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Grandparent experiences of engaging with professionals in Children’s Services.

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3 **“You try to keep a brave face on but inside you are in bits”**: Grandparent
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5 **experiences of engaging with professionals in Children’s Services**
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10 **Abstract**

11 This article presents findings from an evaluation of the advice and advocacy service
12 provided by the charity Family Rights Group for families involved with children’s
13 services. It specifically focuses on the experiences of grandparents and explores
14 accounts from grandparents who were either in the process of seeking care of their
15 grandchildren, or were already caring for grandchildren but without formal support or
16 recognition. The findings suggest that there is a need to pay greater attention to the
17 fears of such grandparents about children’s services in a context where there is a
18 policy preference for adoption. Also evident is a paradox at the heart of contemporary
19 social work practices towards grandparents. While some felt dismissed and
20 marginalized very quickly by social workers and imaginative approaches to care
21 possibilities did not appear to be pursued, others were carrying enormous burdens of
22 care often for very long periods of time without either financial support or legal
23 recognition.
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43 To strengthen the care options for children and respect the ethic of care that is clearly
44 to be observed operating in grandparenting practices, it is suggested that a more
45 thorough interrogation of the multiple and often highly contradictory meanings
46 attached to family is required on the part of social workers.
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54 **Keywords:** Family social work; Child Protection; Evaluation Studies; Kinship care;
55 Sociology of the Family; Care experiences
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Introduction

In the UK, kinship care, also known as family and friends care, is a significant feature of the placement possibilities for children who cannot live with birth parents.

Research suggests that the outcomes for children compare favourably with those for children in other types of placement and that children placed in kinship care experience better mental health and placement stability (Winokur et al., 2009), particularly if a pre-existing bond between the child and guardian exists (Wade et al., 2014). Evidence also indicates that placement disruption is less likely when children are placed with their grandparents (Farmer 2010); noteworthy given that a significant number of kinship carers are thought to be grandparents (Nandy and Selwyn, 2013; Wellard and Wheatley, 2010). It is therefore important that the relationships between professionals and grandparents are well managed and work successfully for both parties involved (Gladstone et al., 2013).

Despite the promotion in legislation of the desirability of kinship care(rs) to provide care for children¹ in the event of parental incapacity, as well as the benefits to children of grandparents becoming kinship carers, the support received is patchy (Morris and Featherstone, 2010) and both carers and professionals have identified deficiencies (Hunt and Waterhouse, 2013). The process of becoming a kinship carer can be complex (as outlined by Hunt and Waterhouse, 2012) and kinship care, while increasing, has been 'slow to take off' as a placement option for children in the UK (Hunt et al., 2008, p. 2). This raises important questions and concerns in relation to how grandparents, and other family members and friends, experience contact and engagement with professionals.

¹ Government policy, since the Children's Act 1989 stipulates that the first option for the care of a child should be a member of extended family or social network (Hunt and Waterhouse 2012).

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5 In this paper we first explore themes from the literature on grandparenting and care
6 generally before turning to the literature that has focused on the issues in relation to
7 social care services. We then explore some of the key messages from an evaluation
8 we conducted on behalf of the Family Rights Group (FRG) with a specific focus on
9 accounts from grandparents and their perceptions of social care services when seeking
10 care of grandchildren or where they are already caring but without any financial
11 support or legal recognition.
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20 21 22 23 **Contemporary grandparenting and exchanges of care**

