

STATE OF GRANDFAMILIES

2023

BUILDING RESILIENCE

Supporting Grandfamilies'
Mental Health & Wellness

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KEY FACTS AND FINDINGS

- **About 7.6 million children** live with a relative other than their parent who is the head of the household.
- **At least 2.4 million children** are being raised by a relative or close family friend and do not have a parent living in the household.
- **About 35% (133,873 out of 391,098) of children in foster care** are being raised by relatives.
- **Children enter grandfamilies as a result of experiences that place them at risk of mental health problems.** Prior to going to live with kinship caregivers, 28% of children in kinship care have experienced neglect, more than one in four (26%) have experienced parental substance abuse (also known as substance use disorders), and 11% have experienced physical abuse.
- **Grandfamily caregivers experience chronic stress** related to financial strains, concerns over the behaviors and needs of the children they are raising, navigating service systems, and difficult relationships with the children's birth parents.
- **Youth in kinship care always showed more positive changes** in their social, emotional, and behavioral outcomes than youth in non-relative foster care—especially when their caregivers experienced a reduction in depression over time or were never depressed.
- **Children in grandfamilies experience limited access to mental health services** for depression, stress, and behavioral or emotional issues.
- **Improved access to mental health** supports and concrete material supports (such as financial, food and nutrition, housing, etc.) improves mental health outcomes for children and caregivers in grandfamilies.

References are located in [Appendix 1](#).

RECOMMENDATIONS

OVERARCHING RECOMMENDATIONS

- Authentically engage kinship caregivers, birth parents, foster parents, and young people raised in grandfamilies in the design and implementation of services that impact them and ensure that they reflect the racial and ethnic makeup of the communities served.
- Promote culturally appropriate services and supports in line with recommendations from Generations United and National Indian Child Welfare Association toolkits to serve Latino, Black, African American, American Indian, and Alaska Native families.
- Encourage states and tribes to use opioid settlement funds to support grandfamilies mental health and wellness.

FEDERAL POLICY RECOMMENDATIONS

- Increase access to affordable, quality, trauma-informed mental health treatment and training for youth and caregivers in grandfamilies.
- Ensure basic needs of grandfamilies are met to address chronic stress and allow them to prioritize mental health and wellness.
- Promote and invest in self-care training and strategies, respite care, and support groups.
- Support and implement strategies to address social isolation.
- Create pathways to increase peer-to-peer supports.

STATE, TRIBAL, AND LOCAL PRACTICE RECOMMENDATIONS

- Provide health care, mental health, and educational providers with training and resources on issues related to grandfamilies.
- Increase access to quality and culturally appropriate services in schools.
- Develop and implement mental health outreach and communication strategies tailored for grandfamilies.
- Encourage kinship navigator programs to develop strong relationships and coordinate services with mental health providers and respite care programs, develop and maintain support groups and other peer supports, and consider the use of a caregiver stress assessment as part of the intake process.
- Encourage and support development and expansion of informal respite opportunities.
- Support treatment for birth parents and assistance to caregivers with co-parenting and managing relationships with the children's birth parents.
- Keep provider directories accurate and provide a customer service component in locating appropriate mental health services for the grandfamily member(s).
- Invest in culturally appropriate mental health services for Tribal nations.



RESEARCH RECOMMENDATIONS

- Collect national data on mental health indicators, including adverse childhood experiences (ACEs), for children in grandfamilies.
- Research the impact of chronic stress and community violence on grandfamilies' mental health.
- Invest in research that tracks the trajectory of mental health disorders of caregivers stemming from the stress of caregiving circumstances as well as effective interventions and treatment strategies.
- Assess impact of social media and mobile phone usage on the mental health of youth in grandfamilies.
- Collect more data on children in grandfamilies who are not involved with the child welfare system, children in foster care with relatives, and children who are diverted from the child welfare system.
- Analyze the racial and ethnic data of grandfamilies both inside and outside the child welfare system.
- Collect and compile national and state data on the need for, benefits of, and availability of respite care and support groups for grandfamilies.
- Advocate for a variety of cultures and needs, including for American Indian/Alaska Native, Black, African American, and Latino, to be considered in evaluations for Family First Prevention services, post-permanency supports for kinship families, and kinship navigator programs.
- Advance research on innovative mental health practice models, including models that incorporate a peer-to-peer component.
- Explore and document intergenerational healing opportunities and strategies, including in Native communities and with Native families.

WHY MENTAL HEALTH SUPPORT IS A MAJOR CONCERN FOR GRANDFAMILIES

“I want to break the cycle of not talking about or treating mental health concerns. I’ve learned about mental health, and it has helped me understand trauma; I’m making sure my granddaughter gets the help she needs.”

— Angela, age 50, grandfamily caregiver, Wisconsin

We are experiencing a national child and adolescent mental health emergency in the United States,¹ as well as a shortage of mental health providers for people of all ages.² More than 2.4 million children are being raised in grandfamilies³ in which relatives or close family friends are raising children without the parent in the household. And for multiple reasons outlined in this report—including previous trauma, chronic stress, and long-standing systemic inequities—the mental health and wellness of grandfamilies are particularly jeopardized. It is imperative that we create and support policies, services, and programs that best support their mental health and wellness so that the children and their caregivers can break cycles of untreated mental health concerns to live happy, fulfilling, successful lives.

In October 2021, as a result of seeing “soaring rates of mental health challenges among children, adolescents, and their families over the course of the COVID-19 pandemic, exacerbating the situation that existed prior to the pandemic,” the American Academy of Pediatrics, the American Academy of Child and Adolescent Psychiatry, and the Children’s Hospital Association declared child and adolescent mental health a national emergency.⁴ Indeed, the COVID-19 pandemic, as well as the race-based violence our nation has experienced have had a major impact on our nation’s mental health.⁵ (See sidebar, [page 11](#).)

When children come to be raised by grandparents or other relatives or close family friends, many have

experienced multiple hardships, like food insecurity, neglect, abuse, and loss. Their parents may have had substance use disorders, untreated mental health disorders, or both, and some have witnessed domestic violence. They have often lived with uncertainty, instability, and chronic stress starting at a very young age. Most experience the trauma of being separated from their birth parents, and some live with the uncertainty of parents who are in and out of their lives. They often experience depression, anxiety, eating disorders, substance use disorders, attachment disorders, and post-traumatic stress syndrome (PTSD).⁶

Multiple losses compound their experience and complicated grief is not uncommon, along with anticipatory grief (bracing oneself for a potential or expected loss) and ambiguous grief (grieving the loss of someone who is alive but no longer in your life or cannot be relied upon to be there for you).

