It's easier to talk because they're not judgemental of what you're going through. They're not looking at my daughter and thinking badly of her, thinking, '[She] is struggling and she's got [her grandson] and the daughter's just doing what she likes'.”

A grandparent carer who herself runs support groups for other grandparent carers believes they also provide a vital role in educating grandparents and helping to bridge the gap from parenting your children to parenting your grandchildren:

“Grandparents may not know what normal teenage behaviour is. They may not have other children round. They don't get a chance to mix with other families.... A lot of them feel they don't have people to call on [for support with their grandchildren].”

Particularly when the children have special needs, carers may be inclined to overprotect them. For older grandparents, attending a group with a skilled facilitator can be a way of addressing some of their anxieties and being supported to provide their grandchildren with normal childhood and adolescent experiences.

Several grandparents mentioned the help and support they received through being members of Grandparents' Plus Grandparents Raising Grandchildren Network. Several also said they were not members of a support group but would like to be.

Support from the wider family

She's like a second mum to my granddaughter.

Most of the grandparents said they felt supported by other family members, and also feel their grandchildren benefit enormously from the relationships they have with cousins, aunts and uncles. Contact with the wider family, and the joy and warmth which those relationships offer them, as well the sense of continuity and identity, are one of the real strengths of kinship care.

One grandmother explains that her granddaughter has a particularly close relationship with an older cousin [the grandmother's niece]. The niece lived with the grandchildren and their mother for several years before she died when she first came over from Jamaica:

“She goes to my niece because my niece used to live with my daughter. She came over here as an overseas student and she was studying, she was living with my daughter. She's like a second mum to my granddaughter; she often takes her at a weekend.”

“We all manage together because two of the daughters, the twins, they're close at hand and they think the world of [our granddaughter] and sometimes she has a sleepover with them. They do help in that respect, if we need her picking up from school or taking to school, one of the daughters will do it. Their children go to the same school; [our granddaughter] has never really been brought up as an only child because she has been brought up with her cousins.”

Several of the grandparents said that other family members will take on the care of their grandchildren if for some reason they are no longer able to continue to care:

“My daughter, she's our backup. The children love her to bits.”

4.11 Rewards and Satisfactions of raising grandchildren

All of the grandparents spoke of the rewards involved in raising their grandchildren:

They are growing up into such super children.

“My whole life has been around child protection and children. As it is I haven’t missed work at all because I’ve got these two children. They are lovely kids. She’s very warm and caring...to do her mum justice she brought them up to behave properly in public with other people. I think it’s a cultural Caribbean thing. They are growing up into such super children.”

“We just hope that they keep happy and enjoying stopping here, which they do. They always like to come home when they’ve gone somewhere. A lot of people say how well we’re doing with them.”

Even for grandparents who feel they are struggling financially and emotionally there is a strong sense of pride and satisfaction:

“We are very proud of her and ourselves the way we’ve coped. She’s growing up to be a lovely young lady and a good citizen for the next generation. What’s more important than that?”

“I feel very satisfied in myself when I see her happy and content. At one point she used to keep talking about her mum’s house as her home and she kept asking when’s she going to go home but now she’s come to realise that this is her home and that’s good.”

Certain things the children do make me feel so special.

“Oh God, there has been a lot of satisfaction. I mean, certain things the children do make me feel so special. Don’t get me wrong, we do have our ups and downs but at the same time the children can make me feel so special and I love them. That makes up for everything else.”

“It’s wonderful, absolutely wonderful, something I never expected. Every morning I wake up and think ‘my God, this is something so amazing, there’s this funny little person, or clever little person or naughty little person, whatever he is that day, padding round doing all sorts of funny unexpected things in the house and, yes, it’s absolutely wonderful.”

What choice have you got? You don't have any choice, do you, you do it.

