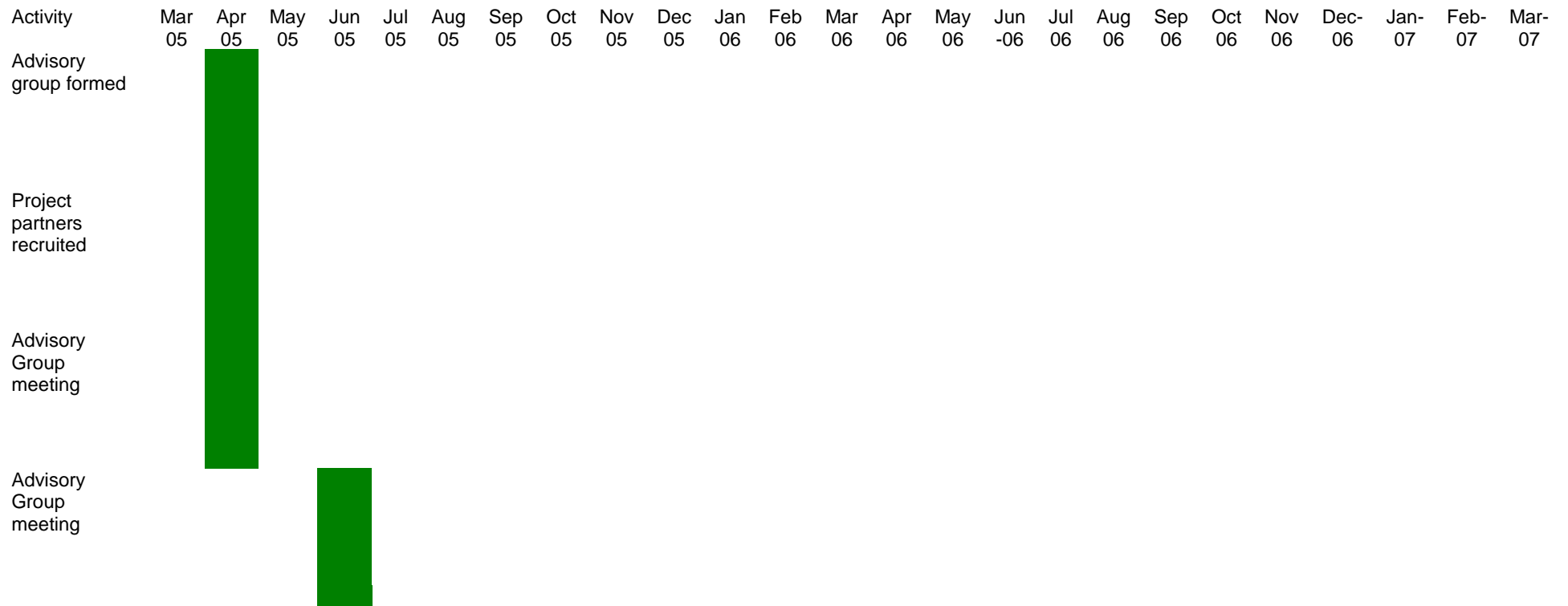
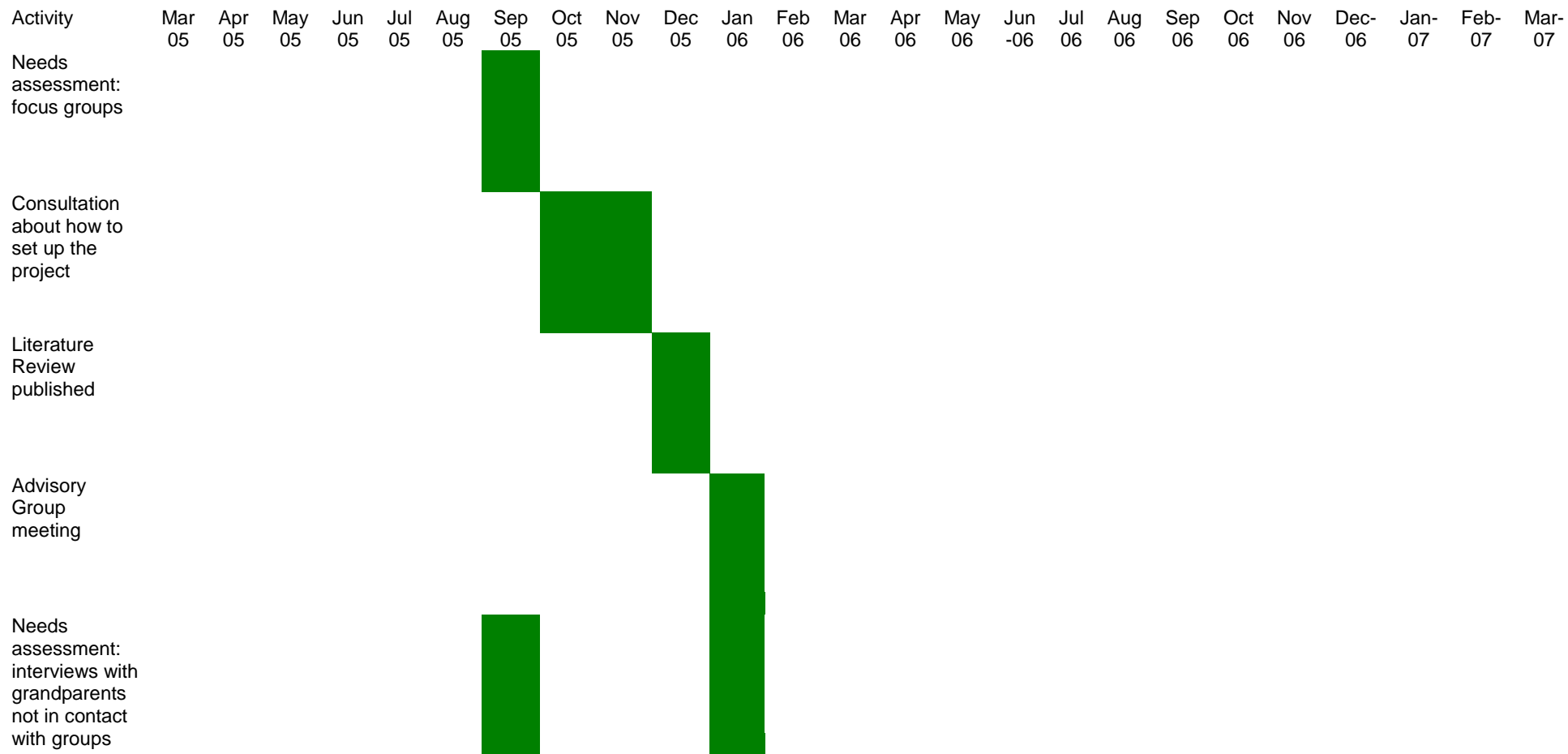


