

# **GRANDPARENTS** **raising** **GRANDCHILDREN**

*Ma nga Kaumatua hei tautoko  
te tipurangi ake o nga mokopuna*

JILL WORRALL

**A HANDBOOK FOR GRANDPARENTS  
AND OTHER KIN CAREGIVERS**

**PREPARED FOR THE GRANDPARENTS  
RAISING GRANDCHILDREN™ TRUST N.Z.**

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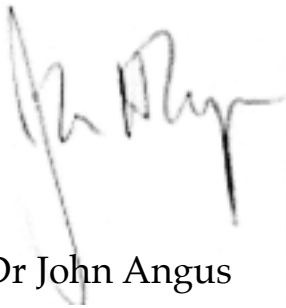
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# Foreword

Bringing up a child can be one of the most satisfying roles in a person's life. Nurturing a child and being there as they grow into a healthy and thriving young person can bring immense joy. Thousands of grandparents around New Zealand experience a second 'round' when, for whatever reason, they take on their children's children. It is estimated that about one in every hundred children is being raised by extended family/whanau, with about half of those brought up by grandparents. While it can be a rewarding experience the second time around, it is not always easy. It often brings stress and financial hardship. It can place pressure on relationships and create feelings of isolation. It can mean sleepless nights worrying about a child who is suffering after being separated from their mum and dad. That is why it is vital that grandparents are given support as they carry out the critical job of bringing up children. Grandparents and other extended family members who take on the day-to-day challenges of bringing up children provide a great gift – to the children, to the family, to our communities and to the well-being of New Zealand. Organisations like the Grandparents Raising Grandchildren Trust™ N.Z. are lifelines for those needing help and ideas when needed. I am sure this handbook will prove to be a valuable resource for grandparents around New Zealand.



Dr John Angus  
Children's Commissioner

# *Chapter One*

## **BECOMING A GRANDPARENT CAREGIVER**



*'The closest friends I have made all through life have been people  
who also grew up close to a loved and loving Grandmother  
or Grandfather.'*

**Margaret Mead**

# *Are you raising your grandchildren ?*

You are not alone.

Today, thousands of New Zealand grandparents have taken total responsibility for their grandchildren. New Zealand child protection law requires that children should be placed within their extended family / whanau when in need of care in order that they may know their identity and experience a healthy sense of belonging. In a great many cases, it is grandparents who take on the caregiving role. While some become caregivers as the result of a legal care and protection process, many others have just taken their grandchildren into their care in response to a family / whanau crisis, without any formal or statutory intervention. A recent survey of grandparents who belong to the Grandparents Caring for Grandchildren groups showed that 50% had current involvement with the Department of Child Youth and Family, 25% had past involvement and 25% had never had involvement.

As more and more grandparents become full-time caregivers, their special needs are being voiced. Grandparents Raising Grandchildren groups are springing up throughout New Zealand. These groups offer grandparents help and hope and have been formed by grandparents for grandparents. As stories are shared, it has become apparent that grandparents have special needs that are not shared by other caregivers. Taking on small, often traumatised grandchildren in the later part of life is no small task. The decision to care has, for many, been life changing and grandparents have felt isolated and alone.

This Handbook has been written because although your grandchildren may bring you great joy, assuming full-time care is often not without its struggles. We hope this Handbook can help.

## **This handbook offers information and ideas about:**

- Coping with family / whanau relationships
- Helping your grandchildren recover from the effects of abuse and / or neglect,
- Legal issues
- Access issues
- Getting financial help
- Managing school
- How you can manage their behaviour
- Services and support groups that can help
- Coping with stress
- Meeting your own needs

**The contents of this book focus on the particular needs of grandparents raising grandchildren but other kin caregivers may also find the information useful.**

# *Grandparents are Special People*

Grandparents have traditionally held a very special place in the lives of children. They give unconditional love, have time to listen, comfort, and offer a peaceful haven. And, in today's busy world where, more often than not, both parents work, many grandparents take a very active part in their grandchildren's lives - minding, collecting from day-care or school, caring when the children are ill, even going on school trips when parents cannot. As many grandparents say 'The best thing about grandchildren is that you can love them and send them back'. For many of you, however, 'sending back' is not an option. You have become the primary caregivers of your grandchildren.

This is not a new phenomenon. There have always been grandparents who have raised their grandchildren, and in some cultures, it is normal practice. But for many of you, this has happened because the parents have serious problems, have abandoned the children or have, perhaps, died. Some grands take on the caregiving responsibility suddenly and without warning and others fall into it as the children's parents (their children) become less and less able to cope.

Les and Ngaire took the children from a Department of Child Youth and Family home when it became obvious that the children's parents would not be able to assume care and a permanent home was needed. Les said *'It's a lot to take on at our age- and a lot of things to consider...but I hate seeing the children suffer...because it is always the children who suffer, and ...we had all this free time. I'm happy about it...it's probably one of the most worthwhile things I can do, but I want to make it so it's not stressful. I think, my God, what have we done, and then, what better thing can we do really?'*



Today, more and more grandparents are raising their grandchildren. Family/whanau troubles that may lead to this situation are:

Drug and alcohol addiction

Imprisonment of one or both parents

Teenage pregnancy

Domestic violence

Serious health problems

Psychiatric illness

Abuse – physical, sexual, or psychological

Neglect

Parental death

Raising grandchildren can be very hard and while you would walk over broken glass for your grandchildren, there are probably some days when you feel tired, stressed and unable to cope. However, this is your 'second-time around' and you now have wisdom and experience you can call on to get you through the difficult days. And while your grandchild's hugs, kisses and 'I love you Nana' or 'You're the best Grandad in the whole world' makes it all worthwhile, you are not as young as you were the first time around and you deserve a little help now and then.

Grandparents Raising Grandchildren groups are a good place to get ideas, information and emotional support from others who have very likely been in a similar situation and therefore understand how you are feeling and will not judge you or your family/whanau. Hearing how other grandparents are solving their problems can be both encouraging and useful. Grandparents have been supported in times of crisis with food and child minding, have been given support in court, access to children's clothing, and given the opportunity to tell Government and policy makers about their needs.

# Grandparents Raising Grandchildren Organisation

At time of going to print there were 32 Grandparents Raising Grandchildren Groups in Aotearoa/New Zealand.

The Mission statement of this organisation is:

*Ma nga Kaumatua hei tautoko te tipurangi ake o nga mokopuna  
Providing support to Grandparents raising grandchildren*

The Aims and Objectives of this organisation are

- ♦ To provide support to grandparents who are the primary caregivers
- ♦ To provide opportunities for the grandchildren to meet others in the same situation
- ♦ To raise public awareness as to the role of grandparents in this primary caregiver role
- ♦ To undertake research to establish the numbers of grandparents in the primary caregiver role in New Zealand, and respond accordingly
- ♦ To facilitate change in the legal and child custody system.

For information on the group nearest you, contact names and numbers are available on our website at [www.grg.org.nz](http://www.grg.org.nz), or email the national convenor at [office@grg.org.nz](mailto:office@grg.org.nz), or ring us on 0800 472 637. If in the Auckland area, please ring 480 6530.

While the organisation has been founded because of the special needs of Grandparents, Aunties and Uncles who are caring for family/whanau children are also most welcome.

# *Understanding and Managing your Feelings*

Becoming a grandparent caregiver gives rise to many emotions. Grief, sadness, anger, disappointment, frustration, perhaps shame and even guilt may be some of these.

- Grief for the loss of a son or daughter, perhaps through death, but perhaps to drugs or alcohol
- Sadness that your child has a psychiatric illness
- Anger that your children have let you and your family/whanau down and angry that their children have suffered
- Frustration that they can't get their lives together
- Guilty that it is your child that is in trouble
- Ashamed that this could happen in your family/whanau
- Disappointment that the dreams you had for them have not come true
- Disappointment that the retirement dreams you had for yourselves will not come true
- Worried that you can't cope.

At times your pain and grief may seem unbearable.

On the other hand, grandparents have expressed that they feel a new sense of purpose in their lives and enjoy the fact that they may face new challenges and experiences daily. The emotional turmoil of all this is perfectly natural and to be expected.

So how can you manage your own emotions and still be there for your precious charges, who are going through troubled times themselves?

Some strategies that grandparents have found helpful are: talking your concerns out with someone who understands, taking quiet moments to relax, prayer, counselling, and trying to maintain some of the activities and relationships that were important to you before the children came.

The acute pain will pass, and as the children begin to heal and progress and you take joy in their achievements, even small ones, the wounds will begin to heal.

Throughout all this, most grandparents continue to have hope –

- Hope that the children's parents will be able to resume care
- Hope that the children will feel secure, heal and grow up to be normal, healthy self-sufficient and independent adults
- Hope that their own lives will get back to normal
- Hope that their health will allow them to see the child through to adulthood.



## *A Grandparent's Story*

*Jen and Ross loved being parents. They raised four children who were popular, intelligent and achievers. When they had all left home, Jen and Ross enjoyed the freedom and time to follow their own interests. Jen, in particular, followed her sporting interests, playing tennis and coaching netball. Life seemed so good and full of promise.*

*However, one of their daughters, Vonnie, began to experience problems. She began taking drugs and alcohol, dropped out of University, and stopped contact with her family. Eventually, eighteen months later, she came home, battered, pregnant and heavily drug addicted. She stayed with her parents until her twin babies were born – a boy and a girl. When the children were a month old, their father appeared and demanded that they all return with him. She went, but returned a year later, battered and bruised, and without her children. Her parents called the Department of Child Youth and Family and following a Family Group Conference, Vonnie and the children came to live with Jen and Ross. A restraining order was placed on the father and within a year Vonnie was able to move into her own flat with the children. However, unbeknown to Jen and Ross, the father of the children began harassing and threatening Vonnie. The stress was too much, she began using drugs again and one night took a fatal overdose.*

*The twins are now lively ten year-olds and have been raised by Jen and Ross. "Sometimes I wonder about all this" says Jen. "I adore the children, but I see our old friends relaxing and enjoying life and it doesn't seem fair. Money is tight and we have had to completely change our retirement plans. I get very tired. I also have Ross's parents to care for, as he is an only child, and they are in their late eighties and frail. But we had to do it. These children are ours and no-one else could give them what we have – their own family!"*

*(The above is a compilation of several stories, so similarity to any situation is accidental)*

# *Family /whanau dynamics*

There is no such thing as a 'typical' family. In Aotearoa/New Zealand, there is a great diversity of family types and experiences. It is particularly important to recognise the difference in the way 'family' is viewed by Maori and Pakeha. For Maori, the connections between whanau, hapu and iwi are of prime importance and the concept of whanaungatanga or family connectedness embraces a very wide concept of family. Children belong to the whanau, hapu and iwi and not only to the immediate family. This means that distant relatives may feel very connected to and responsible for a child. As we become increasingly multi-cultural, ideas of what constitutes family and family roles continue to diversify. In some instances, irrespective of culture, people with no blood relationship are viewed as having a significant role within the family, and may well be chosen as caregivers by the whanau. They may assume the role of 'nanny' and may be given custody of the children. So 'grandparent', for the purpose of this handbook means anyone of advanced years that takes a child to raise and grandchildren, those for whom they care.