4.12 Where would children be if they were not with their grandparents?

Several of the grandparents believed their grandchildren would be in care if they had not stepped in to bring them up:

“They might have been long-term fostered; with the behaviour they exhibited originally they might even have decided to split them up. I think my work came in useful really. It's ironic I gave up being a children's guardian 10 days after becoming a special guardian. It's lucky that it's been my passion really.”

“If I think about the alternative, I'd rather have him with me than suffering somewhere else. This is it, I want to live until he's okay, so I know he's okay and his mum's on the go and she can take over. People say to me, 'I don't know how you do it' and I say 'but if you're in the situation you've got to, what choice have you got. If the situation comes to you and it's your own, what choice have you got?' You don't have any choice, do you, you do it.”

Adoption was felt to be equally undesirable, because of the loss of contact for the children with their family as well as for grandparents with the grandchildren they loved:

“I think he would have been taken away, yes, I think he would be in care or maybe adopted.”

“Some people say, 'How do you do it?' Well, we just get on with it; it's a case of having to. The alternative wasn't very good, was it, to be adopted? The psychologist even wanted to split the older one from the younger two.”



Above: Tony with Hollie and her cousins

Tony and Christine's story

Tony MacDonald and his wife Christine have been raising Christine's granddaughter Hollie since birth due to her mother's drug and alcohol misuse. Tony explains,

"Dawn was always under the influence of alcohol or some other substance when she was carrying Hollie. I brought them back here from the maternity hospital and we got a residence order for Hollie. She's not had Hollie at all. We've had her from day one.

"She is like a daughter...I've had three daughters and a son from my first marriage and when Christine and I got married I took on four daughters and a lad and Hollie's just like another daughter to me."

Hollie has never really been brought up as an only child because she sees so much of her cousins.

Tony is seventy and both he and Christine have serious health conditions –Tony provides care and support to Christine who suffers from epilepsy. Despite these challenges, and with the support of other family members, Tony feels they cope well and give Hollie a normal childhood:

"We all manage together. Two of the daughters are close at hand and they think the world of Hollie. Their children, Hollie's cousins, go to the same school and sometimes she has a sleepover with them. Hollie has never really been brought up as an only child because she sees so much of her cousins.

“She’s so talented and she can dance, she can sing, she’s brilliant at gymnastics and trampolining... We take her to local places and we’ve been abroad with her to Spain, Greece, the Greek Islands...unfortunately we won’t be this year, with our financial situation it’s going to be too much of a struggle. But Hollie’s seen a lot more things than some kids who live with their parents have...given my age and Christine’s health, she’s led a very full life.”

The difficult relationship with Hollie’s mother is an ongoing source of stress and difficulty for the family. Because of repeated threats and abuse from Hollie’s mother, Tony and Christine have been to court on several occasions to obtain non-molestation orders:

“We have the power of arrest where if she was to put the windows through or to batter her mother or whatever, we would just pick up the phone and she would be arrested. Mostly we’ve had to fund that ourselves, we’ve had to get our solicitor to renew it for another year with provisions for it to be lifelong, she’ll have no contact with Hollie or with her mother”.

Hollie also has very little contact with her father, even though he lives locally, which her grandparents find difficult to understand.

“The strange thing is, she can’t even rely on her biological dad. She was seeing her dad and her other nana and then they just seemed to lose interest which we don’t understand because she is such a lovely girl.”

Tony feels that the mother’s behaviour, and the father’s lack of interest, is difficult for Hollie to come to terms with and that they have sometimes found her difficult to cope with.

“She is hard work.... with seeing so much violence off her mother she has a temper. If she can’t get her own way she tends to throw things. She knows her mum and dad don’t want to know her and she can’t understand that and she takes it out on us sometimes... God knows, the things her mother took when she was carrying her, she was drinking brandy, taking drugs. I mean who know how it affects people? I think it’s an inborn temper really but it is getting better with age.

