Social Work/Maatskaplike Werk Vol 55 No 4; Issue 1
http://socialwork.journals.ac.za/pub doi:http://dx.doi.org/10.15270/52-2-757

REFLECTIONS ON THE EXPERIENCES AND NEEDS OF GRANDPARENTS CARING FOR THEIR GRANDCHILDREN WITH A SUBSTANCE USE DISORDER

Peter Schultz, Linda Shirindi

In South Africa grandparents play a significant role in family life. A qualitative study was undertaken to explore and describe the perspectives of grandparents caring for their grandchildren with substance use disorder (SUD). Data were collected by means of semi-structured interviews with grandmothers and analysed following Tesch's eight steps. Guba's classic model was employed for data verification. The findings revealed that grandparents experience heightened levels of stress, fear, intimidation, disappointment, shame and financial constraints, which may subsequently compromise their social wellbeing. Based on these findings, recommendations are made in an attempt to provide solutions to the challenges faced by grandparents.

Dr Peter Schultz, Lecturer, Department of Social Work, University of South Africa, Pretoria, South Africa.
E-mail schulpp@unisa.ac.za
Dr Linda Shirindi, Senior Lecturer, Department of Social Work, University of South Africa, Pretoria, South Africa.
E-mail shiriml@unisa.ac.za

Keywords: grandparents, grandchildren, substance use disorder (SUD), care-taking, levels of stress, South Africa

REFLECTIONS ON THE EXPERIENCES AND NEEDS OF GRANDPARENTS CARING FOR THEIR GRANDCHILDREN WITH A SUBSTANCE USE DISORDER

Peter Schultz, Linda Shirindi
Peter Schultz ORCiD Id: 0000-0003-2838-300X
Linda Shirindi ORCiD Id: 0000-0002-3351-6519
Dr Peter Schultz, Lecturer, Department of Social Work, University of South Africa, Pretoria, South Africa.
Dr Linda Shirindi, Senior Lecturer, Department of Social Work, University of South Africa, Pretoria, South Africa.
E-mail schulpp@unisa.ac.za
shiriml@unisa.ac.za
Keywords: grandparents, grandchildren, substance use disorder (SUD), care-taking, levels of stress, South Africa

INTRODUCTION

The phenomenon of substance use disorder (SUD) is of great concern because of the severe impact it has on individuals, families and communities (Van Heerden, Grimsrud, Seedat, Myers, Williams & Stein, 2011; Mpanza, 2014). Globally, alcohol consumption is regarded as the third largest risk factor for disease and disability (World Health Organisation (WHO), 2011;WHO, 2014) and the leading risk factor for death among those aged 15–59 years (WHO, 2019), mainly due to injuries, violence and cardiovascular diseases. Males have higher rates of total burden attributed to drug use than females (Peltzer & Ramlagan, 2010; Peltzer & Phaswana-Mafuya, 2018). Lower socioeconomic status and educational levels result in a greater risk of substance abuse (Peltzer & Phaswana-Mafuya, 2018). Data collected from 14 specialist treatment centres in Gauteng on a monthly basis during the period of January to June 2016 indicate a high profile of patients admitted to receive substance abuse treatment among males (86%) as compared to females (14%) (South African Community Epidemiology Network on Drug Use [SACENDU], 2017). The age of patients admitted for treatment in Gauteng ranges between 15-19 years and they are mostly in secondary school (81%). The referral source includes self/family/friends (57%), doctor/nurse (3%) and social services/welfare (9%). The most common primary substance abused in Gauteng in 2016 was cannabis (38%). This was followed by alcohol (18%) and heroin (12%) (SACENDU, 2017).

In this article the description "substance use disorder(s)" is adopted from Robinson and Adinoff's (2016:1), paper who describe it as a superordinate category which is comprised of a number of singular disorders (e.g. alcohol use disorder (AUD), cannabis use disorder, and so on). Substance use disorders are "characterized by recurrent use of alcohol or drugs (or both) that results in problems such as being unable to control use of the substance; failing to meet obligations at work, home or school; having poor health; and spending an increased amount of time getting, using, or recovering from the effects of using the substance" (Lipari & Van Horn, 2017:1). Similarly, according to the DSM-IV, substance use disorder (SUD) is defined as the repeated use of any harmful substances, constituting a combination of alcohol use and alcohol dependence in a single disorder, which may cause diagnosable illness that impairs the health and functions of a person and may require special treatment (American Psychiatric Association, 2013; Medina, 2019). The disorder may range from mild and temporary to severe and chronic. Substance use disorder has devastating effects on the quality of children's and youths' wellbeing, including their health, education and social system (Lander, Howsare & Byrne, 2013; Nahvizadeh, Akhavan, Arti, Qaraat, Geramian, Farajzadegan & Heidari, 2014).

Grandparents, mostly grandmothers have always played an important role in family life. They are the major providers of child care, given the responsibility to care for their grandchildren as a result of ongoing changes and issues in families and society. Various studies have documented the most important abilities of grandparents who have adopted the role of 'parents' in terms of their strengths,

resilience and resourcefulness (Hayslip & Smith, 2013; Zauszniewski, Musil & Au, 2013), benefit finding (Castillo, Henderson & North, 2013), empowerment (Cox, 2008), positive caregiving appraisal (Smith & Dolbin-MacNab, 2013), as well as protective factors such as social support (Dolbin-MacNab, Roberto & Finney, 2013; Whitley, Kelley & Lamis, 2016). However, given the relevance of grandparents' role, it should be borne in mind that SUD does not only affect substance-abusing children and youths negatively, but it also severely impacts on their families.

A number of changes in family structure and relationship dynamics have occurred over the past decades. Nyasani, Sterberg and Smith in Sooryamoorthy and Makhoba (2016) describe the 'role' of South African grandparents in terms of caring for their grandchildren. Traditionally, the historical role of caregiving is assigned to women and grandmothers, who are perceived as knowledgeable, wise, guiding and positively influencing their grandchildren. Furthermore, the 'role' has been entrenched in gender and sociocultural practices (Mtshali, 2016). The grandchildren are positively influenced by grandparents in many ways. As parental figures, they serve as role models and custodians and transmitters of culture (Ezenweke, 2015). They offer nurturance, love and support. Moreover, grandchildren are provided with the necessary discipline and attend to their physical health, education, financial and safety needs (Hayslip, Fruhauf & Dolbin-MacNab, 2017). The role of colonisation and later apartheid with its consequent emphasis on urbanisation, industrialisation and labour migration disrupted family life in Black African communities (Mtshali, 2015, 2016).

A growing phenomenon worldwide is that most grandchildren, especially orphans, are raised and cared for by their grandmothers (Lunga, 2009; Wellard, 2012). In most cases grandparents take over the full responsibility of bringing up grandchildren because their parents are unable to do so (Ochiltree, 2006; Harper & Ruicheva, 2010; Hayslip, Fruhauf & Dolbin-MacNab, 2017) as a result of drug or alcohol abuse, unemployment or death. The situation is exacerbated by a change in structures within families because of the severe impact of HIV and AIDS-related deaths, especially among young adults, leaving behind many orphaned children. As pointed out by Sooryamoorthy and Makhoba (2016), this situation brought about a change of roles for many grandparents, who felt morally and culturally obliged to take care of their grandchildren, despite not being prepared or equipped to raise and support them. In addition to the emotional strain, this situation meant that they took on the duties ordinarily fulfilled by the parents of affected children. Grandmothers are confronted with increasing financial problems, leading to stress, as well as the physical problems associated with ageing (Chazan, 2014). Furthermore, this plight is aggravated by the current decline in socioeconomic circumstances in South Africa, including poverty, unemployment, crime and generally ineffective service delivery (Kasiram & Holscher, 2015; Human Sciences Research Council, 2016).

Against this background, we have been faced over the past 20 years with an increasing number of instances of aberrant behaviour among young people between the ages 13–20 years, because of SUD, especially in our poorer communities (Manu, Maluleke & Duglas, 2017). The phenomenon of SUD "continues to ravage communities, families and society", having negative consequences not only for the users but also their families and communities in which they live (South Africa - South African National Drug Master Plan 2013–2017). As Manu, Maluleke & Duglas (2017) point out, SUD is generally related to crime, gangsterism, violence, vandalism, bullying and absenteeism in many South African schools. The high relapse rate of SUDs (Deepti, Kaur & Kaur, 2014) is mostly triggered by cravings, lack of coping skills, inability to constructively deal with emotions, peer-group influence and lack of support (Swanepoel, 2014). This is an indication of the complexity of addressing this problem, both within the home situation as well as professionally during treatment.

