

# Mentor UK Grandparents Project Mapping Exercise Report

April 2006

## 1. Aim of this report

This report summarises the findings of two related mapping exercises which were carried out to identify where grandparent primary carers<sup>1</sup> might or do access support. It is intended that this will support the Mentor UK, Adfam and Grandparents Plus Grandparents Project to know where the training and educational resources which they are producing to support drug misuse prevention for these families might have the greatest impact.

## 2. Executive Summary

Two separate mapping exercises were undertaken:

- A national mapping exercise which aimed to identify where in England there are support services around drugs and alcohol for grandparent primary carers.
- A micro mapping exercise which aimed to identify all the types of agencies grandparent primary carers access for support, be these drug and alcohol services or other support services. This was done by mapping all the services that grandparent primary carers have contact with within a very small geographical area.

The key finding of these mapping exercises are that:

- There are currently very few services which specifically target the needs of grandparent primary carers. The result is that for grandparent primary carers seeking support in their local area, there may only be generic support services available which may not address their specific needs, and in some cases there may be no relevant local support services.

The specific findings of the national mapping exercise were:

- Of all the different types of drug agencies contacted, agencies supporting families of substance misusers and others affected by someone else's substance misuse appear to be providing the most support to grandparent primary carers.

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<sup>1</sup> Grandparent primary carers refer to 'a grandparent who is looking after his/her grandchild/ren full-time'.

- There are a small number of agencies that specifically aim to support grandparent primary carers/grandparents<sup>2</sup> and kinship carers around drug and alcohol issues which are also providing support tailored to grandparent primary carers.
- The most common services for grandparents provided by the agencies contacted were help lines, support groups, one-to-one support and referral to other services.
- The majority of support agencies for grandparent primary carers do not systematically evaluate their services, making it difficult to assess the efficacy of their services.
- Examples of potentially promising tailored support for grandparent primary carers were identified, but the lack of evaluation, made it difficult to assess their efficacy.
- There were very few local authority areas where no support services for grandparent primary carers could be found.
- The majority of agencies expressed an interest in further training around the needs of grandparent primary carers.

The key findings of the micro mapping exercise were:

- Grandparents primary carers appear to be served by a mixture of generic services at the local level, including community, family and ethnic minority organisations. Many of these agencies provide support for this client group.
- Social Services provide support for grandparent primary carers. In the areas covered by the micro mapping exercise this support was provided by professionals concerned with child protection and fostering and adoption.

Methodological Issues:

- Agencies supporting grandparent primary carers were very difficult to locate and to contact.

### 3. National mapping exercise

#### Objectives of the national mapping exercise

The objectives of the national mapping exercise were

1. To identify the services in England that grandparent primary carers access for support around drug and alcohol issues:
  - a. What type of agencies provide these services.
  - b. The nature of these services.
  - c. Whether these services are evaluated and the type of evaluation used.

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<sup>2</sup> Throughout this document grandparents refer to grandparents who may provide some care for their grandchild/ren but may or may not be caring full time for their grandchild/ren.

- d. Whether these services are targeted at specific ethnic minority groups, or gender groups.
  - e. The geographical spread of these support services.
2. Any examples of promising approaches to supporting grandparent primary carers and common difficulties that have been identified.
  3. To identify the types of services that grandparent primary carers don't access and why they may not do so.

### Findings of the national mapping exercise

Eighty nine general agencies were contacted - that is general community drug agencies. Of these, eighty one indicated that they potentially provided support for grandparent primary carers<sup>3</sup>:

- These ranged from agencies that, in addition to their services for substance misusers, had quite a substantial service in place for families and others affected by someone else's substance misuse to agencies that really only provided a service for the substance misusers, and would simply refer non-users to other agencies.
- For the majority of these agencies, grandparents represented a very small percentage of their client group. Estimates ranged from 1-60%, with a median value of 5%.
- The estimated percentages of clients that were grandparent primary carers were even lower, with estimates ranging from 1-30%, with a median value of 3%.
- 75.3% of general agencies said that grandparent primary carers accessed their service for support for themselves.
- 51.9% said they would signpost or refer grandparent primary carers to other agencies.
- 30.9% provide a support group for grandparent primary carers.
- 33.3% provide one-to-one support for grandparent primary carers.
- Over half (55.6%) said their services were externally evaluated, and almost half of these (24.7%) said this external evaluation was carried out by the Drug and Alcohol Action Team (DAAT).

One hundred and thirty five family agencies were contacted - that is agencies that support families of substance misuser and all others affected by someone else's substance misuse. Of these one hundred and thirty two indicated that they potentially provided support for grandparent primary carers:

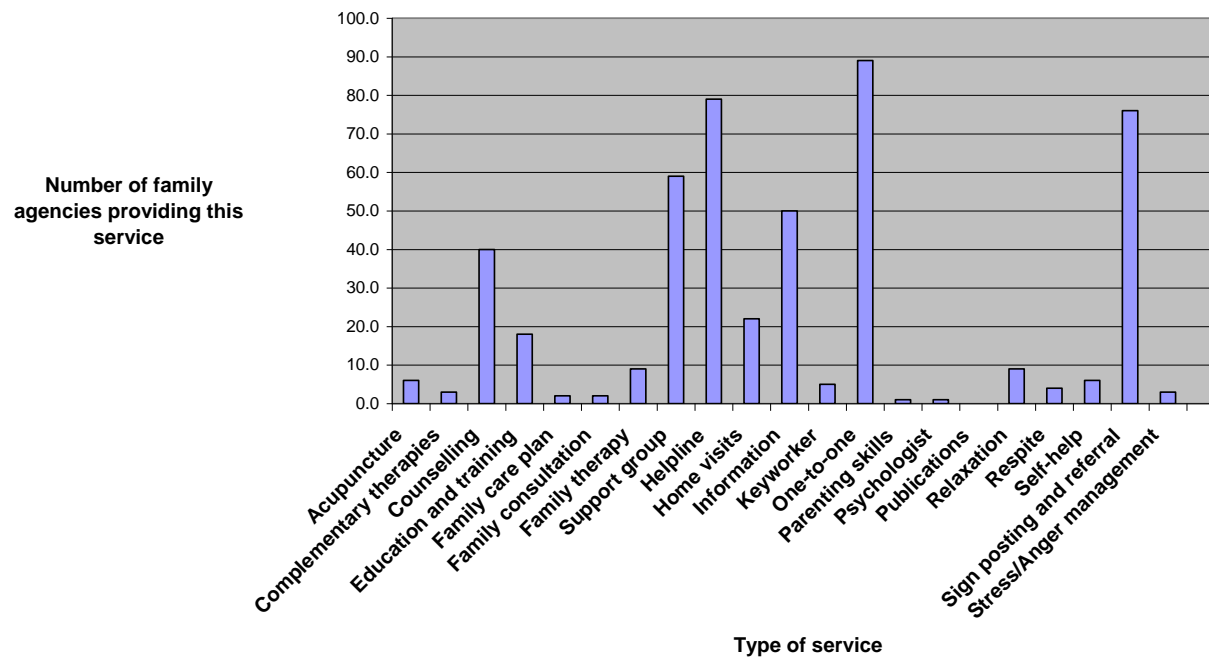
- These agencies ranged from small agencies consisting of one or two members of staff, often founded by someone who had personal experience of a significant other misusing substances to large agencies or services attached to a General Community Drugs Service.
- Fourteen of these agencies were not drug agencies, but were agencies supporting families, parents, carers or the elderly.