“She tends to get angry with her Nana and me, like the other night she stormed upstairs because she couldn’t have her way. [She said] ‘You’re awful parents you,’ and the wife followed her straight up and she apologised. She obviously sees us as some kind of parents.”

Hollie has received counselling from a family project based at a local drug and alcohol service, and Tony and Christine have found the support offered to grandparents by the service helpful. Hollie has also had a psychological assessment which didn’t reveal any problems.

We asked for a social worker and we were told we weren’t entitled to one.

“A year a two ago we were having a right old time with Hollie and we were at a loss, what were we doing wrong, and we asked for a social worker and we were told we weren’t entitled to one....She’s hurting us because she’s hurting because of her parents. When her mother did see her it was just short term attention, a cuddle, then Hollie was a nuisance. She took to nipping Hollie and pushing her, a strange relationship....Sometimes she would turn up seemingly normal but obviously she’s had something and then she’d kick off for the least little thing, she got arrested twice.”

We are very proud of Hollie, and ourselves, the way we've coped.

The couple have never received any financial support for looking after Hollie apart from child benefit and child tax credit. Despite the very difficult relationship with Hollie's mother they receive no support with managing contact. Hollie's mother is currently serving a prison sentence for assaulting Christine.

"Really the mother has had so much help, she's had people following her around from the alcohol abuse place, they've found her umpteen digs to stop at, they were getting her new doctors and all sorts. She's had a lot more help offered to what we have. This is what gets me, because she is an alcoholic she gets so much assistance and advice and help and whatnot and we who have to suffer because she is an alcoholic get very little. It makes you think the system's wrong somewhere."

Tony never doubts that he and Christine are doing the right thing:

"It's been a struggle mentally, physically and financially. You don't know how hard it is until it actually happens. But we are very proud of Hollie, and ourselves, the way we've coped. What's more important than a good citizen for the next generation?"

Below: Christine with Hollie.





Above: Brian and Kathleen with their three grandchildren.

Brian and Kathleen's story

Brian and Kathleen Mitchell, both in their late sixties, are raising three grandchildren aged six, seven and eight, following a protracted legal battle with social services which cost the couple around £18,000. The children are now well settled and have been with their grandparents for nearly four years.

Brian explains that his three grandchildren, and his daughter-in-law's three older children, were taken into care after his son was injured in a road accident and the children's mother was failing to cope:

The social worker said it wasn't her case and she wasn't interested.

“My daughter-in-law couldn't possibly manage....social services got involved and took all six children away from her.... We tried to get in touch with social services. We managed to get a meeting but the social worker said she didn't know anything about the case. She said it wasn't her case and she wasn't interested.”

Despite the interventions of their legal representatives, the Mitchells were at first excluded from family court proceedings to decide their grandchildren's future:

“We couldn't go into the hearing and children were kept in care. Our solicitor said he had never heard of people applying to being party to the proceedings being turned down. We said that the barrister asked us if we were rich and he said that it's nothing to do with whether you are rich or not. Anyway, at the next court hearing we was allowed to be party to the proceedings.”

The independent social worker gave us a glowing report but social services kicked it out. I think it was because of our age.

Eventually the judge recommended that the grandparents apply for a special guardianship order, and ordered the local authority to pay for them to be assessed by an independent social worker. Brian explains:

“We had to go through five meetings with [the independent social worker], very stressful. He gave us a glowing report and sent it to the hearing but the social services kicked it out. I think it was because of our age, because I did have a kidney out with cancer and they said what if it happened again? Well anybody could get ill, knocked down or killed, but I think our age was a factor....In the pre-hearing the judge said to the social services’ barrister, “Why have you turned Mr and Mrs Mitchell down? So he looked at the solicitor, the solicitor looked at the social worker and they shrugged their shoulders. The judge said, ‘Do you know you’ve had this couple on a rollercoaster all this time? You promise them one thing then you go against them.’”