Various role players such as social workers and health care professionals provide services to individuals and families affected by SUDs in various public and private settings. These settings include health and mental health care centres, hospitals, child welfare organisations, courts and correctional facilities, employee assistance programmes and private practices. The role players are expected to be well-versed in the dynamics and issues associated with substance use disorders. In most cases social workers and, to a lesser extent, the healthcare professionals are the first line of contact and therefore distinctively positioned to offer

support and effective intervention to improve the quality of life of grandparents and of their grandchildren. Social workers' and health care professionals' intervention is guided by evidence-informed approaches that incorporate techniques and values based on current research findings and literature.

For the purpose of this article we pose the question: "What is it like for grandparents to take care of their grandchildren with a SUD?" We will firstly focus on the grandparents' experiences of their situation, followed by the challenges confronting them when raising their grandchildren with SUD and how they cope with these circumstances. Finally, the perceived needs to deal with their circumstances will be discussed. Insights from this study will be valuable to social and health care professionals, who play a vital role in offering services to grandparents caring for grandchildren with SUD. Furthermore, policy makers, academics and relevant role players will gain an in-depth understanding of this phenomenon from the South African context.

METHODOLOGY

This section will discuss the research setting, research approach, designs, sampling, population, data collection and analyses, as well as ethical considerations and trustworthiness.

Research setting

The Republic of South Africa (RSA) is the southernmost country on the African continent. It is a multi-ethnic society encompassing a wide variety of cultures, religions and languages, constitutionally recognising 11 official languages (South Africa Information, 2017). South Africa is divided into nine provinces. Only five provinces were considered for the purpose of this study (these were the provinces where the research fieldworkers resided), namely Eastern Cape, Gauteng, KwaZulu-Natal, Limpopo and the Western Cape. Thirty-nine (39) grandparents, who participated voluntarily in this study, were drawn from both urban (24) and rural (15) areas in these five provinces.

Research approach and design

A qualitative approach was used to explore the problem (Creswell & Poth, 2018). This approach was deemed appropriate, since it empowers individuals to share their stories, to have their voices heard, to attach meaning to the phenomenon and minimize the power relations that often exist between a researcher and participants in a study (Creswell, 2013). The qualitative approach enables researchers to identify the complex interactions of various factors and multiple perspectives of the phenomenon under study. This approach was employed in support of exploratory, descriptive and contextual research designs. The research designs aided researchers to plan their study by thorough review of theories and concepts in order to develop an overarching research question (Ravitch & Carl, 2016). These research designs have assisted researchers to explore the experiences and needs of grandparents caring for grandchildren with SUDs. By utilising a qualitative approach and the abovementioned research designs during the research process, researchers were able to elicit accurate and detailed information to answer the overarching research question when collecting, analysing and interpreting the data.

Sampling and population

A purposive sampling technique was employed to identify and recruit eligible individuals, who participated in semi-structured interviews. This technique assisted the researchers to use their judgment about the representativeness of a sample, based on the knowledge of the population, its elements and the purpose of the study (Babbie, 2014). Participants were recruited based on the following criteria: male and female grandparents who have been caring for their biological or non-custodian grandchildren for more than two years; grandchildren who are high school learners and are abusing harmful drugs or substances.

Data collection and analysis

In order to understand the complexity of the phenomenon, information on the topic was solicited using semi-structured interviews. This type of interview enabled researchers to prepare a list of questions and a few prompts to remind them about particular issues to cover (Bell & Waters, 2014). An interview

guide allowed researchers to obtain detailed, rich and complex information. Basic communication skills such as listening, attending, probing and minimal encouragement were utilised to obtain the information. Data saturation was reached since sufficient data were gathered and further coding was no longer feasible (Fusch & Ness 2015).

Data were analysed utilising Tesch's eight steps of data analysis (in Creswell, 2009). Data analysis entails preparing and organising the prescribed text or image data for analysis, then reducing large volumes of data into themes and categories through the coding system, and finally representing the data in figures or a discussion (Creswell, 2013). The researchers have read all the transcripts carefully, noting emerging concepts relevant to the topic. The eight steps include (1) transcribing the interviews verbatim, (2) choosing and reading through the transcripts while asking relevant questions, (3) compiling a list of themes and subthemes, (4) assigning a fitting abbreviation to each theme, (5) grouping themes together; (6) reaching consensus among researchers about the abbreviations for each theme, (7) using the cut-and-paste method, which enables researchers to assemble the story lines which belong to each theme, and (8) where necessary, re-coding the data. The findings are presented using thematic analysis. Thematic analysis is one of the most common forms of analysing qualitative data (Guest, 2012). It identifies, examines and records patterns (themes) of qualitative data.

Ethical considerations

Participation in this study was voluntary (Rubin & Babbie, 2013), and participants were assured that they were under no obligation to take part in the research study. They were made aware of the aim of the study and asked to sign a consent form. Pseudonyms were used to preserve anonymity and confidentiality.

Ethical clearance and considerations

The Departmental Research and Ethics Committee at UNISA granted ethical clearance for this project (Ref#: DandEC: 24/08/2017_Min.DRandEC_5.2.1). The ethical considerations adhered to during this research project include informed consent, anonymity, debriefing and confidentiality.

Trustworthiness

In order to ensure the veracity of findings in this study, Lincoln and Guba's (in Lietz & Zayas 2010:191) classic model of "trustworthiness" was utilised to ensure that the data collected were accurate and comprehensive. This article focused on the four basic 'concepts' described by the model, namely; "(1) credibility, (2) transferability, (3) auditability, and (4) confirmability" (Lietz & Zayas 2010:191). To achieve the purpose of each concept, researchers established the accuracy of the research designs, methods and findings by presenting the experiences and ideas of the participants rather than the characteristics and preferences of researchers (Shenton, 2004; Anney, 2014; Choi, Sprang & Eslinger, 2016). Triangulation of multiple data sources, data collection and analysis procedures was used to avoid bias.

LIMITATIONS OF THE STUDY

This research project, although implementing a qualitative research approach, does not make provision for the generalisation of research findings to a larger population, which is a noteworthy limitation of the study.

RESULTS

Researchers categorised the 'ideas' emerged from the findings as 'Main themes', 'sub-themes', and 'categories'. The sub-themes and categories were placed under the umbrella of the Main themes.

Biographical data of the participants

A sample size of 39 participants was reached (cf. Table 1). Of the 39 participants, 31 grandparents were recruited from the black community, 6 from the coloured, and 2 from the white population group. In this study the majority of the participants were from black communities. This is in line with Statistics South Africa's (2017) report indicating that the majority of citizens are mostly black. Of the sample group, 14 grandparents were married and 24 were single, one of whom was a widow. Four were never married and four were divorced. In cases where they were married, the grandmother was the primary

caregiver, while the grandfather fulfilled a supporting role. No children were raised by the grandfather only. Nine grandparents were younger than 60, 20 were between ages 60 and 70, while 10 grandparents were older than 70 years of age.

TABLE 1
BIOGRAPHICAL DATA OF GRANDPARENTS

Race	Black	31
	Coloured	6
	White	2
Total		**39**
Marital status	Married	14
	Single	24
	Widow	1
Total		**39**
Age	Above 70 years	9
	60 – 70 years	20
	Below 60 years	10
Total		**39**

Of the 42 grandchildren (cf. Table 2) with SUD who were in the care of their grandparents, 32 were males and 10 were females. Their ages varied between 14 and 21 years. Three boys were 14 years old and 28 (22 boys and 6 girls) were between the ages of 15 and 18; 11 (7 boys and 4 girls) were 19 years and older. The substances abused by the children in this sample group included alcohol (8 children, 6 boys and 2 girls); marijuana (10 children, 7 boys and 3 girls); *nyaope*[1] (13 children, 11 boys and 2 girls), and tik[2] (4 children, 3 boys and 1 girl). The remaining 7 children (5 boys and 2 girls) abused more than one drug.