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<sup>3</sup> Throughout this document 'potentially provided support for grandparent primary carers' means that these agencies responded 'yes' to the question 'I understand you have contact with grandparents?'

- Grandparents were a small minority of the clients seen by these agencies with estimates ranging from 0.5% to 98%, with a median value of 9%.
- The estimated proportion of clients that were grandparent primary carers was lower, ranging from 1% to 75%, with a median value of 5%.
- 80.3% of family agencies said that grandparent primary carers accessed their service for support for themselves and 56.8% said that they accessed services for their grandchildren.
- As shown in figure 1. these agencies provided a wide variety of services.
- 49.2% of these agencies said that they used feedback forms to evaluate their services.
- 43.2% said that their services were externally evaluated.
- 20.5% said that the only evaluation they did was informal evaluation, such as verbal feedback and letters of thanks.

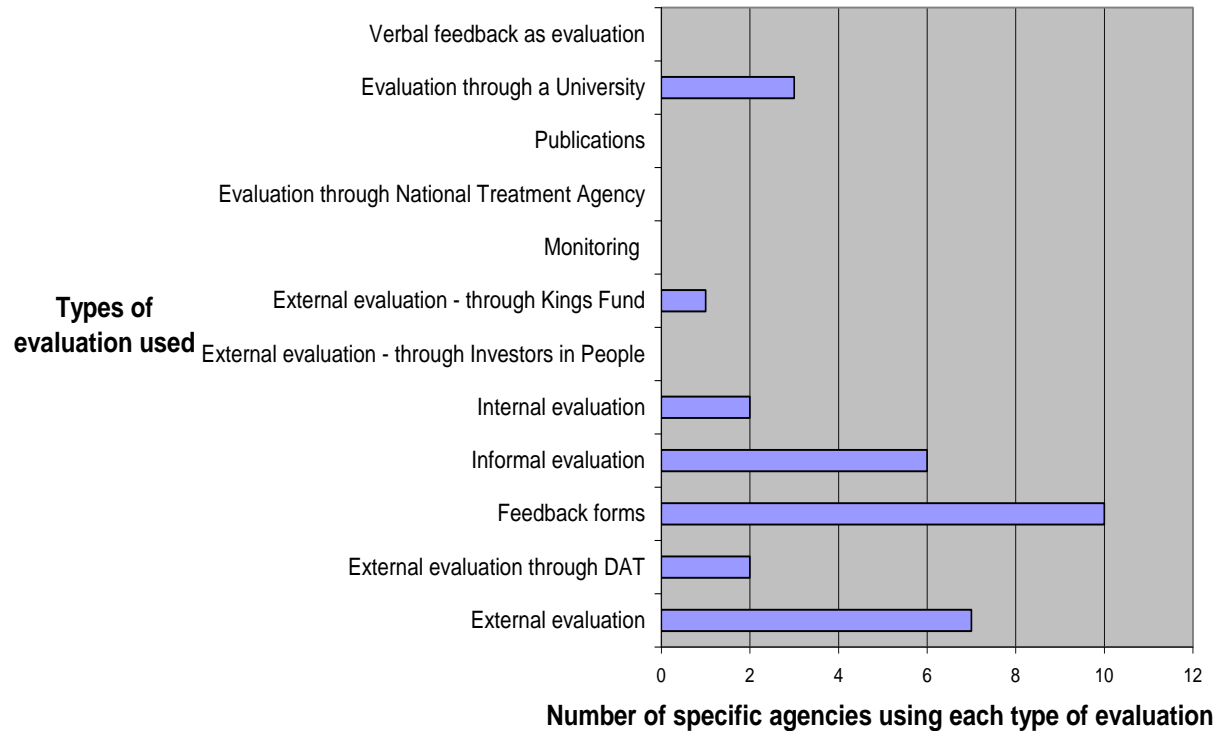
**Figure1. Nature of services provided by family agencies**



Twenty two specific agencies were contacted - that is agencies specifically targeted at grandparents, grandparent primary carers and kinship carers. All of these agencies indicated that they potentially provided support for grandparent primary carers.

- Seven out of the twenty two organisations contacted were specifically for grandparents and grandparent primary carers.
- Four of the twenty two were carers' organisations.
- The remainder were organisations that support families of drug users where the majority of the clients are grandparent primary carers.
- Those that gave estimates of the proportion of their clients who were grandparents, estimated between 5-100% were grandparents, with a median of 47.5%,
- Between 1 and 100% were estimated to be grandparent primary carers, with a median of 5%. All of these agencies said that grandparents contacted them for support for themselves.
- 59.1% of these agencies said they provided one-to-one support, 59.1% also said they gave information and 50% said they had a support group.
- As shown in figure 2. evaluation of these specific services was variable with 31.8% of these agencies saying their services were externally evaluated and 45.5% reporting that they used informal evaluation.

**Figure 2. Type of evaluation used by specific agencies for grandparent primary carers, grandparents, and kinships carers**



Ten user agencies were contacted - that is agencies that only supported substance misusers. Of these four indicated they potentially provided support for grandparent primary carers.

- Four agencies said that they were specifically for substance misusers only and would not come into contact with families of substance misusers or others affected by someone else’s substance misuse.
- These agencies estimated that the percentage of their clients that were grandparents ranged from 1-5% with a median of 1%.
- Three out of four of these agencies said that grandparents would contact them for support for themselves, as they were the substance misusers.

Three agencies for children of substance misusers were contacted, all of these indicated that they potentially provided support for grandparent primary carers.

- All of these agencies said that they came into contact with grandparent primary carers.
- Estimates of the proportion of their clients that were grandparent primary carers ranged from 3 to 30%.
- All three agencies said that grandparent primary carers would access them for support for their grandchildren and one said they would access them for support for themselves.
- All these agencies said that they would provide information for grandparent primary carers who contacted them
- Two of these agencies said that they would signpost grandparent primary carers to other agencies for support.

Agencies who provide a service tailored to specific ethnic, cultural and gender groups, that grandparent primary carers can access.