The head teacher said to me that our three children are always smiling whe

Finally, after almost a year, the Mitchells were awarded special guardianship orders for each of their three grandchildren and the children were able to leave care and go to live with grandparents. They have made impressive progress both at school and in their confidence:

“They were two, three and four when we got them. The oldest was withdrawn when she started school but she’s really come out of her shell. The head teacher said to me that our three children are always smiling when they’re at school, she said they must be happy.”

Brian adds,

“They’re all getting on smashing. They’ve all got interests which they wouldn’t have had being with my son and his wife. They’ve all improved a lot. The girls do dancing, Brownies and Rainbows and the little lad goes swimming and he has Beavers.”

The Mitchells receive a special guardianship allowance from the local authority which helps them cope financially.

“We’re finding it a struggle at the moment because as they’re growing up my wife is going out buying them new clothes. We did buy a caravan in Whitby ... but we had to remortgage the house to do it, because the court case took all of our savings.”

Their difficulties with social services did not end with the court triumph, but continued with what they feels were unreasonable expectations for driving the children across the country from their Yorkshire home to the south coast town where their siblings are still living in local authority care:

“We travelled hundreds of miles three times to meet their older siblings. The third time we were stuck in a traffic jam in snow for four hours. I said to the social worker that we would meet half way. She said ‘We haven’t got the resources.’”

But the Mitchells stood their ground and now they meet half way twice a year at a theme park. Brian has a stoical attitude to the impact on their lives of parenting again in their sixties and says they manage to keep some time for themselves:

“We get tired more which is natural... We just get on with it, it’s a case of having to... We knew we’d have to give up things that we normally do for the children. But we have a night out each week, me and the wife. She goes out one night and I go out another night. So we get a break. One of the girls at the dancing, she babysits for us sometimes so we can go out. We’re going to London in March. Our daughter’s coming over for the weekend to look after the children while we go to London.”

Our daughter is our backup if anything happens to us.

Kathleen says that if for some reason she and Brian are unable to continue to look after the children, their older daughter will take the children:

“Our daughter is our backup if anything happens to us. She’s got two older children and they all get on so well. They love her to bits.”

For Kathleen and Brian, bringing up their grandchildren is a continuation of the love and care they have been providing since the birth of their son and daughter:

“Our son’s also got three sons by his first marriage and we used to pick them up from school ... so we’ve been parenting since our children were young. The children are happy here and that’s the main thing. A lot of people say how well we’re doing with them and some people ask us how we do it. It’s a lot of work but we have to do it, the other alternative wasn’t on the cards because they was up for adoption.”

Below: Brian and Kathleen.





Monique's story

Monique* became the full time carer of her three great-granddaughters aged seven, eight and eleven when her young granddaughter was no longer coping on her own after moving away from London to escape a violent relationship. Monique was approved as a foster carer by children's services and moved into a flat found by them, in a town on the south coast. This took meant the girls could continue at their school and be near mum but took Monique away from her support network.

"In the beginning we thought it would only be for six months, because that is what had the court had said six months, no alcohol, no drugs and she could have the children back. And then came the January and my granddaughter failed whatever she had to do..The children knew what was happening and that made it difficult because mum was always saying, 'Don't worry, you're going to come home'. She wasn't supposed to say that but she was trying to pacify them, please them.

"I couldn't believe she hadn't got them back, knowing her as I know her. She was such a good little mum and she was doing a fabulous little job here when we all lived together...But there was a culture difference between her and her husband and there were all sorts of things she wasn't allowed to do so she found it difficult. He didn't really have any idea about marriage and what it entailed, the responsibilities. There were a lot of quarrels and a lot of violence."

