Investigating experiences of violence towards grandparents in a kinship care context
The project

This report is based on a research study conducted by Dr. Amanda Holt and Dr. Jenny Birchall at the University of Roehampton between June 2018 and January 2020. The project was funded by the British Academy/Leverhulme Trust.

Context

This is the first qualitative research project in the UK to explore the experiences of grandparents who are subject to violent and/or abusive behaviour from their grandchildren, with whom they are in a kinship care relationship. While there is an important and well-developed body of literature on some particular relationship dynamics in family violence, such as intimate partner violence (IPV) and child abuse, and an emerging research base on others, such as child to parent violence (CPV), there is a lack of knowledge about violence towards grandparents. There is also little research about violence towards kinship carers and this overlapping context of care is important to understand given that, in the UK, over half of all kinship carers are grandparents (Wijedasa, 2015).

In Australia, an online survey (n=101) explored kinship carers’ experiences of family violence. It found that 46% of the children being cared for had exhibited violent and aggressive behaviours towards other family members. The majority of this (89%) was directed towards their carer. Carers reported experiencing many kinds of violence from the child, including physical violence, property damage and verbal and emotional abuse. For 50% of the carers, the violence towards them was experienced daily or weekly (Breman and McCrae, 2017). In the UK, an online survey (n=1100) highlighted the extent of the challenges faced by kinship carers. It found that, overwhelmingly, kinship carers did not receive the emotional, financial and legal support that they needed, both at the time of the kinship care placement and as the placement progressed (Grandparents Plus, 2019).

However, as useful as these surveys are, they lack rich detailed knowledge about how grandparents, as kinship carers, navigate and manage experiences of violence instigated by the children they are caring for. This knowledge gap prevents the development of a coherent understanding of the ways in which violence in families can take shape at different stages throughout the life course, and how types of family violence differ. It also contributes to a professional deficit, as practitioners have little guidance about how to respond effectively. This study aimed to address this knowledge gap.

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Research design and methods

The project centres on 27 in-depth interviews with grandmothers and grandfathers from across England, Scotland and Wales. The interviews took place either in grandparents’ homes or remotely (e.g. via Skype). Participants were recruited through a range of gatekeepers who worked in organisations such as CPV support groups and services, family and adolescent support services, local Youth Offending Services, and national and local kinship care support services.

The majority of participants were grandmothers, who made up 24 of the 27 interviewed. The age range of the grandparents was broad, from 40 to 73 years old. In terms of the grandchildren who were the focus of concern, the gender split was roughly equal, and their age ranged from five to 20 years (the modal age was 15 years). Two thirds of the grandparents were married/cohabiting, with the remaining third either divorced/separated or widowed. Two thirds of the grandparents were retired or unemployed, with the remainder in employment.

Interviews with grandparents lasted approximately one hour. We used a life course approach to anchor our data collection and analysis. In this report, thematic analysis was used to identify the commonalities across the dataset of experiences, impacts and responses.

We also conducted nine interviews with practitioners who may come across young people’s use of violence towards family members in their work. Participants included practitioners from family support services, family law, education, domestic violence services, youth offending services, children’s social care services and the police. These interviews allowed us to understand more about the challenges practitioners face in responding to violence and abuse towards grandparents, particularly those in kinship care contexts.

Ethical approval for the research was obtained under the procedures of the University of Roehampton’s Ethics Committee.

Our work was guided by an expert advisory group:

- Jo Sharpen, Policy Manager, Against Violence and Abuse (AVA)
- Sharon Stratton, Policing Standards Manager, College of Policing
- Maggie Evans, Director for Action on Elder Abuse (England)

The kinship care context

All of the grandparents who participated in the study were, or had been, kinship carers for their grandchild (sometimes they were caring for more than one grandchild). While the study did not originally plan to focus exclusively on the kinship care context, all of those who responded to the call for grandparents who were experiencing violent and abusive behaviour from their grandchildren were in a kinship care relationship with their grandchild. For the majority of grandparents, the reasons why their grandchildren came to be living with them in a kinship care arrangement involved one or a combination of domestic abuse, mental health issues, substance misuse, and child abuse and/or neglect involving the grandchild’s parent(s). Other traumas in the grandchild’s life were also evident, such as parental imprisonment and bereavement.