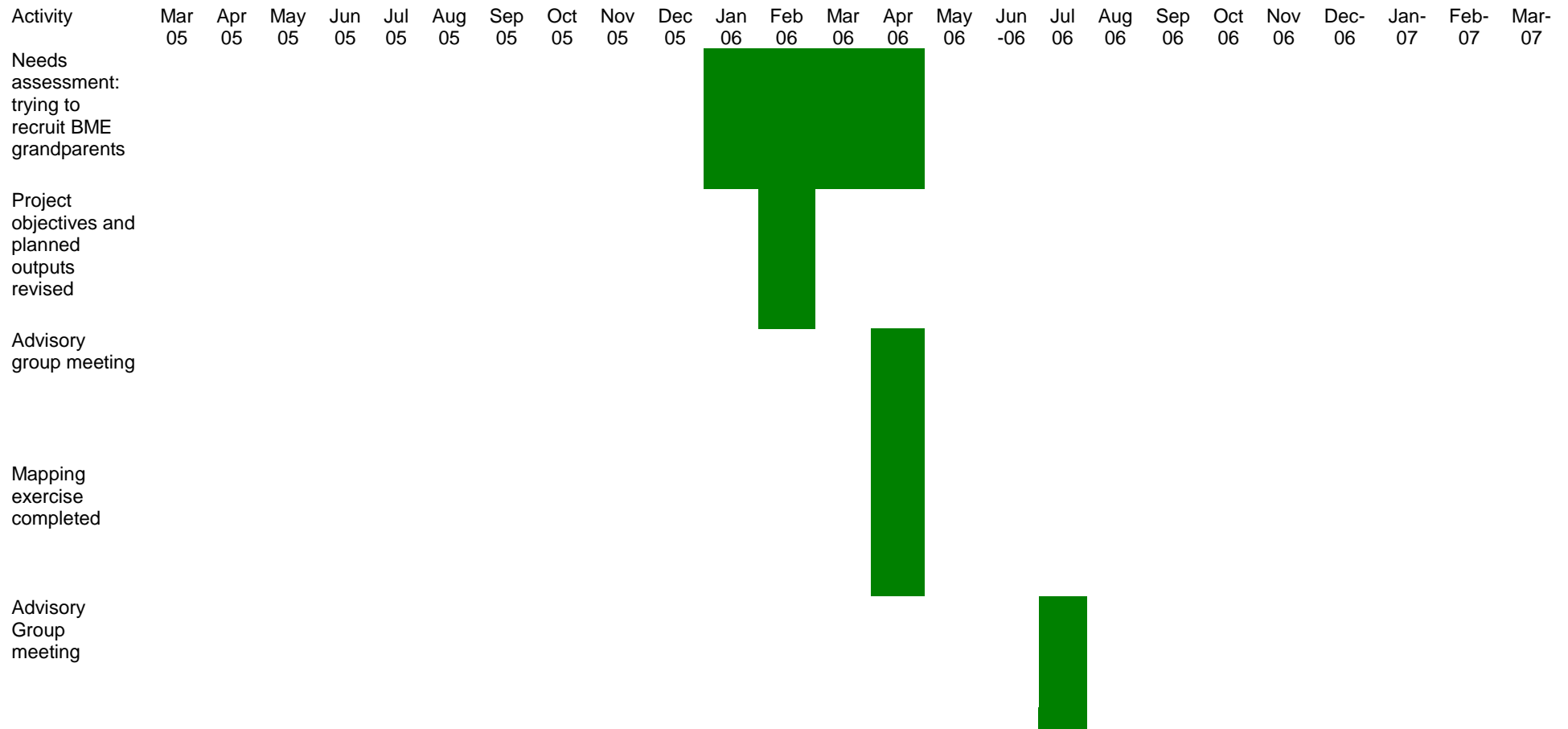
Mentor UK Grandparents Project Report Appendices