TABLE 2
BIOGRAPHICAL DATA OF GRANDCHILDREN

Gender	Males	32
	Females	10
Total		**42**
Age	14 years	3
	15-18 years	28
	Above 19	11
Total		**42**
Harmful substances used	Alcohol	8
	Marijuana	10
	Nyaope	13
	Mix harmful substances	7
	Tik	4
Total		**42**

GRANDPARENTS' EXPERIENCES OF LIVING WITH A GRANDCHILD WITH SUD

For the purpose of this study, the term 'participants' refer' to grandparents as primary caregivers of the grandchildren residing with them (Williams, 2011). Harper and Ruicheva (2010) state that taking on

1 *Nyaope*, also known as *whoonga*, is a combination of different substances, including heroine and dagga mixed with antiretroviral drugs, milk powder, rat poison, bicarbonate of soda and pool cleaner (South African Government, 2013). It is used by inhaling the fumes of the heated mixture, which provides a sense of relaxation, but which soon wears off. Side effects include stomach pains, muscle cramps and generally feeling ill or nauseous (Masombuka, 2013).

2 Tik (methamphetamine), or crystal meth can be snorted, orally ingested, injected or smoked, the latter being the most common method in South Africa. It creates feelings of euphoria and invincibility, and of being in complete control of everything (Health24, 2011).

the responsibility of caregiving by grandparents usually occurs in response to a family crisis, when the biological parents are not able to take care of their children adequately. Grandparents who care for their grandchildren frequently experience a situation they are not prepared for or equipped to deal with (Horta, Daspett, Egito, & Macedo, 2016). Conway Jones and Speakes-Lewis (2011) indicate that grandparents caring for their grandchildren generally experience heightened levels of stress and symptoms of depression. Not only is assuming the responsibilities ordinarily provided by parents a demanding undertaking, but the additional problem behaviour of grandchildren with SUD inevitably takes its toll. The experiences reflected by the participants in the study can broadly be divided into two subthemes, namely the effects of substance abuse and related behaviour of grandchildren on their grandparents, and the latter's emotional response to their situation.

The effects of substance abuse and related behaviour of the grandchild on the grandparent

Participating grandparents indicated a number of negative emotions caused by the SUD-related behaviour of their grandchildren, including feelings of fear and intimidation, concern, disappointment, stress, shame and humiliation. The following examples quoted from the storylines of grandparents confirm this assertion.

Lerato expressed fear of her granddaughter's intimidation as follows; *"Her shouting at me … She asks for money from me by force and she is aware that I am scared of her …"*

The same fear is expressed by Rebecca. *"To me as a grandmother, my grandchild is always aggressive and too demanding … I always feel unsafe around him … I used to lock all the bedrooms in my house as well as the cupboards and freezer to prevent my grandson from selling our belongings …"*

Tumi expresses her concern and disappointment about her grandchild. *"It is not easy as I have already said that sometimes I sleep with one eye opened as she will not be home by then … what can I say?"*

Lebo added in the same vein: "*He used to beat me when he is under the influence of substances and I am afraid to report the matter to the police … if I do so his dead mother won't forgive me. It is hard you know."*

Grandparents who are raising grandchildren with SUD struggle with the stressful demands created by their grandchildren's misconduct and its impact on their own emotional and physical wellbeing (Lee & Blitz, 2016; Harnett, Dawe, & Russel, 2014; Marken & Howard, 2014; Strom & Strom, 2011; Barnard, 2005). Other scholars report that the circumstances created by the SUD generate interpersonal complications such as relationship dissatisfaction, negative interactions and relational violence (Cox, Ketner & Blow, 2013; Benishek, Kirby & Dugosh, 2011). These consequences may prevent grandparents from providing a constructive and supportive home environment (Smith, Cichy & Montoro-Rodriguez, 2015).

It is important to note that SUD-related behaviour towards grandparents can be compared to "elder abuse" in the sense that it takes the form of physical and emotional abuse, financial exploitation, neglect or self-neglect, or a combination of the different forms of abuse (Donovan & Regehr, 2010). This description corresponds with the United Nations' (1996) definition of "domestic violence", which includes, among other things, physical abuse (hitting, kicking, shoving), psychological abuse (name-calling, undermining someone's self-esteem) and economic violence (withholding access to money or preventing the grandparents from going to her place of employment) (Choenni, Hammink & Van de Mheen, 2017:37). The SUD-related behaviour may affect grandparents negatively as it may be upsetting, to say the least, and exhausting as this behaviour is often unpredictable and eventually results in an increased risk of poor health, symptoms of depression, and the risk of developing a chronic disease, chronic mental illness or even injury (Choenni et al., 2017; McCann, Lubman, Boardman & Flood, 2017).

The emotional response of grandparents to their situation

In response to the circumstances caused by their grandchildren's SUD and SUD-related behaviour, the participating grandparents expressed emotions of helplessness, doubt, anger, frustration, resentment and self-blame.

Bohlale expressed her feelings of frustration and helplessness as follows: "*I wish I could open my heart, I am so hurt you can't believe it … How can my 14-year-old grandchild be caught with these drugs? I don't blame him as our area is full of drug dealers. I wish I had money. I would go and stay in other nice place*."

Letty, on the other hand, expressed doubt about her ability to cope and blamed herself for the situation: "*I find it difficult to accept this kind of behaviour, with my own grandson … I found myself doubting my parental skills. It feels like I have fail this time."*

Thandi expressed feelings of frustration and anger in reaction to her situation: "*It is very difficult to live this tiring life at my age. If I am not fighting with the police, I am either mocked by community members for failing to teach this child morals as if he is my own … It degrades you as a human being. You can't even look people in the eye because you feel like you have taken off your clothes …"*

Strom and Strom (2011) indicate that grandparents are usually not only angered by the behaviour of their grandchildren, but also resent having been placed in such a situation with its demands and responsibilities, often unexpected and unwelcome (Langosh, 2012). Harnett et al. (2014, in Bundy-Fazioli, Fruhauf, and Miller, 2013) draw attention to the fact that grandparents caring for grandchildren who have behavioural and developmental problems experience high levels of stress, anxiety and even depression compared to grandparents in a non-caregiving situation. This is confirmed by Doley, Bell, Watt and Simpson (2015) as well as Longoria (2009), who describe the psychological distress experienced by grandparents as caused by the practical demands of parenting (re-parenting) and social factors such as school demands and their lack of understanding of legal matters. These circumstances often create doubts within grandparents as to their ability to control these situations, resulting in remorse and guilt because of their perceived failure (Backhouse & Graham, 2013). In addition to these circumstances, grandparents frequently experience feelings of regret and disappointment about their own dreams and expectations which cannot be fulfilled while taking care of their grandchildren. In turn, grandchildren can be perceptive and may feel unwanted and/or hold themselves responsible for undermining the happiness of their grandparents (Strom & Strom, 2011).

GRANDPARENTS' CHALLENGES IN LIVING WITH A GRANDCHILD ABUSING SUBSTANCES

Parents, and by extension grandparents, are by nature geared towards protecting their (grand)children, but are caught up in feelings of powerlessness in dealing with their behavioural problems, feeling responsible for the child's behaviour (Horta et al., 2016). Under this theme, three subthemes were identified, namely ways to manage the grandchild's behaviour; managing circumstances, health and finances; and dealing with the reactions of the community.

Ways to manage a grandchild's behaviour

As pointed out by McCann et al., (2017), the people closest to the person with SUD, usually the family members, carry the primary responsibility for assisting and supporting the affected family member, while simultaneously having to deal with the arguments, misconduct and violence, and subsequent family, social and financial breakdown. Grandparents caring for grandchildren with SUD are usually confronted with the moody, erratic and irresponsible behaviour of their grandchildren. The following comment exemplifies this point.

Witi describes her challenges in looking after her grandson as follows: *"... the challenge that I am facing is that my grandson is a thief, he knows how to manipulate me and he verbally abuses me if I do not give him money to buy nyaope."*

Bohlale finds herself in a similar situation: "*It is difficult to tell him what to do … Now he does not listen to me. Sometimes when we are arguing he acts as if he really wants to beat me. His temper is very bad."*

The grandchild's conduct increasingly gets out of control and it becomes more and more difficult to manage. As pointed out by Choi et al. (2016), grandchildren with behavioural problems as a result of substance abuse often display objectionable behaviour, as they are emotionally troubled because of the situation they find themselves in, a situation that requires of grandparents to "acquire new or modified adaptive strategies" to manage the child and maintain some form of family stability.