## *1. Helping your grandchildren understand -*

Kinship care research tells us that children placed with relatives are more likely to see their parents and understand why they are unable to live with them than children placed with strangers. Research also tells us that children who are unable to live with their parents do better if the relationships between their parents and their caregivers is good. Well, while all this may be so, sometimes our emotions get in the way. Making peace with the children's parents is a huge challenge, and sometimes, seemingly impossible, because of the very reasons that the children are in your care. However, the day may well come when contact is an important issue.

Common sense tells us that children need to have a positive image of their biological parents and research tells us that, if they do have, they will, in fact settle better in your care. So how can this be achieved?

- Firstly, try not to put the parent down in front of the children. You may have good reason to feel angry, frustrated, or fed up, but do not use the children as a sounding board. Try to explain the problems the parents are experiencing as kindly as possible and find something good about them that you can truthfully say. If the parent is in prison, explain honestly that they have broken the law and just like the children might get 'time out' for breaking a family rule, so the parent is in 'time out'. Explain that the parent may have made a mistake, but this does not mean that they are bad people.
- Secondly, where at all possible, try to make the parents a positive part of their children's lives. This means:
  - Not nagging the parents in front of the children, but praising any small improvement you see
  - Asking them to the school concert, (soccer match, ballet recital) if child agrees
  - Encouraging safe access where possible
  - Setting limits – not only in regard to access, but also in regard to phone calls, presents, and your availability. Be firm, but kind and fair.
- Thirdly, if the parents are not able to visit, for instance, if they are in prison, a psychiatric hospital, or another town, encourage the children to draw pictures, make cards or write letters, depending on their ages. Invite the parent to write back.

We may need to work hard at this one, because if we honestly don't want contact and feel resentful, our body language will give us away and children are very quick to pick this up. If the parents are seen as all 'bad', the child often begins to wonder 'am I bad too?'

## *2. Relationships with the Children's Parents*

As previously discussed, it is in the children's best interests that you are able to establish as good a relationship as possible with the children's parents, your children. It is also in your own best interests. Very often, unsatisfactory relationships cause more stress than anything else. Managing relationships well will reduce overall levels of stress and improve coping in other areas of life.

However, many things create barriers. You may well have witnessed how the children were treated before they came to you, and be afraid that nothing has changed. Many grandparents are struggling to cope with sons or daughters who are drug addicted, alcoholic, or who suffer from schizophrenia or some other mental illness. They might be severely in debt and demanding money or, indeed, have perpetrated abuse on your grandchildren. Domestic violence might be present, and you may have even received threats against your person.

### *Access safety*

The underpinning rule is always that the safety of your grandchildren and yourself is the primary consideration. If there is a threat to safety, then direct contact may not be advisable or access needs to occur in an access centre, such as those run by Barnardos. If access does happen at home, you need to set clear limits and rules and clear consequences if these are broken. Some rules might be:

- No turning up under the influence of drugs or alcohol
- No physical or verbal abuse of you or the children
- No asking for money
- No turning up without prior arrangements.

If a parent turns up intoxicated, stoned or high then you should not allow them in and should ask them to leave, telling them that you will call the police if they don't. It maybe that they are not badly affected, but want to take the



children for a ride. That is not O.K. and you need to stand firm. This may be particularly hard when the parent is your child. If the children do not want to attend access meetings and are really distressed about that, there are several questions to ask:

Firstly, in relation to your own attitude, 'have I, as grandparent, said or done anything that makes this difficult for the child'? Secondly, does the child need someone else to talk to about this and finally, what is the legal response to this? (see p.42)

*Jane, 51, was caring for severely neglected and abused grandchildren. The biological parents intimidated her at every possible opportunity, even at supervised access. After walking the children to school everyday for two years she decided they were old enough to walk the 500 yards by themselves as they were now 7 & 9. Within the first week the children reported that they had seen their parents in a car outside their school. Jane alerted CYFs and the school who advised that she should start walking with them again. Jane worried that there were times when the children played outside in the front yard and she could not watch them all the time. The school worried that during play time parents might take the children. It was decided that Jane must tell the children that if they saw their parents they must not go with them. These children still loved their parents. Jane had to wrestle with her feelings of compassion for the children and her grief about saying this against her own kin. The children knew that Nana's home was a safe place and they were themselves safe, so they accepted this and between Jane and the children they planned what to do should this happen.*

### ***3. Managing Family/whanau relationships***

Sometimes, taking a child into your family/whanau has unexpected effects on the rest of the family. Because families/whanau have histories together, this present trouble can become mixed up with other family/whanau relationships. Maybe some people in the extended family/whanau think that you should not be caring for the children. Perhaps your other children are worried about you and the effect this has on your health. Perhaps they feel that you are spending

too much time and money on these grandchildren and they and your other grandchildren are missing out. Some might think that the parents should be made to shape up and if you had not offered to take the children they would have to do something about addressing their issues. Or maybe some extended family/whanau members promised support at the Family Group Conference and this has not been forthcoming. Perhaps you are angry and disappointed about that, and they, in turn, are feeling guilty.

Whatever the issues are, if the support you need from the extended family or whanau is not forthcoming, and relationships are deteriorating, this is not in the children's best interests or yours. Transparency and honesty is the best policy. You may wish to call a family/whanau meeting to discuss your needs. However, you may need some help to handle this. Your support group may be able to give you ideas, but you may also need family mediation services. Try calling your local community centre, the Family Court or an agency that offers family/whanau counselling, such as an Iwi organisation, a cultural organisation, Barnardos, or one of the Church Social Service Agencies who can help you through this.

Having said that, many grandparents have wonderful support from their extended family/whanau and say that is what enables them to carry on. Although the primary responsibility may lie with the grandparents, the children are seen as family taonga, priceless treasures loved by all.

# *Chapter Two*

## **COPING WITH THE EFFECTS OF ABUSE AND NEGLECT**



*“To cease to be loved is, for the child, practically synonymous  
with ceasing to live”*

**Dr Karl Menninger**

# *Child Abuse and its Effects*

Throughout history children have been neglected, abused, maimed and even killed. It is now an issue of high public concern. The term maltreatment combines both abuse and neglect, and can be defined as non-accidental physical or psychological injury, sexual abuse, or negligent treatment of a child under 17. This chapter describes the various types of abuse and neglect and their possible causes, describes some of the physical and behavioural symptoms children show and how to manage these and what to do if you are the first person that the child tells about the abuse.

Many children come into the care of the extended family/whanau because they have suffered abuse and/or neglect often at the hands of a family member. Physical, sexual and emotional or psychological abuse and neglect are traumas that can have a long-lasting effect on children, an effect that can carry into adulthood if not resolved. Children who have suffered in this way are likely to show behaviour that is not normal and be difficult to manage as they work their way through what has happened to them. Abuse and neglect interrupt the child's ability to develop. It is now recognised that even if children have not suffered direct abuse, but have witnessed violence in the family/whanau, this will cause psychological damage. The most important things they need in order to recover are stability and unconditional love. You, as grandparent, can be the healing factor.

It is hard to accept that many children in our society suffer neglect and abuse, in all its forms. It is harder still when the children are our flesh and blood and those who have neglected or abused them are our children, brothers, sisters or cousins. It is also a fact that extended family/whanau are often the ones who take action to protect their children by removing them from home or telling the Police or Care and Protection Services.

Abuse is caused by many interrelated factors. Poverty, social isolation and environmental stress greatly increase the likelihood of abuse and/or neglect occurring. However, it must be understood that most parents who experience these things do not abuse and are competent parents. Abuse may also occur in the context of domestic violence, when the rage between two adults overflows on to the child.

Certain characteristics in parents and children can also make some children more vulnerable. Drug and alcohol abuse, mental health problems, inadequate parenting skills and poor conflict management skills are parental risk factors. Children are more at risk if they are under one year, were separated from mother at birth, are hyperactive, if they have a physical or intellectual disability or resemble someone that the parent does not like.

Family/whanau violence is a phenomenon in our society that has wide-ranging and longstanding effects on children. Family/whanau violence has been defined as a range of behaviours perpetrated by partners and former partners, family members, household members and within other close personal relationships. It encompasses physical abuse, sexual abuse, psychological abuse, (intimidation, property damage, threats of physical, sexual or psychological abuse) and causing a child to witness the physical, sexual or psychological abuse of another person.

(New Zealand Government's statement of Policy on Family Violence 1995).

## ***Physical Abuse***

Most parents do not want to hurt their children. It very often happens in a moment of uncontrolled anger or frustration in response to something a child has said or done. It may well be the result of excessive discipline, done because hitting is the only way the parent knows to try to change a child's behaviour. "I was belted when I was a child and it didn't do me any harm!" Some people still believe that 'to spare the rod is to spoil the child'. Discipline

and punishment are frequently confused. Discipline is intended to guide healthy behavioural change, whereas punishment is paying the price for wrongdoing.

Children are much more fragile than adults. Serious and permanent brain injury and even death can occur, for instance, when a parent or caregiver shakes a baby, usually in response to prolonged crying.

## *Physical Signs*

You need to be aware of signs of physical abuse that may be present when the child comes to you, or that appear after an access visit. You also have to be careful to make sure this is not just a normal childhood accident. If you see any of the following signs, you should be concerned and act:

- Bruises and welts, particularly on the buttocks, inner thighs, back, cheeks, ears, neck, and jaw or around both eyes. You may see hand marks
- Cuts and abrasions, particularly around or in the mouth, nail scratches or hair missing
- Scalds and burns, such as small, round cigarette burns or iron burns, or putting children in too hot water to bath
- Fractures. Should the child be reluctant to move a limb, and there is swelling, widespread bruising or tenderness you need to seek help
- Irritability, drowsiness, or breathing problems could be a head injury (or meningitis). The danger is bleeding into the brain that can lead to permanent damage. Get a doctor quickly
- Abdominal injuries might be suspected if the child is in severe pain, is restless, or begins to vomit. There may be blood in the urine. There may or may not be bruising.

## ***Behavioural signs***

Children who have been physically abused, or witnessed abuse of others, may show some of the following behaviours:

- Aggressive obnoxious behaviour at you, the family, or their peers
- Provocation, in order to get you angry and hit out
- Hurting or even killing animals
- Fear. They may be very quiet and withdrawn and seem like they are afraid to move. They may flinch when you move, as if they expect you to hit them. They may avoid eye contact
- Low self esteem
- Abnormal reaction to pain. Abused children might under-react having learned to disconnect from their pain, in order to endure it. They might also overreact, panic or be overly concerned about their bodies. They may seek painful experiences, such as head banging, picking at skin, or burning themselves.

## ***Some things you can do to help:***

- Avoid physical discipline. Use 'time out' or withdrawal of privileges
- Help the child to enjoy physical sensations like playing with water, bathing, gentle back rubbing
- Gently encourage the child to be able to be held and touched
- Comfort and reassure about hurts - bandage and 'kiss better'
- Assist to play sports
- Avoid rough and tumble play with them.