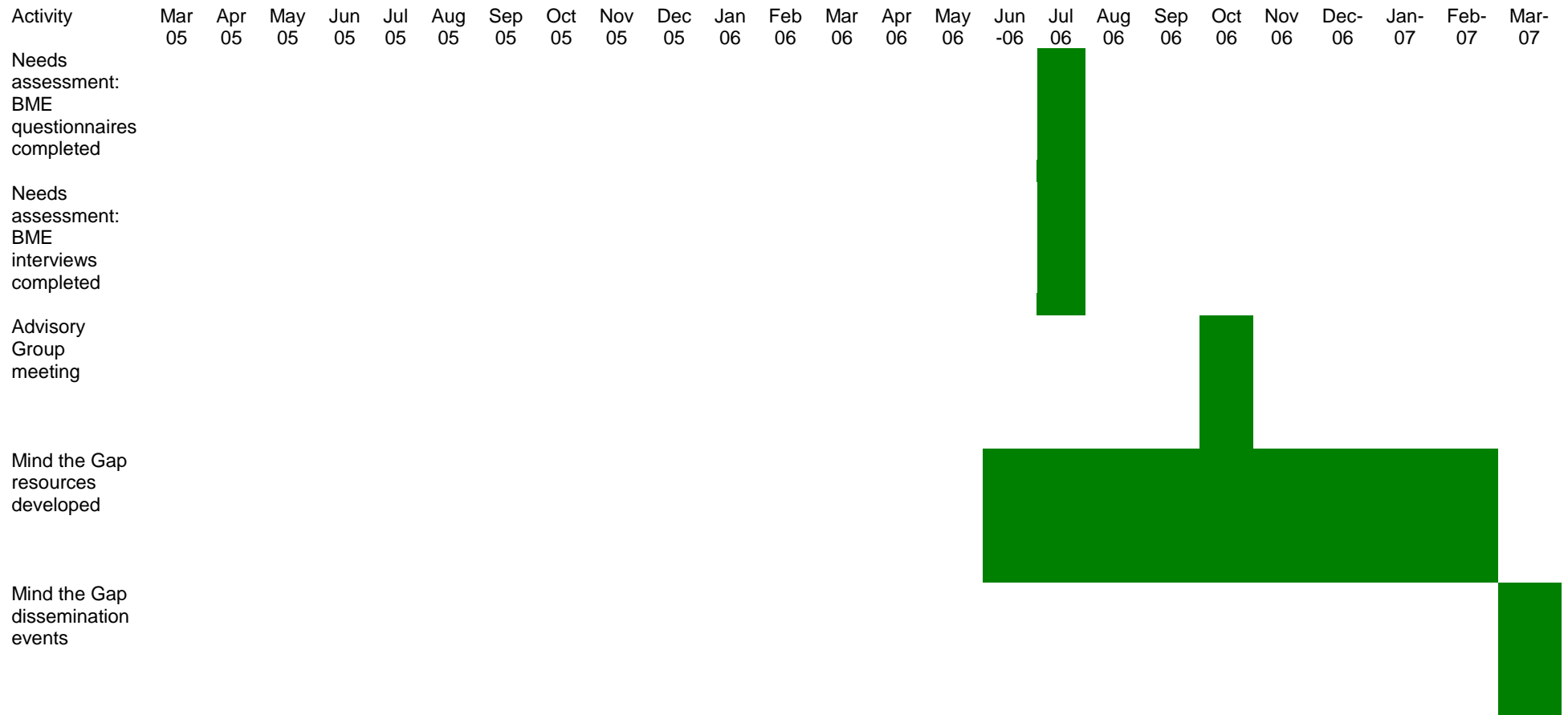
May 2007

Appendix 1 : timetable of activities









Appendix 2: Tasks carried out by project partners

- Mentor UK coordinated the project overall, including:
 - recruiting project partners and the advisory group,
 - commissioning the literature review,
 - carrying out the consultation with grandparents,
 - carrying out the mapping exercise,
 - recruiting grandparents to be involved in the project,
 - producing the Mind the Gap resources,
 - organising the dissemination events,
 - and marketing the Mind the Gap resources.
- Adfam: Esme Madill consultant for Adfam:
 - Carried out focus groups and interviews for the Needs Assessment and developed the questionnaire for BME grandparents.
 - Was representative on the Project Advisory Group.
 - Developed the Mind the Gap Staff Training Pack, Policy Recommendations, Leaflet, Service Assessment Tool and Family Group Checklist in collaboration with Mentor UK and grandparents.
 - Provided a great deal of advice on the direction and focus of the project.
- Grandparents Plus: Diana Whitworth developed and published the Grandparents First newsletter for grandparents. Diana was also representative on the Project Advisory Group and provided useful information concerning the rights of grandparents, as well as contributing to the Mind the Gap dissemination launches and helping to campaign for the Mind the Gap policy recommendations.

Appendix 3: Project Advisory Group members

- Eric Carlin (Chair), Chief Executive of Mentor UK.
- Esme Madill, Consultant for Adfam.
- Diana Whitworth, Co-Chief Executive of Grandparents Plus.
- Joanne Bell, Acting Manager, National Drug Prevention Development Team, Department of Health.
- Pam Carnegie, a grandparent who is bringing up her grandchildren.
- Susan Stewart, a grandparent who is bringing up her grandchildren and Yorkshire Project Worker for the Grandparents Association.
- Karen Hemmingway, a grandparent who is bringing up her grandchildren.
- Kerry Woolfall, Senior Researcher, National Collaborating Centre for Drug Prevention.
- Kate Davis, Director of Community Engagement, Black and Minority Substance Misuse Project, University of Central Lancashire: Centre for Ethnicity and Strategic Director of Nottinghamshire County Drug and Alcohol Action Team.
- Teresa Seymour, Livin It! Coordinator, Nottinghamshire. Livin It! Is a local agency supporting families of drug users in Nottinghamshire, and campaigns on behalf of grandparents who are bringing up grandchildren because of drug or alcohol problems in the family.

Appendix 4: Consultation with grandparents.

A consultation was carried out with grandparents who are bringing up their grandchildren to find out how best to set up the project and work with grandparents and to get some preliminary information about the needs of grandparents who are bringing up their grandchildren.

Recruitment

Six sets of grandparents were recruited via organisations that are in contact with grandparents who are bringing up their grandchildren, including a kinship care support group and a local Black and Minority Ethnic support health improvement organisation. Grandparents who were interviewed were each paid £40.

Demographics

Six sets of grandparents (eight grandparents in total) were interviewed. Of the six sets of grandparents, two were couples and four were single grandmothers. Two of the grandmothers interviewed were Black African Caribbean, and the grandparents remaining were White British.

The grandparents interviewed were caring for between one and four of their grandchildren, and the grandchildren ranged in age from 2-18. Five of these sets of grandparents were caring for their grandchild(ren) because of parental drug use. One of these grandparents chose not to give exact details of why she was caring for her grandchild, but alluded to feeling that her daughter could not cope with caring for her grandchild full time.