- Sixteen agencies providing a service targeted at a specific ethnic minority group had clients who were grandparent primary carers.
- These agencies provided mother tongue services, support sessions, leaflets in community languages and helpline services.
- Eight agencies that provided a service specifically for men or women had clients who were grandparent primary carers.
- Five of these eight agencies had women only support groups, and one said they developed women only care plans.
- Two agencies reported having support groups especially for men. One of these was run by an agency that supported families of substance misusers. They had a support group dedicated to fathers of drug users and reported that several grandfathers had attended this group.
- One national agency, who supported families of substance misusers reported that they had a specific service for grandparents caring for their grandchildren because their own children were in prison.

## Training

- 52% of the agencies that said that they came into contact with grandparents felt their organisation would be interested in having training about the specific needs of grandparent primary carers if such training were available.

Geographical spread of services.

Areas without services for grandparent primary carers:

- There were twenty four urban areas where we were unable to locate any agencies that potentially provide support to grandparent primary carers as part of their work. Most were within a county or adjacent to a county/borough where we had identified support services for

grandparent primary carers, however, this does not negate the fact that we were unable to identify support services for grandparent primary carers within these urban areas, some of which were large towns, or small cities.

- There were five counties where we did not find any agencies that support grandparent primary carers. These included two adjacent counties.
- None of the nine regions in England and Wales appeared to have no support services for grandparent primary carers in that region. However support services for grandparent primary carers in the North East did appear to be clustered in Tyne and Wear, with no agencies in Durham and only one in Northumberland.
- In some areas there was a concentration of support for grandparent primary carers: In the South Yorkshire Metropolitan Area (which includes Sheffield and Rotherham) we identified seven family agencies and one agency that supports grandparent primary carers specifically. While in Herefordshire we identified four agencies that provided support to families of substance misusers, three of which had clients who were grandparent primary carers.

Seven national agencies said that they came into contact with grandparents.

- Three of these agencies were family agencies who provided a variety of services including information, a helpline, support groups, and a keyworker. They estimated that between 5 and 10% of their clients were grandparent primary carers.
- One of these agencies specifically supported grandparents and did this through a network of grandparent support groups and by providing information and a helpline.
- Two of these agencies were general agencies which estimated that none or a very small number of their clients were grandparent primary carers, they said they signposted grandparent primary carers to more appropriate agencies.
- One of these national agencies supported children of drug users.

### Promising Approaches

Many of the agencies we contacted were particularly interested in our work, because they themselves were beginning to recognise the need for support for grandparent primary carers and some were already developing promising practice with these grandparents. We hope that one of the outcomes of this exercise is that it may prompt agencies to develop support services for grandparent primary carers.

Of the agencies contacted several appeared to be developing promising ways of supporting grandparent primary carers.

One of the agencies contacted was **New Era**, a company limited by guarantee that had been contracted by the Lancashire County Council to provide support services to grandparent primary carers in the area<sup>4</sup>. This had occurred in response to a needs assessment which New Era had

<sup>4</sup> [http://www.newera.coop/html/grandparents\\_as\\_carers.html](http://www.newera.coop/html/grandparents_as_carers.html)



carried out to identify gaps in service provision for children and families in Burnley, Pendle and Rossendale, which had identified a lack of support for grandparent primary carers. This project provides monthly support group meetings for grandparent primary carers where they can enjoy peer support and receive training, including parenting skills courses. The agency also provides a keyworker who offers one-to-one advice and support in the grandparent's home. The service is fairly new, they currently only monitor their service provision, but they plan to set up external evaluation of their grandparent primary carer services later in the year.

A **Sure Start service in Sheffield** was identified as doing some promising work with grandparent primary carers. They had identified that grandparent primary carers were not accessing their general services because they felt that they were 'different' to other families and therefore did not 'fit in' at the general family services. This service has therefore set-up a support group for grandparent primary carers. Although this support group is in the early stages of development, the service reports that it is well attended. The support group is quite informal at the moment, but the individual who runs it is hoping to make it more structured by bringing in speakers to talk about issues around being a grandparent primary carer. The service is new, it has yet to be formally evaluated.

One **support service for families of substance misusers**, where approximately 80% of the clients were grandparent primary carers, set up an 'action group' of grandparent primary carers to discuss issues affecting grandparent primary carer. Lectures on relevant topics were given by other agencies such as Citizens Advice Bureaux. This service also provided respite specifically for grandparent primary carers, complementary therapies, general advice, information and one-to-one support. Evaluation of this service is based on informal feedback.

Another **general service for families and others affected by someone else's substance misuse** where 50% of the clients were grandparent primary carers, provides general advice and counselling, relaxation days once a month where grandparent primary carers can come and be 'pampered', access complementary therapies and attend workshops on health related topics such as 'stress and the body'. However this agency said that they were currently struggling to secure funding to continue to provide these relaxation days. This service also provides respite for grandparent primary carers once a month, or more during the school holidays. Evaluation of this service is based on informal feedback.

A final example of some promising work is being undertaken with grandparent primary carers in a **general service for families of drug users in the Sheffield area**. With the help of its grandparent primary carer clients this service has developed a leaflet about the experience of being a grandparent primary carer.

Unfortunately, with the exception of the first example none of the above services has been externally evaluated, and several relied on informal feedback from clients as their evaluation. This makes it difficult to assess to what extent these services are meeting the needs of grandparent primary carers, and, in particular, whether these agencies are more effective at meeting the support needs of grandparent primary carers than general services for families of substance misusers.

## Common difficulties

Several examples were found of unsuccessful attempts to set up specific services for grandparent primary carers. One of the specific services reported that they had tried to set-up a support group in the past, but family crises had affected all the members (only four) and that for this reason it had not taken off. One of the General services for families of substance misusers also reported that they had tried to set up a support group for grandparent primary carers, but that it had not been well attended and therefore eventually folded.

## Agencies not supporting grandparent primary carers

- Fourteen agencies explicitly said that they did not have any contact with grandparents as part of their work.
- Six of these were user agencies who supported users only and would not be expected to come into contact with grandparents unless the grandparent was a substance misuser.
- Six were general agencies, three of whom said that they predominantly supported users, and if grandparents were to contact them they would refer them to more suitable services.
- Only two family agencies, both of which were general family support agencies, not drug specific agencies, said that they did not come into contact with any grandparents. One of these said they thought this was because they were in the early stages of development, but would welcome grandparents if they approached the service for support.

#### 4. Micro Mapping Exercise

##### Objectives of the micro mapping exercise

The objectives of the micro mapping exercise were to identify, within a very small geographical area, all the services that grandparent primary carers access for support:

- The type of agencies that provide these services and which group of people their services are targeted at: e.g. Statutory or voluntary agencies, and whether for example they are targeted at carers, young people, or a particular faith group.
- To what extent these agencies support grandparent primary carers: i.e. the percentage of their client group who are grandparent primary carers.
- The nature of the services that they provide for grandparent primary carers, for example support groups or one-to-one support.