Dr. Deborah Langosch, Psychotherapist and GrOW team member (see page 13) with over three decades of experience working with grandfamilies who are experiencing trauma, anxiety, loss, and depression says she has seen a major uptick in mental health concerns among grandfamilies in the past few years.

Grandfamily caregivers who step up to raise children provide the stability and security they so desperately need.⁷ Grandfamily caregivers bring numerous strengths that lift up the children and give them love, a permanent home, a sense of belonging to a family, continued cultural traditions



and legacies, and a chance to succeed. Children do better when raised in grandfamilies as opposed to non-relative foster care, especially when the grandfamily caregivers get the support and services they need.⁸

Compared to children in foster care with non-relatives, children in foster care with relatives experience more stability; better mental and behavioral health; more feelings of belonging and acceptance; greater preservation of cultural identity, community connections, and connections to their families; and are more likely to report always feeling loved.⁹

Yet, grandfamily caregivers carry the weight of the world on their shoulders which impacts their mental and physical health. Grandfamily caregivers help the children deal with the effects of the past while also handling their own trauma, stress, grief, and mental health concerns. Along with raising the children, most juggle work, home, and finances—and some care for older family members as well. Some are also dealing with difficult relationships with the children's parents. They live with their own chronic stress that threatens their own mental and physical health and well-being.¹⁰

In addition, the birth parents of the children often live with mental and behavioral health disorders

that precipitate the children going to live with grandfamily caregivers, such as substance use disorder or mental health conditions, such as depression, anxiety, schizophrenia, or bipolar disorder. More than one in four adults living with serious mental health problems also has a substance use problem,¹¹ and between 2002 and 2019, grandparents reporting parents' substance use as a reason for caregiving jumped from 21% to 40%.¹²

A 2019 analysis of U.S. Census and Centers for Disease Control and Prevention (CDC) data also indicated that, after controlling for a number of demographic characteristics (e.g., race, poverty, total population, metropolitan status), the states with the highest percentages of grandparents raising grandchildren were also the states with the highest opioid prescribing rates.^{13 14}

While many parents may desire to raise their children, they may never receive the treatment they need to be able to raise their children due to complex factors that make it difficult to seek out and or sustain treatment, including a lack of information about resources, ongoing stigma tied to behavioral health disorders, and a range of systemic barriers.

Grandfamily caregivers strive to deal with the children's mental health conditions, and they

“It is not surprising to find that kinship caregiver resilience can actually counteract the adverse effects of stressors on grandfamilies' physical and mental health.”

— Dr. Bert Hayslip, professor in the Department of Psychology at the University of North Texas

“I want her to know she’s important, that there is life out there beyond trauma and pain, and that the world has a lot to offer. I want her to take the pain and turn it into power as I did. I can’t wait to create a good life for her and give her the things she’s never had, like a birthday party and holidays—and I read to her at night; she’s never had that. I want her to know what a healthy family looks like.

— Angela, age 50, grandfamily caregiver, Wisconsin

struggle to obtain professional evaluations, diagnoses, and treatments for them. They also need culturally responsive and grandfamily-sensitive training and education to learn how to manage difficult behaviors and help the children heal.

In general, there are not enough mental health and wellness services targeted for grandfamilies in the U.S., and while some effective supportive programs and intervention models exist, multiple barriers prevent far too many grandfamilies from accessing them. Some have difficulty getting a legal relationship established (due to the expense, complicated family issues, and the confusing legal system), which makes it difficult to obtain care for the children. The stigma associated with receiving mental health care is a barrier, and there is also a lack of culturally sensitive mental health services or providers who understand the unique circumstances of grandfamilies.

Grandfamilies, frequently grappling with mental health concerns, were dealt an especially hard blow by the pandemic. Almost half of grandfamily caregivers are age 60 and older¹⁵ and at heightened risk for severe illness from COVID-19.¹⁶ We’ve heard from many grandfamily caregivers that they stayed at home to prevent getting infected with COVID-19 long past the time when “lockdown” was being observed by the general population. This social isolation widely had a negative effect on the mental health of Americans.^{17 18} Disruptions of school and supportive services, illness, loss, and chronic stress, along with financial strain magnified or triggered existing mental health concerns and created new ones for many families, and grandfamilies were no exception.

During the pandemic, mental health care providers couldn’t keep up with the need, amplifying the workforce shortage of qualified professional mental health practitioners.¹⁹ While the pandemic worsened the availability of mental health care, even prior to the pandemic it was difficult for grandfamilies to obtain mental health care due to poor insurance coverage, unaffordability of private pay fees, and difficulty finding local, trained mental health care providers who understand the unique needs of grandfamilies.

Compounding the problem, grandfamilies outside the foster care system do not readily receive mental health services and supports on an equitable basis as grandfamilies in non-relative foster care.²⁰ Even when children are enrolled in Medicaid, it can be very difficult to find mental health care providers who accept Medicaid, and there may be long waiting lists. Paying for mental health care out of pocket can be extremely expensive and either be beyond the tight budget of a grandfamily or completely deplete their funds.

While grandfamily caregivers gladly raise their kin’s children, and children do better when being raised by kin,²¹ we also consistently hear from grandfamily caregivers that they need quality, appropriate, affordable mental health support. There is a dire need for a wider understanding of the mental health needs of grandfamilies who are raising millions of our nation’s children. We need to ensure that all members of grandfamilies can get the mental health support they need and deserve.



The [“What Is/What Can Be” exhibit](#) by Generations United showcases a photo of Santana, an aunt from Wisconsin. The photo poses a question, “Who do you turn to when you’re always the one everyone turns to?” The exhibit aims to bring attention to the voices and artistic expressions of grandfamily caregivers and young people, with a particular emphasis on mental health.

TRAUMA: THE EFFECTS OF THE COVID-19 PANDEMIC AND RACE-BASED VIOLENCE

While the pandemic and race-based violence have globally affected mental health issues, due to pre-existing financial, health, housing, mental health challenges (in particular, trauma, as detailed in this report), and other challenges, grandfamilies have been especially at risk.