All grandparents lived in large cities in South East England and the Midlands, apart from one who lived in a large town in the South West of England.

Interview structure

Interviews lasted approximately 1.5 hours. A semi-structured interview method was used.

Part 1: introduction

- Interviewer introduces self and project
- Describes project aims and objectives
- Explains purpose of interview.
- Explains confidentiality agreement

- Ask whether any questions

Part 2: how best to set up project

- Interviewer asks about family circumstances and background.
- Asks participant to describe the child(ren) in their care.
- Interviewer describes project and the need to recruit a diverse group of grandparents.
- Interviewer asks how they think we can best achieve this, re things like meeting times, frequency, venues, formats, other ways of communicating.
- Asks about support needs for volunteers.
- Asks about incentives.
- Asks them how they think we can involve more socially-excluded and isolated grandparents.
- Asks whether they think specific groups of grandparents have specific needs and how can we include these in our planning.

Part 3: needs to communicate with grandchildren about drugs and alcohol

- Interviewer asks grandparent about what they think they need to communicate effectively about drugs with their grandchildren.
- Asks them what they have done to date.
- Asks them what information resources they have used and how useful (or not) these have been – and why.
- Asks them where they would currently go for advice to feel able to support their grandchildren re-drugs.
- Asks them if/how/when they would raise these issues in a protective, supportive way.
- Asks for specific information about the needs these grandparents have to enable them to support their grandchildren to avoid getting into difficulties with drugs.
- Explained possible outputs/outcomes of the project and asks them to comment on what would be most useful/important.
- Any other issues they consider important.

Part 4: concluding interview

- Interviewer thanks grandparent for participation.
- Give them information materials which already exist, including advice line details.
- Offer to keep them informed about next steps.
- Conclude interview.

Findings of consultation about how to work with grandparents.

Design of project

- **Location of meetings:** all grandparents apart from one said that they would not want to travel far to be involved in the project. For example some maximum distances quoted included 'no more than half an hour by public transport', '50 miles' and '20 miles'. The grandparent who said that she would not mind travelling far said she would be willing to travel anywhere in the UK to attend meetings/interviews.
- **Timing of meetings:** grandparents said that meetings should be during the middle of the day so that the grandchildren would be at school. Overall they quoted times between 11am-2pm. It was felt that meetings should last approximately two hours.
- **Meeting venues:** Grandparents did not have strong preferences for venues, but one pointed out that meetings should not be in someone's house, because the venue should be neutral. Some possible ideas included community centres and places which were wheelchair accessible and had crèche facilities.
- **Frequency of meetings:** frequencies that grandparents thought were appropriate included: every 4-6, 4, 6-8, 8-12 weeks. One grandparent felt that meetings should be held once a week in order to keep people focused and therefore less likely to drop out.
- **Incentives:** Incentives suggested were:
 - Money: this was seen as helpful, but grandparents didn't think it would be enough of an incentive by itself. They said they would need some other motivation in addition to money, such as a desire to change policy in relation to grandparent primary carers.
 - Empowerment: several of the grandparents mentioned that grandparents would want to take part if it would make them feel that they had some sort of control over what seemed like an uncontrollable situation. They indicated that grandparents would be more likely to take part if they felt that they could make a difference by doing so.
 - Pay travel expenses: grandparents thought it was important to pay grandparents' travel expenses.
 - Lunch: several grandparents suggested it would be a good incentive to provide a nice lunch as part of meetings.
- **Other ways of communicating:** Most grandparents said they thought meetings were preferable to telephone interviews or other ways of communicating because this would give grandparents the opportunity to meet other people in similar situations.
- **Specific needs of particular grandparents:** grandparents suggested several ways of involving grandparents with specific needs or who may be socially excluded:
 - Needs assessment: one grandparent suggested each grandparent should be given a questionnaire at the outset about their needs to take part in the project.
 - Physical health problems: Several grandparents suggested some grandparents may have physical health problems which would mean they would have specific needs in relation to being involved in the project.
 - Childcare needs: several grandparents suggested that childcare for grandchildren may need to be provided or paid for in order for grandparents to attend meetings.

- Cultural/religious beliefs: one grandparent highlighted that some grandparents may have culture specific beliefs about issues such as parenting and drugs that would mean that sensitivity would be required to avoid offence and that some taboo subjects would have to be avoided.
- **Important outcomes of the project:** some grandparents were asked to comment on which of the outcomes of the project would be most useful/important.
 - Policy changes: several of the grandparents commented that this was a particularly useful outcome of the project, especially because they felt that the policy with reference to the rights and finances of grandparent primary carers was unfair.
 - Training for professionals: Two grandparents said that training for professionals would be a useful outcome.
 - Training for grandparents: one set of grandparents said that although they didn't really think grandparents needed general training about being a grandparent primary carer, specific training about the rights and entitlements of grandparent primary carers and about the current education system would be useful, so as to be able to help grandchildren with their school work.
 - Network of grandparents: one set of grandparents suggested that a useful outcome of the project would be to set up a network of grandparent primary carers, and perhaps even to hold conferences for grandparent primary carers.

Needs to communicate with grandchildren about drugs and alcohol

- **Communication so far with grandchildren:** Two grandparents said they had not spoken to their grandchildren about drugs yet because they were too young (they were both under the age of 8). All other grandparents had spoken to their grandchildren about drugs, and several commented that these conversations had been quite frank. One said she had had only a brief conversation with her granddaughter about cannabis, and her granddaughter had said she was 'making a big fuss about nothing'.
- **Information/support received so far:** Only one grandparent had received any sort of information or support so far about communicating with their grandchildren around drugs and alcohol. This was a booklet which the grandparent in question had not yet read.
- **Needs to communicate with grandchildren about drugs and alcohol:**
 - Information about drugs: all grandparents apart from one indicated that they would like more information about drugs, in order to be able to communicate this to their grandchildren.
 - Confidence communicating with grandchildren: half the grandparents said they would like more information/assistance to feel confident communicating with their grandchildren and the other half said they felt fairly confident communicating with their grandchildren about drugs. One of those who said that she felt confident also thought it would be useful to have training specifically about communicating with adolescents, because this was quite challenging. Additionally two grandparents expressed concerns that talking to the grandchildren about drugs may trigger painful memories of their parents drug abusing behaviour.