Managing circumstances, health and finances

Grandparents are inclined to place the needs of the grandchildren before their own, finding it hard to focus on themselves (Lee & Blitz, 2016) as they want to "provide the best for their grandchildren and support their education" (Rubin, 2013:337). Not only are many grandparents confronted with a family crisis and its consequences, which placed the grandchild in their care in the first place, but grandparents also have to deal with the adjustment of grandchildren having lost their parents and adapting to a family structure different from that of their peers (Backhouse & Graham, 2013). As pointed out by Purcal, Brennan, Cass and Jenkins (2014), because grandparents are generally substantially older than parents, they increasingly have to contend with age-related health problems including arthritis, diabetes, high blood pressure and heart problems. Participating grandparents indicated how they had increasingly become unable to manage their own circumstances and how the unacceptable behaviour of their grandchildren affected their health and finances (Rubin, 2013).

Rebecca describes their financial circumstances as dreadful and having a devastating effect on her health: *"I have no money to take care of my health … The little income we receive from government is not enough. Financially I'm crippled because even his mother does not support me."*

Bohlale adds that their living conditions are not functional: *"Living in a shack and having limited bedrooms is frustrating; the sleeping arrangements are not good for us."*

Rubin (2013) as well as Backhouse and Graham (2012) point out that most grandparents already live below the poverty line on a low income (often receiving only a state grant) and then have the added responsibility of caring for one or more grandchildren. This places a significant financial burden on grandparents to honour their commitments. Harnett et al. (2014) concur that limited access to daily living resources and compromised physical health significantly contribute to the psychological distress experienced by grandmothers who are raising grandchildren.

The situation is exacerbated when grandchildren with SUD either take their grandparents' money or sell material items and food to fund their addiction to drugs. In this regard, grandparents are exposed to "material hardship" relating to, for example, health, housing and food security, all of which have an impact on the general wellbeing of the family (Baker & Mutchler, 2010).

Dealing with the reactions of the community

The socioeconomic environment including the community, its resources and especially the schools has an impact on the relationship between grandparent and grandchild as well as on the development of the child (Longoria, 2009). As indicated by Baker and Mutchler (2010), these conditions can be reflected in behavioural problems and poor school performance.

Tumi refers to problems she experiences at her grandchild's school: *"We get complaints from the teachers about the behaviour that this child is portraying at school … she disrespects the teachers and backchats them. The teachers are worried about her because she performs very well and she is one of those bright learners."*

Rebecca also refers to getting calls from the school about her grandson's theft and adds that she as grandparent is also affected by his behaviour: *"I am judged by the community members for not having control over my grandchild ... Neighbours have stopped their children to visit my grandson.*"

Lebo is similarly affected: *"I am having a problem because neighbours don't trust me as they always lock their gates … they said my grandchild can steal their belongings."*

According to Lee and Blitz (2016) and Pilkauska and Dunifon (2016), these problems often surface at school, where teaching staff may be unaware of the family situation or are prejudiced against the family set-up. This often manifests in absenteeism by learners, learners being less cooperative, attention-deficit problems, and under-performance. In many instances grandparents find themselves living in a society with a so-called "neighbourhood disorder", where drugs are sold on the street, gangsterism and crime are rife, children are argumentative and shout at community members, and where poorly maintained buildings are the norm (Longoria, 2009). This is not an uncommon phenomenon in many South African neighbourhoods, especially on the outskirts of cities, and adds to the difficulties grandparents have to deal with.

GRANDPARENTS' COPING STRATEGIES FOR LIVING WITH A GRANDCHILD WITH SUD

In this section the participating grandparents describe how they tried to manage their circumstances living with a grandchild with SUD. Under this theme three subthemes were identified, namely getting social and spiritual support, getting professional help, and addressing their inability to cope with their situation.

Getting social and spiritual support

With regard to religion, South Africa reflects similar trends to those of most African Americans (Cheney, Curran, Booth, Sullivan, Stewart & Borders, 2014), namely that prayer and church membership form an integral part of their everyday lives when dealing with life circumstances. Finding spiritual solace was a strong theme that emerged from grandparents as to how they manage their circumstances through prayer, attending church, consulting their pastor, as well as seeking moral support from family, neighbours or friends.

Lerato shared how she approached her church for assistance: "*Praying for her … she has received lots of help … and she rejects it. Also talking to other church members and getting their advice."*

For Thandi, going to church and finding support from church members helped her cope with her challenges: *"I am a Christian and I think attending church on a regular basis and sharing with other members of the same age as mine is really helping."* In addition, Thandi also received support from her neighbours: "*My neighbours are very supportive because one time I was approached by a group of people whom my grandchild stole from and they wanted to kill him. My neighbours intervened and begged for his life. They even helped me to pay the money which was claimed by that group."*

Tafana was more private in that she did not reach out to her church but rather trusted God to help her: *"I am a praying woman. I believe in God. He knows what I am going through and I trust in Him. One day He will come through for me even in this challenge. My faith keeps me strong."*

Spirituality, prayers and faith in God serve as a vital function for caregivers to cope with various challenges. This is perceived as a key element of resilience and a way of providing a mechanism for addressing challenges and hardships (Horta et al., 2016; Adedoyin, Beacham & Jackson, 2014; Langosh, 2012). As pointed out by Adedoyin et al. (2014:591), religious families that are confronted by difficulties "have the ability to unite, understand and work out crises or change due to their common belief system." The church, unlike home or the community, provides a safe space for openly sharing their experiences and feelings (Chazan, 2014); it becomes their critical life support (Langosh, 2012). Langosh (2012) indicates that participating in support groups fulfils the same function; it provides an opportunity to share the wide spectrum of feelings caregivers experience with others in a similar situation.

Getting professional help

Reporting to the police and approaching social workers to assist are ways in which participating grandparents sought professional help.

Rebecca reflected on how she reached out to available service providers in her area: *"At first it was difficult to accept the situation, but through sharing my life experiences with a local home and community-based care givers, I developed acceptance of self and forgiveness of my grandchild and other people."*

Thandi approached social workers and found this to be meaningful: *"Having social workers helps … I try by all means to make sure that her needs are met … she has agreed to see a social worker on a weekly basis."*

A team comprised of health and social health care professionals can help address the complex and multifaceted challenges faced by grandparents caring for grandchildren with SUD. Service providers involved with grandparents generally require training in understanding their needs and challenges including dealing with loss and trauma, substance abuse, financial planning and their physical health. Special assistance should be provided with long-term planning and guardianship (Langosh, 2012). The psychological difficulties experienced by grandparents raising children with behavioural problems negatively affect both grandparent and grandchild, both of whom subsequently require professional assistance (Doley et al., 2015).

Inability to cope with the situation

A number of the participating grandparents indicated that they were desperate and could no longer manage their circumstances.

Rebecca shared her desperation and inability to cope: *"I am not coping with my grandchild's behaviour ... He has dropped out at school and fights with everyone at home. I am not coping at all with my grandchild's behaviour … I sometimes wish that he could overdose himself and die even though I know that I need and love him most."*

Lebo also indicated her situation quite clearly*: "I wish I could say I am coping but it has become too much for me to handle such situation."*

Bohlale shared how she was struggling to cope: *"I am surviving just as a robot with no feelings and I just pretend as if I am not hurt ... My sisters are the people who know what I am really going through. They encourage me all the time. They are the ones who keep me going … I believe God will help me and my family to be out of all these problems."*

Grandparent of children with SUD become so preoccupied with the children and their conduct, sacrificing their own time, needs, energy and resources to manage the situation that even maladaptive coping skills can be applied to survive (Perkinson, 2008; Orford Templeton, Copello, Velleman, Ibanga & Binnie, 2009; Cox et al., 2013).

GRANDPARENTS' NEEDS

This theme discusses social work support and intervention. Participating grandparents' responses are divided into two subthemes, namely support for themselves, and support for the child. The latter can be further subdivided into three categories, namely prevention programmes, treatment and aftercare.

Counselling, support and parenting skills

In a comprehensive literature search covering 15 years research on grandparents raising their grandchildren, Hayslip and Kaminski (in Choi et al., 2016) indicated a crucial need for training in parenting skills, support groups, and legal and financial assistance. In line with these findings, the participating grandparents of this study expressed a general need for more direct involvement of especially social workers to assist and support them in managing their grandchildren with SUD. There was also a plea for material assistance.