## ***Sexual Abuse***

Child Sexual Abuse is the involvement of children and adolescents in sexual activities that they do not understand, by a more mature person. It may involve direct physical contact with the child or be non-contact abuse, such as flashing,

suggestive behaviour, or showing children pornography. The use of a child for the sexual gratification of an adult or adolescent, provokes feelings of shock, revulsion and anger, especially when the victim is your grandchild. It is even more terrible when child *and* abuser are in your family.

Theorists have had difficulty finding an umbrella cause for sexual abuse. This is because there are many different factors that have to exist in order for it to occur. These are to do with the psychological state of the abuser, the vulnerability of the child and the absence of protective factors in the environment.

### ***How will you know if your Grandchild has been sexually abused?***

There will be different 'signs' that might lead you to suspect abuse - physical signs, behavioural signs or disclosure.

#### ***Physical signs***

- Soreness, chafing, a discharge or bleeding around the genital or anal area
- Wetting the bed and/or soiling underclothes
- Self mutilation, such as picking, cutting or scratching self
- Eating disorders

If the child has any of these, seek medical help.

#### ***Behavioural Signs***

- Showing affection in a sexualised way, touching and kissing inappropriately
- A 'bottomless pit' in terms of emotional neediness, always clinging, climbing on your knee, hugging
- Going to anybody for attention or affection
- Masturbating in public
- Playing 'normal' childhood games like 'house' and doctors and nurses' in a sexualised way



- Performing sexual 'humping'
- Using sexual language and being overly sophisticated
- Adolescent promiscuity
- Over-dressing with layers of baggy clothing and reluctance to wash
- Reacting in either an avoidant or flirting way with one particular person.

Abused children often have low self esteem and feel guilty and ashamed about the abuse, blaming themselves. They feel out of control. This will often result in learning difficulties, an inability to make friends at school and being overanxious or aggressive.

***How can grandparents help their grandchildren to recover from this trauma and handle these behaviours that may cause embarrassment?***

- First, try and understand the behaviour and what it might mean to the child.
  - Second, find ways of controlling the behaviour that allows the child to grow in self esteem.
- When a child shows affection in an inappropriate way, remove them from you, sit them beside you and clearly state that when we love people we kiss them on the cheek softly. We ONLY do this to people we love, like grandmas and grandpas, not strangers. Tell them that people do not like to be touched in places that are covered by underclothes.
- The insatiable need for attention or physical touching that some children show will improve as they become settled with you and they know you are there for them. However, in the short term, to save your sanity, set aside time for the child at particular periods of the day and tell the child when it is 'cuddle time'. A short hug when the child gets up, perhaps a story and a cuddle when the child comes home from kindy or school, and one in the evening before bed. Any other time the child wants closeness, divert them to an activity they can do near by, with you in sight.

- Public masturbation must be controlled for the child's sake and your own. Compulsive and excessive masturbation will cause others to reject the child and also prevent him/her from joining in other normal childhood activities. Tell the child that this is private behaviour and insist that it does not happen in public. Develop a word for forgetfulness that is a secret code for you both. Provide things to keep hands busy while watching the T.V. or other situations where it is likely occur, such as in the car. Do not show physical affection or touch while it is happening. Give more attention when it is not happening. If the child is masturbating with an object, remove it and tell the child that it could hurt them and you do not want that. If masturbation persists and the child does not respond to your instructions, seek specialist help from your doctor.
- If the child engages in sexual play with other children, stop it immediately and divert to another game. Make sure they play in the open, near you and do not allow play behind closed doors.
- If the child uses inappropriate sexualised language, stop immediately and work out what should happen if it continues. It may be no television for a night or stopping a friend from playing or, if the child is older, some other age appropriate consequence.
- Promiscuity is harder to control when your grandchild is an adolescent. Have firm rules about going out, coming home and knowing where they are and who they are with. She or he may need referral to a group for young people who have been sexually abused. Contact Child Youth and Family for a referral and help. Also think about contraception.

## *Several things should be remembered*

- The symptoms listed above may NOT mean abuse, and several symptoms will probably exist together
- The abuse is only part of the child's life experience and there are many other experiences that shape who they are
- Each child can be affected differently, depending on the relationship with the abuser, the type of abuse, how long the abuse went on for, the reactions of others and what happened after disclosure. The child's age and stage of development are also important
- Children who are sexually abused suffer several traumas - the abuse, the investigation process and the possible separation from their parents
- We must not assume the meaning of the abuse to the child. However, they have lost their innocence and sometimes, their childhood.

No matter what type of sexual abuse children have suffered, they have also suffered emotional abuse. They have experienced actual or threatened loss of a parent; they have been used and sometimes physically injured by adults they trust; perhaps no-one has given them love and attention, except through sex; their parents have not protected them; they have had experiences and responsibilities that they are unable to handle at their stage of development.

## *What to do if the child tells*

The secrecy that surrounds abuse is very powerful. Children keep the secret of abuse because they have been threatened with dire consequences should they tell. They are fearful that they or the abuser (of whom they are often fond) will get into serious trouble. Because you are someone that the child trusts, he or she may, in time, want to tell you what has happened to them. They do not always disclose directly, but sometimes through drawings or written notes, or act out in play, or tell a story that is about some one else.

- 'I know someone who...'
- I don't like going to Uncle B's house
- I don't like sleeping (or having a bath or going to the toilet) at Mum's house
- He did wees on me
- I've got a secret
- My dollies are in bed with Uncle Bob and he is touching them.

Disclosure of abuse is often delayed for a long period of time. The children usually tell about it in the words that they understand and it is often a vague description. It is unusual for children to make up stories of abuse, (though it is not unknown) and therefore it is important that you take any disclosure very seriously.

The way you respond to the child is extremely important. If the person the child is talking about is a family member, or someone you know, your first reaction may be shock and disbelief. You don't want to hear this! It is very easy, when you are shocked at what you hear, to say something that will close the child down or even cause them to retract what they said. What they say will be evidence that may be used to substantiate the abuse so you have to be very careful not to contaminate or in any way influence what they tell you. How do you get it right?

- Don't pry or press for details
- Don't show any extreme emotion
- Stay calm and speak to the child in normal tones, encouraging them to talk, 'uhuh...mmm'
- Show respect - 'Thank the child for sharing this with you – I am glad you told me'
- Show empathy – 'I am sorry that happened to you'
- Remove blame – 'It is not your fault'
- Say what will happen now – 'We need to get someone else to help us'.

Should the child say – “if I tell you something will you promise not to tell anyone?” You need to say, “I can’t promise that if what you tell me means that you or someone else is getting hurt”.

Of course, the danger is that the child might then decide not to tell you – at that time. However, as the trust in you grows, they probably will tell later. If you promise to keep a secret and don’t, you may be seen as yet another adult who has let the child down.

## *Neglect*

All human beings need food, shelter, warmth, stimulation and love in order that they can grow. Children who are not receiving the care and attention that they need to develop normally may be said to suffer from neglect. Long-term neglect affects a child’s intellectual, physical, psychological, and social health. In order that children can grow up with a good sense of self, they need secure two-way caring relationships. They then see themselves as lovable and others as trustworthy. Severely neglected infants and children are not able to make a secure psychological attachment to their mother or caregiver, which will affect their ability to relate to you. Parents may be loving but inconsistent, unreliable, and unpredictable. Their children may get their needs met sometimes, but cannot rely on this. If children are unable to communicate their needs to the parent, they feel insecure and continually anxious they will be abandoned. They may be clinging and attention seeking. They feel unlovable and lack self-confidence. These children may parent their parents, and may also parent younger children. They will bring all these experiences and expectations into your relationship, even though you are grandparent.

If parents are continually dismissive and rejecting of their children, the children may well be non-responsive, watchful, wary and withdrawn. They trust no one. They usually find it difficult to make close relationships and are often self-reliant. They ignore the needs of others and are indiscriminate in their relationships. Neglected children may be deprived of food, warm clothing and be dirty and unkempt. They may have developmental delay.

Parental causes of neglect are often immaturity, psychiatric illness, poor attachment history or poverty.

## *How can you help?*

- Give the child the gift of low expectations. Do not expect or demand affection, but rejoice in every small milestone.
- Be consistent and available for the child.
- Reassure the child that he/she does not need to steal, store or hide food. There will be more tomorrow.
- The child's physical condition may be poor. Take to the doctor and get a thorough check.
- Help the child to be a child and tell them they do not have to be responsible for any one else. That is your job now!
- Help the child to make friends by having other children to play.

## *Emotional Abuse*

Emotional or psychological abuse exists in all other forms of abuse and neglect, however, it may exist on its own. Children who are emotionally abused may experience:

- Rejection, isolation and deprivation of physical and non-physical affection
- Deprivation of rewards and treats
- Continual destructive criticism and humiliation
- Threats, bullying and accusations
- Emotional blackmail
- Parental involvement in drugs or alcohol abuse
- Living with a parent who is mentally ill.

One child in a family may, through no fault of its own, be singled out for this abuse. Emotionally abused children may fail to thrive, lose weight, stop eating, be constantly fearful and vigilant, and withdrawn.

## *What should you do?*

Grandparents can be the best people to help a child who has suffered emotional abuse.

- Keep telling the child how important and special they are to you
- Reward good behaviour
- Constantly give praise
- Assist the child to develop a special talent
- Never use threats
- Be patient. Healing takes time.

Abused and neglected children need to learn to respond differently to what they see, hear and feel. Sometimes this takes a lot of patience and understanding on your part. Being related does not make coping any easier, but because these are your grandchildren, you may have a greater commitment to seeing them recover and become whole again.

Child abuse is an adult problem and needs an adult response. It is very serious, and may have a long-lasting effect on the child. We all need to act responsibly to ensure the child is protected and that abuse is reported.

## *The Role of the State*

If your grandchild has been abused, neglected or abandoned, it is likely that the Department of Child Youth and Family, a Government agency, has been, is, or will be involved. The Department has a right and a responsibility to stay involved to make sure your child is safe, and help you manage the situation.

If you need help keeping your grandchildren safe, the department of Child Youth and Family should be able to help. You may be caring for your grandchildren informally, without ever having been to court – and a parent keeps taking the child for a weekend and bringing them back bruised and upset,

you should call the Call Centre of the department of Child Youth and Family and seek advice. This offers you protection against any allegation.

Healing an abused child takes courage, persistence, constancy and skill. There will be times when you feel you are getting nowhere, or need a break.





## *Chapter Three*

# UNDERSTANDING THE LAW AND GETTING HELP



*“Avoid foolish controversies and arguments and quarrels about the law, because these are unprofitable and useless”*

**Titus 2:9**

## *Why do you need to know about the law?*

One of the reasons why you have taken on the full-time care of your grandchildren is because they need stability and a permanent place to grow up. While some grandchildren come into the care of grandparents through formal legal processes, this is not always the case. Some grandparents or extended family/whanau carers have never had a formal experience with the law. They may have just taken the children while their parents were under stress and this has become a long-term arrangement. Parents do not, under New Zealand law, have a legal responsibility to personally care for their children, only a responsibility to ensure the children's needs are met. They can ask anyone to assume the caring role and do not need to tell the Department of Child Youth and Family about it.