- School input: several grandparents felt that the grandchildren's school should also provide information to the grandchildren about drugs in addition to or instead of themselves. One grandparent said that perhaps grandparents may not be the best person to talk to the grandchildren about drugs, if they themselves find drugs a painful and sensitive issue to talk about because of their experiences.
- Key worker or mentor: One grandparent suggested it would be helpful to have a key worker or mentor to talk to and get support around issues raised by being a grandparent primary carer including communicating with grandchildren.
- **Format of resources and information:** several grandparents said that a video containing information about drugs and alcohol and about communicating about drugs and alcohol would be useful.

Appendix 5: Needs Assessment

Demographic information about grandparents who participated in the Needs Assessment.

	Number of grandparents who participated	Demographic information about grandparents who participated (ethnicity, gender, geography) and information about the grandchildren they were bringing up.
Focus groups	7	<p>Focus group one: took place in Stoke-on-Trent, a city of 240,636 inhabitants in the Midlands, in an area with a mixed urban and rural economy. Stoke-on-Trent scores highly on the indices of multiple deprivation with high unemployment and high levels of income deprivation.¹</p> <p>Focus group two: took place in Havant, a town in Hampshire, in the South East of England with a population of 116,849. Although the county as a whole is relatively well placed on the Government's indices of deprivation, there are pockets of deprivation within the county. The estate on which the kinship care support group was based, in the ACORN classification is described as an area where there are some of the poorest young families in the country with exceptionally high numbers of children and a very young age profile. The level of single parents there is three times the national average and unemployment is very high with significant numbers of young people never having worked.²</p> <p>Ethnicity: all were white British, and their ages ranged from late forties through to late sixties.</p> <p>Grandchildren: Five were women caring for their grandchildren on their own. Four of the five were, or had recently been, caring for one grandchild aged between 18 months and 14 years. One woman was caring for two grandchildren aged 5 and 7 years. A couple, a man and woman were caring for their four grandchildren aged 12, 13, 14 and 16.</p>

¹ Census 2001

² www.upmystree.com/local/my-neighbours/neighbourhood-profile/1/PO89UY.html accessed on 4 November 2005

<p>Interviews with grandparents not in touch with support groups</p>	<p>10</p>	<p>One Black African Caribbean woman aged 79, who brought up her granddaughter who is now 30 years of age was interviewed in September 2005. She lives in Leeds, a city in the North of England, with a population of 715,404. Leeds is the second largest metropolitan district in the UK and ranks as the 31st most deprived region out of the 354 regions in England³.</p> <p>From 30 November to 18 December 2005 nine white British grandparents were interviewed: three women and three heterosexual couples. These nine grandparents were between the ages of 43 and 67 years and all but one grandmother were caring for one grandchild between the ages of 23 months and 11 years. One woman was caring for two grandchildren aged 19 months and 2 years 9 months.</p> <p>These grandparents lived in rural and urban areas, in areas of wealth and in areas of deprivation. One couple lived in the West Midlands in an area of relative affluence, with an established older population, the majority of whom were, like this couple, in professional occupations. Another couple lived in Co. Durham in an area of declining industry where generally employment is in blue-collar jobs in manufacturing, mining and other manual occupations and where there is some unemployment. Long term illness is above the national average, and educational qualification levels are generally low. The third couple lived in North Yorkshire in a very isolated rural area where the economy is underpinned by farming and where incomes are modest even though large detached properties predominate. One grandmother lived in Merseyside in a traditional blue collar neighbourhood. Another lived in London in an affluent area where one in four residents have postgraduate and professional qualifications and the majority of inhabitants, like this grandmother, work, or have worked, in professional and senior managerial occupations. The final grandmother lived in Co. Durham in an area of relative affluence where incomes are above the national average.</p>
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³ Census 2001

BME Questionnaires	7	All those completing the questionnaires were female. They were aged between 47 and 62 years of age with the mean age being 55.8 years. The grandparents described their ethnic origin as follows: Indian, Bangladeshi (2), Pakistani, West Indian, Greek Cypriot and Nigerian. Three of the grandparents were caring for one grandchild, three were caring for two grandchildren and one was caring for six grandchildren.
Interviews with BME grandparents	3	Two face to face interviews were undertaken: one with a Black African Caribbean grandparent carer aged 52, caring for her four grandchildren aged 3, 10, 15 and 18, as a result of their mother's death. The second interview took place with a 47 year old Black African woman (who also completed a questionnaire) caring for her 2 year old grandson, who was placed with foster carers at birth due to his mother's substance misuse. Both these women lived on housing estates in areas of London that are mixed in terms of income and ethnicity. A third grandparent carer, a 61 year old Greek Cypriot woman, who completed the questionnaire, also agreed to take a part in a telephone interview. She also lived on a housing estate, in north London in an area of mixed ethnicity and income levels.

Findings of the Needs Assessment.

This summary focuses on the major issues affecting the lives of the grandparents, what help they requested to prevent drug and alcohol related harm to their grandchildren and what issues they felt were important for professionals to be aware of in working with grandparent carers.