*not her real name

Monique attended the parenting support sessions offered by children's services, to help her manage the behaviour of the younger two:

“They had been allowed, because of what was going on in my granddaughter's life, to do pretty much as much as they wanted to. They were very rude to me, sticking their tongues and blowing raspberries. I'd say 'Come on, girls, it's time for bed,' and they'd say, 'Oh, we're not going.' They were very, very demanding. The social worker and anybody who came to visit them, used to run out the house because they were constantly on at you. Seeking approval, I was told. People used to say to me 'God, Monique, how are you coping?' and I'd say, 'Hanging on with a thread at times,' because they had me in tears. They would call my name 'Nanny' every three seconds. I counted it one Saturday morning, and they called my name about eighty times in two hours. So I'd come along and try and set rules, otherwise they grow up like little weeds.

“[The social workers] knew that they were a problem, I would say to them, 'They're driving me nuts.' They thought that if I stuck to the Triple P [parenting programme] that would work but it didn't because they rebelled against the Triple P. When I asked them to, they would just do their time out but it wouldn't stop what they were doing. I tried separating them by putting one in a bathroom and one in the hallway, when they were really naughty and punching and kicking each other. Constantly, every day, there were four or five fights, if not more, and that was the house rule number one but I'm afraid they never took any notice of it.”

Monique was told that as a grandparent she was not entitled to respite.

Despite the girls' challenging behaviour, Monique was told that as a grandparent she was not entitled to respite and would have to pay for anything she arranged out of the fostering allowances she received:

“When I got ill towards the end, I brought in a cleaner to help me with the girls' rooms and their stuff. I had to pay for that out of my money. Any babysitters or anyone that I could get hold of, would all come out of my money. Because I couldn't get anyone... it was getting them out a lot. I went everywhere with them, took them out all the time because the social workers said to me, 'Don't keep them indoors because that's when they're worse, get them out.' So the children were with me 24 seven.”

Monique was also told that if the children spent time with other family members without her there, they would all need to have Criminal Records Bureau (CRB) checks:

When I got ill towards the end, I brought in a cleaner to help me with the girls' rooms and their stuff. I had to pay for that out of my money.

“The one person who gave me as much support as possible was my youngest son but his CRB didn't come up very good. Before, my son was taking them swimming, he was taking them horse riding but when his CRB came up, he had some misdemeanours as a young man, [the social workers] felt it was safer, whatever their reasons. They could all come to the house but I had to be there. A lot of my family wouldn't have the CRB done, they just didn't want it for whatever their reason, a lot of them were of the attitude: 'I don't want Social Services in my life, thank you very much'.

“I really thought in June or July, I would have had them for a year by then, that they would be going home but it didn't happen so social services asked me to hang on because they really didn't want the children to go into care but in August I developed ulcerative colitis.”

It breaks my heart to talk about it really because I've had that little boy with me for so long.

As a result the children had to be moved to stranger foster care. Fortunately by this time Monique's granddaughter was coming to grips with her substance misuse and within a few weeks the children were back home. She has now returned to her former role of providing lots of support to the family and having the girls during school holidays to give her granddaughter a break.

Monique also continues to provide support for her 16 year old grandson, who lived with her for many years because of the substance misuse of his mother, but decided to go back to his mother at the age of 14 after Monique moved house to try to help her grandson get away from the difficulties in their neighbourhood:

"I was so upset that he decided that he wanted to go home, not because I didn't understand his motives but I just that I knew what sort of a life he was going to have, only having one parent and that parent having alcohol issues.

Monique sees her daughter's alcohol dependency as the root of the problem which both DJ and her daughter have experienced:

"She's been an alcohol abuser for... she's nearly fifty now...the better part of twenty five years and she's seen her two children go downhill because of it...it breaks my heart to talk about it really because I've had that little boy with me for so long. But no plans we've put in place for her, nothing has been able to stop it. They just can't, can they?"