However, if grandparents, or any other relatives, continue to informally care for the children on a long-term basis, some complex legal issues can arise. The legal guardianship rights and responsibilities remain with the children's parents, but it is you who face the day to day responsibilities of raising the child. This can result in you, as carer, feeling powerless and unable to make important decisions in regard to the welfare of the child. It can also result in the very stability that you are endeavouring to give the child being threatened, as parents can exercise their parental and custody rights at any time, and remove the child, even after long periods of absence.

Grandparents are often reluctant to enter into legal processes for several reasons. They may feel that they cannot afford high legal fees, or perhaps that taking legal action will threaten the already fragile relationships that they have with the children's parents, or they may have had earlier experiences with the law that were not good. The truth is that it will almost certainly be wise to use the legal system and the services of a lawyer if your grandchildren (or nieces or nephews) continue to live with you. You may have to take some legal steps to ensure that they remain safe and secure in your care. You may need to have the legal standing to make important decisions, for example, about their medical care or their education.

## *Making the Law Work for You*

This chapter explains the legal process and what it can and cannot do for you. It shows how decisions you make affect you, your family/whanau and your grandchildren. There are tips on finding the right lawyer – including what to do if you can't afford to pay for one.

The starting point in any legal decision making process should be consideration of the needs of the children and how would these best be met. These need to be seen both in the short and long term. You need to think through what will happen when both you and the children are older. The Family Court is required to consider the welfare of the children as its "first and paramount consideration. The law can help you achieve the right decisions for the future of your grandchildren.

## *Guardianship and Day to Day Care*

Many grandparents think that being a grandparent is good enough to be able to decide what should happen to the children. However, it is not and you need a legal document that verifies your legal rights to the child and helps keep the children safe. Many grandparents have found themselves in a difficult position if the child's parent comes to the house, high on drugs or drunk, and wants to take the child away. Without a legal status, you don't have the right to say no because, legally, the parents are still in charge. You could call the police or the Call-Centre of Child Youth and Family, but they might not be able to respond immediately. This may also be a worry for the children. Having them legally in your care helps to makes them feel secure. Additionally, you may need written proof of your right to enrol the children at school, to give consent for health care, such as vaccinations or operations or to receive financial aid, such as the Unsupported Child Benefit for the children or Child Support. Previously you would have sought custody or Guardianship under the 1968 Guardianship Act. In 2005 the 1968 Guardianship Act was repealed and replaced by the Care of Children Act 2004.

## *The Care of Children Act 2004*

The Care of Children Act 2004 was introduced because of a need to address different types of shared parenting, and the need to recognize and support all types of family units that care for children and where possible, to promote co-operative parenting. The Care of Children Act has a stronger focus on the rights of children, allowing them a voice and placing their rights as the over-riding principle for parents, guardians and other decision makers. The Act is more closely aligned to the principles of the 1989 Children Young Person's and their Families Act. It shifts the emphasis from parental rights to parental responsibilities. It also addresses the need for sensitivity in regard to the child's sense of time and the fact that children need stability and security.

Importantly for many Grandparents, the Care of Children Act gives the court a duty to seek early resolution of disputes over parenting orders and increased powers to dismiss vexatious or repeat custody or guardianship applications that are not in the best interests of the child. The Act also makes counseling available for disputing parties, in order to enhance dispute resolution.

There is a new and mandatory obligation for the lawyer for the child (previously called Counsel for the Child) to meet with the child and explain court processes and discuss any court reports about that child, unless that is not in the child's best interests.

Terminology and processes have changed to reflect a new emphasis on shared responsibilities for parenting and parents and guardians coming to their own agreed arrangements, while recognising that it is not only parents who may care for children .

Previously, under the 1968 Guardianship Act, Custody and Access orders were made that determined who the child should live with and who they could have contact with, including when and how. 'Custody' is now called 'Day to day care'. The old definition of 'custody' meant the right to possession and care of a child, whereas 'Day to Day care' includes all care, no matter for how long, even

if it be for part of a day! In essence, Day to Day Care specifies who is regularly caring for the child and includes all those who do this, even for short periods of time, and gives the right to make those day to day caring decisions. 'Access' is now termed 'Contact' and includes all direct and indirect contact with a child, such as telephone calls, letters or e-mails. Instead of grandparents and other guardians having to make separate applications for custody and/or access, now a Parenting Order will be put in place that deals with both day-to day care (custody) and contact (access). Parenting Orders specify the details of day to day care and contact with the child.

## *Guardianship*

Guardianship is the legal option most commonly used to achieve permanency for the child. The upper age for guardianship of a child has now been lowered in the Care of Children Act to 18 years from 20 years as was stated in the Guardianship Act. A guardian is someone the law has given all duties, rights, responsibilities and powers that a parent has in bringing up a child. The definition of guardianship has changed under the Care of Children Act. S15 of the Act now emphasises parental responsibilities rather than rights – the responsibility to provide day-to day care, and contribute to the healthy development of the child. The 'rights' you do have as a guardian include decisions about the child's name, education, religion, medical treatment and where the child should live. 'Powers' include power to make applications to the court in regard to matters concerning the child and the power to enforce your day to day care rights.

The Care of Children Act states that while a mother is always a guardian, for a child conceived after July 1st 2005, a biological father now has more rights and will be a guardian if he was married, in a civil union or in a de-facto relationship anytime between conception and birth of the child, or his name appears on the birth certificate as the father of the child. This is a change from the old Guardianship Act which stated that a father was only a guardian when he and the mother of the child were at time of birth, married or in a de-facto relationship.

Parents now have the right to appoint an additional guardian, and so may appoint a new partner, or step parent, if they have cared for the child for over a year, or a grandparent or other relative. However, no parent can appoint an additional guardian if they have ever had their own guardianship removed, or if they have been in a dispute about care arrangements, or if they have been involved in a case to do with the care and protection of their children. If the child has two guardians already, both must agree to the appointment of a third. There are other stipulations that must be met before this can be approved, such as no history of violence of any kind. Guardianship can be achieved under the Care of Children Act 2004 (COCA) or under the Children Young Persons and their Families Act 1989 (CYPF ACT).

There are several types of Guardianship under the Care of Children Act, these are: Parental Status; Court-appointed, Ward of the Court (or Wardship) and Testamentary (appointed in a will).

**Court Appointed Guardians**– Under COCA, the Court may appoint you to be an additional guardian to the parents or some other named person, or a sole guardian, suspending the rights of all other guardians (including the mother) for as long as the sole guardianship order exists.

Taking additional guardianship will allow you to take part in decision making on matters such as schooling, health, religion and where the child lives. However, it does not give the additional guardian the right to have the child in their day to day care, unless that is decided in terms of the Parenting Order. As the child's parents will still have some legal rights, they can challenge, the care arrangements for the children, or guardianship decisions in court. However, remember that the Family Court has powers to dismiss vexatious or repeat custody or guardianship applications that are not in the best interests of the child.

Under the 2004 Care of Children Act, the child does not have to be deemed in need of care and protection. However, care arrangements are never fixed. They are always open to re-examination by the Court, if a parent, guardian or other

appropriately interested person believes this is so. If the situation is likely to be long term, the Care of Children Act is usually the one used.

***Wardship*** – In special circumstances, the child can be placed under guardianship of the Court if that is in the best interests of the child and the court will give day to day care and responsibility to a caregiver (such as yourself) or an agency, such as Child Youth and Family or a Child and Family Service. The court then makes all important decisions about the child and must be advised of all important events in the child's life.

### ***What if we die? - Testamentary Guardianship***

Some Grandparents may worry about what will happen to the children should they die, or become ill and not be able to continue to care for the children. It is quite easy to appoint in your will someone to assume responsibility for the child, should either of these events happen. This person, or persons, are known as testamentary guardians. A Testamentary Guardian has no legal rights or responsibilities until you die but then has most of the same rights and responsibilities as a parent or court-appointed guardian. They do not automatically have the role of providing day-to-day care, however, and to do this, would have to apply for a Parenting Order through the Family Court.

### ***The Children Young Persons and their Families Act 1989***

Under the Children Young Persons and their Families Act 1989, a declaration that the child is in need of care and protection needs to have been made before Orders determining the care arrangement for the child can be considered. This will often follow a Family Group Conference (to be discussed later). If you, or Child Youth and Family are seeking guardianship under this Act, a plan has to be prepared for the court by a social worker, stating the objectives to be achieved for the child, each person's responsibilities and any other relevant matters, such as access rights, education, or health needs. This plan is reviewed by the court

every six months for children under seven years and yearly if over seven, when guardianship orders, access orders or service orders may be altered if necessary. Guardianship under this Act is usually 'joint' that is, shared with Child Youth and Family and the child's parents. Any disputes between guardians may be brought before the court at that time, as can applications to vary care arrangements.

You have the right to be heard in the court before any order is finalized. Under section 128(d) of this Act it is possible to get financial assistance and other support services for your grandchildren. (You can usually qualify for the Foster Care Allowance, rather than the Unsupported Child Benefit, while Child Youth and Family have joint status). Before any court hearing, you should work out what resources you need to become guardians of that child. For many grandparents, the additional expense of caring for grandchildren puts a great strain on what are already limited finances. The children may have special needs, either physical or psychological, that demand financial and personal resources greater than you can provide on your own. You need to assess these, including the need for respite care on a regular basis, if it is felt that this is the only way you can make this commitment. All these needs and resources must be clearly defined and stated in court, in order that services orders may be made. As stated above, any orders are subject to regular review. When the child is stable in your care, Child Youth and Family may rescind their role and you will have to apply for Guardianship under the Care of Children Act. This will usually be joint with the Child's parents.

### ***Removal of Guardianship***

As previously discussed, guardianship orders are open to challenge. However, a guardian will only be removed by the court for grave reasons. Under the Children Young Persons and their Families Act, if the guardianship order is discharged because there is no existing risk to the children, the guardianship rights of the previous guardians are reinstated and you will have to ask for leave to apply for Guardianship under the Care of Children Act 2004.



## *Custody Orders under the CYPF Act*

Custody can be transferred by informal agreement between guardians or, in situations where a child is considered to be in need of care and protection, by agreement with others, under s139 or s140 of the Children Young Persons and their Families Act. If a child is in danger, the Department of Child Youth and Family can apply to the court for custody through a Place of Safety Warrant.

Some families like custody orders, because they still allow the parents a legal role. If a parent can visit regularly or contribute financially, then a custody order might be a good choice. It might also be the best choice if the parent is likely to get better in the near future. For other families, Custody Orders are not secure enough, because the parent can still have control over the big issues and can ask for custody to be returned to them at any time. They would have to prove to the court, however, that the change would be in the best interests of the child. Some parents, who do not agree with the child being removed in the first place, will repeatedly challenge guardianship and custody in the court.

## *Adoption*

Some grandparents may think that if they adopt the child, that will stop the parents from continually challenging them in court. In New Zealand, adoption is not easily obtained without the consent of the child's parents. There are several reasons for this. Adoption is a serious step. It means that the child is yours as if it was born to you, in legal terms. It cuts the child's ties with all members of the family/whanau, including the birth parents. You are able to change the child's name to your own. You can decide who can and cannot see or have access to the child. There will be no right to any financial support.

In New Zealand, and increasingly in other countries, it is believed that the child has a need and a right to know who its real parents are and a right to its own identity. 'Open' adoption is promoted, although it has no legal status, allowing the child contact with its biological extended family/whanau.