The length of time that the grandchild had been living with their grandparent(s) varied, but most had been living with them for a number of years (in some cases, this had been interspersed with time spent back with their parent(s)). In most cases (78%), they were the maternal grandparents. The kinship care arrangement varied from informal arrangements to Residence Orders (ROs) or Child Arrangements Orders (CAOs) and Special Guardianship Orders (SGOs). For some grandparents, the decision to take responsibility for their grandchild’s care was a voluntary one, made together with the grandchild’s parent(s). However, the majority of the grandparents did not feel the decision had been taken freely, and for some it did not feel like their own decision at all.

“I felt as if I was forced into a corner. It was either give up my job and my life, basically, to take care of my granddaughter, or she would have been taken away by the social worker.”

(ERIC)

Erica
Key findings

What were the grandparents’ experiences of violent and abusive behaviour?

The grandparents told us about their grandchild’s physically violent behaviour, which often happened on a daily basis and sometimes resulted in serious injuries:

“She blamed me for taking her away from her mum. She blamed me for taking her away from her sister. And at that point I was being physically assaulted every single day, I was being kicked, punched, nipped, bitten … I had bruises all over my … I’ve been punched in the face at least once a week, I’ve got … I mean I’ve still got quite a lot of scars now, but I’ve had bruises every single day.” (Diane)

“She was getting knives out of the kitchen drawer and threatening us and [my husband] had had some quite serious… He’d had a black eye and he’d had something thrown at him that had hit him on the side of the head and he had to go for stitches. She really hurt my hand one day and I thought it was broken so I’d ended up in A&E.” (Bev)

In addition to violence directed at the grandparents, the behaviour could also be directed at property and objects around the house. The abuse also included demands for money, and the theft of money.

Grandparents also described a range of verbally and emotionally abusive behaviours:

“He says to me every day: ‘you’re gonna die soon anyway, I wish you were dead now’, and ‘go and jump off a roof’. And then he’ll come out with really bad things: ‘oh go and dig your dad up and shag him.’ This is what I get most days.” (Tina)

Several of the grandparents we spoke to described how their grandchild seemed to target physical vulnerabilities or treasured belongings as part of their behaviour:

“My husband has got new knees and I’ve got a new hip. And she tends to target, she goes for his knees. I suffer from a bit of arthritis in my knees and she knows and so she kicks into them and that’s where she targets.” (Wendy)

“He ripped a photograph up the other day – I’ve only got one photograph of my Mum, and he ripped that into tiny little pieces. Anything that he knows I love, and that I’m proud of, he’ll destroy. So I’ve started saying ‘destroy what you want, my memories are in my head, and the love I have for them are in my heart. So destroying things doesn’t really affect me’. It does, but obviously I don’t say that to him.” (Tina)

What did the grandparents say about the causes of the violent and abusive behaviour?

The grandparents described a range of potential ‘triggers’ to the violent and abusive behaviour.

One of these was a perceived lack of control over situations:

“If you’re doing something new with her - because even though we try and prepare her, and say ‘we’re going to do this, we’re going to be all together’, ‘we’re going to this house’, or wherever, we’ll prepare her, but no, if it’s not, if she’s feels out of control, you’ve had it.” (Rebecca)

Another trigger mentioned by several of the grandparents was when their grandchild had contact with their parent(s). Grandparents reported increased distress and anxiety from their grandchild, and consequently heightened abusive or violent behaviour towards them in the periods before or after contact was due to take place. In some instances, the contact did not take place, and this also triggered a violent response.
"So she will come home from Dad, even now, and be really moody and would spill into aggression at the drop of a hat, anything. If I said 'you need to pick your shoes up' ... 'Aargh!' you know that will be it, she will be ... she's the time bomb again." (Kathy)

Money was also an important factor that could trigger violence or abuse towards grandparents, as were situations when grandparents tried to restrict their grandchild's use of technology, including video games and mobile phones. For several of the grandchildren, the demands of the school day appeared to be a trigger for some of their abusive behaviour.

However, no matter what 'triggers' they felt affected their grandchildren, the grandparents unanimously agreed that the violent and abusive behaviour they were facing ultimately stemmed from trauma and loss. Some described specific events or factors in their grandchild's lives that they felt were at the root of the problems they were experiencing:

"He's angry all the time, and he's angry because - he doesn't know why he's angry but I know. Way back he was in a womb with all these drugs, and it's affected his whole life. But I don't want to tell him that, I cannot tell him that. How would you feel if somebody told you you were born addicted? I cannot say that to him." (Nancy)

In many cases grandparents recognised that their grandchild's behaviour was their only way of communicating the pain that they felt, and that as grandparents they were recipients of their grandchild's violence and abuse because they were the only 'safe', unconditionally loving person their grandchild had:

"When she lost her Daddy to prison, she came and sat on my knee, looked at me and head-butted me in the nose, and I thought my nose was broken. And I think she uses pain as a way of describing how she's feeling actually, the pain she's feeling she wants to show, desperately wants you to understand." (Teresa)

What are the impacts of the violent and abusive behaviour on grandparents?