According to Mental Health America: “While the risk of contracting COVID-19 is a population-wide traumatizing event, over the course of 2020 and 2021 it was coupled with traumatic changes to people’s social environments, including financial hardship, housing and food insecurity, death of loved ones, dramatic changes to work and schooling environments, and increased household stress that may have led to increases in interpersonal violence. During this time, the U.S. also experienced increasingly visible race-based violence, including the harassment and killing of Black and Asian community members. Each of these experiences can cause an acute stress response that may lead to future mental health problems if not addressed early; and for many individuals in the U.S., these experiences compounded one another. Additionally, for many individuals who had experienced past trauma or were already living with PTSD, these traumatic experiences likely exacerbated symptoms.”²²

RACE-BASED VIOLENCE

Black, African American, American Indian, and Alaska Native children are more likely to live in grandfamilies than the general population,²³ and may experience racism. Recent events have placed a much-needed spotlight on issues surrounding the negative impacts of systemic racism. In 2020, protesters across the country took to the streets demanding justice after the deaths of George Floyd, Breonna Taylor, and too many others at the hands of police. All too often, Black Americans are losing their lives during deadly interactions with law enforcement due to racial inequities in traffic stops.

According to data collected by The Washington Post, police killed 1,096 people in 2022, the highest number on record since the newspaper began tracking fatal shootings by officers in 2015. The paper also found that Black Americans are killed by police at a much higher rate than White Americans, and most victims were young and male.²⁴

The American Psychological Association emphasizes the mental health consequences of racial discrimination including increased rates of depression, anxiety, suicidal ideation, posttraumatic stress disorder, and substance use disorder.²⁵ In addition, high school students in the U.S. who had experienced racism were more likely to report poor mental health and not feeling connected to others at school during the pandemic.²⁶

MENTAL HEALTH EFFECTS OF THE PANDEMIC

Both the caregivers and the children in grandfamilies face physical and mental health issues to a greater degree than the general population.²⁷ The pandemic made them even more vulnerable. The impact the pandemic has had on mental health is well documented, including:

- **Grandfamilies went into the pandemic with pre-existing trauma; the pandemic magnified their post-traumatic stress challenges** — According to the CDC, “40.9% of adults reported experiencing at least one adverse mental or behavioral health condition related to COVID-19 in June 2020, including 26% of adults who reported symptoms of a trauma- or stress-related disorder.”^{28 29}
- **Grandfamilies historically struggle with social isolation.** A 2021 data analysis conducted by Mental Health America (MHA) found that loneliness and isolation were among the top three contributors to mental health concerns among 63% of individuals who screened positive or moderate to severe for a mental health condition during the pandemic.³⁰
- **Approximately 46% of children in grandfamilies are between the ages of 12 and 17.**³¹ The pandemic has had a particularly severe impact on young Americans. According to the CDC Adolescent Behaviors and Experiences Survey (ABES) of high school students in the United States:³²
 - » More than 1 in 3 experienced poor mental health during the pandemic (37%).³³
 - » Nearly half felt persistently sad or hopeless (44%).³⁴
 - » Nearly one in five had seriously considered suicide (19.9%), and nearly one in ten had attempted suicide (9%).³⁵
 - » Nearly a quarter struggled with hunger (23.8%).³⁶
 - » Two-thirds have had difficulty with schoolwork (66.6%).³⁷
 - » More than half experienced emotional abuse in their home (55%).³⁸
- **Grandfamilies historically experience many inequities**, as are outlined in Generations United’s 2021 State of Grandfamilies Report, *Reinforcing a Strong Foundation: Equitable Supports for the Basic Needs of Grandfamilies*.³⁹ Furthermore, the CDC states: “Many populations that experienced more inequity before the pandemic also had greater risks during the COVID-19 pandemic related to mental health, suicide, substance use, abuse, and racism.”⁴⁰



GRANDFAMILIES' PANDEMIC CHALLENGES

In 2020, the Grandfamilies Outcome Workgroup surveyed 600 grandfamily caregivers who were raising 1,220 children about their challenges and support during the pandemic. The survey found that mental health and counseling for the children they were raising were among the top special issues experienced by grandfamilies, along with child behavior, a birth parent affected by opioid and other substance use issues, and school issues. Grandfamilies also reported that all sources of support were less adequate during COVID 19, except for online support groups, and there was a drastic decrease in in-person support groups. Major concerns for the grandfamily caregivers were helping children succeed in school from home, child care, respite, time for self, and healthy sleep.⁴¹



“We are seeing an exponentially huge increase in anxiety, depression, PTSD, and social isolation among grandfamilies. The need is so dire, and there is a shortage of mental health providers, so we are struggling to keep up with the needs. There’s greater awareness of how critical these issues are these days because suicide rates are up, and more people are at risk. Early intervention is so critical for children in grandfamilies, and delayed treatment can have a significant negative impact.”

— Dr. Deborah Langosch, psychotherapist and GrOW team member who works with grandfamilies



THE STRENGTHS OF GRANDFAMILIES

Dr. Joseph Crumbley has been working with relative caregivers since the 1970s. He says the view of the mental health of kinship caregivers has changed over the years.

“When I first started out, the approach to practice was to treat grandparent caregivers the same as foster and adopted parents, so that affected how we perceived their mental health and state of mind,” says Dr. Crumbley. “They were stigmatized. We saw them being ambivalent, and hesitant, experiencing issues of loss, guilt, and dual loyalties to their adult children and the grandchildren they were raising. We thought that was pathology; we thought they weren’t properly motivated, and we saw it as a problem. Adoption was our ultimate goal, but many of them didn’t want to adopt because they hoped their children would get better and be able to raise the children—and because they just wanted to be grandparents.”

According to Dr. Crumbley, that viewpoint has changed over the years. “Those of us who work with kinship caregivers understand now that relative caregivers have challenges and need training and information, but it should be different than that of foster and adoptive parents,” he explains. “We are now aware of the many strengths that kinship caregivers bring to the situation, which can support their own mental health and that of the children they are raising.”

CAREGIVER STRENGTHS INCLUDE:

- **Attachment:** The unique and significant attachments between kinship caregivers and the children they raise.
- **Legacies:** Strengths related to sharing family legacies—traditions, values, and history with the children. Caregivers can interrupt cycles and create new traditions and legacies.
- **Identity:** Caregivers are involved in creating identities that assist children in making different choices and decisions than their parents’ choices, which have resulted in the children going into kinship care. It’s important to differentiate the parents’ actions from the quality of the person—separating their behavior and choices without putting them down as people, protecting the children’s self-esteem because they are related; their parents are part of their identity.