5. Conclusions

A lack of trust

Older grandparent carers are often reluctant to approach children's services for support, and often actively avoid engaging with them. This is for a variety of reasons. Some fear that the children they are looking after will be taken away and placed with foster carers or adopted. It is clear that these fears are not unfounded, and are held particularly strongly by grandmothers who have themselves worked for many years in children's services and are aware of the inconsistency in social workers' judgements about families. Others do not want the intrusion or interference. As one grandmother commented, "Life's hard enough without them interfering." Poor practice

This report uncovered a range of poor social work practice in relation to older grandparent carers, from ageist assumptions that they are 'too old to care', to poor quality assessments and care plans. However the report also found examples of grandparents who have been provided with financial and practical support for their grandchildren. But even in these examples there are things which could have been done better – for example in providing respite for a great-grandmother foster carer experiencing health difficulties that eventually led to her great-granddaughters being moved to stranger foster care.

Several of the grandparents are managing very difficult contact arrangements with the children's parents, often with no support. In some cases this is because children's services have never been involved in the child's placement, or have only been involved at the time of placement before a residence order was granted. In one case a grandfather was expected to travel across the country at his own expense with two young grandchildren to fulfil a sibling contact requirement from the court.

Multiple caring roles

A survey published in 2010 found that 1 in 4 kinship carers are also caring for an older relative or partner. Several of the older grandparents in the study have multiple caring responsibilities, in some cases looking after disabled partners and in others providing ongoing practical, emotional and financial support for the children's parents with mental health problems and/or learning disabilities. They are more likely than younger family and friends carers to be providing care for a disabled or elderly partner. Particularly for those looking after adult children, they see this caring as never ending. These multiple caring responsibilities are not fully acknowledged by adults and children's services – only the care they are providing for adult is recognised as "caring".

Health conditions

Most of the older grandparents have health conditions, or have experienced periods of ill health. Unsurprisingly, this is more of an issue for older carers than younger ones, but perhaps less so than might be predicted, with 75% of older carers who contributed to the survey saying they have a long-term health condition or disability, compared with 69% of all family and friends carers⁴⁰ For a minority of older carers, their health conditions have a significant impact on the activities they are able to engage in. Particularly for single grandparents, and those who are caring for a partner, they need to be able to access additional support at times when their health worsens.

There is a dilemma here – older grandparents are more likely to have health conditions which at times limit what they are able to do – but it may still be wrong to conclude that they are unfit to care for their grandchildren. The grandparents interviewed are generally able to compensate for the limitations their health difficulties imposed, particularly when they have a good support network in their local community, for example from other family members or through membership of churches. One grandmother who suffered from rheumatoid arthritis throughout adulthood was able to access support with her grandson from other parents at the school, while others relied more on their partners or the wider family when their health was poor. But there are some who struggle and who need to be able access support from trusted sources. For such grandparents, the opportunity to get support from a trusted source, independent of the local authority, for example from a trained community volunteer, perhaps another grandparent, or a younger person who could help provide a younger role model for their grandchild, could be a lifeline. A number of the grandparents interviewed are also conscious of their age and the risk that they could die before the children reach adulthood, so they have put arrangements in place to ensure the children would be cared for.

Financial hardship

Reported incomes of older grandparent carers who took part in the survey are lower than from family and friends carers as a whole, yet they are less likely to say they are struggling financially. This may partly be a reflection of lower expectations, and of a stoical approach of 'just getting on with it'. Many of those who took part in the interviews and focus group described how they put their grandchildren first, setting aside normal aspirations for retirement and spending all their savings and spare income on their grandchildren, sometimes out of a desire to compensate them for what they missed out on with their birth parents, and often out of necessity.

The children they are raising

Again unsurprisingly, the children the older carers are bringing up are more likely to be older themselves, and to have been living with their grandparents for five years or more, than children of younger family and friends carers who took part in the 2010 survey. Some grandparents need to be able access additional support for their teenage grandchildren, because emotional difficulties may become more pronounced during these years.

A high proportion of older carers are looking after at least one child with special needs or a disability. This poses additional responsibilities on these carers who often worry about what will happen to their grandchildren when they themselves are no longer able to care.