The grandparents described a range of changes to their lives as a result of caring for their grandchildren and experiencing abusive behaviour from them. They described how relationships within their families had been affected, particularly their relationship with their own child who was their grandchild's parent and with whom, in many cases, they had to negotiate contact:

"Oh, it changed everything. I don't think there was a relationship that it didn't impact on or change. It was really difficult. Sometimes we were being asked to do things that we essentially didn't agree with [...] it just seemed absolutely cruel to be put in that situation where you know, your son's child has been taken away from them and put with you and they can't see them unless you're there, and you have to supervise that contact. It was an absolute no-win situation because ... i wouldn't want anybody else - a stranger - to be doing that, because it was a really sensitive and difficult time, but actually it was also incredibly difficult to kind of work through it as a family." (Linda)

For several of the grandparents, the strain of caring for a grandchild who is abusive or violent particularly impacted on their marital relationships, where there were sometimes differences of opinion in how best to deal with it:

"We were having arguments, because I say to him: 'Oh, it’s what they’ve been through’. And he would say: 'Ah yes, but what about how it's affecting us? We cannot keep putting up with this all of the time'." (Laura)

Other grandparents spoke about becoming estranged from their wider families:

"Their way of dealing with [my granddaughter’s] behaviour is to use violence towards her, or to just turf her out of the property and she can go and fend for herself elsewhere [...] I spoke to them about it and said 'you're not helping matters’ and they said if I persisted in the way I was looking after [my granddaughter], I wouldn’t be welcome there either." (Deborah)

This isolation was compounded by the negative reactions of neighbours and others in the grandparents’ local communities. In many cases, it was also compounded by financial difficulties caused by their caring responsibilities. Many grandparents had had to give up work in order to care for their grandchildren, and their grandchildren’s behaviour meant that even those who tried to continue working were frequently called away to deal with problems at school. All of this had a significant impact on their income. The majority of grandparents we spoke to were aware of the differences between financial support granted for kinship carers and for foster carers. They felt it was unfair that they received less financial support, and as kinship carers, were expected to financially support their grandchildren from their own pockets. As a result of being the main carer for children whose behaviour could be violent and abusive, many of the grandparents we spoke to were also..."
experiencing health impacts, with both their physical and mental health deteriorating as a result:

“I do suffer from depression, I’m now on anti-depressants. I’ve been trying to get off them, been on them a few years and I can’t get off them. I feel almost suicidal when I try and come off them. And I’m tired, I’m just tired. I’m mentally burned out with it all to be honest.” (Ann)

Grandparents also talked about the uncertainty involved in their situations, with many not knowing how long their grandchild would be living with them, if they would return to their parents, or if they would be placed elsewhere. The uncertainty, combined with a lack of support, creates additional anxieties and fears for the future – both for grandchild and grandparent. One grandparent told us:

“I was scared that they would take him off of me as well and put him into care because I was only his grandparent - I wasn’t his guardian or anything like that. I had no rights, so I was scared that if he carried on the way he was, he would be put in care” (Connie).

How are grandparents’ experiences different from those of other carers?

When we asked grandparents how their current experiences were different to those they had when parenting their own children, they explained that caring for children as a grandparent involved particular dynamics that are not involved in parent-child relationships:

“I think the big difference is that they’re not my children. They’re my grandchildren – they’re not mine, as such. So you always think, ‘what am I doing this for?’” (Wendy)

Some grandparents felt that there was more at stake for them this time around, and more pressure to get it right for their grandchild than there would have been if they were parents:

“They’ve already been knocked down once and you don’t want them to be a second time [...] Whereas as a parent, if it doesn’t succeed you think ‘Oh well we’ll give it another go, we’ll try something else next time’. It’s an easier thing with your children than it is with your grandchildren.” (Martha)

Other grandparents talked about the ways that their plans for retirement had been impacted by looking after grandchild:

“How do grandparents experience service and support responses?