##### Findings of micro mapping exercise

###### Stratford and New Town

###### Voluntary organisations

- Ten out of the eighteen voluntary sector organisations contacted said that they had clients who were grandparent primary carers - the percentage of the clients that were grandparent primary carers ranged from 1-20%.
- The services provided for grandparent primary carers by these agencies included support groups, a helpline, signposting, and training/education.
- One of these organisations, a charity supporting people on sickness benefit, said that approximately 7% of their clients were grandparent primary carers.
- A Dance charity, running a project to encourage older people to exercise through dance, reported that quite a few of those attending this project were grandparent primary carers.
- Three of the eight ethnic minority voluntary sector organisations contacted said they had clients who were grandparent primary carers, estimating that these grandparent primary carers represented 2-6% of their clients. They provided signposting, education/training, support groups and one-to-one advice for grandparent primary carers. One of these organisations whose aim was to support African and Caribbean people over the age of sixty, indicated that 6% of their clients were grandparent primary carers.
- The only family voluntary sector organisation that we contacted said that they had clients that were grandparent primary carers, but that this constituted only 1% of their client group, they provided one-to-one advice and a support group. Two of the three young people's

voluntary sector organisations contacted had clients who were grandparent primary carers - they estimated that these grandparent primary carers represented 2 to 15% of their client group. They provided one-to-one advice and a help line.

- Neither of the two faith voluntary sector organisations contacted, both of which were churches said that they had clients who were grandparent primary carers.
- The only carers organisation contacted said that 5% of their clients were grandparent primary carers, and that they provided them with one-to-one support, support groups, and would also sign-post them to other services.
- One of the two older peoples' voluntary sector organisations contacted said that approximately 20% of their clients were grandparent primary carers. This was an education charity targeting older people and they said that in addition to education and training they provided counselling and a helpline.
- One housing association was contacted as part of this survey and they said that they did not come into contact with any grandparent primary carers.

#### Social Services Departments

- Of the six Social Services Departments contacted five said they had clients who were grandparent primary carers.
- The Newham Child Protection team said 20% of their clients were grandparent primary carers and that they would usually come into contact with the grandparent primary carers when the grandchild was deemed to be at risk and they were assessing the grandparents as a kinship carer for the child. They said they would then be involved in the court proceeding relating to these grandparents becoming kinship carers, and may therefore give the grandparent primary carers some basic legal advice.
- The Fostering and Adoption Team said that they had some clients who were grandparent primary carers, estimating that this was less than 30% of their client group. They said that grandparent primary carers would usually be in contact if they were being assessed as a kinship care placement for the grandchild. Once the grandparent primary carers had fostered the grandchild they would then be entitled to the same services as a foster carer: an allowance for caring for the child, an assigned social worker for the child and the foster carer and they could also attend a foster carers support group.
- The Disabled Children's Team estimated that 2% of their clients were grandparent primary carers and that they would come into contact with them if a child with a disability was being cared for by a grandparent or may be going into the care of a grandparent. This team said they could provide counselling, would be involved in any court proceedings concerning the child, may assess grandparents as possible carers for the child, would give information about kinship carer allowances or may, where appropriate, sign post grandparent primary carers to another service.
- The Social Services Team working with people with mental health problems said that they very rarely came into contact with grandparent primary carers (2% of their client group). This would only occur in cases where the grandchild's parents had mental health problems and the team were looking for alternative care for the grandchild. They said they would be involved in assessing the grandparent primary carer as a potential kinship carer, and that the grandparent primary carer could also attend a carers support group if they wished, or the team would refer them to another service where relevant.

- The Social Service Drug and Alcohol Team said that they came into contact with grandparent primary carers but that as their main concern was the rehabilitation of substance misusers, they would usually provide grandparent primary carers with information and sign post them to more appropriate services

The only Social Services Departments contacted who said they did not come into contact with any grandparent primary carers were the team who assessed and managed the care of vulnerable older people.

## Calder Valley - Calderdale

### Voluntary organisations

- Only four of the fifteen agencies contacted for this survey had any clients who were grandparent primary carers.
- Of the thirteen voluntary sector organisations contacted, two had clients who were grandparent primary carers. One was the local substance misuse service which could not estimate the percentage of clients that were grandparent primary carers, but said that they provided counselling, one-to-one advice, education/training and complementary therapies. The second was the local Citizens Advice Bureau which said that approximately 2% of their clients were grandparent primary carers and that they provided them with advice including benefits advice and signposted them to other appropriate services. They said that although they did not target a specific ethnic group the majority of their clients were Asian.
- None of the three community organisations in Calder contacted for this survey came into contact with grandparent primary carers.
- Neither of the faith organisations contacted were aware that they had come into contact with any grandparent primary carers through their work.
- None of the four young people's organisations contacted had any clients who were grandparent primary carers, including an out of school club, a gay youth organisation and a playgroup.

### Social Services

The two Social Services departments we contacted both had clients who were grandparent primary carers:

- The Family Support and Child Protection team said that at present 30% of their clients were grandparent primary carers, but that this varied over time. They usually came into contact with grandparent primary carers in cases where there were concerns about the safety of the child in their present care situation and the team were therefore looking at the possibility of placing the child in the care of the grandparent. They would assess the grandparent's suitability as a kinship carer. The grandparent primary carers could also access services from this team including one-to-one support, counselling, a psychologist and could attend a parent support group.

- Only 1% of the Fostering and Adoption Social Services Team's clients were grandparent primary carers. They came into contact with grandparent primary carers if they were being assessed as foster carers. If the grandparent then became a foster carer they would be given a link worker, and financial support and could attend a support group.

#### Overall findings of the micro mapping exercise

- A wide variety of organisations have contact with and support grandparent primary carers in different ways.
- The Stratford micro mapping exercise identified that community organisations often support grandparent primary carers.
- The Calder micro mapping exercise did not show this, but only three community organisations were contacted in Calder and these were arts and environmental organisations which would be unlikely to provide emotional support services.
- The Stratford micro mapping project also indicated that ethnic minority organisations and family organisations often provide support to grandparent primary carers. It also suggested that young people's organisations come into contact with, and provide some support for, grandparent primary carers.
- The findings of interviews with Social Services Departments indicate that those departments most likely to have contact with grandparent primary carers are those concerned with child protection and the placing of children in foster or adoptive care. In the case of Calder the grandparent primary carers could access a variety of support services through both child protection and the fostering and adoption team. However in Stratford and New Town they appeared to be able to access more support once they were assessed as kinship carers and were in touch with the Fostering and Adoption team, where as prior to this the service received from Social Services was predominantly assessment.