In terms of parenting skills, Bohlale asked "*please help us as grandparents with skills as we run out of ideas how to help the youngsters of today."*

For Thandi, social work assistance helps with parenting skills, but it must also involve preparing grandchildren to access a treatment facility: *"Workshops and parent training skills will be an advantage for grandparents living with a grandchild abusing substances … Preparations with family members before a grandchild is sent for rehabilitation and a nearby centre so that the family can still show their support to the grandchild."*

Letty expressed a need for counselling for herself as well as her grandchildren: "*the social worker can assist us by providing counselling, since this experience can be very traumatic to us. And the grandchildren counselling will be beneficial for them too."*

This need is echoed by Rebecca: *"I think it is helpful to find a social worker that will see us regularly and help us think critically through these feelings."*

Ntuli shared that her needs were focused on a more personal and practical level: *"Social workers can help us with food because we don't have money to care for these children … Social workers can help us get houses … our living conditions are not good."*

Researchers (Smith et al., 2015; Fruhauf & Hayslip, 2013) have pointed out that grandparents who are taking care of their grandchildren, perceive their parenting role to be paramount, in spite of the difficulties and stresses they may experience. This supports the findings of Rubin (2013) and Myers, Kropf and Robinson (2002), who noted that grandparents have not been involved in parenting for many years and may need to revise their skills in relationship building, dealing with children who are challenging them, and disciplinary issues. In addition, Strom and Strom (2011) state that grandchildren may experience feelings of rejection by parents, and this could lead to depression or undisciplined behaviour; their grandparents are usually the target of their unhappiness and discontent. Although the participating grandparents expressed a need for counselling and support, in a study with 133 caregiving grandparents, Lee and Blitz (2016) found that only 29% actually accessed counselling. Strom and Strom (2011) point out that grandparents taking care of grandchildren who manifest disruptive and destructive behaviour seldom seek help for fear that their competency in providing care may be scrutinised. Grandparents therefore become isolated and deal with their circumstances without support. According to Doley et al. (2015), grandparents and their grandchildren with behavioural or learning problems are all at risk and therefore require adequate social work assistance. As indicated by one of the participating grandparents, help with practical matters was of particular importance to her. Myers et al. (2002) point out that if these needs, including repairs to the home, food and clothing are not met, the grandchildren may become unreceptive in addressing their higher-order needs such as education and skills training. A number of participating grandparents expressed their frustration and disappointment relating to earlier experiences when reaching out for help.

Letty, whose granddaughter was unmotivated to go for help, shared how she was not assisted: *"No, we have never received any support from a social worker as they say that my granddaughter does not want help and they can only assist her when she is ready for help. But I will not give up."*

Lerato described a similar experience: *"Social workers do not do their work … my daughter has been with them for a long time and still she is the same … I asked them to take her away and they didn't."*

The experiences of frustration and disappointment described here are also reflected by those grandparents observed by O'Leary and Butler (2015) in an Irish study, indicating that most grandparents who participated in their study expressed anger at the poor service provided to them, as it was taken for granted by social services that grandparents should care for their grandchildren without question. Although staff turnover and being under-resourced were cited as reasons for "un-cooperative" staff, the authors (O'Leary & Butler, 2015:356) acknowledge that ignorance and a lack of training in the field of substance abuse also contribute to the professional service providers' attitudes and prejudices, as they by implication may hold the grandparents responsible for the situation. As indicated

by Strom and Strom (2011), there are no paradigms to guide the behaviour of professional staff in terms of assisting grandparents in parenting grandchildren, a situation even more dire when considering these grandchildren are struggling with SUD.

Getting help for the grandchildren

The grandparents who participated in this research expressed a need for accessibility to treatment and support for their grandchildren with SUD. They require continuous support for these children over a prolonged period of time as some observe and experience a high relapse rate among their grandchildren following in-patient treatment.

Witi described the assistance required for her grandson in detail: *"I think government can help us by building a rehabilitation centre where they can help our grandchildren for a year … and never allow them to release themselves, because my grandson released himself twice and he never spent a week there, and I think the system is failing … he relapsed but I wish they can send him again and after they should ask them to report to them (social workers) weekly like prisoners … just to monitor their progress."*

Tafana described experiencing a similar situation: *"Those rehabilitation services need to be reviewed … my grandchild has been going to rehab, but I'm surprised because he keeps on running away in the middle of the process …"*

Thandi suggested that aftercare can assist their grandchildren: "*My grandchild has been in and out of rehab for quite some time now. I think social workers can assist by organising aftercare programmes that will ensure that our kids are kept busy to avoid going back to abusing substances again."*

As indicated by Wisdom, Cavaleri, Gogel and Nacht (2011), there are various barriers to treating adolescents (in this instance grandchildren) including the stigma attached to SUD among peers, the accessibility of treatment facilities for youths, the appropriateness of treatment programmes, communication between grandparents and their grandchildren, service providers and treatment, inadequate facilities, and possible co-occurrence of the SUD with a mental illness. In addition, O'Leary and Butler (2015) point out that treatment facilities seem to deliberately exclude grandparents while, on the other hand, grandparents perceive staff at treatment centres as uninformed. However, Schroder, Selman, Frampton and Deering (2009) highlight a number of variables which may be helpful in more successful treatment regimens for adolescents, namely a meaningful relationship between child and staff, children feeling empowered by contributing to their own treatment, staff being aware of children's individual character traits, as well as expectations of and motivations for treatment.

DISCUSSION, CONCLUSION AND RECOMMENDATIONS

Grandparents (n=39) where recruited from various population groups (cf. Table 1) in order to have representative views from different perspectives on the phenomenon under study. The majority of participants were black women. Table 2 illustrates the profile of grandchildren being cared for by the participants.

This study support previous findings (Achiltree, 2006; Harper & Ruicheva, 2010; Hayslip, Fruhauf & Dolbin-MacNab, 2017), that the majority of grandchildren in this article are placed in the care of their grandparents for various reasons, such as the death of their mother, parental divorce, substance abuse and involvement in crime by one or both parents, an arrangement between mother and grandparent in a situation where the mother gave birth to the child while still attending school, relocating the grandchild from negative environmental and schooling circumstances, or when a mother is unemployed or employed in another province.

In this article, researchers discuss the experiences, challenges, coping strategies and needs of grandparents caring for grandchildren with SUD. Reflecting on grandparents' the experiences, it was evident that their psycho-social functioning is affected by the unacceptable behavioural problems of their grandchildren. Grandparents expressed their fear of intimidation, concern, disappointment, stress,

shame and humiliation, all of which result in helplessness, doubt, anger, frustration, resentment and self-blame.

Their grandchildren's unacceptable behaviour is compared to "elder abuse" in the sense that it takes the form of different kinds of abuses, for example, psychological abuse (name-calling, undermining someone's self-esteem), and economic violence (preventing access to money, stealing). In this study, it was clear that grandparents put the needs of grandchildren before their own, after having to deal with the adjustment of their grandchildren who had lost their parents and adapting to a family structure different from that of their peers. Grandparents have described various coping strategies in managing the effects of substance abuse on their grandchildren. Some of the grandparents' attempts to cope with the situation were recounted as finding social and spiritual support, and reaching out for professional help, while a number of grandparents openly indicated that they are no longer able to manage their situation. Various coping strategies required by grandparents to address their needs included counselling, support and parenting skills. They also emphasised the need for aftercare, continued support and getting treatment for their grandchildren.

The findings of this study resonate to a large extent with those of Wisdom et al. (2011), in that effective intervention relies on the accessibility of treatment programmes aimed at children affected by SUD. Winek, Dome, Gardner, Sackett, Zimmerman and Davis (2010) suggest a team-based intervention involving all family members as well as professional and non-professional service providers. Such a structure provides a coordinated plan to address various psycho-social factors affecting the grandparents and the grandchildren. The authors of this article believe that collaboration between various role players (social workers, health care professionals, community members and other relevant stakeholders) is essential to address the needs and challenges of grandparents and their grandchildren.