“It takes years and years and years to get these children the help that they need. It’s not readily available, and it’s awful for them. I’m sure they don’t want to be doing it. I’m sure they don’t want to be hitting the people that they love and the people that look after them. You know, it’s just the way that they’re coping.” (Gail)

Grandparents told us about the support they sought, and the responses they received, from a range of services. These included children’s social care, mental health services, police, schools/colleges and voluntary sector services.

The area where grandparents had experienced the most challenges in getting support was from children’s social care. These challenges existed at different stages, beginning as soon as grandparents began to care for their grandchild, when they felt uninformed about what would happen. Several grandparents felt that once they had been formally granted care of their grandchild by the family court,
they were ‘left to get on with it’, with only minimal support offered:

“As soon as you get an SGO order, all your help stops with social services […] The day you sign that paperwork, it disappears.” (Karen)

Grandparents described their efforts to seek help from social workers to deal with their grandchild’s behaviour. Many felt that there was no support for them as victims of violence and abuse:

“Basically, if everything suited the kids, they weren’t really bothered about the adults. If there was ever any aggression shown, it was ‘just walk away, walk out the house’, things like that. So they basically just wanted you to go out and leave the kids alone to do what they wanted.” (Jim)

Grandparents also talked about the strategies they had resorted to in their efforts to access support from social services. One grandparent had sat in the office of his local social services for seven hours, refusing to leave until a manager agreed to talk to him about the financial support he needed. Another grandparent refused to comply with social workers’ recommendation to formalise her role as a kinship carer until she could access more support.

While some grandparents had been able to access support, they found it was limited in nature. One described her frustration in finding that being referred to one programme meant that she and her granddaughter became ineligible for further support:

“We’re part of the Troubled Families Programme here […] Doctors have tried three referrals as well and they’ve refused all of them […] because her £6,000 that they’ve spent on her in two years, or on all the meetings, has finished, there’s no funding for her, she’s finished. So she’s now washed ashore, that’s it.” (Kathy)

While some grandparents had accessed support from CAMHS (Child and Adolescent Mental Health Services), the majority told us of their frustration when faced with long waiting lists and referrals declined. This meant that help was not given, or came much later than needed. Other grandparents felt that the treatment their grandchildren had received from CAMHS was more of a ‘sticking plaster’, rather than something that addressed the root causes of the violent and abusive behaviour. Some grandparents were concerned that the only response to the violence was medication for their grandchild.

The majority of grandparents who had contacted the police about their grandchild’s behaviour spoke positively about the response they had received. For these grandparents, there was a sense of relief when the police took their complaints seriously, even if doing this meant a severe response to their grandchildren’s behaviour (such as police threats to use tasers on them). Grandparents spoke positively of the police when they felt heard and recognised as victims of violence and abuse. They also appreciated short-term measures that were taken to keep them safe:

“The police … seem to be much more understanding and realising that something had to be done whereas the social services, it was all softly softly, let’s not upset the child. I can understand that to a certain extent but also understand that we are the ones that are the victims. I actually got quite cross with our social services [I was] saying to them that we were the victims, we weren’t hurting the child.” (Wendy)

However, some of the grandparents had not involved the police - because the child concerned was very young, because they did not want the child to have a criminal record, or because of fears about how the police would deal with the child.

Grandparents spoke of a mixed response from their grandchild’s school and/or college. A positive response often seemed to depend on individual teachers, head teachers or governors who were aware of the impact of trauma on children and understood attachment issues. However, several of the grandparents had not experienced a positive response, with some grandchildren being excluded or isolated for their behaviour which had knock-on effects at home:

“Unfortunately they had a new head teacher who did not understand him and tried to force through some changes, so he tried to attack her, so he got expelled. And currently, well for the past eighteen months, he’s been home.” (Elizabeth)

Grandparents talked about the impacts of different learning environments for their grandchildren. Some grandchildren had been placed into learning environments that exacerbated the difficulties they were already experiencing, such as pupil referral units. For others, however, positive changes began when grandchildren were moved to different learning environments, such as special schools for social, emotional and mental health problems.