24 The sociological literature examining the role of grandparents in contemporary
25 societies has expanded in recent years (Arber and Timonen, 2012; Mitchell, 2007)
26 particularly in relation to understanding the informal care practices that occur at a
27 familial level. This research emphasizes the diversity of practices that grandparents
28 engage in and reveals the ethic of care many contemporary grandparents demonstrate
29 towards their grandchildren. Williams (2004), for example, argues that
30 intergenerational exchanges of care based on solidarity, reciprocity, love and
31 responsibility are highly valued, despite the growing complexity of family structures
32 and the increasingly fluid nature of familial networks. The research by Williams
33 directly addresses and contests concerns about the alleged loss of such norms in late
34 modernity in the context of a growth in processes of individualization (Giddens, 1991;
35 Beck, 1992; Mitchell, 2007).
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54 One strand of the sociological research about grandparenting explores the extent to
55 which grandparents take on direct care responsibilities for grandchildren. Care
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3 provision by grandparents is both complex and diverse in nature, ranging from legal
4 guardianship to occasional caring (Mitchell, 2007). It has also been found to vary
5 across societal contexts and is shaped by different welfare state contexts (Herlofson
6 and Hagestad, 2012). Herlofson and Hagestad (2012) for example identify a literature
7 focusing on American families where the central or 'parent' generation is not
8 functioning and grandparents are acting as surrogate parents. In Europe, there has
9 been greater attention to grandparents providing informal childcare and much more
10 limited attention to grandparents who take on direct care responsibilities when parents
11 are unable to (Herlofson and Hagestad, 2012). In Britain, informal childcare that
12 enables parents to undertake paid employment is often episodic, conditional and
13 temporary, as well as responsive to the changing needs of adult children (Wing Chan
14 and Ermisch, 2011).
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32 The state of grandparenthood is highly valued but the reality of grandparenting can be
33 quite different with often very significant implications for the lives of grandparents
34 (Mitchell, 2007). Demographic changes, in particular, are increasing pressures on
35 grandparent generations in relation to who they are required to care for, for how long
36 and how often. They may be part of a sandwich generation, for example, and caring
37 for their own parents as well as working and caring for grandchildren (Wellard,
38 2012). If older, they may also be in poor health. Grandparenting has therefore been
39 described as burdensome as well as enjoyable. Increasing care responsibilities, family
40 income and changing roles have all been shown to impact adversely on the health and
41 well being of grandparents and to affect their social networks and relationships to
42 varying degrees (Erbert and Aleman, 2008). Several studies have also highlighted that
43 grandparenting practices impact upon leisure time activities during retirement and can
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3 be more frequent than is desirable for some grandparents (Ross et al., 2006; Wellard,
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5 2012).
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10 Sociologists have employed the concept of ambivalence to explore the tensions and
11
12 contradictions between normative views of grandparenthood, as a predominantly
13
14 positive experience, and the realities of grandparenting. Mason et al. (2007), for
15
16 example, describe the existence of conflicting norms whereby grandparents construct
17
18 cultural norms of 'being there' but 'not interfering' that often contradict the realities
19
20 of grandparenting in everyday life (Mason et al., 2007). In low-income localities,
21
22 there is evidence of grandparents engaging in 'rescue and repair' grandparenting,
23
24 rather than the 'leisure/pleasure' grandparenting discussed by Mason and colleagues
25
26 (Hughes and Emmel, 2011). These vulnerable and marginalised grandparents provide
27
28 supplementary care that is often invisible beyond the family. They reportedly
29
30 experience high rates of uncertainty in the context of limited resources and often find
31
32 themselves in difficult situations when formal health and social care services become
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34 involved in their lives, something we explore further in this article.
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40 **Grandparents encountering social care services**

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42 The sociological literature outlined in the previous section emphasizes the
43
44 significance of the support that grandparents provide in contemporary families, as
45
46 well as the ambivalence that characterizes some grandparents' relationships with
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48 children and grandchildren. A second literature that is more policy and practice
49
50 focused, offers insights into some of the difficulties grandparents can face if they take
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52 on direct care responsibilities, as well as the complexity of the systems that they must
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3 negotiate. Nandy and Selwyn (2013, p. 1650) highlight the multiplicity of legal
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5 arrangements that can pertain, explaining that:

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7 ‘in England, formal kinship carers are either those who care for a ‘looked
8
9 after’ child as an approved kinship foster-carer, to those who have taken out a
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11 Residence Order², Special Guardianship Order³ or Adoption Order, which
12
13 gives them [varying degrees of] parental responsibility’. Close relatives, who
14
15 assume responsibility for a child without state involvement, are deemed
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17 ‘informal’ kinship carers’ [author addition].
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21 Being recognised as either a formal or informal kinship carer is significant because it
22
23 can be the gateway to financial and social care support (Nandy and Selwyn, 2013).
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25 Formal kinship foster-carers are entitled to the same financial support as unrelated
26
27 foster carers, although *some* local authorities pay them lower rates, despite this being
28
29 unlawful (Nandy and Selwyn, 2013). Informal carers are expected to receive financial
30
31 support from the children’s parents, although many are unable to do so. Children’s
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33 Services have also been found to refuse to provide financial support unless they are
34
35 involved with the family for whatever reason (Farmer and Moyers, 2008). Given that
36
37 only 10% of children cared for by relatives were recognized as formally *looked after*
38
39 in 2001 (Selwyn and Nandy, 2014), it would appear that there is a large group living
40
41 in informal unregulated arrangements who are experiencing poverty (see Aziz and
42
43 Roth, 2012). Grandparents Plus (2011) have found that of those grandparents taking
44
45 on direct care, few receive financial aid from Local Authorities and there is no clear
46
47 relationship between the needs of the children and the support carers actually receive
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51 (Gautier and Wellard, 2012).
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54
55 ² A Residence Order is a court order that decides where a child shall live. It gives holders shared
56 parental responsibility with the parents and can be revoked (Hunt and Waterhouse 2012).

57 ³ A Special Guardianship Order, introduced in December 2005, is more legally secure because a parent
58 cannot revoke it unless they have permission of the court. Carers have more power with an SGO
59 because they can exercise greater parental responsibility for the child (Hunt and Waterhouse 2012).
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3 Resistance by local authorities towards long-term kinship placements (Hunt et al.,
4
5 2008) can also be exacerbated by, or contribute to, the social circumstances of carers
6
7 themselves. Serious family difficulties, intensified by poverty and other
8
9 vulnerabilities, increase both the likelihood of children's need for care by
10
11 grandparents, but also the vulnerability of the grandparents themselves (Wellard,
12
13 2012). Farmer and Moyers (2008), for example, found that grandparents who are
14
15 principal carers, usually on the maternal side, are more likely than non-related foster
16
17 carers to experience adversities, such as being lone carers; experiencing financial
18
19 difficulties; living in overcrowded conditions and experiencing ill health. Wellard
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21 (2012) has argued that the current climate of austerity contains the potential to
22
23 increase the stressors for both grandparents, and the children who are placed with
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25 them, and these may potentially out-weigh the benefits of keeping children in
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27 families.
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34 Pre-placement assessment has been found to be a vital but often complex and
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36 problematic from the perspective of grandparents particularly (Hunt et al., 2008). It is,
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38 however, under-researched (Farmer and Moyers, 2008), which is of concern given the
39
40 considerable power and responsibility given to workers to identify long-term
41
42 caregivers and decide what is in the best interests for the children they assess (Reich,
43
44 2007). It is clear that social worker concerns about grandparental ability to care
45
46 influence placement decisions (Nixon, 2007; Hughes, 2014). Hunt et al., (2008) for
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48 example found that in 52% of the cases they reviewed, social workers expressed
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50 concerns around grandparents' capacity to care in relation to a number of factors;
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52 carer health and age; their level of experience; their ability to control parent contact;
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3 their lifestyle; their ability to protect the child and their criminal record. Concerns
4
5 about intergenerational abuse have also featured as a key issue (Nixon, 2007).
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7 All of this is understandable, as social workers have to make decisions that will best
8
9 ensure the welfare of the child is promoted, both in the present but also over the
10
11 child's lifetime. However, it is important that assessments take into account strengths
12
13 as well as deficits. A key strength in such contexts is that children's identity needs
14
15 and sense of belonging are more likely to be promoted in a kinship care setting.
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17 Moreover, it is important that assessments engage with how support services might
18
19 mitigate some of the possible deficits, such as poverty, health and inadequate housing
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21 and recognize the importance to some grandparents of the opportunity to compensate
22
23 for past mistakes with their children through parenting the next generation.
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28 29 **The Study**