Various pieces of legislation such as the South Africa Children's Act 38 of 2005, the South African Constitution (1996), the Prevention of and Treatment for Substance Abuse Act 70 of 2008 and the Older Persons Act 13 of 2006 have drawn attention to the needs of children and older persons. This legislation places the emphasis on promoting the rights of children, older persons and their families. Grandparents are concerned with the raising of the grandchildren under their care and therefore feel responsible for the socio-economic, educational and physical development of their grandchildren. Sections 11 and 23 of the Children's Act 38 of 2005 make provision for a grandparent's rights over their grandchildren. For instance, 'care' as defined in Section 1 of the Children's Act includes providing the child with suitable and proper living conditions, financial support and protecting the child from harm, which confirms the role of grandparents in this article. Moreover, the Act encourages social workers to consider placing children in need of care with relatives. In most cases, grandmothers and grandfathers are the first and best to undertake foster or adoption care. Section 28 of the SA constitution recognises that children need special protection. For example, every child has the right to family and parental care. As a result, grandparents are always there providing parental care to their grandchildren. The purpose of the Prevention of and Treatment for Substance Abuse Act 70 of 2008 is to provide a comprehensive national response for the combatting of substance abuse and offer mechanisms aimed at harm reduction through intervention, treatment and re-integration programmes. The act recognises the social work intervention (Section 24 3(c)) in relation to the prevention of substance abuse. Social workers are encouraged to strengthen available prevention programmes targeting grandparents in assisting them to recognise the early warning signs with regard to drug use and equipping them with information on appropriate intervention and other services available. In support of the Prevention of and Treatment for Substance Abuse Act, 70 of 2008, the Older Persons Act, 13 of 2006, section 11 states that in developing community-based programmes with a specific focus on older persons, such programmes should be aimed at empowering older persons with information, education and appropriate services, as well as the promotion of parental skills to sustain their livelihood.

Given the findings of this study, social workers may identify grandparents' strengths and needs in order to determine the type of support system and services required to improve their social functioning (Cowger, 1994; Reckrey, Gettenberg, Ross, Kopke, Soriano & Ornstein, 2014). Various social work roles ('broker', 'case manager' 'change agent' and 'educator') may be employed to address the various needs and challenges of grandparents and their grandchildren. For instance, social workers may serve as brokers by linking grandparents with available and relevant resources and services. As educators, social workers may work in collaboration with health care workers to offer support and assist grandparents to comprehend their grandchildren's diagnosis, explaining the implications of the condition and how it will affect their daily lives. Furthermore, grandparents may be taught about their rights and responsibilities, as well as the importance of sharing their challenges with relevant professionals and family members whom they trust to offload the burden of worries and anxiety.

Social workers facilitate support groups for patients and families facing specific illnesses or challenges. Therefore, support groups for grandparents caring for children with SUD may be established to meet their emotional and social needs. The support groups in the community may be used by various role players as a platform to disseminate information on different social, health, cultural, psychological and financial factors affecting families.

Against the backdrop of these findings, further research with specific reference to the following is recommended:

- The focus should be placed on how intervention and support involving all affected role players can be facilitated;
- Intervention research is recommended on the development of a specific skills training and support programme aimed at grandparents living with a grandchild with SUD;
- In view of the gap in the literature as to how grandparents caring for grandchildren with SUD deal with or manage their feelings and emotional reactions, future research on this aspect is recommended;
- Social work education and training should consider developing short learning programmes aiming to educate social workers and social auxiliary workers on how to provide psycho-social support to grandparents and grandchildren with SUD;
- Collaboration between social workers and health care professionals is essential for them to offer educational programmes on SUD and ways to cope with the stresses and demands of providing care to grandchildren affected;
- The policy makers should develop and implement policies that respond to the plight of grandparents caring for grandchildren with SUD.

IMPLICATIONS FOR PRACTICE AND RESEARCH

There is a need for collaboration between various stakeholders (traditional leaders, community policing forums, home-based carers, school educators and researchers) as well as social and health care professionals (nurses, psychologists and medical doctors) to empower and harness grandparents' resilience to continue caring for their grandchildren with SUD. For instance, traditional leaders working in collaboration with community policing forums could use the *legotla* platform to educate the community about the dangers of buying stolen goods from children who steal their family members' belongings with the intention to buy drugs to satisfy their cravings. Community policing forums may assist in identifying suspects who may be selling illegal drugs and alcohol to children. Many grandparents, especially from rural areas, may have difficulties in visiting a nearby clinic/hospital/police station to seek help because of their physical health conditions or lack of transport. Therefore, home-based carers may offer support to grandparents by conducting home visits and making referrals to relevant officials for further interventions. Moreover, school educators are like

second parents. They play a crucial role in shaping the lives of pupils. Educators may assist in identifying at-risk learners and could use the referral system to provide immediate intervention. Social workers recognise the importance of team work and collaboration, therefore social and health care professionals must work together for the explicit purpose of improving the wellbeing of grandparents as well as of their grandchildren. In a nutshell, researchers should consider an exploratory study on various stakeholders' perspectives in addressing the needs and challenges of grandparents caring for grandchildren with SUD.

ACKNOWLEDGEMENTS

The researchers wish to acknowledge the contributions of the following fourth-level student social workers who acted as fieldworkers and who assisted in the analysis of the data: Bovungana, N; Fikela, E; Komape, D; Langabi, A.L; Letlaka, L; Maboke, L.S; Maluleke, L; Masala, V; Masemola, M.P; Masoma, T.M; Mbonambi, B.L; Meela, M.P; Mhlongo, K.P; Milan, S.R; Mokonyane, L.M; Mrara, N.T; Ndlovu, P; Nengovhela, T.T; Nkolokoto, P.N; Ntuli Z.Z; Ramoroka, S.M; Smith, D; Tafane, S and Zwane, D.

REFERENCES

ADEDOYIN, C., BEACHAM, J., & JACKSON, M.S. 2014. Support systems provided by faith based organizations to families of clients undergoing substance use disorder treatment. **Journal of Human Behavior in the Social Environment,** 24(5):589–596.

AMERICAN PSYCHIATRIC ASSOCIATION. 2013. **Diagnostic and statistical manual of mental disorders**. (5th ed). Arlington, VA: American Psychiatric Association.

ANNEY, V.N. 2014. Ensuring the quality of the findings of qualitative research: Looking at trustworthiness criteria. **Journal of Emerging Trends in Educational Research and Policy Studies (JETERAPS)** 5(2):272–281.

BABBIE, E. 2014. **The basics of social research**. (6th ed). Mexico: Wadsworth.

BACKHOUSE, J., & GRAHAM, A. 2012. Grandparents raising grandchildren: Negotiating the complexities of role-identity conflict. **Child and Family Social Work,** 17(3):306–315.

BACKHOUSE, J. & GRAHAM, A. 2013. Grandparents raising their grandchildren: Acknowledging the experience of grief. **Australian Social Work,** 66(3):440–454.

BAKER, L.A. & MUTCHLER, J.E. 2010. Poverty and material hardship in grandparent-headed households. **Journal of Marriage And Family,** 72(4):947–962.

BARNARD, M. 2005. **Drugs in the family: The impact on parents and siblings**. Glasgow: Joseph Rowntree Foundation.

BELL, J. & WATERS, S. 2014. **Doing your research project: A guide for first-time researchers**. United Kingdom: Milton Keynes.

BENISHEK, L.A., KIRBY, K.C. & DUGOSH, K.L. 2011. Prevalence and frequency of problems of concerned family members with a substance-using loved one. **The American Journal of Drug and Alcohol Abuse**, 37:82–88.

BUNDY-FAZIOLI, K., FRUHAUF, C. A. & MILLER, J.L. 2013. Grandparent caregivers' perceptions of emotional distress and well-being. **Journal of Family Social Work**, 16: 447–462.

CASTILLO, K., HENDERSON, C. & NORTH, L. 2013. The relation between caregiving style, coping, benefit finding, grandchild symptoms, and caregiver adjustment among custodial grandparents. **In:** B. Hayslip, (Jr) & G. Smith (eds). **Resilient grandparent caregivers: A strengths-based perspective**. New York, NY: Routledge, (25–37).

CHAZAN, M. 2014. Everyday mobilisations among grandmothers in South Africa: Survival, support and social change in the era of HIV/AIDS. **Ageing and Society**, 34(10):1641–1665.

CHENEY, A.M., CURRAN, G.M., BOOTH, B.M., SULLIVAN, S.D., STEWART, K.E. & BORDERS, T.F. 2014. The religious and spiritual dimensions of cutting down and stopping cocaine use: A qualitative exploration among African Americans in the South. **Journal of Drug Issues,** 44 (1): 94–113.

CHOENNI, V., HAMMINK, A. & VAN DE MHEEN, A. 2017. Association between substance use and the perpetration of family violence in industrialized countries: A systematic review. **Trauma, Violence, and Abuse**, 18(1):37–50.