## ***Guardianship or Adoption?***

Guardianship should allow the child to feel safe and secure and is the permanency option that is most favoured by the court and the Department of Child Youth and Family. You will need to talk to the lawyer about what is best for you and the child. Although adoption is dealt with under the 1955 Adoption Act, the rights and needs of the child must still be the first and most important consideration in any decision that is made about the child's future.

## ***Access or Contact with the Child's family***

Access is the term used in the CYPF Act that describes the right to spend time with a child. As previously described, this is now known as 'Contact' in the Care of Children Act. Orders regarding access/contact are usually made by the court when custody has been removed. Such contact may be occasional visits; overnight visits; monitored contact or supervised contact in an approved 'Access Centre', such as Barnardos. Under the Care of Children Act, up to 14 sessions can be funded by the Government, but only in an approved centre. As previously described, sometimes contact is limited to telephone calls, letters or e-mails. Access issues and contact with the children's parents have been discussed on pages 17-18. If either you or the parents want a change to the access or contact arrangements, you will have to go back to the court. The most important thing is to ensure that both the children and yourself are kept safe. If the children do not want to have contact and are really distressed about that, then you should contact the child's social worker, if there is one appointed, or contact the Child's lawyer, or your own lawyer, who will advise.

## ***Do you need a lawyer?***

Some grandparents think that they can do this on their own. Well, unless you ARE a lawyer that is not a good idea. Lawyers know the law and how to use it to their client's best advantage. They can help you understand the different choices available for you, what each means and the risks involved. So how do you choose a good one?

You will want to find a lawyer who is a specialist in working with family law, abuse and neglect cases, guardianship, custody and adoption. They will know what you are entitled to in the way of benefits and subsidies. If you belong to your local Grandparents Raising Grandchildren Group, you should ask people about who they can recommend and why. There may be a lawyer who has agreed to work with members at a reduced rate. The New Zealand Family Law section of the New Zealand Law Society has a web site that contains a list of lawyers throughout the country and their specialist fields. The web site is [www.familylaw.org.nz](http://www.familylaw.org.nz) Ring the offices of a few lawyers and ask about their experience in this area, likely cost, and how long you will have to wait for an appointment. Some lawyers do not charge for an initial interview. If you find someone who has the experience you need, then make an appointment to see him or her. Ask them if they will be seeing the case through or delegating the work to another staff member, their hourly rate, estimate of the total cost, if they will be asking for progress payments and if they do legal aid work. If you decide to engage the lawyer, lay out the facts of the case. It is a good idea to make notes before you go so that you don't forget something important. The lawyer needs to know everything, even issues that you think might not help your application. Lawyers have an ethical duty to do their very best in every case, whether you are paying or not. If you are dissatisfied, make sure you speak to your lawyer, telling him/her how you feel, and if you are still not satisfied, you have the right to ring the Law Society.

## *If You Can't Afford to Pay*

- **Legal Aid**

Legal aid is provided to help people who have legal problems and cannot afford to pay lawyers themselves. It is more like a loan than a grant, and you will be expected to repay the costs unless you have no money or assets at all. You will have to make a formal application and pay a minimum \$50 contribution, unless the issue is one of domestic violence and you are applying for a protection order, when there probably will be no cost or repayment expected. Your chosen lawyer will assist you to make the application. When a grant is made, you will be told the maximum amount you have to repay, and depending on your financial situation, you may have to begin repayment straight away. If you have assets, such as a house or car, you may have a 'charge' put on your home, or other property, which means that when you sell the home, or other property, you will be required to repay the grant. This will certainly happen if the legal costs are more than \$300.00. Direct payment is made to that lawyer.

- **Citizens Advice Bureaux and Community Advice Services**

Lawyers frequently conduct free legal advice sessions through these agencies. To find your nearest legal advice service, phone your local Citizens Advice Bureau or Law Society. You will probably have to make an appointment to see the duty lawyer. These sessions cannot replace the services of a lawyer who will act on your behalf until a decision has been made. They will however provide you with useful information to help you get started.

- **Law Centres and Neighbourhood Law Offices**

These are community legal offices that are now found in most major districts in New Zealand. There are currently 26 in total:

Auckland: Waitakere; Youth Law; Grey Lynn; Mangere; Otara; Manukau, Auckland Disability

Wellington: Wellington Central; Porirua; Hutt City.

Dunedin: Dunedin Central; Ngai Tahu.

Also, Hamilton, Tauranga, Rotorua, Gisborne, Hastings, New Plymouth, Whanganui, Palmerston North, Masterton, Nelson, Blenheim, Christchurch, Invercargill and Whangarei.

The web-site <http://www.lsa.govt.nz/03clc.php> will provide contact details for these offices.

Some offices will provide a full legal service, (but there will be a cost), while others provide advice only.

- **Ministry of Social Development**

If your grandchild/ren have, under the Children Young Persons and their Families Act 1989, been under the Guardianship of the Chief Executive, Child Youth and Family and, on the Department's recommendation, you are applying for a parenting order or guardianship and under the Care of Children Act 2004, then the Department may consider paying some or all of the legal costs incurred.

## ***Going to Court***

No one likes going to court. It can be a scary experience. However, there are things you can do to make it easier.

- Make sure you have a good talk to your lawyer first and find out what is likely to happen.
- Be prepared. Make some brief notes to help you, with dates and the main points you wish to make. It may help to practice speaking before you come. Take a support person if alone.
- Give yourself plenty of time to get there so you are not rushed.
- Speak frankly and fairly. Try not to speak in anger and be careful to be accurate in what you say. If there are good things about the parents, say these too.

In the Family Court the intent is to find a way to agree that is best for the child. Few people want to go to court and court fights hurt the children. If there is a dispute between parties, it is likely that the Judge will order that a mediation or counseling process be undertaken out of court, in an effort to find a way to agree. The lawyers for each side may also sit down with you all and work out a plan.

If any of your grandchildren have to give evidence in court, there are ways you can help. Do not coach them with what to say, just encourage them to tell the

truth. Be there to support them if possible. Realise that they will be upset and there may be after-math in the form of emotional distress or difficult behaviour. They need you to be supportive, comforting, constant and uncritical.

### ***Lawyer (or Counsel) for the Child***

If a child has been neglected and/or abused and there is a Family Group Conference or a Court hearing, then a lawyer will be appointed to speak for the child, who is known as Counsel for the Child. This will also occur in proceedings under the Care of Children Act, in the Family Court, if agreement cannot be achieved. The child's lawyer is an independent voice for the child. Lawyers who do this job are selected because of their legal ability, their experience in working with children and their sensitivity to their needs. They must always see the child, sometimes more than once. The child's lawyer may call witnesses, such as teachers, and also ask psychologists or other specialists to write reports for the court. The duty of the child's lawyer is to ensure that the child's perspective, including the child's wishes, are presented. The counsel or lawyer for the Child is paid by Government and may be an important resource to mediate or negotiate between all parties.

### ***Harassment or Abuse.***

Some grandparents suffer abuse and even physical assault from the children's parents. This is very serious. You should not put up with it. Although it is hard to do when the parent is your own child, for the sake of the children you must tell your lawyer or the police. There are several pieces of legislation that can be used to protect yourself or the children from harassment or abuse.

- The Domestic Violence Act - A Protection Order can be obtained
- The Harassment Act can be used in some circumstances
- The Trespass Act provides for the issuing of a Trespass Notice that can afford some protection.
- The Children Young Persons and their Families Act 1989. If the Department

of Child Youth and Family are involved then the court can make a Restraining Order, restraining any person from:

- Residing with the child or young person
- Using or threatening violence or physical harm to the child.
- Molesting or threatening any person with whom the child resides.

Breaching any of these orders or notices is a very serious offence and can result in imprisonment or a heavy fine. The police will help you enforce these orders or notice.

### ***The Family Group Conference.***

If your grandchildren have suffered neglect and/or abuse and the Department of Child, Youth and Family has been involved, then most likely you will have been invited to a Family Group Conference. Sometimes this meeting is called after the children have come to live with you. Sections 20- 38 of the Children Young Persons and their Families Act describe this process. It should be held for all cases where severe abuse has occurred. It is not a court. This is a meeting arranged and facilitated by the Department of Child Youth and Family to consult with the family /whanau and allow the family /whanau to decide what should happen to the children because it is believed that they know best how to meet their needs. What happens at this meeting is confidential and may not even be given as evidence in court.

The meeting is in three parts.

- The first part is an information sharing time. People who have had involvement with the family /whanau or the children, such as the social worker for the Department of Child Youth and Family, teachers, Plunket nurses, doctors or other helping agencies are invited to attend and give their perspective on the situation. Counsel for the Child will also attend.
- The second part is strictly for family /whanau members only. This part of the meeting might be very emotional as painful family issues are discussed. People might feel angry, hurt, blaming, guilty or ashamed. Having heard the

information, the family/whanau discuss the problem and make a plan that ensures the children are kept safe. It is hoped that someone from the family/whanau may be able to offer care for the children. The family/whanau can call for further information from the people at the meeting to help them make their decisions and plan.

- The third part of the meeting is where the family/whanau presents its plan to the whole meeting. If the social worker and the Co-ordinator of the meeting think that the plan will keep the children safe, then it will be put into place. The other meeting attendees will share ideas about resources, both financial and supportive that are needed to assist the children and you as caregivers. If the family/whanau cannot agree about what should happen, or if the plan is not agreed to by the Co-ordinator, then either another conference will be called, or the matter will be referred to the Family Court. The plan will be reviewed. If the plan does not work out or there are any concerns, the Co-ordinator or any other two people who were at the meeting can ask for the meeting to be reconvened.

This chapter has looked at issues of the law that might affect you. Whatever the issue, the important thing is that you should seek good advice. You probably feel very alone and don't know many other people that have had to go through this. There are people that can help you with your worries and reach a resolution that is best for the children and, hopefully, all concerned.

Web-sites:

[www.familylaw.org.nz](http://www.familylaw.org.nz)

[www.justice.govt.nz/family](http://www.justice.govt.nz/family)

[www.lsa.govt.nz/about-us/legal-services/community-law-centres.php](http://www.lsa.govt.nz/about-us/legal-services/community-law-centres.php)



# *Chapter 4*

## **CARING FOR THE ADOLESCENT**

### *Caring for the Adolescent*

Raising an adolescent has been described by many as the most challenging task in the human lifecycle. Many of us who have done it and survived may describe it as a journey of trial and error, accomplished more by good luck than good management. Recently, the British Prime Minister, Tony Blair, described it as a more difficult task than that of Prime Minister! While that may be so, seeing a young person develop into a healthy independent individual is one of the most rewarding experiences of life. This chapter has been added to the first edition of this book in response to a plea for help from grandparents who have found themselves with the custody of teenage grandchildren. Some grandparents have had responsibility since early childhood and some have assumed care at the teenage stage. Whatever your situation, there are several special issues that exist for you as grandparent:

- Your age – The challenges you faced as a teenager and those faced by young people today hold two generations of difference.
- Your energy levels are not what they were – you need more sleep, not less!
- The language, style of dress, peer group experiences and social expectations may be hard for you to accept.
- You have already raised your own teenagers - this is your second time around. You now have the wisdom of hindsight!
- You may have had a special relationship with the young person in the past,

have been their confidante - your place somewhere they have come to escape the pressures of home. Now, as caregiver, this relationship may change.