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34 The main study, from which the data presented in this paper was generated, was an
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36 evaluation of the Advice and Advocacy Service provided by FRG. Family Rights
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38 Group is a registered charity which advocates and campaigns for parents, carers and
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40 other relevant family members in connection with local authority decision-making
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42 about children who are involved with, or require Children's Services in England and
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44 Wales. The service is independent of all statutory agencies and aims to help families
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46 understand their rights, and to explore the issues which have arisen between the
47
48 family and Children's Services. It does this by working to increase the voice children
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50 and families have in the services they use and by promoting policies and practices that
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52 assist children to be raised safely within their families. The organisation's services
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54 include a national advice line. The advice line is a free, independent and confidential
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3 telephone advice service for families throughout England and Wales which is staffed
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5 by highly qualified lawyers, social workers or advocates with comparable experience.
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7 Families can also make contact by email or by letter and a range of advice sheets are
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9 available via the website (www.frg.org.uk).
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14 The service supports over 7000 families⁴ a year, offering help from an adviser, whose
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16 role is to listen to callers' situations, to provide information on the law and the
17
18 processes social workers should follow, to discuss callers' options, and to support
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20 them to make realistic choices. Differing and often time limited and targeted pieces of
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22 funding are used to support an advocacy service. Advocacy can take three forms: self,
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24 direct or indirect.
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29 Full details of the research methodology and research questions are outlined in author
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31 et al's (2012) report but the evaluation was commissioned specifically to explore
32
33 users' perceptions of the impact of advice and advocacy services delivered by FRG on
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35 outcomes for families as well as cost-savings to the state.
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41 All recipients of the service between March 2012 and July 2012 were asked if they
42
43 were willing to participate in the evaluation in the first instance and 397 agreed. The
44
45 sampling strategy used by the research team focused on those where children were at
46
47 high risk of entering or remaining in non-related care and selected 243 cases.
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50 Extensive efforts to contact families resulted in 109 respondents participating at Time
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52 1 (T1) (81 via a telephone interview and 28 via survey monkey). Of these, 50 took
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54 part in a follow up interview two and half months later (T2) (43 via telephone and 7
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3 via survey monkey). 23 telephone interviews were carried out with recipients of the
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5 advocacy service, at one point in time (of which, eight were grandparents; three were
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7 grandfathers and five were grandmothers). In this paper we focus specifically on the
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9 data from the telephone interviews with grandparents because they provided the most
10
11 insightful data and because grandparents are often under-represented in existing
12
13 evaluations of other advice services (Hall et al., 2009). It is important to note
14
15 however, that based on the sample as a whole, this research has continued to highlight
16
17 the difficulties service users, including parents and other family and friends carers
18
19 face, in achieving co-operation with social workers in cases where child protection
20
21 issues have been raised. At T1 for example, 48% of all of the respondents agreed or
22
23 strongly agreed that they felt more able to work with social workers as a result of the
24
25 advice received from the advice line. This increased to 55% at T2. Analysis of the
26
27 qualitative data showed that while the participants felt more able to work in
28
29 partnership with social workers following the call, this was because of an increase in
30
31 their own self-confidence and knowledge. They still reported unfairness in the ways
32
33 they were treated by social workers and in relation to ways in which they had been
34
35 assessed. Specific analysis of the grandparents and family and friends carers
36
37 demonstrated that a smaller percentage felt that the advice line had helped them in
38
39 their case. At T1, only 36% agreed or strongly agreed that the advice had helped their
40
41 family stay together, rising to just 39% at T2. The qualitative data further illustrated
42
43 that this was related to problems in working in partnership with social workers and
44
45 the complexity of cases, rather than an issue with the advice received. In the context
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47 of the sample as a whole, there was evidence of the very particular and entrenched
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49 nature of relationship difficulties in kinship care cases, both within families and with
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51 relationships with social workers that we analysed more fully.
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3 Of the 81 participants interviewed via telephone at T1, 21 were grandmothers, three
4 were grandfathers, two were step-grandmothers and one was a great-grandmother. In
5 total, 27 grandparents were interviewed at T1. At T1, participants were asked about
6 the circumstances of their child(ren) who were subject to child protection plans, about
7 their reasons for calling the advice line, their experiences of using it and how they
8 rated the service. The open-ended questions gave the participants the opportunity to
9 share their experiences and this provided insight into the complexity of their personal
10 and familial circumstances, as well as some of the issues they had faced that had led
11 them to seek advice. At T2, we conducted follow up interviews with 21 of the original
12 sample of grandparents who took part at T1. In these interviews we explored
13 participants' perceptions of whether they felt the service had had some impact. The
14 open-ended questions at T2 provided additional insights into change and continuity in
15 relation to each participant's circumstances, revealing ongoing pressures or changing
16 circumstances. Analysis of the qualitative data from the open ended questions at both
17 T1 and T2 revealed that across the sample there were two kinds of issues most
18 commonly presented: those who wanted to be assessed to take on care of their
19 children, either when children were already being cared for by the local authority or to
20 prevent their removal to out of family care (n=16) and those who were already
21 providing such care for grandchildren but had no financial support or legal
22 recognition (n=11). This provided an organising framework in the analysis for
23 exploring the different issues grandparents were experiencing in their relationships
24 with social workers, depending on the status of the care they provided.