- **Healing:** Caregivers can help children recover from the losses and trauma that result from separation from their birth parents. Also, a caregiver’s personal losses can help them bond with the children and help them heal.
- **Adaptability:** Adapting family dynamics makes it possible for kin to assume new roles, responsibilities, and relationships within 24 to 72 hours, resulting in children remaining with kinship families and not going into non-relative foster care or adoption.
- **Co-parenting:** Kinship caregivers can work with the birth parent to co-parent the children. The pre-existing relationship is an advantage, and kinship caregivers can learn how to deal with any challenges that come from the pre-existing history to make it possible for the parents to have a role in the children’s lives, which, when handled appropriately, can benefit the children.

Dr. Crumbley says grandfamily caregivers can be empowered to manage any risk factors from their past and build on their strengths. “We know children are better off with kin than non-kin,” says Dr. Crumbley. “The kinship caregiver can use strengths to stabilize and nurture the children in their care, and that’s why they should be given preference when placing children outside their parents’ homes.”

Find more information about Dr. Crumbley’s work around strengths-based training approaches for grandfamilies at www.drcrumbley.com and view [free Engaging Kinship Caregivers videos](#) provided by the Annie E. Casey Foundation featuring Dr. Crumbley’s strengths-based approach.

“Obtaining official guardianship was a turning point because the children felt more safe and secure. Adopting them has been extremely significant to all of us, given them a sense of permanency; they are no longer afraid they will be taken away from us. The night we adopted the children, my grandson said, ‘I feel like the weight of the world has been lifted off my shoulders’.

— Kris, age 64, grandfamily caregiver,
North Dakota



The [“What Is/What Can Be” exhibit](#) by Generations United showcases the artwork of a 10-year-old named Mariah. Her drawing represents the prompt “What Can Be,” and she said, “I enjoy life when I’m out in nature under the sun with my family.” The exhibit focuses on the voices and visual interpretations of grandfamily caregivers and young people, with a particular emphasis on mental health.

HOW GRANDFAMILIES' CHALLENGES AFFECT THEIR MENTAL HEALTH

Research shows that grandfamilies are at increased risk for chronic stress and mental health problems.

Children In Grandfamilies

Children in grandfamilies often experience mental health challenges, in large part due to extreme trauma in their past.

Trauma, Neglect, Abuse

A child's mental health concerns may be rooted in their past trauma, but they can cause significant problems even once they are safely living in a grandfamily home. All children in grandfamilies who have been separated permanently or intermittently from their parents have experienced trauma, often feeling rejected, abandoned, and inadequate. In addition, many have experienced abuse, neglect, abandonment, and extreme poverty.⁴²

They may have lived in very dysfunctional and chaotic home environments in the past. Some have experienced parental mental and behavioral health disorders, including substance use disorders, as well as unpredictable and/or unsafe living situations, family violence, parental criminal activity, and incarceration.

Some have not received regular, appropriate physical or mental health care, and they are often behind on vaccinations, screenings, and evaluation of their developmental milestones. Some have never been taught basic self-care bathing and toileting practices.

Prior to going to live with kinship caregivers, 28% of children in kinship care have experienced neglect, more than one in four (26%) have experienced parental substance abuse (also known as substance use disorders), and 11% have experienced physical abuse.⁴³

More than half (51%) of the children who come in contact with the Child Welfare System (CWS)⁴⁴ have had four or more ACEs, compared to 13% in the general population.⁴⁵ The odds of those children having negative physical and mental health outcomes in adulthood are up to 12 times that of children without such experiences.⁴⁶

“When I got custody of my granddaughter, I knew she had been through abuse, neglect, and trauma. She had scars. She had ringworm and bed bugs. Her teeth were in terrible condition. Her hair was so matted and dirty that it took days to get it untangled. She had an infection. She hadn't reached any of her developmental milestones. She had been living in terrible conditions.”

— Angela, age 50,
grandfamily caregiver, Wisconsin



Once children go to live with grandfamily caregivers, the children's birth parents may come in and out of the child's life causing additional stress and trauma with erratic, unpredictable behavior. Sometimes this is because reunification is desired but doesn't always work. Often it is due to the lack of accessible and consistent mental health diagnosis, treatment, and support for the birth parents. Some children feel responsible for their parents and worry about them constantly.

Significant events (such as a visit from a birth parent, attending a new school, having a court date, separating from a sibling even temporarily, or going to a health care appointment) can trigger the PTSD the children experience, causing behavioral changes and emotional setbacks. Trauma can cause children to act out or misbehave, and it is a risk factor for substance use disorders.⁴⁷

"I still struggle with abandonment issues. I've been to therapy, I tried EMDR⁴⁸ to deal with past trauma, and it helped me open up about all of these issues that I was having. And I was able to really work through them and I would say that my mental health is a lot better."

— Madysen, age 20, raised by her grandparents

Difficulty Diagnosing Mental Health Disorders

Dr. Deborah Langosch, psychotherapist says children who are struggling with PTSD may be dysregulated, and an accurate assessment of their mental health conditions may be difficult to pinpoint. "They might look hyperactive, and appear shut down, and possibly look depressed. They may withdraw from usual activities," she says. "So, unless a thorough history and evaluation are taken, they are often mislabeled and consequently may not receive the best types of treatment that addresses PTSD. Or they may be put on medication that, if PTSD were appropriately treated, might not be needed."

Dr. Langosch says when you're looking at kids who have been exposed to trauma, but who may be too young to articulate it or who are too shut down, you look at an alternative means of expression, such as the way they play, or their drawings. "I've never worked with a five-year-old who says, 'I'm depressed', but when you observe a flat affect with very little facial expression, and they are drawing dark, violent, or negative pictures, then those can be the indicators," she says. "You try to develop a shared language that with kids often is the idea of a shared metaphor. So perhaps they talk about a scary lion to share what they're feeling or experiencing even if they can't say 'this is what happened to me'."

For some children, reading a book about an upsetting event or someone who's gone through a tough time provides them with a metaphor to talk about their situation. Dr. Langosch recommends "A Terrible Thing Happened" by Margaret M. Holmes. It's about a raccoon who goes through a trauma and then is helped. "Children can relate to books," says Dr. Langosch. "And then you can talk within the framework of discussing the story."