## 5. Appendices

### Mapping exercise Appendix 1: Methodology

#### Methodology of the national mapping exercise

Agencies that may provide support for grandparent primary carers around drug and alcohol issues were identified through the following sources:

1. Drug and Alcohol Action Teams (DAATs).
2. Agencies Mentor Project Officer is already in touch with.
3. Organisations recommended by Grandparents Project Advisory Group.
4. Secondary sources - i.e. suggested from telephone interviews with organisations.
5. Mentor Parents Directory contacts.
6. Internet research.

All 149 DAATs were contacted and asked to provide the name and contact details of any agencies that may support grandparents around drug and alcohol issues (see appendix 2a for a copy of the telephone interview guide used). They were asked generally about grandparents rather than grandparent primary carers, to ensure that they provided the names of all possible agencies that may provide services for grandparents, who were then contacted for further detail about their contact with grandparent primary carers.

- 116 of the DAATs were telephone interviewed.
- 11 responded on a written version of the telephone guide, by email or post.
- 22 DAATs did not provide information, even after repeated telephone and email and requests. In these 22 cases internet research was carried out to identify drug and alcohol agencies in each DAAT area that may come into contact with grandparent primary carers.

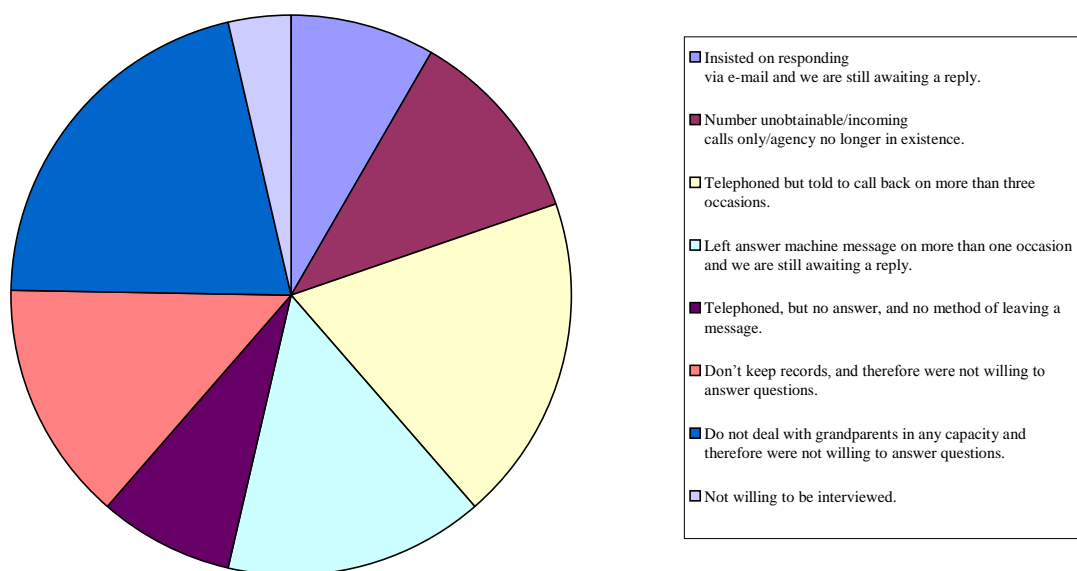
Through this research we were supplied with or found the names of 446 agencies that may provide support to grandparent primary carers around drug and alcohol issues.

- We obtained information from 260 of these agencies.
- We were not able to contact the remaining 186 agencies, and reasons for this are shown below (see figure 3).

Each of the support agencies located through the above sources were telephoned using a Telephone Interview Guide for national mapping exercise (see Appendix 2b). The secondary agencies, i.e. those suggested during telephone interviews with agencies were then contacted and telephone interviewed. Agencies who describe themselves as national organisations were asked if their services were the same across all centres or their head office was contacted to verify this. If they or their head office reported that their services differed according to each area, then every one of their branches were contacted, where relevant.

Agencies were contacted in 119 Counties and urban areas (see Appendix 2d. for list) which encompass all Local Authority Areas in England. Of all 119 Counties and Urban Areas, there were only 10 where we were unable to contact and telephone interview any agencies that may provide support to grandparents/grandparent primary carers around drugs and alcohol.

**Figure 3. Reasons why agencies were not telephone interviewed.**



Each of the telephone interviews with agencies was recorded on a Telephone Interview Guide for national mapping exercise (see Appendix 2b.) and then inputted into an Access database. Based on examining information about the remit of the organisations and who their services were targeted at, the agencies were organised into five categories:

- General community drug agencies (referred to as ‘General agencies’ throughout this document),
- Agencies that support families of substance mis-users and others affected by someone else’s substance misuse (referred to as ‘Family agencies’ ),



- Agencies that support grandparent primary carers, grandparents, and kinships carers (referred to as ‘Specific agencies’),
- Agencies that support substance mis-users only (referred to as ‘User agencies’), and
- Agencies that support children of substance misusers (referred to as ‘Children’s agencies’).

Several problems and issues were encountered in collecting the data:

- Many agencies were unable to give an estimate as to the percentage of their clients that were grandparent primary carers either because they were concerned that their estimate would be incorrect, or because they do not monitor the exact number of grandparents and grandparent primary carers.
- Many of the agencies contacted did not make a distinction between grandparents in general and grandparents who were caring for their grandchildren full time.
- It was not always easy to categorise agencies as some provided services to more than one target group.

When considering the geographical spread of support services we didn’t want to assume that just because agencies in a given area could not estimate the percentage of their clients that were grandparent primary carers they were not providing support to this group. Therefore where agencies didn’t know, didn’t monitor or wouldn’t say the percentage of their clients that were grandparent primary carers, we classified them as providing support for grandparent primary carers.

Methodology of the micro mapping exercise

The micro mapping exercise focused on two electoral wards:

- Calder ward in Calderdale, in Yorkshire
- Stratford and New Town ward in the London Borough of Newham.

We attempted to identify and collect information on all possible sources of support that grandparent primary carers may be accessing in these two wards. This included all voluntary sector organisations within these wards and relevant departments of the local Social Services.

Voluntary sector agencies were predominantly identified through the local Council for Voluntary Services (CVS) website for that area. In addition, in order to be sure that all possible agencies in the ward had been identified local and national websites such as Yell and Hebdenbridge.co.uk were searched for additional voluntary sector agencies that may not be on the CVS website. To ensure that all agencies identified were within the electoral ward, the postcode of each was entered into the Councillor.gov.uk website postcode searcher, which gives information about which electoral ward a postcode falls into. Social Services Departments and their contact details were identified via the Local Authority website.