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54 Before discussing the findings, it is important to briefly note some of the limitations
55 of the study. Those who contact an advice line are arguably those who are unhappier
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3 about their experiences than those who do not feel compelled to do so. Moreover,
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5 unlike previous evaluations of the advocacy service (authors, 2011, 2012) the
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7 resources were not available to interview social workers and/or team managers and
8
9 this means that we are exploring only one side of what are undoubtedly complex and
10
11 highly socially mediated encounters. Nonetheless, the analysis highlighted the
12
13 complexities of the encounters between social workers and grandparents that we
14
15 discuss within four case studies from the larger sample, and that are illustrative of the
16
17 broader concerns of the sample as a whole.
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20 21 22 23 **Seeking support: Contacting the Family Rights Group**

24
25 A key question asked of participants was why they had sought out and used FRG
26
27 Advice and Advocacy services in the first place. This provided context to the specific
28
29 circumstances of each grandparent. Perhaps unsurprisingly, the majority of callers
30
31 were experiencing problems with working in partnership with professionals in
32
33 children's services, either when seeking to care for grandchildren or when seeking
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35 support for existing care responsibilities.
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40 Overall, grandparents were variously advised on how they could communicate
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42 effectively with professionals and at T2, 39% of those interviewed reported that the
43
44 advice service had resulted in favourable outcomes, either because the child was
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46 placed back with their parents or because they themselves were recognised as
47
48 potential carers for grandchildren. However 53% reported that while they found the
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50 service useful, this did not always help to change the outcomes and that the support
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52 received had not enabled the child to be removed from unrelated care.
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3 As signposted, four cases are now explored in some depth; two were grandparents
4 seeking to take on the care for grandchildren and, in particular, prevent their removal
5 to out of family care and two were grandparents who already had care responsibilities
6 for grandchildren but without formal support or legal recognition. These particular
7 cases have been selected because they are illustrative of some of the issues raised by
8 the respondents in this relatively small, but informative sample. The paradox, we
9 suggest, seems to lie at the heart of social work practices with grandparents in that
10 they are either dismissed too early or quickly or left to carry enormous burdens of
11 care unsupported, often for as long as twelve years. The cases have been anonymised
12 using pseudonyms.
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27 *Grandparents seeking to care for grandchildren*