Older people can make good parents for children

Despite the ageist assumptions that these carers face, people over the age of 65 often make very good parents for children, including for children who have experienced multiple difficulties in their birth families. They offer a wealth of experience and wisdom. They provide children with love and stability, a sense of identity and belonging, and continuing relationships with the wider family. Grandparents say they stepped into care for their grandchildren out of a sense of love and obligation, in order to rescue them from care or to avoid them being adopted. The love, stability and continuity that they provide will help the children to develop resilience and a sense of security. It is therefore vital for service providers both to challenge their own ageist attitudes about who is or isn't an appropriate carer for children, and to provide support for older people to care so that the love and stability older carers can provide can be realised.

Older carers need to be able to access support from providers they can trust, rather than be fearful of them. Children's and adults services need to work together to ensure that support is available, and perhaps to separate that support from assessment. In many cases it will be a better option for the child, and more cost effective, than taking the children into care or placing them for adoption.

6. Recommendations

1. Social workers and local authority approval panels must not make ageist assumptions. They should give greater weight to the importance of love, stability, family and cultural identity and attachment which family and friends carers can offer, in making decisions about where vulnerable children should live. The continuity of family relationships can be more important for children's wellbeing than the 'permanency' of adoption.
2. Local authorities must provide support based on the needs of the children not on the legal arrangements they are living under. Many children in family and friend care have experienced similar multiple adversities with their birth families to children who are looked after by the local authority.
3. Local authorities must fully implement the statutory guidance on family and friends care. This includes ensuring that family and friends carers can access financial, legal and practical support, counselling and support groups.
4. Children's centres should prioritise family and friends carers and the children they are looking after. They should be available for use by people of all ages, bringing together support services and social activities for all generations including for young children, but also families with older children and older people.
5. Local authorities should commission preventative services to support carers before they reach crisis point to reduce the risks of children experiencing poor outcomes in adulthood or having to be taken into care.
6. Local authorities should give grandparents practical and financial support in managing contact with the child's parents, if needed through using neutral contact centres which can offer supervised contact.
7. Local authorities should ensure the needs of the whole family are assessed holistically in cases of family and friends care. Family group conferences should be routinely used. Adults' and children's services should work together to achieve this.
8. Care plans for children should take account of the needs of grandparent carers themselves, particularly where they have additional caring responsibilities for a relative or partner or where they have health difficulties themselves. Care plans need to include access to respite and should include the option of direct payments as an alternative to services or respite.
9. Social work training should ensure students are aware of the research findings on the benefits of family and friends care, and challenge ageist assumptions that older grandparents are "too old to care".

10. Government should pilot the use of direct payments for family and friends carers as an alternative to respite, to enable them to decide how best to meet the needs of the children they are bringing up.
11. The Government should review the financial support available to family and friends carers, and ensure that welfare reforms recognise them and the children they are looking after, to avoid children suffering financial hardship or being taken into care.
12. Local authorities must implement the new equality legislation due to come into force in April 2012 and ensure that older carers are not discriminated against on grounds of age.
13. Family and friends carers who are involved in legal proceedings to secure placements for children who are in care, or would otherwise be in care, should be entitled to legal aid.
14. All government agencies and service providers should officially recognise family and friends carers as carers and give them access to the same support as other carers, including carers' assessments, respite and a national financial allowance.
15. Family and friends carers should be able to access services through trusted sources independently of social services. Local authorities need to commission services for this group from independent providers. Health providers, schools and children's centres should recognise the needs of children in family and friends care and offer information and support to them.
16. Voluntary sector organisations, especially those providing services to families, children, older people and carers should have greater awareness of the needs of family and friends carers and the children they are looking after, and prioritise them as a group.
17. Family and friends carer befriending programmes should be developed by voluntary organisations with support from local authorities. Older carers who are struggling, either because of their own health difficulties, isolation or concerns about the children they care for could particularly benefit from support from trained volunteers who can build a relationship over time with the family.

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