Key issues affecting the lives of grandparent carers are listed below (the number of grandparents mentioning these issues is in brackets):

- Financial hardship (20)
- Exhaustion (9)
- Being a fish out of water / not fitting in (7)
- Conflict between roles as grandparent and parent (7)
- Difficulty in liaising with schools / helping with homework (6)

- Fear of having to bring up other grandchildren in the future and guilt for refusing to engage with other grandchildren for fear of then having to raise them as well (6)
- Changes in youth culture make it hard for grandparents to 'keep up' (5)
- Fear of the future and who will care for grandchildren as they get older (4)
- Concern that other grandchildren not living with them are ignored / don't get attention (4)
- Own children (both those still living with the grandparents carers and those not living with them) miss out on attention and care (5)

What would help grandparents protect their children from drug / alcohol related harm:

- Support from other grandparents who have been / are going through similar experiences (13)
- Information on drugs and alcohol / what to look for (14), including visual information / a video (6) and information for grandparents to give to children (5)
- Financial support (11)
- A specific kinship care worker or worker with an understanding of what the needs of grandparent carers are (8)
- Respite care (8), respite care if tailored to the needs of the child (2) – however an equal number of grandparent carers were adamant that they did not want respite care because it would not be in the best interest of already traumatised children (8)
- Support from professionals (8)
- Information about who to contact and where to go for support (4)
- Support from schools in raising drug and alcohol issues with children (4)
- Training re drugs and alcohol (3)
- Help communicating with grandchildren (2) – a much larger number of grandparents were adamant that they did not need this help (11)
- Access to free legal advice (3)
- Ability to make decisions about grandchildren's future (1)
- Childcare (1)
- Support for child from other children being cared for by grandparent carers so that they don't feel odd / alone (1)
- A life free from the chaos caused by drug addicts (1)

The following issues were those that grandparents felt professionals needed to be aware of when working with grandparent carers:

- How difficult it is to be a grandparent carer (7)
- They should just listen to grandparents (5)
- They should employ kinship care workers (4)

- They should recognise how important grandparent carers are (3)
- They should appreciate the need for confidentiality (3)
- They should be aware that we need more time to absorb information because we are older (3)
- They need to understand we need visual information (3)
- They should not cling to the idea that it is always best for children to live with their parents (2)
- They need information about drugs and alcohol and the needs of families affected by drugs and alcohol (3)
- They need to understand treatment options for drug users (1)
- They need to be aware that we have an emotional involvement with the parents who are drug users (1)
- They need to offer us financial support (1)

Financial difficulties

All of the grandparents mentioned financial difficulties and many came back to their financial problems again and again during the interviews. The issues raised by grandparents ranged from the loans they had had to take out to cover drug rehabilitation costs for their children or legal costs for themselves, through to their inability to fund holidays and after school activities for grandchildren who they feared might turn to substance misuse because of boredom. A number of grandparents mentioned how legal costs had caused them severe hardship. One grandmother described how when their legal bill (for care proceedings in relation to their grandchildren) reached £1,400 she and her husband decided they had no option but to represent themselves. Grandmothers described giving up work to care for grandchildren, or taking lower paid work to fit in with nursery times, while one grandfather described taking on extra over time and working a seven day week to cover the cost of caring for his grandson.

There was some resentment that foster carers got paid an allowance not accessible to grandparent carers, although two grandparents were registered foster carers for their grandchildren. Some of the grandparents said it was not just the lack of financial reward but the general lack of recognition that they resented.

Health

Many of the grandparents described feelings of exhaustion. Other physical health problems included panic attacks, asthma, permanent back ache due to sleeping on the couch with a grandchild (from a grandmother living in a two bedroom flat with three grandchildren and her own child) and high blood pressure (from a grandmother bringing up a grandson following the drug related death of her daughter). Although there were also examples of grandparents stating that their grandchildren had helped them cope with severe health problems. One grandmother who had a bad back described how she was sinking into a depression until her granddaughter came to live with her. At this point she got her health problems in perspective and began to get out of bed and live an

active life which was better for her back. A number of grandparents felt that their grandchildren kept them young and gave them a reason to get out of bed in the morning.

However there was an overriding feeling from the grandparents, that although they were often happy that they could look after their grandchildren, the task was quite overwhelming and left them both very worried about the future (finances, court cases, who would care for the grandchildren if their health fails) and quite physically exhausted.

Relationships with others

For many grandparents, while bringing up their grandchildren brought joy and a strong sense of self worth, this came at a cost. The cost included a loss of relationship with the child / children's parents, which could be extremely painful - some grandparents spoke explicitly of having to choose between having a relationship with their children or with their grandchildren. For many, even describing this choice was extremely distressing. Other grandparents spoke of how the situation affected their relationship with their other (often non-drug using) children. For parents with young children still living at home, it could be especially painful to watch their own children's needs become overshadowed by the needs of traumatised and distressed grandchildren. Relationships with grandchildren they did not care for also suffered and some grandparents described a sense of regret at having lost the role of a 'normal' grandmother. Two of the grandmothers also cared for their own parents and while one described the joy of living in an intergenerational household, another felt guilty that the care she gave her mother (who had Alzheimer's), suffered because of the care she had to provide to her grandson.

The majority of grandparents described a loss or reduction of contact with friends or other people their own age. There was a strong sense that they had little in common with their peers, little or no time for social activities, and for those bringing up young children, no energy left to go out or socialise. Some described feeling like fish out of water when meeting with other parents or other grandparents. For some single parents there was an acknowledgment that they would not meet a new partner willing to take on the care of their grandchildren.

Bereavement

Two of the grandparent's interviewed had taken over care of their grandchildren due to the drug related death of their children. These grandparents had received no counselling or emotional support for themselves, and, of greater concern to them, no advice and support on how to talk to their grandchildren about their parent's death. Both were extremely anxious about how best to tackle the subject in conversation with their grandchildren and both were aware of how the impact of the loss of a parent could be long term and devastating if their grandchildren did not get the appropriate support.