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29 Maria is a maternal step grandmother whose grandson was subject to a Pre-birth Child
30 Protection Plan. At first interview (T1) she explained that she had contacted the FRG
31 advice line for support and advice about how to respond to what she described as an
32 ‘over-zealous’ approach being taken by social services over placing her, as yet unborn
33 grandson with unrelated carers. The interview at T2 confirmed that this is what had
34 happened:
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45 *“We were enquiring about taking our grandson but social services said it would*
46 *have to be for life and I’m sorry but I’m, we’re 66 years old. They did a first*
47 *assessment anyway and have now come back and said they need to do six more! I*
48 *said, “I’m sorry but that’s not necessary”. So they wrote a report and wrote a load*
49 *of lies saying my husband didn’t even know the sex of the baby, which is of course*
50 *completely wrong and also that I said [the daughter/mother] was likely to re-*
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3 *marry her partner, when what I had said was actually that she was likely to marry*
4 *someone else some day. So now because of this the baby is in foster care”*
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10 It is of course understandable that her suitability to care was assessed based upon an
11 expectation that she should be able to provide life-long care for the child, although
12 Maria perceived such expectations as unrealistic. However, her suggestion that the
13 mother (her stepdaughter) and the baby live with them was not adequately assessed
14 according to Maria.
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23 The second interview revealed a more complex family picture than had been apparent
24 at T1. Her stepdaughter, whose baby was subject to the Child Protection Plan, also
25 had two other children, who had accused their father of sexually abusing them:
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32 *“Social services said the mother couldn’t live with us, only the baby could because*
33 *there was fear she would contact the father again...This is all complicated by her*
34 *other two children who accused their father of sexually abusing them. They [the*
35 *children] keep changing their position on this so no one knows if it was true but*
36 *this has complicated the whole case and was the reason why I said they couldn’t*
37 *come and live with me in case they accused my husband, their grandfather of the*
38 *same thing. I still can’t care for my grandson though”*
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49 Maria explains the devastating emotional impact that the intervention has had, upon
50 their family:
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3 *“I just think their whole response has been completely over the top...social*
4 *services have destroyed the whole family unit...this was [step-daughter’s] last*
5 *chance to have a baby.*
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10
11 Social workers have to ensure that children are placed safely. However, Maria’s story
12 is not unique in our research in questioning whether assessment practices are
13 sufficiently tailored to testing out complexity and resilience in a variety of family
14 arrangements (authors, 2014). While Maria was very honest about the fact that she, at
15 her age, could not take on full-time care of a baby, she was very motivated to support
16 her step- granddaughter with bringing up a child.
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27 *Dorothy*
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29 Dorothy is a great-grandmother who sought advice from the helpline because
30 children’s services wanted to take her great-grandson into unrelated care following
31 allegations of physical abuse by the birth parents. She explained that she had hoped to
32 become a carer and so approached children’s services. She believed that her refusal to
33 support the allegations of physical abuse against the birth parents, as well as her age,
34 meant that she had been deemed unsuitable. She explains the impact of this decision:
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45 *“It feels like our great-grandchild has been kidnapped and we’re powerless ...you*
46 *need someone on your side because social services don’t help you, they don’t give*
47 *you any reassurance, they were totally negative. It feels as though they*
48 *steamrolled along. They are not interested in getting the family back together.*
49 *They openly said they were worried about their jobs and clearly adoption targets*
50 *are more important than keeping a family together”*
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3 It is important to again reiterate that children's safety is central to social work
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5 decision-making but Dorothy was not suggesting this was not the case and was clear
6
7 on the need to safeguard her great grandchild. It is concerning that she felt that the
8
9 desire to meet adoption targets was more important than keeping a family together.
10
11 This was a view expressed by a number of those interviewed and was not unique to
12
13 Dorothy. We would suggest that this merits further research particularly as in the
14
15 period since the research was carried out, the discourse around adoption has
16
17 intensified with numerous media portrayals of adoption related activities.
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23 Additionally and related, these case studies suggest that some grandparents are
24
25 presented with options that are either 'all or nothing'. They must provide full time
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27 'forever' families or nothing at all.
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30 31 32 *Dealing with children's services as a carer*