Chronic Health Conditions and Special Needs

Children in grandfamilies may also live with chronic health conditions and special needs, which makes life more challenging and stressful for them. They may have been prenatally exposed to alcohol or other drugs, which can cause temporary or permanent health and developmental challenges.⁴⁹ Children who have experienced traumatic events may have learning difficulties, increased involvement in the child welfare and juvenile justice systems, and long-term health problems.⁵⁰

More than a third of children in foster care live in grandfamilies,⁵¹ and children who are in the child welfare system and have had a history of out-of-home placement have higher rates of chronic health conditions than the general population of children across the nation.⁵²

Children in the child welfare system have higher rates of special needs than children in the typical U.S. population. An especially high proportion of children with a history of out-of-home placement have special needs.⁵³

PTSD Causes Difficulty Managing Everyday Stress

The PTSD and unique circumstances that children who live in grandfamilies experience can compound the common stressors many children face as they grow up, such as worrying about school and grades, juggling activities, and peer relationships. Even “good” stressors, such as parties, school events, graduations, and holidays, can be triggers for children living with PTSD.

“My granddaughter was so happy and surprised that she could eat and take a bath every day and sleep in a real bed when she came to live with me. I think that says it all. She has been diagnosed with anxiety, depression, Reactive Attachment Disorder (RAD),⁵⁴ and PTSD. She’s triggered when she sees someone yelling at their kids—she gets sick and wants to go home. She has been hoarding her food because of not having enough food to eat in the past. Her social skills are not developmentally on track. The PTSD makes her hypervigilant—she is constantly cleaning her room, so she won’t have to leave, even though I tell her she never has to leave.”

— Angela, age 50,
grandfamily caregiver, Wisconsin

Sexual Orientation, Gender Identity, and Mental Health

Increasingly, we hear from grandfamilies whose children and youth identify as LGBTQIA+. Identifying as LGBTQIA+ is not a mental illness or disorder. However, individuals who identify as LGBTQIA+ are at higher risk of experiencing mental health conditions due to a variety of factors related to the way they are treated in society, such as discrimination, peer pressure, rejection, bullying, and violence.⁵⁵ LGBTQ+ teens are six times more likely to experience symptoms of depression than non-LGBTQ+ identifying teens,⁵⁶ and LGBTQ+ youth are more than twice as likely to feel suicidal and over four times as likely to attempt suicide compared to heterosexual youth.⁵⁷

These statistics are particularly alarming when we consider the likelihood that, as previously discussed, children and youth in grandfamilies have experienced previous trauma in their young lives,

which could be triggered and compounded by the negative ways they are treated because they identify as LGBTQIA+.

Many grandfamily caregivers are from older generations with less experience understanding sexual orientations and gender identities. They may struggle to understand, accept, or know how to support the children and youth they are caring for. They find it extremely difficult to find therapists

and doctors who are trained and qualified to help with both their mental health concerns and physical health concerns such as gender transition.

Although 81% of LGBTQ young people wanted mental health care, more than half (56%) of them were not able to get it.⁵⁸

SEXUAL ORIENTATION AND GENDER IDENTITY

A GRANDFAMILY'S EXPERIENCE

Jan and Ed have been raising their grandchild since she was just a toddler. When their granddaughter was 6 years old, Jan and Ed adopted her, and when she was 16, she came out to them as transgender and is transitioning now.

After years of fighting for mental health services and support for her, this was a new challenge. “I am 72 years old, and I didn’t have a clue about transgender issues. I have no friends I can talk to about this—they don’t understand and some judge us for supporting her. I had to navigate my own way with this. I wanted to help her but there is nothing out there—no training or information to help grandparents who are raising their queer kids,” says Jan.

Finding physical and mental health support for their granddaughter as she transitions has been a major challenge. “We live in a small, rural area. The schools are overwrought,” Jan explains. “The mental health system is severely lacking. Her insurance only gives her access to community mental health, and there aren’t counselors available who are well-trained in dealing with the challenges of LGBTQ youth.” Jan and Ed couldn’t afford private therapists. After many tearful phone calls, Jan found a qualified therapist an hour away who accepted her granddaughter’s insurance. Later she found a gender clinic, also at a distance, that has a psychologist, endocrinologist, and pediatrician who specialize in transitioning.

As their granddaughter goes through transitioning, the family has another issue to worry about. “If things get worse for transgender people, we will have to leave the country—in our mid-70s. There are so many anti-transgender laws and bills that have been introduced in almost every state. We need to have support for LGBTQ kids and education for their caregivers so they can understand and learn how to support them.”

Thankfully, Jan says her granddaughter is feeling better. “She’s starting to open up and feel better about herself. It’s a complete metamorphosis. It’s the caterpillar and her wings have come out and she’s unfolded her wings to be beautiful to herself.”

Jan asked her granddaughter, Nessa, if she had anything she’d like to share for this report. Nessa said: “I don’t want to be ‘Nessa who is transgender’. I just want to be Nessa, the person. Just like everyone else. Just Nessa.”

Grandfamily Caregivers

Grandfamily caregivers' mental health is highly impacted when raising others' children, which directly impacts their physical health and general well-being, as well as their role in mediating the trauma the children have experienced.

Chronic Stress

Grandfamily caregivers experience chronic stress related to financial strains, concerns over the behaviors and needs of the children they are raising, navigating service systems, and difficult relationships with the children's birth parents.^{59 60 61}

Grandfamily caregivers inherently struggle with numerous chronic stress-inducing circumstances and material hardships⁶² (as outlined in the sections that follow), and the emotional and behavioral problems among the children they raise can cause a great deal of child-rearing stress.⁶³ Chronic stress is often ignored or thought of as inevitable, but it can cause serious long-term health problems, and shouldn't be minimized.

Chronic stress affects all systems of the body and can cause a long-term drain that leads to new or exacerbates existing health conditions including chronic fatigue, metabolic disorders (e.g., diabetes, obesity), depression, immune suppression,⁶⁴ immune disorders,⁶⁵ severe headaches, back and neck pain, asthma, Chronic Obstructive Pulmonary Disease (COPD), digestive disorders, reproductive system problems, inflammation in the blood vessels, hypertension, heart attack, high cholesterol, and stroke.