The support agencies located through the above sources were contacted to see whether they come into contact with grandparent primary carers, and if so what type of support, if any, they provide to grandparent primary carers. Each of these agencies were telephone interviewed using a Telephone Interview Guide for the micro mapping exercise(see Appendix 2c). Some of these agencies also suggested other agencies in the area that we should contact, and these were then contacted and telephone interviewed.

Based on their answers to the question ‘what type of organisation are you?’ agencies were classified by type of organisation, e.g. faith organisations, community organisations and Social Services department.

Several problems and issues were encountered in collecting the data for the micro mapping exercise:

- Voluntary sector organisations in Calder were difficult to locate. In many cases the contact details of agencies were not available on the local Council’s website and the local CVS could not give these out. We did ask the CVS to pass on a written questionnaire to these agencies, but we did not receive any responses.
- It was very difficult to get a response from many of the voluntary sector organisations in Calder. Many agencies did not reply even after we left two or three answer-machine messages.
- The contact details for several of the agencies in Calder were out of date.
- Several of the agencies we contacted in Calder said that they were unwilling to help.

The information collected for the micro mapping exercise is likely to be more exhaustive than that collected for the national mapping exercise as agencies were given a list of answers to which they could respond, rather than being asked to respond to an open question.

Mapping exercise Appendix 2: Telephone Interview Guides and keys

**Telephone Interview guide: Drug and Alcohol Action Teams**

As part of the Mentor UK Grandparents Project, Mentor UK is carrying out a mapping exercise to find out what support is available to grandparents around drug and alcohol issues. You may know of some in your area?

This information will allow us to feed back to the Department of Health where services exist and what these consist of. The information will be added to the body of the evidence gathered in the Mentor UK Grandparents project to inform policies and practices in the future.

- 1. Can you please provide the name and contact details of any support provided for grandparents around drug and alcohol issues in your DAAT area (*services that grandparents access to get support primarily for themselves rather than their grandchildren*). If you know who these services are targeted at, please tell us (e.g. grandparents carers specifically, kinship carers, families of drug users). *Ask for specific information about person to contact and which part of organisation it is that provides the services.***

Name of Organisation:

Contact:

Telephone Number:

Email Address:

Targeted at who?

Name of Organisation:

Contact:

Telephone Number:

Email Address:

Targeted at who?

Name of Organisation:

Contact:

Telephone Number:

Email Address:

Targeted at who?

Name of Organisation:

Contact:

Telephone Number:

Email Address:

Targeted at who?

Name of Organisation:

Contact:

Telephone Number:

Email Address:

Targeted at who?

Name of Organisation:

Contact:

Telephone Number:

Email Address:

Targeted at who?

Name of Organisation:

Contact:

Telephone Number:

Email Address:

Targeted at who?

2. Do you do any overall evaluation of these services and if so what are the outcomes.

3. Do you know of any needs assessment that has been carried out in your area to ascertain the specific issues for grandparent primary carers.

4. Check the contact details of the DAAT are correct

**Mapping Exercise Questionnaire**

1. Name of Organisation.....
2. Type of Organisation.....
3. Main concern/remit of organisation.....
4. Contact name.....
5. Address .....
6. Telephone Number.....
7. Email address.....
8. **Geographical Area Covered (Local/National/International)**  
.....  
.....
9. **I understand you have contact with Grandparents?** .....Y.....N... *if no, could they potentially access your services? And if so do you know why they don't access the services.*
10. **What percentages of your clients are grandparents (approx).....**
11. **What percentage of your clients are grandparent primary carers (approx).....**
12. **For what purpose do grandparents/grandparent primary carers contact you generally?**  
.....  
to get support/info for themselves  
to get support for their grandchildren/children  
other reasons.
13. **Who are the services targeted at that grandparent**
14. **carers access?**  
Drugs Users themselves  
Grandparent primary carers specifically  
Grandparents in general  
Kinship Carers  
Families of drug users  
All other affected by someone else's substance misuse

Children of drug users  
General (anyone concerned about a drug/alcohol issue)  
Other.....

15. **Nature of services**

- What form do the services that grandparents access take?

.....  
.....  
.....  
.....  
.....

- How do you find out if the services that you provide for grandparents meet their needs? E.g. do you get any feedback or do any evaluation. *If so who is this done by, how often and with what outcome?*

.....  
.....  
.....  
.....  
.....  
.....

16. **Ethnic Group:** Are these services targeted at any particular ethnic/cultural or religious group or targeted at men or women specifically.....Y.....N....

- If so which group?.....  
...

17. **Other Agencies:** Do you know of any other agencies that are supporting grandparents around drug and alcohol issues?

*Details of these other agencies*

.....  
.....

18. **Hypothetical question:** If training were available around the specific needs of grandparent primary carers, would that be of interest to your organisation? If so who in your organisation would benefit from this training (their role in the organisation or job title)?

.....  
.....  
.....

19. **Additional info about project required?**

.....  
.....

Telephone Interview Guide: micro mapping exercise

1. Name of Organisation .....

2. What type of organisation are you ? (please circle or underline)

- . Social Services Department .....
- . Community (provide support for members of the local community)
- . Family (provide support for families)
- . Drugs (provide support for drug users and others affected by someone else's substance misuse)
- . Young People (provide support for children and young people)
- . Faith (provide support for people of a particular faith)
- . Ethnic Minority (provide support for ethnic minority groups) Which ethnic minority group .....
- . Carers (provide support for carers) Any specific type of carers (e.g. kinship carers) .....
- . Older People (provide support for older people)
- . Other .....

3. Contact Name .....

4. Address .....

5. Telephone Number.....

6. Email address .....

7. Do you have any clients who are grandparents who are caring for their grandchildren full time or do you come into contact with grandparent primary carers as part of your work? (please circle or underline) Yes / No. (if not is there any specific reason for this?)

8. What percentage of clients (approximately) are grandparent primary carers (i.e. grandparent caring for their grandchildren full time)? (if this is just one or two please estimate as a percentage of your client group) .....

9. Geographical area covered: (please circle or underline)

- . Stratford and New Town
- . Newham wide
- . London
- . South East
- . Other .....

10. Who are your services targeted at generally? .....



**11. What type of support services do you provide to grandparent primary carers or what form do the services that grandparents access take? (please circle or underline)**

- One-to-one - any form of one-to-one advice giving or support
- Support Groups - any form of group work such as support groups or group counselling.
- Counselling - any sort of formal counselling, i.e. carried out by a trained counsellor.
- Sign posting/referrals - making referrals to other agencies or giving the client the contact details of a more relevant service.
- Helpline - any form of advice or support given over the phone to clients.
- Information/Materials
- Acupuncture
- Education/training - any training or education given to others about drugs.
- Self help
- Relaxation
- Referral
- Psychologist
- Parenting skills - parenting skill workshops.
- Key worker - a key worker allocated to work with grandparent primary carers.
- Family therapy
- Home visits
- Family care plan
- Family consultation
- Respite care
- Stress and anger management
- Complimentary therapy
- Other .....