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34 As indicated previously, a further set of respondents were grandparents who were
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36 already providing care, usually in the context of serious child protection concerns as a
37
38 result of birth parents' substance misuse or domestic abuse and were seeking to
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40 become formally recognized by the local authority as kinship carers (and to receive
41
42 the financial support this afforded). Previous research indicates that many
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44 grandparents value taking on the care of grandchildren in such contexts and value it as
45
46 a role (Broad et al., 2001), but this should not obscure their support needs in what are
47
48 usually very complex family situations. Moreover, research suggests that social
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50 workers tend to under-estimate the needs of carers, which may include anything from
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52 financial and practical help including respite, information and advice, access to
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3 services, opportunities to meet other carers and support for children's emotional needs
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5 (Hunt, 2008).
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10 There was evidence of this under-estimation of needs by social workers from some of
11 the callers in this study, the majority of whom explained that they were seeking FRG
12 advice because pursuing help had caused problems with working in partnership with
13 professionals in children's services. In contrast to the findings presented in the
14 previous section, many felt that because of their status as family members they were
15 automatically assumed to be able to and want to take on care without support.
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25 The account from Jane, a maternal grandmother, exemplifies this:
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30 *“Our Local Authority took advantage of us because we have the first grandchild*
31 *here but they don't give us any money to do it. We have had no help from the*
32 *social worker at all. They couldn't even get us the funding for a new bed for our*
33 *grandson – they said they would then they forgot to bring the form. Once we spoke*
34 *to FRG they told us straight away about the Residence Order. Why hadn't the*
35 *social worker told us about this?”*
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45 Jane and her husband have been looking after their granddaughter for 12 years
46 through an arrangement the local authority classed as a 'private' arrangement and had
47 contacted the Family Rights Group seeking more advice about Special Guardianship
48 Orders and Residence Orders. Jane explained that her husband had left work to
49 provide care for their granddaughter and that they were now under pressure from their
50 Local Authorities to care for two other grandchildren. However, there was no
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3 financial support being offered to them. Additionally, Jane was also distressed by the
4
5 lack of information from children's services on what other supports might be
6
7 available to her.
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11 Sarah reported a different set of problems with children's services. She is a maternal
12
13 grandmother and at the time of the interview, along with her husband had been caring
14
15 for their 14 year old grandson for seven months as a result of their daughter's mental
16
17 health problems. She explained that her grandson was also experiencing mental health
18
19 problems and that, like Jane, she had contacted the FRG advice line to enquire about
20
21 Special Guardianship Orders and Residence Orders:
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23

24
25 *“Social services don't want to know, they just fob you off, we've had no help from*
26
27 *them... You are put in this position and you have no choice, you're forced into this*
28
29 *situation because it is this or he goes into care and we could not have that*
30
31 *happening, so we had no choice.”*
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36 Choice was an interesting concept in relation to care arrangements for grandchildren
37
38 and how grandparents perceived possible interventions by children's services. As this
39
40 narrative signifies, many feel forced into situations that they have little control over.
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42 For some this meant caring for grandchildren, often informally and without financial
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44 or emotional support, or risk losing the child to another family altogether.
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49 The lack of support and the perceived need to show they were coping to professionals
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51 or risk losing the grandchild, caused additional stress in the daily lives of those
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53 grandparents that had been providing care long-term, as Sarah explains:
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3 *“You try to keep a brave face on but inside you are in bits, we really are*
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5 *struggling...this is having a big impact on me and my husband, it is destroying us*
6
7 *really. If we could just get a break, it is seven days a week and at our age that is*
8
9 *difficult...even in the six-week holidays we can't get a weekend off. It is very hard,*
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11 *sometimes, you feel like you're having a breakdown, you wonder how you are*
12
13 *going to get through the day.”*
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16 17 18 19 **Discussion – a new approach to grandparents and the wider family?**