Adolescence can be described as that period between childhood and adulthood where emerging humans strive to establish their identity and their independence. The journey through adolescence can be a roller-coaster ride for even the most stable and secure of teenagers, as they cope with physical and emotional changes and social expectations. It is likely that your teenager may experience an even bumpier ride as they come to terms with the social and emotional traumas that have led to their need for care, while struggling to answer questions of normality, identity and their place in the world.

As Grandparents, you have the advantage of a long view. Do you remember your own adolescence? Michael Carr-Gregg and Erin Shale, in their book on adolescence, claim that in spite of the enormous changes in many facets of life since that time, the fundamental truths do not change greatly, if at all. While that may be so, there are many issues facing adolescents today that cause concern to grandparent caregivers. Smoking, alcohol and drugs, sexuality, body image, bullying and truancy, adolescent suicide and extreme risk taking behaviour are some of these. This chapter, while offering suggestions and resources to help you cope, can, however, only give a passing acquaintance with the issues. You may like to follow up some of the references listed at the end of this book to further increase your understanding.

Researchers have divided adolescence into three phases, early, middle and late, each stage having its own physical, social and emotional challenges. The adolescent period appears to be extending at both ends of the continuum. Research shows that puberty is now occurring earlier (for some children, as young as eight years) and independence is put on hold as young people need to live at home longer to cope with student loans and increased living costs.

## *Physical and Cognitive Development*

The adolescent experiences rapid physical changes, along with significant intellectual and emotional maturing, although these do not always keep pace with each other. During the adolescent growth spurt, the heart doubles in size. Some adolescents can grow up to 10 centimetres in a year. This gives some explanation for the enormous amount of food that they can consume – a whole loaf of bread and 10 Weet-bix after school, followed by two helpings of everything at dinner! Along with that are long periods of lying on the couch (often in front of telly when there is homework or chores to be done).

The ability to think logically is developing (take heart), as is their problem solving ability. However, the teenager is egocentric, - the centre of their own world. They imagine that they are the focus of everyone's attention, and spend much time fantasising, particularly if they have had an early traumatic experience in terms of family relationships. As they journey towards maturity, they are better able to accept the reality of the situation, particularly if they have the stability of your relationship and on-going care. They need :

- **Unconditional love**, understanding and acceptance of them as a person, if not of their behaviour
- **Tolerance** for their periods of being uncommunicative, secretive and silent
- **Privacy** – The bedroom should be their domain. If it is a pigsty, resist the temptation to tidy it. Shut the door and forget it. You are quite within your rights to demand that all plates and coffee cups be returned to the kitchen and that food scraps are removed regularly. You also have a right and responsibility as their caregivers, to know where they are, who they are with, and when they can be expected home. Curfews should be negotiated. Explain the reasons for your decisions and try to get agreement rather than it being an unnegotiable edict. The 'do it because I say so' approach doesn't work well in the long run.
- **Discipline**. Disciplining teenagers is difficult, but it is critical if teens are to learn that their behaviour has consequences. When your teenagers are in a

reasonable mood, consult them about what they think the rules should be and the consequences of not keeping them. You might be surprised. They may well set tighter boundaries and harder consequences than you thought. However, have your bottom lines worked out first. Ian Grant, Director of Parenting with Confidence and Rosy Fenwick<sup>1</sup> both emphasise the need for caregivers to be sure about their boundaries and expected behaviour. We may want the kids to like us, but they won't respect us if we are wimps. Sometimes they find it is good to have your limits as a way out of peer pressure. They can blame you! Remember, there is nothing to lose. Your grandchildren have already had a rough time. Perhaps they are already truanting or have offended and that is why they are in your care. They need a reasonable amount of control. Say what you mean and mean what you say. Follow through with the consequences.

## *Sexuality*

Individual differences in the onset of physical and sexual maturity have effects on the adolescent's psychological and social development. How one is perceived by others, especially one's peers, is of prime importance at this stage. A big worry for adolescents is how they compare to everyone else and to the perceived 'ideal' body shape.

For girls, the onset of puberty, as already mentioned, usually happens almost two years before boys. There can, however, be huge variations in when this occurs, from 8-15 years! Grandparents may worry about when and how to talk with girls about what to expect, as the onset of menstruation is now occurring earlier. There are many books available (some listed at the back of this book) to help you discuss the issues. It is good to be prepared in advance! The onset of menstruation may be accompanied by moodiness and tiredness. Grandparents need to be sensitive to this and make allowances for the occasional uncharacteristic outburst.

Most boys experience a growth spurt between 12 –14 years of age. The voice

begins to break, facial hair begins to appear and often boys become lanky and uncoordinated as muscle growth and bone growth occur at different times. Boys also experience emotional ups and downs at puberty, shifting from being rowdy and testing to being withdrawn and uncommunicative within hours. Wet dreams and unexpected erections occur and pimples appear.

The most important thing is that you do talk with your teen about sex and sexuality in a way that doesn't make a big deal about it. Most schools have sexual health education at Intermediate level, if not at primary school. This continues into secondary school in health education, science or personal development courses. Physical and emotional changes associated with puberty, sexuality, sexual health, reproduction and contraception are now freely discussed, in an attempt to inform and normalise the process for young people. A way to broach the subject might be to say you are aware that sex education and relationships are discussed at school (different from your day) and you are interested in what they have been taught and what they think about it. As Grandparents, it is essential to know what the school is teaching and you should attend information nights with your young charges, even if they don't particularly want to be seen there with Gran. If the resistance is high, perhaps an Aunt or older cousin might oblige – but make sure someone goes!

Focussing on the safety issue is important. Some young people feel pressured to have a boyfriend or girlfriend and your recognition of this and discussing the importance of making their own decisions about the right time to have a relationship is often helpful. No teenager wants a sexually transmitted disease or to become pregnant and while these issues are discussed at school, it doesn't hurt your teenager to know you are aware of them too! Although we might not agree with it, nor is it safe, as Grandparents, we should be aware that New Zealand research shows that many teenagers today have their first sexual experience in their mid-teenage years. You may worry that discussing contraception with your teenager might give them the impression that you

condone this behaviour. State your views clearly and the reasons for these. Sexual activity can also be related to other risk-taking behaviour discussed later in the chapter. If your teenager is sexually active, try to make sure she/he is sufficiently protected.

Privacy is a legal issue these days, and while you may not agree with it, the fact is that your teenager has the legal right to both seek contraception and to terminate a pregnancy without your knowledge or approval. Building trust with your grandchild by being accepting, understanding and non-judgemental is the best way to avoid this situation.

## *Peer relationships*

One of the major developmental tasks of adolescence is the establishing of identity. The peer group becomes the major reference point for identity, dictating values about dress, relationships, education, sexuality and activities. As peer relationships begin to assume a higher priority than family relationships, the young person often experiences a conflict of loyalties, as their peers offer different sets of values from yours.

The hours that teens spend on the phone, are an important part of the process of establishing peer connections, identity and gaining acceptance. However, they also need to consider others and putting a time limit on calls may reduce conflict about the issue. You may think their friends are the friends from Hell! Pierced, tattooed, long-haired (or no-haired) –they are not exactly what you had in mind! Well, reverse psychology is the best weapon here. No matter what you think, make them welcome when they come to the house. Feed and water them. It is far better that they are playing loud music at your place where you have some measure of control, than down at the park or beach, out of your sight and you at home imagining the worst. However, don't compromise your house rules about decibel limits, curfews, smoking, drinking and sex! The existence of mutually acceptable rules of behaviour and consequences of misbehaviour is one of the secrets of survival.

Patience, love and understanding are needed as young people struggle to find their own values, behaviour codes, social rules and identity. Much depends on the support offered by the young person's community and culture. While many adolescents believe that adults cannot possibly understand the pressures they experience, research has it that ultimately family, including parents and grandparents still have a major effect on the young person when relationships are sound and supportive. The more you can affirm the young person's importance in the family, the more likely they are to develop a sound self-image.

## *Risk Taking Behaviour*

Remember your own adolescence? At that age we think we are indestructible and inviolable. Teens learn by taking risks and making mistakes. It is hard for us to stand by and watch grandchildren perhaps reject our advice and safety precautions. Research shows that today's youth are experiencing high rates of preventable injuries, especially in road accidents. Compared with other OECD countries, New Zealand has the highest youth suicide rate; the highest rate of suspected juvenile criminals, the highest rate of cannabis use among people 15 years and over; the third highest rate of male teen-age fatherhood; the third highest rate of amphetamine use and the third highest rate of teenage males who are neither in school nor in work. While these facts are alarming, our best precaution is to be aware, knowledgeable and prepared. We have already discussed the risks around sexuality, so now a look at some of the other issues.

## *Smoking*

Most adolescents give smoking a try. However, too many young people now seem to be ignoring the fact that smoking is addictive, toxic and ultimately lethal. Carr-Gregg and Shale state that we worry about the hard drugs, but tobacco is the only drug that ultimately kills one in three of its users, when used exactly as intended. So how can you persuade your adolescent to either give it up or resist the peer pressure in the first place? Firstly, be well informed about tobacco so that you can tell them accurately about the dangers to themselves and

others. Secondly, build up a relationship that allows you to discuss the issue. Like many teenage behaviours, the more you make an issue out of it, the more stubborn they become. And, if you smoke yourself, be honest about the addictive nature of the habit. You have the right to a smoke-free home if you wish and to only allow smoking outside or in a designated area with proper disposal of butts. Ultimately, if your teenager chooses to smoke, it is their choice and they have to face the consequences. It is only your responsibility to be well informed and impart the information. Legally, cigarettes cannot be purchased by those under 18 years of age. However, it is the vendor that faces prosecution for selling underage, not the young person who purchases. Perhaps it should be both!

## *Alcohol and drug use*

Increasing numbers of young people believe that it is trendy to drink. Binge drinking and deliberately getting drunk is a current social problem that has attracted much media attention. The lowering of the drinking age and the availability of coolers or alco-pops - (soft drinks laced with alcohol, such as vodka, that look and taste harmless) are responsible for many young people getting into trouble. Alcohol is a drug that passes straight into the blood stream. Different people become drunk on different amounts of alcohol. Small-framed people, particularly adolescent girls, are very likely to be affected quickly by even a moderate intake. An empty stomach increases the effect. Myths abound, such as milk will stop you getting drunk, black coffee or exercising or running will sober you up. Excessive drinking affects every part of the body. So what do you do if your adolescent is drinking heavily?

- Teach by example
- Know as much as you can about the effects of alcohol and communicate this to your teenager
- Have clear boundaries about what is acceptable and consequences of breaking these
- Try not to over-react and assess whether this is a one-off or a regular pattern



- If the latter, try to ascertain what the underlying problem might be – Peer pressure, low self-esteem, underlying sadness about the family situation.
- Assure the young person they are loved and valued, hence your concern
- Get help from Ala Teen, TADS Peer Education Programme, the school counsellor or Youth Aid.