“When the children are feeling stress, hurt, and loss it can trigger the caregivers' own stress and similar emotions,” says Dr. Joseph Crumbley, a clinical social worker who has worked with grandfamilies for more than 50 years. “We know the children are feeling shock/disbelief, grief/sorrow, anger, resentment, shame, embarrassment, guilt, regret, mistrust, apprehension, uncertainty, instability, confusion, isolation, stress, and loneliness; and the caregivers are too. The caregivers can develop approaches that assist the children's healing and help them be resilient, but caregivers must heal and manage stress too—they have to be okay for the children to be okay.”

“There has been so much stress, which triggers me because I have PTSD from my own childhood and being raised by my own grandparents. I have increased depression and anxiety because of the journey we have been on with the children. There has been a great deal of conflict—both with the children's mother and her family and with my son. My self-esteem has been up and down. Our marital relationship isn't what it used to be because we don't have much time for just the two of us. I'm isolated because I'm raising children, so I've lost friendships. If I do try to do something social, I have to find a babysitter and that's expensive. The financial issues are incredibly stressful. Raising the children has really affected our retirement savings and plans. My depression and anxiety have increased. Until she died at the age of 99, I was caregiving for my mother-in-law while raising my grandchildren. I'm exhausted. I sometimes feel like I've lost myself.

— Kris, age 64, grandfamily caregiver, North Dakota

Dr. Deborah Langosch, a psychotherapist working with grandfamilies, says grandfamily caregivers take good care of the children they're raising but sometimes put their own needs on hold, so self-care doesn't get the attention that's needed. "Then there's a greater risk of burnout," she says.

Kinship caregivers are more likely to become depressed or remain depressed than non-relative foster caregivers.⁶⁶

Financial Pressures

About 31% of children growing up in grandfamilies are living in poverty, as compared to 18% of children in the general population.⁶⁷ Approximately 18% of all grandparent householders responsible for their grandchildren are living in poverty.⁶⁸

Financial support is inequitable across the states for grandfamilies in the foster care system versus those who are outside the foster care system.⁶⁹ Grandfamily caregivers frequently struggle financially due to the expenses of raising children they didn't plan for. Extra expenses may include housing, mental and physical health care for the children, medication, education expenses, and day-to-day expenses such as food and clothing. Grandfamily caregivers may have spent any savings they had on efforts to get help for the children's birth parents with treatment and housing (usually their adult children) and/or on legal fees to obtain custody or guardianship of the children.

Nearly half of grandparents responsible for grandchildren are out of the labor force,⁷⁰ leaving significant numbers of grandfamilies living on a fixed income. "The kids we are raising don't come with income," says Mercedes who has raised five grandchildren and is a founder of Texas Grandparents Raising Grandchildren. "Many grandparents are living on a limited income. One of the biggest stressors is trying to feed and clothe the children; these are everyday stressors. Grandfamilies need some type of financial assistance like those in foster care get."

Legal Issues

Most grandfamily caregivers do not have legal custody or guardianship and therefore may not consistently have the authority to consent to physical and mental health care, access education, or obtain larger, affordable housing to accommodate the new family members in every state.⁷¹ Obtaining the legal ability to make decisions for the children they are raising (through legal custody, guardianship, conservatorship, or adoption) is a major hurdle for many grandfamilies. If they do attempt to gain a legal relationship, in addition to the time, expense, and logistical challenges, it can be extremely emotionally draining and demoralizing to go to court to take action against the children's biological/birth parents.

For more information about legal issues, see Generations United's brief, [*State Educational and Health Consent Laws: Ensure that children in grandfamilies can access fundamental services.*](#)

"When I was still working, I hired someone to come three times a week to help with dinner and bedtime, that allowed me to go to Al-Anon and counseling and have a little social life and respite. I couldn't afford it after I retired though."

— Mercedes, age 68, grandfamily caregiver, Texas

Housing Strains

When grandfamily caregivers take in children, there is often the stress of a sudden need for suitable housing without the time to plan for it, with no legal relationship to the children, and without the funds to pay for it.⁷² Whether grandfamily caregivers take in one child or five, the existing home may be very crowded. A larger home may be needed to ensure adequate bedrooms and space for children to play. In some cases, they need to find a safer neighborhood for children. Trying to make an existing home suitable for their grandfamily can also be stressful and costly if renovations are needed. As previously stated, significant proportions of grandfamilies are living in poverty, yet while some would be eligible for housing assistance, less than one-third of income-eligible grandfamilies receive it.⁷³ Many are unaware of eligibility, and for those who are, the application process is complicated, confusing, and time-consuming—often made even more difficult without a legal relationship with the child.

Work Impacts

Overall, about 56% of grandparents responsible for grandchildren living with them are in the labor force; that percentage goes up to nearly 72% for grandparents who are ages 30-59.⁷⁴ Some use up their leave hours or take time off without pay due to the need to attend health care or school appointments for the children. While some working grandfamily caregivers have access to flexible

work options (e.g., flexible hours, telecommuting, the ability to make phone calls at work, etc.), many employers do not offer such options. Many caregivers are forced to cut back on work hours or stop working altogether to care for the children they are raising due to a lack of flexibility and affordable, quality childcare. Some retired grandfamily caregivers have to return to work to pay for child-rearing expenses.

Food Insecurity and Special Diets

Meeting the nutritional needs of the children can be a central stressor for grandfamily caregivers, compounded by limited incomes. One in four grandparent-headed households experiences food insecurity.⁷⁵ ⁷⁶ Additionally, children in grandfamilies may have experienced extreme hunger, and food insecurity prior to coming to the grandfamily. These experiences leave indelible imprints on the children. This trauma can lead to eating disorders and complicated beliefs, needs, habits, and preferences surrounding food, which add a layer of concern and complication for grandfamily caregivers struggling to provide the nutritious meals and snacks that children need.⁷⁷



For more information, see Generations United's 2022 State of Grandfamilies Report, [*Together at the Table: Supporting the Nutrition, Health, and Well-Being of Grandfamilies*](#).

"I had to go through the system four different times before I had to get an attorney and do an intervention. There was so much pressure. It was very challenging. And then I had to make the choice of adopting the five children and the challenge to raise them started. Talk about mental stress. I was 57 years old, so it was hard raising all these babies. I was overwhelmed. I had a full-time job, and I had to take a month's leave of absence to be able to adjust to what was happening and all the trauma. I developed depression."

— Mercedes, age 68, grandfamily caregiver, Texas

“When the children came to live with us, our daughter asked if I had heard of early childhood intervention. I hadn’t, but I’m so glad she brought it up. Early childhood intervention was a critical resource—it’s so vital to get that evaluation and support early. They were both evaluated and received diagnoses that helped us get targeted help for them.”