CHOI, M., SPRANG, G. & ESLINGER, J.G. 2016. Grandparents raising grandchildren: A synthetic review and theoretical model for interventions. **Family and Community Health,** 39(2): 120–128.

CONWAY, F., JONES, S. & SPEAKES-LEWIS, A. 2011. Emotional strain in caregiving among African American grandmothers raising their grandchildren. **Journal of Women and Aging**, 23:113–128.

COWGER, C.D. 1994. Assessing client strengths: clinical assessment for client empowerment. **Social Work**, 39(3):262-8.

COX, C. 2008. Empowerment as an intervention with custodial grandparents. **Journal of Intergenerational Relationships** , 6, 465–477. doi:10.1080/15350770802466161

COX, R.B. (Jr), KETNER, J.S. & BLOW, A.J. 2013. Working with couples and substance abuse: recommendations for clinical practice. **The American Journal of Family Therapy**, 41:160-172.

CRESWELL, J.W. 2013. **Qualitative inquiry and research design: Choosing among five approaches.** (3rd ed). Washington DC: Sage.

CRESWELL, J.W. 2009. **Qualitative inquiry and research design: Choosing among five approaches.** Thousand Oaks, CA: Sage.

CRESWELL, J.W. & POTH, C.N. 2018. **Qualitative inquiry and research design**. Thousand Oaks: Sage Publications.

DEEPTI, S.S., KAUR, S. & KAUR, J. 2014. A study of drug relapse and its associated factors among cases admitted in Swami Vivekananda Drug De-addiction Centre, GMC, Amritsar. **International Journal of Interdisciplinary and Multidisciplinary Studies,** 2 (2): 100–105.

DOLBIN-MACNAB, M., ROBERTO, K. & FINNEY, J. (2013). Formal social support: Promoting resilience in grandparents parenting grandchildren. **In:** B. Hayslip (Jr). & G. C. Smith (eds). **Resilient grandparent caregivers: A strengths-based perspective**. New York, NY: Routledge, 134–151.

DOLEY, R., BELL, R., WATT, B., & SIMPSON, H. 2015. Grandparents raising grandchildren: investigating factors associated with distress among custodial grandparents. **Journal of Family Studies,** 21(2):101–119.

DONOVAN, K., & REGEHR, C. 2010. Elder abuse: Clinical, ethical, and legal considerations in social work practice. **Clinical Social Work Journal,** 38(2): 174–182.

EZENWEKE, E.O. 2015. Our grandmothers, excluded from history, preservers and transmitters of indigenous values: Ecomaternalistic approach. **Journal of Religion and Human Relations**, 7(1):143-153.

FRUHAUF, C. A., & HAYSLIP, B. 2013. Understanding collaborative efforts to assist grandparent caregivers: A multileveled perspective. **Journal of Family Social Work,** 16: 382–391.

FUSCH, P. I. & NESS, L.R. 2015. Are we there yet? Data saturation in qualitative research. **Qualitative Report,** 20(9):1408–1416.

GUEST, G. 2012. **Applied thematic analysis**. Thousand Oaks, CA: Sage.

HARNETT, P.H., DAWE, S. & RUSSELL, M. 2014. An investigation of the needs of grandparents who are raising grandchildren. **Child and Family Social Work**, 19: 411–420.

HARPER, S. & RUICHEVA, I. 2010. Grandmothers as replacement parents and partners: the role of grandmotherhood in single parent families. **Journal of Intergenerational Relationships,** 8(3): 219-233.

HAYSLIP, B., FRUHAUF, C.A. & DOLBIN-MACNAB, M.L. 2017. Grandparents raising grandchildren: what have we learned over the past decade? **The Gerontologist**, 59(3): e152–e163.

HAYSLIP, B. (Jr) & SMITH, G. (2013). **Resilient grandparent caregivers: A strengths-based perspective,** New York, NY: Routledge.

HEALTH24. 2011. **TIK: Is your child at risk.** [Online] Available: https://m.health24.com/Mental-Health/Tik-is-your-child-at-risk-20120721. [Accessed: 05/07/2019].

HORTA, A.L.M., DASPETT, C., EGITO, J.H.T. & MACEDO, R.M.S. 2016. Experience and coping strategies in relatives of addicts. **Revista Brasileira de Enfermagem,** 69(6): 962–968.

HUMAN SCIENCES RESEARCH COUNCIL (HSRC). 2016. **Service delivery challenges in South Africa: South African Social Attitudes Survey (SASAS): Compendium of Results**. HSRC.AC.ZA.

KASIRAM, M. & HOLSCHER, D. 2015. Understanding the challenges and opportunities encountered by the elderly in urban KwaZulu-Natal, South Africa. **South African Family Practice,** 57(6):380-385.

LANDER, L., HOWSARE, J. & BYRNE, M. 2013. The impact of substance use disorders on families and children: From theory to practice. **Social Work in Public Health**, 28(0):194–205.

LANGOSH, D. 2012. Grandparents parenting again: challenges, strengths, and implications for practice. **Psychoanalytic Inquiry,** 32(2):163–170.

LEE, Y. & BLITZ, L.V. 2016. We're GRAND: A qualitative design and development pilot project addressing the needs and strengths of grandparents raising grandchildren. **Child and Family Social Work,** 21(4): 381–390.

LIETZ, C.A. & ZAYAS, L.E. 2010. Evaluating qualitative research for social work practitioners. **Advances in Social Work**, 11(2):188-202.

LIPARI, R.N. & VAN HORN, S.L. 2017. Children Living with Parents Who Have a Substance Use Disorder. **The Center for Behavioral Health Statistics and Quality (CBHSQ) report**. [Online] Available: https://www.samhsa.gov/data/sites/default/files/report_3223/ShortReport-3223.html [Accessed: 01/05/2019].

LONGORIA, R.A. 2009. Grandparents raising grandchildren: Perceived neighbourhood risk as a predictor of emotional well-being. **Journal of Human Behavior in the Social Environment,** 19(5): 483–511.

LUNGA, N.R. 2009. **Challenges experienced by grandparents in raising their grandchildren in Utrecht Kwa Zulu Natal**. [Online] Available: http://uzspace.uzulu.ac.za/bitstream/handle/10530/960. [Accessed: 09/08/2017].

MANU, E., MALULEKE, X.T. & DUGLAS, M. 2017. Knowledge of high school learners regarding substance use within high school premises in the Buffalo Flats of East London, Eastern Cape Province, South Africa. **Journal of Child & Adolescent Substance Abuse**, 26(1):1–10.

MASOMBUKA, J. 2013. **Children's addiction to the drug 'nyaope' in Soshanguve township: parent's experiences and support needs.** South Africa: University of South Africa. (M. Thesis).

MARKEN, D.M. & HOWARD, J.B. 2014. Grandparents raising grandchildren: the influence of a late-life transition on occupational engagement. **Physical and Occupational Therapy in Geriatrics,** 32(4):381–396.

MCCANN, T.V., LUBMAN, D.I., BOARDMAN, G. & FLOOD, M. 2017. Affected family members' experience of, and coping with, aggression and violence within the context of problematic substance use: A qualitative study. **BMC Psychiatry**, 17: 209–219.

MEDINA, J. 2019. **Symptoms of Substance Use Disorder**. [Online] Available: https://psychcentral.com/disorders/addictions/substance-use-disorder-symptoms/. [Accessed: 05/03/2018].

MPANZA, D.M. 2014. **Substance abuse and rural realities: experiences and perceptions of service providers in Northern KwaZulu-Natal**. South Africa: University of KwaZulu Natal. (M Thesis)

MTSHALI, M.N.G. 2015. The Relationship between grandparents and their grandchildren in the black families in South Africa. **Journal of Comparative Family Studies,** 76(1):75–85.

MTSHALI, M.N.G. 2016. Role reversal of rural black grandparents in South Africa. **Journal of Comparative Family Studies,** 77(3):369–379.

MYERS, L. L., KROPF, N. P. & ROBINSON, M. 2002. Grandparents raising grandchildren: case management in a rural setting. **Journal of Human Behavior in the Social Environment**, 5(1): 53–73.