## *Drugs*

The big, big worry! A grandparent at a recent workshop for kin caregivers of adolescents said,

“ What I really worry about most is drugs. It is all in the papers, cannabis seems so easy to get hold of and my Grandson just clams up when I want to talk about it. Sometimes I think he might be using and then I think I am probably over-reacting. How will I know and what should I do about it if it is true? He is 15.”

For all the hype and publicity about drug use amongst teenagers, remember many will not be using. Many, however, experiment, or use occasionally at parties. Fewer use habitually and/or become addicted. There is evidence that 80% of young people will experiment with at least two substances during their teenage years, with marijuana being the most prevalent. In spite of all the media campaigns and knowledge they have about the risks, young people still experiment, live dangerously, submit to peer pressure and think they are invincible.

It is important to open up the whole issue with your teenager. Young people do want guidance and it is better that they receive accurate knowledge from you than myths and half-truths from their mates. As with alcohol, you need to be well informed about the issue - different drugs and their street names and signs and symptoms of use. When your teenager scornfully asks ‘What would you know about it?’ You can blind them with science. You do know! Unfortunately, the scope of this book doesn’t allow room for an in-depth discussion, but at the back of this book sources of information are listed.

So how to broach the subject?

- Pick your time.
- Say something like “Hey Mike, there is so much talk about drugs and teenagers these days, we really worry about you and don’t want you to be a casualty. You are closer to the problem than us so what do you think about the whole issue?”
- It is better to put your cards on the table than your head in the sand. Saying nothing may make them believe you don’t care.

So how will you know that your teenager is on drugs?

Some of these things may be related to drug use, or may have another explanation:

- Mood swings and/or depression
- Forgetfulness and a drop in school achievements
- A change in physical appearance or well-being
- Not taking care of their personal hygiene or appearance
- Sudden change of friends or peer group
- Tiredness and lack of motivation
- Need for more money and perhaps, stealing from the family
- Increasing secretiveness and drawing away from family and friends
- A change in eating habits
- Marijuana may have all the above plus red-eyes, seeming sedated or giggly, or even paranoid. Coordination may be affected.

If you do believe your adolescent may be experimenting with drugs:

- Give yourself time to plan your actions
- Don’t confront them when they are drunk or stoned
- Don’t explode, attack, threaten or blame.
- Choose your words carefully
- Show how concerned you are
- Get help from your family doctor.

## *Adolescent Depression and Suicide*

Certain life events can increase the likelihood of adolescents developing a mental health problem. Child abuse, family violence, parents' divorce, or low self-esteem can give rise to depression, as can confusion over same sex attraction or being the victim of bullying at school. However, many young people show amazing resilience in the face of such difficulties – often because they are supported by extended family members or friends. Many young people do experience clinical depression and it is essential that you can recognise the symptoms. Prolonged feelings of intense sadness; withdrawal from friends and family; not wanting to attend school; sudden weight loss or gain; unexplained and inappropriate irritability, self harming behaviour; stating life is hopeless or that they are a burden to everyone; talking about suicide and/or stating a death wish are signs that you need professional help. More often than not, young people who are contemplating suicide leave clues and these should not be ignored. If a young person gives away cherished belongings, has been 'down' for a long time and suddenly becomes happy or carefree it may be that they have decided to take their life. Caregivers need to communicate their love and concern for any young person who is going through a 'down' period. However, as many young people are good at hiding their depression, vigilance is needed. Contact the school guidance counsellor or one of the Adolescent Mental Health Services to discuss any worries. Depression can be successfully treated.

Anorexia nervosa is another life-threatening mental health problem that must be taken seriously. Young people can become obsessed with their body image to such a degree that their view of themselves becomes distorted. Becoming unreasonably fussy about what they eat, refusing to eat with others, vomiting after eating (bulimia), over-exercising and rapid loss of weight could point to the development of an eating disorder. Sensitively communicate your concern to the young person. Very often the problem will be strongly denied. If no change occurs, seek help from your doctor.

Helping a teenager gain healthy independence is a serious yet rewarding challenge. Showing them trust, involving them in decision making, establishing and maintaining good communication, allowing them to express their opinions while ensuring that they know they are loved and valued for who they are in spite of their ups and downs are the most important things that you can do. If, in spite of this you feel out of your depth, seek help early rather than late. You will have done your best.

## *Chapter Five*

# MEETING YOUR GRANDCHILDREN'S NEEDS AND TAKING CARE OF YOURSELVES

*We find rest in those we love, and we provide a resting place in  
ourselves for those who love us...*

**Saint Bernard of Clairvaux**

# *Understanding your Grandchild's needs*

Your grandchildren have the same physical, emotional, intellectual and social needs of all children but may also have special needs arising out of the loss of their parents and the abuse and neglect.

## *Physical Health*

Regular medical care is necessary for every child. In New Zealand it is standard practice to have children's physical progress regularly checked by a Plunket Nurse, a Public Health nurse or the Doctor, depending on where you live. However, parents with problems are often not able to attend to the physical needs of their children. Along with that they often frequently shift from place to place. This means that there is no continuity of care. Your grandchildren may have hardly ever seen a doctor. It is a good idea to take the children for a check-up as soon as possible after they come into your care. They might not have had their immunisations. If you can find out who their last doctor was, you can get their medical records sent to your G.P. Another reason for a medical check up is that it may show any past injuries you may not know about. This may be important if custody is in question and will protect you from any allegation that the injuries happened when they were with you. Finally, an early medical check can help identify and treat any conditions that need treating. (Contact your District Health Board for list of General Practitioners who offer free medical care for children under 6).

Grandparents have frequently found that their grandchildren have chronic health conditions such as asthma, recurrent chest and ear infections, glue ear, deafness, speech impediments, bed-wetting, and soiling underwear. They may also have head lice or scabies. You may wonder how you will cope! They always seem to be at the doctor! However, be assured that as their stress reduces and they become settled, with time and the right care they will recover.

Another issue grandparents have found difficult to deal with is the sexuality of their grandchildren. Young people may attain sexual maturity earlier than

previous generations. You may need to talk with your grand-daughters about having periods much earlier than you did with your own children. It may help to talk to your doctor, the school nurse or other grandparents at the Grandparents Raising Grandchildren group about how they handled this.

## *Education and learning*

Before coming to live with you, your children may have missed lots of time at school or had many changes of school. They may have gone to school hungry and without sufficient clothing. Children who experience neglect, abuse or live with parents who are in constant conflict or are drug or alcohol addicted are often unable to learn. They are preoccupied with their worries and may be labelled as slow learners or day-dreamers. Because they have not been able to keep up, they may be teased and become trouble-makers in class.

How can you best help?

- Visit the teacher and see what extra help they think your child needs. There maybe extra tuition available at school
- Set a regular homework time and stick to it. Some grandparents find this is best done after the children have had something to eat and before playing. It certainly needs to be done before they (or you) get too tired in the evenings
- Be willing to make progress slowly, praise every little gain and give *little* rewards
- Read with your grandchildren every night. Visit the library, get the children their own library cards and let them choose the books
- Lost with the maths? Perhaps you can get help from another family member or young neighbour in this regard. However, you can show the children how you use maths every day, while shopping, cooking, sewing or when grandpa does things about the house. Use the button box and help the children to count, and sort.

If your grandchildren are at secondary school, it is a good idea to chat with the guidance counsellor and ask them to keep an eye on your grandchild to see how they are managing, not only academically, but also socially.

Every child is different and is better at some things than others. They may never be top of the class, but they may be good at art or sport. Whatever it is, you can help them to catch up and do their best.

Grandparents wonder about how much to tell the teacher about why the child is with you. It depends on the circumstances, but a good rule of thumb is to work out how much the school needs to know. They don't need to know every little detail, but it will help to know that they have been through a rough time and will probably require time (and assistance) to catch up.

## *Emotional Health and Coping with Grief*

Your grandchildren will have been through painful times. Losing a parent is hard on a child, no matter what the parent has or has not done. The children may be in grief. Your grandchildren may also have come into your care because of the death of one or both of their parents, or imprisonment of one or both parents. Whether they are in your care because of these occurrences or maltreatment, it is highly likely that the child will be grieving for the loss of that parent or parents. Even if a child has been abused and neglected they still feel an emotional attachment to their parents, though this may be hard to understand. Not only will they have lost their parents, but their friends, their neighbours, their school, sometimes pets and all that is familiar to them.

The children may have come straight to you, but very often, they have been through a lot of changes before they eventually reach your care. They may have been in foster care with stranger foster parents, sometimes more than once, or they may have been passed around between friends of their parents. It is hard to see your grandchildren suffer and struggle to come to terms with what has



happened. It is hard also for you to come to terms with the fact that *your* children, the children's parents, have serious problems that disallow them from raising their own kids.

Children experience the same diverse feelings of grief as adults do - disbelief, anger, anxiety, guilt, sadness, depression, confusion, and yearning for the lost person. However, they are often not able to express their grief verbally and their thoughts and feelings are reflected in their behaviour. Clinging, whingeing, crying, stiffness and rejecting, sleeping problems, inability to concentrate, aggression, withdrawing and bed-wetting may be some of these.

While you are coping with the children's grief, you are also coping with your own. Alongside that, the children's parent(s) are coping with theirs. Loss is felt by all.

## *Coping with death of parents*

Where one or both of the children's parents have died, the situation is different, but nonetheless painful for all concerned. Your grief is shared. This fact offers two opportunities, one for emotional withering and one for emotional growth. Many grandparents in this situation find that they push down their own grief, being afraid to let go because they need to hold together for the children. Expressing your own sadness gives permission to the child to show theirs. Openly sharing the pain and perhaps drawing comfort from each other, gives an opportunity to strengthen the bond between you. Children need to be told the truth about what has happened to their parents. If the truth is hidden, children often fantasise about why their parents are no longer present – sometimes a fantasy is more damaging than the reality itself! They need to talk about their grief, express their feelings and know that you too feel like that, so you can understand how it is for them.

*Jenny was dying of cancer. Jenny's mother and father had assured Jenny, a solo mum, that they would care for her two children, Ben, aged 8 and Harriet aged 6, until they were independent. Jenny had talked to the children about death and reassured them that Granny and Grandpa would continue to care for them. She asked them to be good. Ben, in particular, took this request seriously. After Jenny's death, the feelings of anger Ben felt within were shown in aggression at school but at home with his Grandparents his behaviour was fine. Harriet, on the other hand, showed her grief by anxiously clinging to Grandma, not letting her out of her sight, and having nightmares and occasionally wetting her bed. The teacher suggested that Grandma seek help from a grief counsellor who worked with the children and showed Grandma how to give the children permission to grieve.*

## ***Ways to help***

- Help the children understand the reality of the death and reassure them that you will be there for them
- Accept and reflect their feelings – ‘You seem sad today Jessie’
- Answer their questions as honestly as you can in words they can understand
- Tell them you don't understand why people we love die, but reassure them that it was nothing they did that caused it and that their parent(s) loved them
- Explain that their feelings are normal and its O.K. to feel sad, angry, anxious and worried. Explain that every one in the family probably feels like that, but don't have all the same feelings at the same time. Therefore, we have to be patient with each other and understand that it will take time
- Explain that even when we are feeling better and don't feel sad every day, we will probably still miss the person and feel sad at birthdays, Christmas and other special times
- Have photos of their parents about the house and in the children's rooms. Talk about them frequently and allow the children to reminisce, write stories, draw pictures
- Give lots of hugs. If the child rejects you at this time, have patience and be there.