Facing a lack of support from statutory agencies, many of the grandparents had accessed voluntary sector services, including kinship care support groups and other groups specifically for grandparent kinship carers:

“So I go there once a month, and there’s about … six or seven people there who, for one reason or another are looking after their grandchildren.
And I must say, I’m quite humbled by some of the things, and the dedication they show, trying to pick up the pieces from shattered relationships or parents on drugs and whatever.” (Kevin)

Others talked about the benefits of different programmes and interventions for children and young people, such as services for those who have parents in prison (e.g. Children Heard and Seen) and youth intervention schemes. Some grandparents’ experiences of trying to access services – for example for kinship carers or for victims of domestic abuse – highlighted a gap in tailored provision for grandparents who are caring for grandchildren:

“I’ve been to a couple of kinship carers groups, but in one of them the children were quite young, so none of them had teenagers […] Don’t get me wrong, that was a very good support group, self-help group, but it wasn’t appropriate for me.” (Gloria)

Many of the grandparents spent endless hours searching the internet for answers, reading books about trauma-informed and attachment approaches to parenting, and attending a range of different carers support groups. What was notable about the grandparents we interviewed was how much initiative and drive they had to resource themselves and plug these gaps, in the face of such immense challenges.

“It’s that fire in my belly and that love, my love for those grandchildren that is keeping me going.” (Cynthia)

“I just get on with it. The last social worker said says: ‘you’ve got broad shoulders’, she says: ‘I don’t know how you go on, I couldn’t have done all of this’. And she’s younger than me, she’s only 50… and you think well, who else is there?” (Laura)

was felt to have come far too late. Grandparents felt that early intervention had been essential for their grandchildren, who had all experienced trauma, but that this had been absent. Based on both the grandparents reported experiences, and on interviews with practitioners, we make some key recommendations for change:

Early support for birth families who are struggling
For example, there needs to be more sustainable funding for domestic abuse services, for mental health services, and for substance misuse services. The more support there is early on for families who are struggling, the less chance of trauma experienced by the children and the less likelihood of them needing to be removed from their parents.

Trauma-informed therapeutic work
All of the grandchildren who were exhibiting violence had experienced earlier trauma, and often more than one kind of trauma. It is also likely that many of the grandparents had experienced secondary trauma. Intervention work with families, but particularly the grandchildren, should be accessible for all, should be ongoing (not time-limited) and should specialise in working with attachment-related issues. Information about trauma and its effects would also be useful for grandparents and other family members.

Tailored support for grandparents
For example, kinship care support services were felt to primarily support carers of young children while domestic violence services were felt to prioritise survivors of intimate partner violence. Evidence suggests that kinship carers of older children who are behaving aggressively in the family home are a significant cohort that require specific support responses for both the grandchild and for other family members living in the home (including siblings, who are also impacted by the violence). Such provision needs to exist, and then needs to be signposted by agencies that come across this problem (such as the police) so that grandparents can access support. The violence and abuse also needs to be taken seriously, and not dismissed as something ‘to be expected and accepted’ because of the child’s traumatic history.

Thorough risk of harm assessment prior to placement
While kinship carers are assessed for their suitability prior to placement, this assessment should also include a detailed assessment of risks of harm to them as well as to the child. Furthermore, a regular risk of harm review following placement (including after the formalisation of kinship care arrangements), should be made statutory to ensure that grandparents continue to be safe.
Continued support after the formalisation of kinship care
Despite kinship carers being legally entitled to post-order support until the child reaches 18 years, all of the grandparents reported that they felt ‘dropped’ by social services once an SGO had been awarded: that the ‘problem’ was seen to be solved and there was no longer any perceived need for further social care support. Prior to formalisation, grandparents often reported that they were not kept informed about the placement and that the continual uncertainty about how long the placement would last created anxiety (it is likely that the grandchild is also impacted by this lack of information). Furthermore, constant changes of social worker impacted on the continuity of support grandparents received.

A multi-agency response
An integrated approach led by children's social care in partnership with schools/colleges, health agencies, the police and specialist services is essential because it is a problem that risks ‘falling through the gaps’ of different agencies – it is not quite elder abuse, it is not quite child-to-parent violence, it is not quite domestic abuse. We need to ensure that grandparents do not feel like they are being passed on from one agency to another and it would be helpful to consider the limits of different statutory support services to ensure that the needs of grandparent kinship carers are not ignored. Furthermore, there needs to be statutory-based policies and strategies in place to ensure that there is a consistent response to this problem across and within different agencies. While grandparents reported some positive responses, these tended to be the result of pro-active individuals who went ‘above and beyond’ to support the grandparent, rather than as part of a broader institutional response.