Relationships with professionals

Many of the grandparents expressed a high degree of dissatisfaction concerning their experiences with professionals. While a small number of grandparents felt their social worker had been helpful, or described an understanding judge, this was the exception. With regard to teachers, slightly more parents mentioning helpful and understanding teachers. The concerns grandparents raised fell, primarily into the following categories:

- Social workers were felt to favour the parents and not always put the children's best interests first.
- Social workers were also described as demonstrating very little understanding about the impact of becoming a 'parent again', including having no insight into how this might affect other relationships in the family.
- Social workers were seen as being very relieved when grandparents took over care of the children, leaving grandparents to take up the task without support. The awarding of a residency order or the removal of a child from the child protection register often marked the end of all contact with social services for grandparents who were just beginning a very long and difficult path of caring full time for their grandchildren.
- Services were described as badly co-ordinated or not co-ordinated at all, with social workers not sharing information, court dates being frequently adjourned because the appropriate paper work is not ready and with very few areas having dedicated kinship care workers to address the needs of grandparents in a holistic manner.
- Teachers and head-teachers were frequently described as insensitive and lacking in an understanding of what might be the impact on a child if their mother or father dies or is imprisoned.
- Kinship carers, including grandparent carers were felt not to get the respect or financial support awarded to foster carers yet they are undertaking the same tasks.
- Access to legal advice is severely restricted for grandparents as they are not eligible for legal aid. As a consequence many described not get the legal support they require.

While many grandparents did express anger and disappointment at the treatment they had received, particularly from social services, most acknowledged that the individual social workers meant well, or were not seeking to cause distress. There was a feeling that grandparents needed to be listened to and that professionals needed to be trained to understand what kinship care involves.

Drugs and Alcohol

The majority of grandparents expressed concern about the possibility of their grandchildren misusing drugs and alcohol in the future, but there was a sense in interviews and focus groups, that they were having to cope with so many other more immediate problems, (including court orders, financial hardship, overcrowding, ill health, isolation and anxiety), and that, as a consequence, substance misuse was not a primary concern. (There were two notable exceptions in the interviews: one of these grandparents was caring for

teenage grandchildren, which may have explained why she was extremely concerned about this issue, but the other grandparent was caring for a two year old, and it is also the case that a number of other grandparents caring for teenage grandchildren did not express high levels of concern).

There was no consensus about the impact on their grandchildren of having a parent who misused substances. Some grandparents feared this would make their grandchildren genetically pre-disposed towards substance misuse, or that having seen substance misuse, their grandchildren would be less afraid to begin experimenting themselves. Others, however, felt strongly that seeing their parents suffer harm from drugs and alcohol would make it less likely that their grandchildren would start to misuse drugs and alcohol.

All grandparents, even those who expressed little or no concern about their grandchildren's substance misuse, felt that grandparents needed a range of support and access to information in order to protect their grandchildren from harm. Contact with other grandparent carers was consistently seen as being the most helpful form of support. But some grandparents also requested very specific practical help e.g. information on substance misuse in Punjabi or access to bereavement counseling for their grandchildren.

Overall experience of being a grandparent carer

Grandparents vividly described the problems that they encounter in their role as primary carers, including financial difficulties, exhaustion, isolation from peers, fear of the future and a lack of support from professionals. Many grandparents also spoke of years of coping with their children's substance misuse, which on occasions had resulted in violence, imprisonment, prostitution and death. However, there was also a sometimes muted pride in their role as primary carer. Some grandparents described how proud they felt of the care that they provided and the difference that they had made to the lives of their grandchildren. Others described the joy that their grandchildren bring to their lives, including, some went so far as to say, giving them a reason to live.

Appendix 6: Producing and field testing resources

Resources	Development and field testing
<p>Mind the Gap Staff Training Pack A guide for facilitating a half day training session for staff and volunteers working in community or family group settings. Based around a DVD where grandparents describe their experiences, this pack aims to help staff improve their understanding of the needs of grandparents bringing up their grandchildren. It can also be used to support training of all staff who might come into contact with grandparents bringing up their grandchildren, for example, social workers or staff working in drug treatment agencies.</p>	<p>This Training Pack was drafted by Esme Madill, the consultant for Adfam and a grandparent who is bringing up her grandchildren.</p> <p>The project advisory group gave very positive feedback on this resource. The training session was also tried out by Mentor UK staff and consequently amended.</p> <p>The training pack was also field tested by the following professionals/organisations:</p> <ul style="list-style-type: none"> • SPODA, Chesterfield, an agency that supports families and carers of substance misusers, who fed back that this was an excellent training tool that they would be using to train their staff and volunteers in the future. They also felt the training had been set out in such a way they were confident about using it with staff and volunteers even though they were not experienced trainers. • Debbie Laister, Freelance Training Consultant, London, indicated that: <ul style="list-style-type: none"> ○ It needed to be explained that the focus of this training was on grandparents, because social workers may get sidetracked by child protection issues and could use training to explore these issues rather than focusing on grandparents. ○ It should be explained that this is not specifically substance misuse training but training about grandparents affected by issues of substance misuse. ○ It should be emphasised what the participants can expect to get out of training and there should be a section for setting ground rules at the start of the training. ○ In all exercises where participants are asked to put themselves in the mind set of grandparents, they should be asked to think about how this would make them 'feel'.