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21 The accounts presented here, while emerging from a small study that aimed to
22
23 evaluate the FRG Advice and Advocacy service, shed some light on the ways in
24
25 which some wider family members (grandparents in particular) experience their
26
27 interactions with social workers in situations where there are child protection
28
29 concerns. There is a body of knowledge about parents' experiences of these processes
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31 (Featherstone et al., 2011; Featherstone and Fraser, 2012), as well as some indication
32
33 of the difficulties experienced by professionals (see Hughes 2014 for a review) but the
34
35 voices of grandparents have not been well documented to date.
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40 The findings illustrate that some grandparents, individuals with genuine concerns and
41
42 desires to be involved in, and support the lives of their grandchildren, are
43
44 encountering problematic relationships with children's services to the extent that they
45
46 are seeking advocacy and advice from alternative places (such as the Family Rights
47
48 Group) in order to engage with what they consider an intimidating and complicated
49
50 system. Existing research indicates that grandparents can provide child placement
51
52 permanence (Farmer, 2010) and play valuable roles as carers, yet they can also face
53
54 significant obstacles. Already complex family circumstances and troubles are being
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3 exacerbated by the need for grandparents to negotiate complex legal systems and, as
4 these findings indicate, daunting relationships with social workers. This is particularly
5 problematic given that previous research suggests that kinship carers value social
6 work support and desire increased contact with social services to talk about family
7 issues and relationship matters (Broad, 2004).
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16 In alignment with existing research (Farmer and Moyers, 2008), the findings further
17 illustrate that the problems that grandparents encounter vary across cases and are dealt
18 with in inconsistent ways by social workers. In some instances, those seeking to
19 become kinship carers feel that children's services exercise their power to the extent
20 that they do not always consider grandparents as carers, fast-tracking children into
21 unrelated foster care or for adoption. Additionally, care options that are presented are
22 not always appropriate to individual and family circumstances. Those who already do
23 care for grandchildren feel that their rights to financial, and other forms of support are
24 unclear. They report that children's services take advantage of the private
25 arrangements made within families. These inconsistencies create a climate of fear;
26 fear of the power of social workers and of losing grandchildren and this is
27 exacerbated by the current emphasis on adoption.
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45 While this evidence is limited and reflects the concerns of those who can be argued to
46 be sufficiently dissatisfied that they have contacted an advice line, it indicates that the
47 wider family network, in all its complexity is still not being fully supported or
48 acknowledged by professionals. This is especially problematic given that children are
49 not isolated individuals; grandparents are so called because they are constructed 'in
50 relation' to their children and grandchildren and, as the sociological literature
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3 indicates, are often highly invested in care, love and responsibility for their family
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5 members. Discourses of family, that are re-interpreted and re-constructed at policy
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7 level and by those who intervene in family life, seem rooted in normative
8
9 constructions of the 'nuclear' family that are both gender and generation specific
10
11 (focusing predominantly on the 'good' mother, as opposed to grandmother/great-
12
13 grandmother and so on) and in relation to mother-child relations as opposed to wider
14
15 family (Murray and Barnes, 2010). This results in the continued marginalisation of
16
17 grandparents suggesting that it is time to recognise the issues that wider family
18
19 members such as grandparents might experience in order to reduce the alienation of
20
21 those people who are important to children and who often fill care gaps in
22
23 contemporary families.
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30 As Featherstone and Fraser (2012) argue, parents, and indeed grandparents, who are
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32 intimidated and frightened of losing their grandchildren, are less likely to be able to
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34 work constructively with professionals. This is heightened if professionals are not
35
36 transparent and come across as unwilling to engage with family members and the
37
38 individual complexities of their cases. At present, this lack of transparency might be
39
40 linked to a lack of clear guidance for practitioners and inconsistencies across local
41
42 authorities in putting a family and friends care policy in place (Roth et al., 2012).
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48 There is a need for further understanding of how 'family' is constructed and
49
50 operationalized by professionals in their relationships with wider family members.
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52 Saltiel (2013) suggests that one way to achieve this is to reform social worker
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54 practices at training level by challenging how family is theorised and communicated
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56 to future professionals. If normative discourses about how families 'ought to be', as
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3 opposed to how they operate in practice (Murray and Barnes, 2010) are responsible
4 for shaping and constructing difficult relationships between professionals and wider
5 family members then an approach that recognises family diversity and wider
6 definitions of family early on is important. But our evidence also adds a further layer
7 of complexity to existing debates. While on the one hand grandparents were ruled out
8 as suitable carers even though they expressed a desire to care, others were expected to
9 carry almost impossible burdens of care.
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20 **Conclusion**

21 This article is a preliminary response to the limited attention paid to the relationships
22 between professionals and grandparents when children can no longer live with birth
23 parents. Grandparents may not always be best placed to care for their grandchildren
24 and such care is not a panacea (Farmer and Moyers, 2008), but it is important that we
25 respect and respond to the ethic of care that is already evident in family practices and
26 expressed in the accounts offered here (Gladstone and Brown, 2002).
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38 This is a small contribution to an area of practice that is extremely important for all
39 concerned and we would urge the need for more research. We are particularly
40 concerned that such research pays close attention to how contemporary discourses
41 around adoption are impacting upon grandparents' abilities to develop constructive
42 relationships with social workers in the consequential area of child placement.
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