Professional training
This is important for all of those who may come across this issue in their work, including the police, social workers, family lawyers, schools and colleges, mental health workers and domestic abuse support services. The professionals we spoke to said that this is an area in which they had not received any professional training. Without awareness of the issue, the right questions may not be asked, and grandparents may be reluctant to disclose their experiences of the violence for fear that their grandchild might be removed from them, or that they might be blamed for their grandchild’s violence. Grandparents are painfully aware that they are their grandchild’s ‘last hope’ of remaining with family, and this puts extra pressure on grandparents to be seen to be coping.

Recognition and value of kinship carers
Financial support should be on a par with professional foster care, as should opportunities for respite. Embedded in this is the need to recognise and celebrate grandparents’ willingness to take on and bring up their grandchildren in difficult circumstances and at a time in their lives when they may not have the mental and physical resources they need, and who may not have anticipated this sudden and significant new responsibility.

Further knowledge about the extent of the problem
Within the wider field of ‘family violence’, there is very little research knowledge about either violence against grandparents or violence against kinship carers. We need to know the extent of the problem, and specific agencies should be required to count it so we can confidently identify how much of it is being reported to them. For example, while it may be flagged up as ‘domestic abuse’ in cases where the young person is 16 years or over, it may not be flagged in cases where those who instigate violence are younger than this. Counting cases will allow central and local Government departments to set aside specific funds to ensure that this cohort gets the support it vitally needs.

“I was scared. I was intimidated. I think my heart was breaking for him. Because you can see the damage that’s there, but you can’t put a plaster on it […] you feel you’re a failure, you feel absolutely failed, and it’s a mixture of emotional turmoil. Even when he was abusive, the mothering, maternal instinct comes over the top, the need to protect them. They didn’t ask to be born, their mum messed it up and Gran can’t afford to.” (Martha)
**Support**

If you are a grandparent experiencing violent and/or abusive behaviour, the organisations below can offer support and advice.

**Family Lives**
Family Lives supports all families who are experiencing challenges in their family relationships, including concerns about violence and abuse. The helpline offers a free and confidential support service, and the website offers information, an online forum and links to other support services. National helpline number: 0808 800 2222 (freephone)
Website: [https://www.familylives.org.uk](https://www.familylives.org.uk)

**Action on Elder Abuse**
Action on Elder Abuse offers a free and confidential helpline for anyone experiencing or witnessing abusive behaviour towards older people. They also offer an elder abuse recovery service in some local areas. National helpline number: 080 8808 8141 (freephone)
Website: [https://www.elderabuse.org.uk](https://www.elderabuse.org.uk)

**Women’s Aid**
Women’s Aid supports women who are experiencing abuse from family members. They offer range of online support services and the website offers information and links to other local support services. Website: [https://www.womensaid.org.uk](https://www.womensaid.org.uk)

**National Domestic Abuse helpline**
You can call this free, 24 hour helpline (run by Refuge) on: 0808 2000 247

**Men’s Advice Line**
Men’s Advice Line supports men who are experiencing abuse from family members. They offer a free and confidential helpline and the website offers information and a weekly online webchat. National helpline number: 0808 801 0327 (free from landlines and most mobiles)
Website: [http://www.mensadviceline.org.uk](http://www.mensadviceline.org.uk)

**Grandparents Plus**
Grandparents Plus supports kinships carers - including grandparents and other relatives raising children who aren’t able to live with their parents. They offer a specialist advice service as well as local support groups and an online network. National helpline number: 0300 123 7015
Email: advice@grandparentsplus.org.uk
Website: [https://www.grandparentsplus.org.uk](https://www.grandparentsplus.org.uk)
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Early findings of this study were presented to an international audience of practitioners, policymakers and academics at the Northeast DuPage Family and Youth Services, Illinois, USA (20 August 2019) and the Ravazzin Center on Aging and Intergenerational Studies, Fordham University, New York, USA (1 November 2019).

For further information about the contents of this report, please contact: amanda.holt@roehampton.ac.uk

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iv. A Residence Order (pre-2014) or a Child Arrangements Order is awarded by the Family Proceedings Court to determine where the child lives and how much contact they have with each parent. Parental responsibility is shared with the child’s parent(s).

v. A Special Guardianship Order (SGO) is awarded by the Family Proceedings Court. While parental responsibility is shared with the child’s parent(s), the special guardian can make almost all decisions without the parent(s) approval, including the appointment of a testamentary guardian in their will.

vi. The current UK cross-Government definition of domestic abuse is ‘any incident of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or have been intimate partners or family members’ (CPS, 2020).
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