NAHVIZADEH, M.M., AKHAVAN, S., ARTI, S., QARAAT, L., GERAMIAN, N., FARAJZADEGAN, Z. & HEIDARI, K. 2014. A review study of substance abuse status in high school students, Isfahan, Iran. **International Journal of Preventive Medicine,** 5 (Suppl 2):S77–S82.

OCHILTREE, G. 2006. The changing role of grandparents. Australian Family Relationships Clearinghouse (AFRC). Briefing 2, 1-9. [Online] Available: https://aifs.gov.au/cfca/sites/default/files/publication-documents/b2.pdf. [Accessed 12/04/2018].

O'LEARY, M. & BUTLER, S. 2015. Caring for grandchildren in kinship care: what difficulties face Irish grandparents with drug-dependent children? **Journal of Social Work Practice in Addictions,** 15(4): 352–372.

ORFORD, J., TEMPLETON, L., COPELLO, A., VELLEMAN, R., IBANGA, A. & BINNIE, C. 2009. Increasing the involvement of family members in alcohol and drug treatment services: The results of an action research project in two specialist agencies. **Drugs: Education, Prevention and Policy**, 16(5):379-408.

PELTZER, K. & RAMLAGAN S. 2010. Illicit drug use in South Africa: findings from a 2008 national population-based survey. **S Afr J Psychitry**. 16(1):8–15.

PELTZER, K. & PHASWANA-MAFUYA, N. 2018. Drug use among youth and adults in a population-based survey in South Africa. **South African Journal of Psychiatry**, 24(0): a1139.

PERKINSON, R.R. 2008. **Chemical dependency counselling: a practical guide**. California: Sage Publication.

PILKAUSKA, N.V. & DUNIFON, R.E. 2016. Understanding grand-families: characteristics of grandparents, non-resident parents, and children. **Journal of Marriage and Family**, 78(3): 623–633.

PURCAL, C., BRENNAN, D., CASS, B. & JENKINS, B. 2014. Grandparents raising grandchildren: impacts of life-course stage on the experiences and costs of care. **Australian Journal of Social Issues**, 49 (4): 467–488.

RAVITCH, S.M. & CARL N.M. 2016. **Qualitative Research: Bridging the conceptual, theoretical and methodological.** Thousand Oaks: Sage Publications.

RECKREY, J.M., GETTENBERG, G., ROSS, H., KOPKE, V., SORIANO, T. & ORNSTEIN, K. 2014. The critical role of social workers in home based primary care. **Social Work in Health Care,** 53(4): 330-343.

ROBINSON, S.M. & ADINOFF, B. (2016). The classification of substance use disorders: Historical, contextual, and conceptual considerations. **Behavioral Sciences**, 6(3):18 [Online] Available: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5039518/. [Accessed: 2/05/2019].

RUBIN, M. 2013. Grandparents as caregivers: Emerging issues for the profession. **Journal of Human Behavior in the Social Environment**, 23(3): 330–344.

RUBIN, A. & BABBIE, E. 2013. **Essential Research Methods for Social Work: Empowerment Series**. (3rd ed). (23–35). USA: Brooks/Cole, Cengage Learning.

SCHRODER, R., SELLMAN, D., FRAMPTON, C. & DEERING, D. 2009. Youth retention: Factors associated with treatment drop-out from youth alcohol and other drug treatment. **Drug and Alcohol Review**, 28: 663–668.

SHENTON, A.K. 2004. Strategies for ensuring trustworthiness in qualitative research projects. **Education for Information**, 22:63-75.

SMITH, G.C., CICHY, K.E. & MONTORO-RODRIGUEZ, J. 2015. Impact of coping resources on the well-being of custodial grandmothers and grandchildren. **Family Relations,** 64 (3): 378–392.

SMITH, G.C. & DOLBIN-MACNAB, M.L. (2013). The role of negative and positive caregiving appraisals in key outcomes for custodial grandmothers and grandchildren. **In:** B. Hayslip, (Jr) & G. C. Smith (eds). **Resilient grandparent caregivers: a strengths-based perspective**. New York, NY: Routledge, 3–24.

SOORYAMOORTHY, R. & MAKHOBA, M. 2016. The family in modern South Africa: insights from recent research. **Journal of Comparative Family Studies,** 77 (3): 309–321.

SOUTH AFRICAN GOVERNMENT. 2013. **Law to be amended to criminalise 'Nyaope'**. [Online] Available: http://www.gov.za/law-be-amended-criminalise-%E2%80%98nyaope%E2%80%99. [Accessed: 05/07/2019].

SOUTH AFRICA INFORMATION. 2017. **South Africa: Fast facts**. [Online] Available: http://www.southafrica.info/about/facts.htm. [Accessed: 23/08/2018].

SOUTH AFRICA. Older Persons Act No 13 of 2006. Government Gazette. Pretoria: Government printers

SOUTH AFRICA. 2013. **National Drug Master Plan: 2013-2017**. Department of Social Development. Pretoria: Government Printers.

SOUTH AFRICA CONSTITUTION. 1996. **The Constitution of the Republic of South Africa**. [Online] Available: https://www.google.co.za/#q=constitution&spf=73. [Accessed: 05/03/2018].

SOUTH AFRICA. **Children's Act No 38 of 2005. South African Government Gazette**. [Online] Available:

http://www.gov.za/sites/www.gov.za/files/a38-05_3.pdf. [Accessible: 05/03/2018].

SOUTH AFRICA. 2008. **Prevention of and Treatment of Substance Abuse Act No 70 of 2008**. Gazette No 32150. Cape Town: Government Gazette.

SOUTH AFRICAN COMMUNITY EPIDEMIOLOGY NETWORK ON DRUG USE (SACENDU). 2017. **Monitoring alcohol, tobacco and other drug abuse treatment admissions in South Africa**. [Online] Available: http://www.mrc.ac.za/sites/default/files/attachments/2017-05-22/SACENDUPhase40.pdf. [Accessed: 01/05/2019].

STATISTICS SOUTH AFRICA. 2017. **Statistical release P0302: Mid-year population estimates.** [Online] Available: https://www.statssa.gov.za/publications/P0302/P03022017.pdf. [Accessed: 30 /08/2018].

STROM, P.S., & STROM, R.D. 2011. Grandparent education: Raising grandchildren. **Educational Gerontology,** 37(10): 910–923.

SWANEPOEL, L. 2014. **The causes of Relapse amongst young African Adults following inpatient treatment for drug abuse in the Gauteng Province.** South Africa: University of Pretoria. (M Thesis)

VAN HEERDEN, M.S., GRIMSRUD, A.T., SEEDAT, S., MYERS, L., WILLIAMS, D.R., STEIN, D.J. 2011. Patterns of substance use in South Africa: Results from the South African Stress and Health study. **South African Medical Journal**, 99:358-366.

WELLARD, S. 2012. Older people as grandparents: how public policy needs to broaden its view of older people and the role they play within families. **Quality in Ageing and Older Adults,** 13(4):257-263.

WHITLEY, D.M., KELLEY, S.J., & LAMIS, D.A . (2016). Depression, social support, and mental health: A longitudinal mediation analysis in African American custodial grandmothers. **International Journal of Aging & Human Development** , 82, 166–187.

WILLIAMS, M.N. 2011. The changing roles of grandparents raising grandchildren. **Journal of Human Behavior in the Social Environment,** 21: 948–962.

WINEK, J.L., DOME, L.J., GARDNER, J.R., SACKETT, C. R., ZIMMERMAN, M.J., & DAVIS, M. K. 2010. Support network intervention team: a key component of a comprehensive approach to family-based substance abuse treatment. **Journal of Groups in Addiction and Recovery,** 5: 45–69.

WISDOM, J.P., CAVALERI, M., GOGEL, L., & NACHT, M. 2011. Barriers and facilitators to adolescent drug treatment: youth, family, and staff reports. **Addiction Research and Theory**, 19(2): 179–188.

WORLD HEALTH ORGANISATION (WHO). 2011. World drug report: Annual report. New York: United Nations Office on Drugs and Crime.

WHO. 2014. **Global status report on alcohol and health**. WHO press: Geneva.

WHO. 2019. **Alcohol**. [Online] Available: http://www.who.int/westernpacific/health-topics/alcohol. [Accessed: 05 July 2019].

ZAUSZNIEWSKI, J.A., MUSIL, C.M., & AU, T.Y. (2013). Resourcefulness training for grandmothers: Feasibility and acceptability of two methods. **Issues in Mental Health Nursing**, 34(6): 435–441.