— Kris, age 64, grandfamily caregiver, North Dakota

Navigating Systems

To advocate for the children and find support can be overwhelmingly stressful, demoralizing, and mentally and physically exhausting.⁷⁸ Grandfamily caregivers often feel alone in their fight to support the children, and the mental/physical health care, legal, child welfare, education, and other government systems are disparate and complicated. Many grandfamily caregivers are unfamiliar with these systems; some are unaware that supports exist, and therefore, don’t go looking for them. Grandfamily caregivers often tell us they feel that the systems are not sensitive to the needs of their unique grandfamily, or they feel lost in the systems entirely.

Addressing the Children’s Special Needs

Children in grandfamilies have high rates of chronic health issues and special needs⁷⁹—physical, mental, emotional, and behavioral conditions—that are difficult to identify and require appropriate professional support and treatment. Many grandfamily caregivers struggle to understand a child’s needs and how to best address them. They struggle to help the children, frequently unaware of the supports they may be eligible for such as testing and evaluation for physical, cognitive, or mental health challenges, their ability to ask for an individualized education plan (IEP) at school, or the availability of speech and occupational therapy.

Concerns About the Children’s Biological/ Birth Parents

Dealing with the children’s birth parents is often a major source of stress for grandfamily caregivers.⁸⁰ They are often experiencing grief, loss, shame, or even guilt related to kin (most commonly their adult children) who are unable to raise their children due to a substance use disorder and/or mental health disorder.^{81 82} Some may have experienced trauma related to the behaviors of the children’s parents.

Many grieve the loss of their hopes and dreams for the children’s parents and the loss of their “traditional” family. Some have spent a great deal of time and money trying to help their adult children get diagnosis and treatment for mental health conditions or help them as they navigate the justice system. Some grieve the death of the children’s parents. Unreliable birth parents who make empty promises can send the grandfamily on a rollercoaster of hope and loss. Setting difficult boundaries with the birth parents can be heartbreaking but necessary for grandfamily caregivers to protect themselves and the children they are raising.

Some grandfamily caregivers tell us that they realize there have been generations of family members with chronic mental health disorders, and they worry about the children developing the same challenges. They strive to ensure that this youngest generation receives the treatment and support they need to break that cycle.

“I’ve lost friends who didn’t understand why I was raising my niece. Raising my niece completely changed my life—in good ways and in hard ways.”

— Bob, age 64, grandfamily caregiver, California

Social Isolation

Grandfamily caregivers do what they must do—work and care for their grandchildren and home primarily. They no longer have time for previous hobbies, groups, friends, or activities. Their friends are not raising children anymore, so they don’t seem to have the same things in common.⁸³ As a result, caregivers become socially isolated, and prolonged isolation can negatively affect both mental and physical health.⁸⁴

Lack of social interaction and support can lead to loneliness, and according to the CDC, loneliness is associated with higher rates of depression, anxiety, and suicide.⁸⁵ Social isolation among older adults has also been associated with a higher risk for heart disease and stroke, type 2 diabetes, addiction, dementia, and early death.⁸⁶

Some grandfamily caregivers are even more isolated because they are raising a second family on their own. According to the U.S. Census Bureau, approximately 32% of grandparents responsible for grandchildren living with them are not married.⁸⁷ The prevalence of lifetime depression among single or “solo” grandparent caregivers is about one in four, as compared to the approximately 16% prevalence of lifetime depression among the general population.⁸⁸

Lack of Respite Care

Like all caregivers, grandfamily caregivers need breaks from direct care of the children to care for themselves. They are constantly juggling care for the children (and some care for older family members as well), with working, managing the home and finances, and advocating for the children—and some are also struggling to get treatment for their adult children. Grandfamily caregivers put themselves at the bottom of their

long list of priorities. Their own healthcare or counseling appointments get postponed. They report sleep problems.⁸⁹ They seldom get to exercise or do other things that nurture their body and soul. They become increasingly depleted. Sometimes they crash emotionally, mentally, and physically as they desperately need a chance to stop and take care of themselves. There is a lack of adequate respite care in the form of in-home care, after-school programs, camps, and other types of respite for grandfamilies, and non-relative foster parents are more likely to receive respite than kinship caregivers inside or outside the CWS.⁹⁰

Birth/Biological Parents

The children’s birth/biological parents frequently also have mental health disorders, often untreated or unsuccessfully treated.

The Role of Mental Health

The mental health conditions of the birth parents of children living in grandfamilies, such as substance use disorder, bipolar disorder, anxiety, or depression, may be at the root of the issues that led to instability, incarceration, or death, and the inability to raise their children.

Between 2002 and 2019, grandparents reporting parents’ substance use as a reason for caregiving jumped from 21% to 40%.⁹¹



Inadequate Treatment

One of the reasons many parents may be in and out of their children's lives may be because they love their children and they want to raise their children, but they don't receive the support they need. This breakdown can happen due to multiple reasons, including lack of mental health education and training, absence of health insurance coverage, inadequate skills to navigate the mental health systems, absence of follow-up by the mental health system, and insufficient finances to pay for medication and care. Stigma also keeps generations of individuals from psychiatric evaluation, diagnosis, and treatment.

Complex Mental Health Concerns

Birth parents' mental health conditions may be very complex, with co-occurring disorders⁹² that are complicated to treat. According to a 2020 report from the National Institute of Health's National Institute on Drug Abuse,⁹³ data suggest that "people with mental, personality, and substance use disorders were at increased risk for nonmedical use of prescription opioids."⁹⁴ Additionally, 43% of people in substance use disorder treatment for nonmedical use of prescription painkillers (such as opioids) have a diagnosis or symptoms of mental health disorders, particularly depression and anxiety.⁹⁵

The states with the highest percentages of grandparents raising grandchildren are also the states with the highest opioid prescribing rates.⁹⁶⁻⁹⁷ Research has indicated that opiate dependence may have relapse rates as high as 91%,⁹⁸ and for those with alcohol dependence, relapse happens within one year for up to 70%.⁹⁹

"I went to Al-Anon¹⁰⁰ and I learned how to have healthy boundaries and detach from my grandchildren's parents and accept that I can't fix them. I focus on my own situation. My Al-anon sponsor required me to go to an Alcoholics Anonymous¹⁰¹ meeting, and I heard from people there who had addictions, and that helped me understand my son better and set healthy boundaries with him."