**12. Evaluation: how do you find out if the services you provide meet your clients' needs? (please circle or underline)**

- Internal Evaluation - carried out by your own staff.
- External Evaluation - carried out by someone other than your own staff. Please give details of who the evaluator is.
- External - through your funder
- Feedback forms - any kind of feedback questionnaire or form.
- Monitoring - simply monitoring the type of clients who access the service, e.g. on a database.
- Informal - rely on comments of clients and any thank you letters.
- Verbal - nothing on paper just people's comments.
- University - evaluation through a University.

Other .....

**13. Ethnic Group: Are any of your services targeted at specific ethnic/cultural/gender groups, if so which ones**

.....

**14. If training were available around the specific needs of grandparent primary carers, would that be of interest to your organisation? If so who in your organisation would benefit from this training (their role in the organisation or job title)? .....**

**15. Other agencies: do you know of any other agencies in the area that provide support for grandparent primary carers**

.....

**Counties and Urban Areas by Region**

East of England

Luton  
Peterborough  
Southend-on-Sea UA  
Thurrock  
Bedfordshire County  
Cambridgeshire County  
Essex County  
Hertfordshire  
Norfolk  
Suffolk

East Midlands

Derby UA  
Leicester UA  
Nottingham UA  
Derbyshire County  
Leicestershire County  
Lincolnshire  
Rutland  
Northamptonshire  
Nottinghamshire County

London

Barking and Dagenham  
Barnet  
Bexley  
Brent  
Bromley  
Camden  
City of London  
Croydon  
Ealing  
Enfield  
Greenwich  
Hackney  
Hammersmith and Fulham  
Haringey  
Harrow  
Hillingdon  
Hounslow  
Islington  
Kensington and Chelsea  
Kingston upon Thames  
Lambeth  
Lewisham  
Merton  
Newham  
Redbridge  
Richmond upon Thames  
Southwark  
Sutton  
Tower Hamlets  
Waltham Forest

Wandsworth  
Westminster

North East

Darlington UA  
Hartlepool UA  
Middlesbrough UA  
Redcar and Cleveland UA  
Stockton on Tees UA  
Durham County  
Northumberland  
Tyne and Wear (Met. county)

North West

Blackburn with Darwen UA  
Blackpool UA  
Halton UA  
Warrington UA  
Cheshire County  
Cumbria  
Merseyside (Met. County)  
Greater Manchester (Met. County)  
Lancashire County

South East

Bracknell Forest UA  
Brighton and Hove UA  
Isle of Wight UA  
Medway UA  
Milton Keynes UA  
Portsmouth UA  
Reading UA  
Slough UA  
Southampton UA  
West Berkshire UA  
Windsor and Maidenhead UA  
Wokingham UA  
Buckinghamshire County  
East Sussex County  
Hampshire County  
Kent County  
Oxfordshire  
Surry  
West Sussex

South West

Bath and North East Somerset UA  
Bournemouth UA  
Bristol, City of UA  
North Somerset UA  
Plymouth UA  
Poole UA  
South Gloucestershire UA  
Swindon UA

Torbay UA  
Cornwall and Isles of Scilly UA  
Devon County  
Dorset County  
Gloucestershire County  
Somerset  
Wiltshire

West Midlands

Herefordshire, County of UA  
Stoke-on-Trent UA  
Telford and Wrekin UA  
Shropshire County  
Staffordshire County

Warwickshire  
West Midlands (Met. County)  
Worcestershire County

Yorkshire and Humber

East Riding of Yorkshire UA  
Kingston upon Hull, City of UA  
North East Lincolnshire UA  
North Lincolnshire UA  
York UA  
North Yorkshire County  
South Yorkshire (Met. County)  
West Yorkshire (Met. County)

Mapping exercise Appendix 3: Data tables

Mapping exercise Appendix 3a: national mapping exercise data tables

Percentage of clients who are grandparents and grandparent primary carers

		General agencies	Family agencies	Specific agencies	User agencies	Children's agencies
Percentage of clients who are grandparents	Number services who gave exact estimate other than zero	51	90	18	4	2
	Range	1 - 60	0.5 - 98	5 - 100	1 - 5	5 - 40
	Median	5	9	47.5	1	22.5
Percentage of clients who are grandparent primary carers	Number services who gave an exact estimates other than zero	30	69	16	1	2
	Range	1 - 30	1 - 75	1 - 100	5	3 - 30
	Median	3	5	25	5	16.5
Percentage of clients who are grandparents	Vague Estimate (e.g. 'less than...' or a very small number')	9	14	0	0	1
	Don't know	12	18	3	0	0
	Wouldn't say	0	3	0	1	1
	Don't monitor	2	1	0	0	0
Percentage of clients who are grandparent primary carers	Vague Estimate	8	19	3	0	0
	Don't know	19	22	2	0	0
	Wouldn't say	3	4	0	1	1
	Don't monitor	2	0	0	0	0

Purpose of contact

	General Agencies		Family Agencies		Specific Agencies		User Agencies		Children's Agencies		
	number of agencies	% of agencies	number of agencies	% of agencies	number of agencies	% of agencies	number of agencies	% of agencies	number of agencies	% of agencies	Total
Children	47	58.0	56.0	42.4	10	45.5	0	0	2	66.7	115
Grandchildren	52	64.2	75.0	56.8	15	68.2	1	20	2	66.7	145
Other	2	2.5	2.0	1.5	2	9.1	0	0	0	0.0	6
Themselves	61	75.3	106.0	80.3	21	95.50	3	60	1	33.3	192