Most children who have experienced grief and trauma will benefit from counselling with a trained child therapist or counsellor. These people are trained to use play, drawing and stories to help children work through their losses.

## *Social Health*

Children, who have suffered neglect and/or abuse and have lived in stressful families, often find it difficult to make and keep friends. As one aunty said, when asked what she would like most for her nephew she was raising, “If only he could make one friend, just one would be enough.” They often have a need to possess others and stifle relationships with intensity, or are aggressive, hurting people because they are hurting. They may be withdrawn and isolated, spending play-times alone. One uncle took over leadership of the scouts so his nephews could attend, and another became Akela of the cubs. You hurt for your grandchildren when they come home from school, saying no-one would play with them and you know it is true. As the children’s self esteem rises, so will their ability to make and keep friends. Helping your grandchild to socialise might mean having to go the extra mile and some. You may have to ring some parents and ask if their children can come to play after school, and produce the best after-school snacks. Grandparents tell stories of once again standing on the sideline of the football field or the netball courts, watching your grandchildren at ballet or swimming, washing the team jerseys one week, providing the oranges the next, going on the school trip and even taking turns at the school pedestrian crossing and in the lunchroom. Grandparents are wonderful!

## *Discipline*

Lack of discipline is another reason why children find it hard to make and keep friends, or get on well at school. The children may have received little discipline, inconsistent discipline or been physically abused in the disciplinary action. Children sometimes feel that negative attention is better than none and act up to be noticed.

A child who has been through the trauma of abuse loses self worth. The use of praise to change behaviour is very effective. Whenever the child is acting appropriately and behaving well, reinforce the behaviour by praise and attention. This is good for any child but really important for your grandchildren. You do not have to wait for anything major, but just notice the little every day things, such as playing nicely, doing as they are asked, doing their homework or being good at school. The children may not be able to be good for more than two minutes at a time at first. You will have to watch for the good behaviour and catch it immediately, before the moment passes. Praise tells your children the right way to act and begins the journey of self esteem recovery.

When the children really misbehave you do need to act. Just praising good behaviour and ignoring bad, is not enough. However, it is really important that you do not hit or spank your grandchildren, even with your hand. Children who have been through the trauma of abuse see physical discipline as further abuse and react accordingly. So what to do when they behave badly?

- Make clear rules (not too many)
- Decide the six most important rules in your house, write them down and pin up on the fridge door
- Make sure the rules say what not to do and what to do instead
- Explain what should happen if a rule is broken, then keep your word
- Make sure that the result of breaking the rules is a natural consequence of the behaviour. For example, leaving the bike out in the rain means the child can't ride it for a week; not finishing homework before turning on the T.V. means no T.V. the following night; not coming straight home from school results in not having any friends over for a week; hitting someone means you cannot play any longer and must spend time in 'time out'
- Punishment should not be too severe, but **MUST** be consistent.

## *Time Out*

Time out should only be used when a behaviour needs to be instantly stopped and the child removed from the scene. Some experts say that one minute of time out for every year of a child's life is appropriate (e.g. six minutes for a six year old ). If children have been abused by shutting in small confined spaces, like cupboards, then isolation may seem like further abuse. Time out does not necessarily mean that the child has to be in isolation, but could be made to sit in the kitchen with you for a period of time.

If serious bad behaviour persists at home, it may also be happening at school. Ask the teacher for a referral to Special Education services, a Child and Family Mental Health Service or the department of Child Youth and Family.

# *Taking Care of Yourself*

Many grandparents are so busy taking care of the children, putting their needs above all else, that their own needs are ignored or put on hold. Some times relationships with partners suffer because grandparents have no time for each other! The children take all your time. You would not have them anywhere else but with you, but your life is not as it was.

Your friends may be off doing their own thing and you are not able to be part of that any longer. You have given up bowls, the theatre, housie, going to the pictures and out for a bite to eat or whatever you did. Some of you have given up work in order to care for the children. Just when your children were off your hands and you were getting a life of your own, you have more children to consider. You might not even be able to get to the hairdresser! The children may be hard to control and unpredictable so you have stopped visiting your friends. Your retirement plans are on hold — perhaps never to be realised.

On top of all that, your energy levels are pushed to the limits. You are not as young and fit as you were when you were raising your own children. At the end of the day you are often exhausted.

Because of these life changes, when grandparents start raising grandchildren it is common for their health to suffer a little. Stress may lead to new health problems, or ones you had before getting worse. You can help prevent that from happening so you can stay strong for your grandchildren.

Marianne Takas (see end of this chapter) has some good advice:

- See your Doctor regularly and follow his advice
- Try to spend time at least three times a week walking quickly and quietly
- Insist on a regular 'quiet hour' in your household, whether its naptime for infants or stereo (with ear-phones) for teens

- Take the children to places that are restful for you like a park with a playground
- Look for places where the children can enjoy some time apart from you (and you can enjoy the break). 'story hour' at the local library, community group centres, Cubs, Scouts, Brownies, Guides, or the Church Youth Group.

## *Financial Help*

Some grandparents who have, perhaps, taken on the care of their grandchildren without the Department of Child Youth and Family being involved, do not realise that they are entitled to an Unsupported Child Benefit. If the children's parents have died, care-givers are entitled to an Orphans Benefit. The rates are the same. At time of printing, the rates range from \$75.10 per week for a child under 5 years to \$107.31 for a young person of 14 years and over. You should apply to WINZ. This is available no matter what income you have. However, some grandparents are loath to apply for the benefit, as that will affect the ability of the children's parent to receive the Domestic Purposes Benefit.

Income support makes a number of supplementary benefits available to assist with childcare and disability costs. If you have to meet an emergency, unusual or immediate crisis and do not have the money you may qualify for a special needs grant, which may have to be repaid. If you are on limited income, you may qualify for a Childcare subsidy to assist with day-care costs for children under 5. The Oscar subsidy will help low income families to pay for before and after school programmes and school holiday programmes for children 5-13 inclusive. Under special circumstances, you can apply to the Department of Child Youth and Family for a social work assessment for an enhanced benefit.

If you are near 65 and have had to leave work to care for the children you may qualify for the Transition Retirement Benefit or Domestic Purposes Benefit. You may also qualify for a Community Services Card if your income is not high, which will entitle you to subsidised medical care.

Some grandparents on limited incomes really struggle to make ends meet. The children eat them out of house and home, grow out of shoes before the first polish and their jersey sleeves creep up their arms before their eyes! Some days they may wonder where the next meal is coming from. Always remember that if you are financially stressed you can go to a food bank and either buy food cheaply or it may be donated. If you have to purchase a school uniform, it does not have to be new, and many schools have very good second hand uniform shops. Try the Church Op shops for other clothing. Babies' and young children's clothing can be obtained from the Cinderella organisation if there is one near you. Needing toys? The local Toy library may be able to assist.

## *Taking a Break*

If your energy levels are low and you feel you need a spell, there are agencies that can help (see end of chapter). It is important that you can get a break, so that you can carry on! If you have pre-school children, do not hesitate to make use of Day-care. This can either be Family Day Care with Barnardos, where the child is looked after in someone else's home or in a Day-care Centre. Make use of this time to follow some of your previous interests or catch up with friends. There is a cost for this, but approach WINZ for a childcare subsidy or the Department of Child Youth and Family. This is no time for pride!

Make inquiries from the agencies listed at the end of this chapter about getting respite care. They may have a family who has been specially assessed and trained who will befriend the children and take them for one weekend a month. Alternatively, you may be able to send the children to a camp in the school holidays, with WINZ assistance. Frequently, children who have suffered from separation trauma may say that they don't want to leave you. You have to consider the fact that if you burn out, that may be worse for the children than allowing them to take a weekend or a few days in the holidays away from you. Once they know that you are there for them when they return, they will gain confidence. If you have not yet had a Family Group Conference, and one is



planned, make sure you ask the Co-ordinator to facilitate a discussion about who in the family can offer a weekend break on a regular basis.

Friends are so important to us as we age. Although you may feel they are not interested in, or available to you, now you have the children, do try to keep in touch with them. Make sure you ring your friends to see how *they* are doing! If you can't go out like you used to, ask them around for supper after the children have gone to bed.

You will have your ups and downs. Just when your grandchildren seem to be settling in and doing well, they may suddenly get worse again. They may seem to be deliberately trying to get you angry. You may wonder what you are doing wrong! Well - probably nothing! They are probably just testing you to see how you will react and if you will reject them. Get support if you can. These episodes will get less frequent. You ARE doing a great job!

You will need support, and meeting with others who are also raising their grandchildren and facing similar difficulties can be the very thing that gets you through. Join the Grandparents Raising Grandchildren group nearest you, listed on the inside back cover. Perhaps if there isn't one near you, you may like to contact head office and start one yourself!

Above all, remember that you do not have to be the best caretaker in the world, you only have to be good enough. Some grandparents may feel that they did not do well enough when they were raising their own children and feel that this time they need to get it right. It doesn't matter if your grandchildren don't get a bath every night, or clean clothes every day. What does matter is that they have enough to eat, warm clothes and above all, that you are there for them and they know you love them.

Many grandparents have remarked on the strengths they have found within themselves when faced with the challenge of raising their grandchildren. They have stated that they now have a special job to do and a renewed sense of purpose in their lives.

# *References and Further Reading*

Grandmothers as Caregivers — Raising Children of the Crack Cocaine Epidemic by Meredith Minkler and Kathleen M Roe (*Sage Publications*) (1993)

Grandparents Raising Grandchildren: A guide to finding help and hope by Marianne Takas (*Brookdale Foundation Group*) (1997)

I Swore I'd Never do That: Recognising Family Patterns and Making Wise Family Choices by Elizabeth Fischel (*Conari Press USA*) (1994)

Positive Parenting by Kate Birch (*Reed NZ*) (1993)

Confident Children: Developing Your Child's Self Esteem by Glen Stenhouse (*Oxford NZ*) (1994)

Care of Children Act 2004 *New Zealand Government Printer Wellington*

Children Young Persons and Their Families Act 1989 *New Zealand Government Printer Wellington*

Because We're Family — a study of Kinship Care of Children in New Zealand — by Jill Worrall (*Masters thesis, Massey University*) (1996)

Adolescence — a Guide for Parents by Michael Carr-Gregg & Erin Shale (*Finch Publishing Sydney, 2002*)

The author is also a trainer for training courses that are being conducted as a joint initiative between the Department of Child Youth and Family and the New Zealand Family and Foster Care Federation. She has drawn from those training resources, in particular material from the *Family/Whanau Dynamics* and *Understanding Maltreatment* Courses.

GRG's/kin are welcome to attend the free National Caregivers Training. Please contact the following to obtain course dates, times, and venue in your area: Child Youth and Family Caregiver Training 0800 227 305.

# *Important Telephone Numbers*

# *Notes*