	<ul style="list-style-type: none"> ○ The resource should emphasise that participants should make efforts to show externally that their organisation is 'grandparent friendly', in addition to actually being 'grandparent friendly'. <p>Helen Stack, Child Protection consultant, London. She said that the training pack was a very good tool and would be really useful in lots of settings with social workers.</p>
<p>Mind the Gap Grandparents DVD Produced to share the experiences of grandparents bringing up their grandchildren and raise awareness of their situations. The DVD consists of eight sections, highlighting real-life issues that grandparents bringing up their grandchildren encounter, including financial problems, isolation, bereavement and worries about drugs and alcohol.</p>	<p>Mentor UK produced the DVD with input from Adfam. Six grandparents who are bringing up their grandchildren were filmed for this DVD.</p> <p>The DVD was sent to five grandparents with a questionnaire for feedback. Completed questionnaires were received from three grandparents and feedback was received from one grandparent by telephone. Feedback indicated that grandparents found the DVD very relevant to their own experiences and suggested it covered all the kinds of issues they themselves were facing. They said the DVD made them feel less alone, gave them confidence in their ability to cope, made them feel positive, helped them reflect on their own experiences, and one grandparent said the DVD made her feel upset. One grandparent said it would have been useful to know the ages of the grandchildren and how other grandparents coped with bringing up teenage children.</p> <p>The DVD was shown to the advisory group at the October 2006 advisory group meeting. Feedback from the advisory group was very positive, and the group were very emotionally moved by it. However, it was felt that the DVD was slightly too long. The DVD was subsequently shortened.</p> <p>The DVD was also sent to the following professionals for feedback:</p> <ul style="list-style-type: none"> • Debbie Laister Freelance Training Consultant, London. • Hellen Stack, said that the DVD was extremely powerful. • SPODA, Chesterfield, who responded that the DVD was 'spot on', and

	<p>made them aware of issues around bereavement that they had overlooked.</p> <ul style="list-style-type: none"> • Loraine Matlin, a Kinship Care Worker from Hampshire who said it was absolutely fantastic and covered the main issues faced by grandparents bringing up grandchildren. • The Family First team, Wandsworth Social Services. • Livin' It, Nottinghamshire who gave very positive feedback and passed it on to other organisations working with grandparents.
<p>Mind the Gap Grandparents Policy Recommendations Summarises the recommendations made by the grandparents we worked with for changes in policy and practice in working with grandparents who are bringing up their grandchildren, it is targeted at policy makers and planners, for example, politicians, civil servants and service commissioners,</p>	<p>The policy recommendations were written by Esme Madill, consultant for Adfam, with input from Mentor UK.</p> <p>The draft policy recommendations were shown to the advisory group, who gave very positive feedback, with one member suggesting that quotes should be added to give the recommendations a more emotional element. Quotes were consequently added and the recommendation about further research on the needs of BME grandparents was subsequently added.</p>
<p>Mind the Gap Grandparents Leaflet For grandparents bringing up their grandchildren, this leaflet provides information written by and for grandparents about where to go for support, and advice about talking to young people about drugs and alcohol.</p>	<p>This leaflet was drafted by Esme Madill, the consultant for Adfam with a grandparent who is bringing up her grandchildren.</p> <p>The leaflet was field tested with the following agencies: Second Time Around, Sheffield (a support group for grandparents who are bringing up grandchild(ren)) PADA, Liverpool, a support agency for families of substance misusers.</p> <p>The leaflet was shown to the project advisory group, who gave very positive feedback.</p>
<p>Mind the Gap Grandparents Directory of Services A directory of services that grandparents bringing</p>	<p>Feedback from the project advisory group on the mapping exercise report suggested that a directory of services for grandparents who are bringing up their grandchild(ren) should be produced using the findings</p>

<p>up their grandchildren and others including professionals can use to find local and national services which can help provide support.</p>	<p>of the mapping exercise. This directory of services was subsequently produced by Mentor UK.</p> <p>Input on the layout and content of the report was received from a grandparent who is bringing up grandchildren.</p>
<p>Mind the Gap Service Assessment Tool To help managers and team leaders of statutory and voluntary agencies assess how well their services currently meet the needs of grandparents bringing up their grandchildren and the children that they care for and help them develop an action plan to improve their services.</p>	<p>The service assessment tool was produced by Esme Madill, consultant for Adfam.</p> <p>The tool was shown to the advisory group who were very happy with it.</p> <p>The tool was sent to: Debbie Laister. Hellen Stack, who said the tool was clear and useful. However, that agencies need to be clear that they make grandparents aware of who they can talk to, and that therefore under the action plan it would be good if agencies had information they could give grandparents on how to address child protection concerns.</p> <p>The tool was also sent to SPODA, Chesterfield, who indicated that while this tool may be appropriate for large agencies, they found this assessment quite daunting and were concerned that because most family groups are much smaller than SPODA, there may be an issue about capacity of the workforce. SPODA is well established, but they still found the audit complex. They were worried that doing the audit would make staff / volunteers feel less confident rather than more confident.</p> <p>In response to this feedback the separate Family Group Checklist was produced for such family groups.</p> <p>In addition SPODA gave the following feedback: Positive aspects of the tool:</p> <ul style="list-style-type: none"> • SPODA is now planning to develop an overall training audit, in addition to their individual staff training audits.

	<ul style="list-style-type: none"> • SPODA will now be publicly displaying its child protection policy. Potential problems with the tool. • The tool should mention where to refer grandparents for advice re-residency / contact orders and special guardianship. • The audit states that children should be referred to specialist services but in many areas there are none, therefore it should refer to national agencies and help lines and include this information in the resources at the back. • The idea of grandparents being part of DAAT carers' forums is good but again not all groups will have resources to support grandparents in this role and the DAATS and NTA often don't mention / consider grandparents when talking of involving families and carers. • There needed to be more explanation about harm reduction and on spelling out that when undertaking assessments services need to identify children in the family and assess their needs. People tend to think harm reduction is about safer drug use and nothing else. • Agencies need literature on substance misuse which is suitable for children and young people – for grandparents to give to their grandchildren. Many leaflets are only suitable for adults / older young people. <p>The service assessment tool was subsequently amended to take this feedback into account.</p>
<p>7. Mind the Gap Family Group Checklist To help volunteers and paid staff working in family groups and services with families affected by drug and alcohol use, including grandparents improve the services they offer to grandparents bringing up their grandchildren and the children that they care for.</p>	<p>Esme Madill, consultant for Adfam produced the family group checklist and this was field tested with SPODA Chesterfield, who gave very positive feedback.</p>