Nature of services

Nature of service	General Agencies		Family Agencies		Specific Agencies		User Agencies		Children's Agencies		Total
	Number of agencies	% of agencies	Number of agencies	% of agencies	Number of agencies	% of agencies	Number of agencies	% of agencies	Number of agencies	% of agencies	
Acupuncture	7	8.6	6.0	4.5	0	0.0	0	0	0	0.0	19
Complementary	1	1.2	3.0	2.3	0	0.0	0	0	0	0.0	7
Counselling	23	28.4	40.0	30.3	6	27.3	3	60	0	0.0	121
Education and training	13	16.0	18.0	13.6	2	9.1	0	0	0	0.0	53
Family care plan	0	0.0	2.0	1.5	0	0.0	0	0	0	0.0	4
Family Cons	1	1.2	2.0	1.5	0	0.0	0	0	0	0.0	5
Family Therapy	5	6.2	9.0	6.8	0	0.0	1	20	0	0.0	25
Support Group	25	30.9	59.0	44.7	11	50.0	0	0	0	0.0	165
Helpline	37	45.7	79.0	59.8	8	36.4	1	20	1	33.3	215
Home visit	3	3.7	22.0	16.7	3	13.6	0	0	0	0.0	53
Information	31	38.3	50.0	37.9	13	59.1	2	40	3	100.0	167
Keyworker	4	4.9	5.0	3.8	2	9.1	0	0	0	0.0	18
One-to-one	27	33.3	89.0	67.4	13	59.1	3	60	1	33.3	239
Parenting skills	0	0.0	1.0	0.8	2	9.1	0	0	0	0.0	6
Psychologist	0	0.0	1.0	0.8	0	0.0	0	0	0	0.0	2
Publications	0	0.0	0.0	0.0	0	0.0	0	0	0	0.0	0
Relaxation	6	7.4	9.0	6.8	5	22.7	0	0	0	0.0	34
Respite	0	0.0	4.0	3.0	3	13.6	0	0	0	0.0	14
Self-help	3	3.7	6.0	4.5	1	4.5	0	0	0	0.0	17
Sign-posting and referral	42	51.9	76.0	57.6	5	22.7	2	40	2	66.7	212
Stress/Anger	1	1.2	3.0	2.3	0	0.0	0	0	0	0.0	7

Management											
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Evaluation

Type of evaluation	General Agencies		Family Agencies		Specific Agencies		User Agencies		Children's Agencies		Total
	number of agencies	% of agencies	number of agencies	% of agencies	number of agencies	% of agencies	number of agencies	% of agencies	number of agencies	% of agencies	
External	45	55.6	57.0	43.2	7	31.8	2	40	2	66.7	113
External through DAAT	20	24.7	24.0	18.2	2	9.1	0	0	0	0.0	46
Feedback Forms	31	38.3	65.0	49.2	10	45.5	2	40	1	33.3	109
Informal	4	4.9	27.0	20.5	6	27.3	1	20	0	0.0	38
Internal	14	17.3	24.0	18.2	2	9.1	0	0	1	33.3	41
External - Investors in people	1	1.2	0.0	0.0	0	0.0	0	0	0	0.0	1
External - Kings Fund	1	1.2	0.0	0.0	1	4.5	0	0	0	0.0	2
Monitoring	3	3.7	8.0	6.1	0	0.0	0	0	1	33.3	12
NTA	9	11.1	8.0	6.1	0	0.0	0	0	0	0.0	17
Publications	0	0.0	2.0	1.5	0	0.0	0	0	0	0.0	2
University	3	3.7	3.0	2.3	3	13.6	1	20	0	0.0	10
Verbal	1	1.2	1.0	0.8	0	0.0	1	20	0	0.0	3

Mapping exercise Appendix 3b: micro mapping exercise data tables

Stratford and New Town

Organisation ID Number	Type of Organisation	Do you have any clients who are GP carers?	Percentage Clients who are GP Carers	Nature of Services
17		No		
27		No		
31		No		
11	Carers	No	5%	One-to-one advise, support groups, sign posting.
30	Community	No		
20	Community	Yes	1%	One-to-one, education/ training, personal development courses.
41	Community	Yes	unknown	One-to-one, support groups, helpline, education/training.
18	Community	No		
16	Community	Yes	Very few	Referral, key worker. Older people's project - getting older people into physical activity through dance.
25	Community	No		
40	Community	No		
12	Community	Yes	1%	Sign posting, education/ training, family care plan.
23	Community	No		
34	Community	No		
08	Community	No		
38	Community	Yes	7%	One-to-one, support groups, sign posting.
28	Community	Yes	2%	Social events, day trips.
13	Community, Ethnic Minority - African &	Yes	6%	Sign posting, education/ training.



	Caribbean			
07	Community, Ethnic Minority - Portuguese, Charity	No		
37	Community, Older People	Yes	20%	Counselling, helpline, education/training.
09	Community, Voluntary	Yes	5%	
32	Community, Young People	Yes	5-15%	Helpline, drop in centre.
22	Education, theatre group	No		
21	Education, Voluntary, Charity, Teaching Children	No		
05	Ethnic Minority - Anti Racism	No		
10	Ethnic Minority	No		
19	Ethnic Minority - African	No		
42	Ethnic Minority - Asylum & Refugees	Yes	unknown	Sign posting, education/training, self help.
43	Ethnic Minority - Cameroon	No		one-to-one group information education/training.
14	Ethnic Minority - Kashmiris	Yes	2%	One-to-one, counselling, sign posting, psychologist, family therapy, family care plan.
35	Faith	No		
06	Faith	No		
15	Family	Yes	1%	One-to-one, support groups, sign posting, helpline, information materials, relaxation, parenting skills, home visits.
33	Housing Association Charity, Community	No		
39	Older People	No		
03	Social Services -	Yes	20%	Legal advice, foster carers, court

	Child Protection			.procedures.
04	Social Services - Disabilities, Young People	Yes	2%	Counselling, sign posting, referral, court proceedings, foster carer assessments, kinship allowance information, care packages.
44	Social Services - Drug and Alcohol services	Yes		Signposting information.
02	Social Services - Elderly	No		
50	Social services - Fostering and Adoption	Yes	Less than 30%	Once child has been fostered by the grandparents (i.e. a kinship care placement) they access the same services as foster carers: a financial allowance, a support group for foster carers. The child and carer would be allocated a social worker.
01	Social Services - Mental Health Dept	Yes	2%	One-to-one, support groups, sign posting, referral, carers assessment.
36	Voluntary Children's Art Club	Yes	unknown	Drop in centre.
24	Young People	Yes	2%	One-to-one, referral.
29	Young People	No		

Calder

Organisation ID Number	Type of Organisation	Do you have any clients who are grandparent primary carers?	Percentage clients who are grandparent primary carers	Nature of services
8	Adult Services - Home Care	No		
9	Animal	No		
10	Community	No		
7	Community	No		
6	Community	No		
15	Faith	No	0	Sunday worship.
13	Faith	No	At present no-one out of 20 in group is a grandparent primary carers	Support group, regular church activities.
12	NHS	No	wouldn't know	One-to-one advise and support, counselling, sign posting, education/training, complimentary therapy.
11	Other - Advice	Yes	2%	Sign posting, other - benefits.
14	Social Services - Family support and child protection	Yes	30% (but this varies a lot).	One-to-one advise, support groups, counselling, refer to psychologist, social work service.
1	Social Services - Fostering & Adoption	Yes	Less than 1%	Support groups. Assessment for fostering/adoption, link worker & financial support.

5	Young People	No		
4	Young People	No		
3	Young people, community - Scout Association	No		
2	Young people, other - gay & lesbian youth	No		