— Mercedes, age 68, grandfamily caregiver, Texas



THE RESILIENCE OF GRANDFAMILIES

A CRUCIAL STRENGTH

Dr. Bert Hayslip, a professor in the Department of Psychology at the University of North Texas, has spent many years studying resilience in grandfamilies. He highlights the fact that resilience reflects a strengths-oriented view of kinship caregiving,^{102 103 104} as do protective factors such as social support.¹⁰⁵ “Many grandparent kinship caregivers are resilient in the face of the many challenges of raising their grandchildren,” says Bert. “They have the requisite coping skills to deal with age discrimination, isolation, family illness, caregiving stress, parenting demands, and challenges, and the limitations of having to live on a restricted income.”

Dr. Hayslip says that resilience reflects self-determination, a proactive approach to solving problems, a hopeful and positive view of the future, and faith in oneself to cope with whatever life brings.¹⁰⁶ “It is not surprising to find that kinship caregiver resilience can actually counteract the adverse effects of stressors on grandfamilies’ physical and mental health,” explains Dr. Hayslip.

Additionally, Hayslip and his colleagues found that personal resilience mediated the relationship between the impact of COVID-19 and grandparent caregivers’ efforts to care for themselves as a way of coping with COVID-related stress and isolation.¹⁰⁷

Dr. Hayslip and his colleagues found in their 2013 study, outlined in the book, *“Resilient Grandparent Caregivers: A Strengths-based Perspective,”*¹⁰⁸ that resilience mediated the relationship between grandchild emotional/behavioral difficulties and adjustment among grandparent caregivers.¹⁰⁹ He and his colleagues have found that resilience can be fostered by:

- **Enhancing protective factors**, such as providing social support, better health management, and greater access to services.
- **Reducing risk factors**, including social isolation, and poor health behaviors.
- **Promoting a solution-oriented lens** through which to view the challenges of caring for a grandchild.¹¹⁰

ANTHONY, AGE 23, BATON ROUGE, LOUISIANA

In 2006, six-year-old Anthony and his younger brothers went to live with his mother's parents, Robert and Claudia, after living through an unspeakable trauma – a shooting leaving many of their family members, including their mother, dead. Robert and Claudia have raised Anthony and his brothers ever since, adopting them after a 12-year legal battle—just one day before Anthony's 18th birthday.

Anthony developed what he calls 'big brother syndrome,' he felt that he had to bottle things up and be the level-headed one, the leader. "Not showing how I was feeling at the time—it was just an instinct—I felt like I had to man up—as a 6-year-old, Anthony shares. "I became the sad clown—wearing a happy face on the outside, but inside I was really crying."

His grandparents quickly got him and his brother into treatment at the Baton Rouge Crisis Intervention Center with a psychologist who specialized in trauma treatment for children. "Being able to have somebody that I was able to confide in and know she wanted the best for me was kind of a safe haven," says Anthony. "It made me feel the world was good again. I know for a fact I wouldn't have been able to make it alone."

Looking back, Anthony thinks he was dealing with depression, anxiety, and trauma. He says he learned that bottling up his emotions isn't really the most efficient way to deal with mental health. "Sometimes it seems easier not to acknowledge how I feel, but the psychologist made it safe," says Anthony. "I learned that it's okay to acknowledge I'm angry, or other things, but it's not okay to use that to gauge the way I interact with my loved ones or society. I have to pay attention to myself—I could act out in a certain way to a person, but it has nothing to do with them. It could be a result of me neglecting my mental health."

"My grandparents provided a sense of safety and security for me. I think being raised by my grandparents did wonders for my mental health—I wouldn't have had the opportunities or support without them. I feel like foster care would've been more damaging and I would have been separated from my brothers. And I wouldn't have these outlets, like church and sports, that I have now. There's no telling what I would have bottled up without them."

Robert and Claudia made it clear that it was okay for Anthony and his brothers to talk about things and ask for help. "Looking back, I had some trouble with schoolwork and personal relationships. But I knew my grandparents were just always going to help," says Anthony. "Through their actions, they conveyed that message."

Other things that helped Anthony take care of his own mental health are , friendships, sports, and his teachers. He credits his eighth-grade teacher as a key to graduating.

"Gym and sports became an outlet for me—running, weights, swimming—I can be in my own world and just focus on what I'm doing. It keeps me in the moment, focusing on the next breath, mile."

Anthony also says his faith has played a major role in his ability to get past the traumatic events of his childhood. "I still deal with feelings and emotions to this day, but that doesn't change the fact that God has a plan for my life."

Recently, Anthony joined the Air Force. He says he knows he will continue to take care of his own mental health as he jumps into this new opportunity. “It’s going to be different!” says Anthony. “Meeting new people, finding like-minded individuals. I feel like I’ve got to do this myself. Comradery will be a

factor. First, my relationship with God—as long as I keep that in the forefront, I feel like everything else will fall into place. I don’t want to bottle up my emotions through this new experience; I want to be able to deal with them in a sensible way.”

ANTHONY’S ADVICE FOR OTHER CHILDREN WHO HAVE EXPERIENCED TRAUMA AND BEEN RAISED IN GRANDFAMILIES:

“Take breaks. We have to realize it’s important that we take some time for ourselves. Looking back, I would work myself up worrying myself over things that I couldn’t control. It stirred up feelings that I didn’t even know I had. I wasn’t able to navigate through that – taking breaks is one of the key things that helps. It can be a vacation, a walk, fifteen minutes of meditation, going to get ice cream, reading, or going to the bookstore.

I know sometimes it may be hard that you don’t have your birth parents. God has a way of working things out that’s beyond our understanding. I’d tell anybody that if you’re willing to listen there is help out there. It is okay to say how you are feeling when you may be going through certain things.

My father chose his path, there’s nothing I can do to control that situation. I focus on what I can control. Don’t let anyone else dictate your story. Take that journey for yourself. The rewards at the end of the journey are great. We find who we are; step into who we are meant to be.”



BRITTNEY, AGE 25, YPSILANTI, MICHIGAN

Brittney and her siblings grew up in and out of foster care due to poverty, neglect, and parental substance use, and were often separated from one another. She experienced homelessness and remembers sleeping in a tent. First diagnosed with depression at age 10, Brittney attempted suicide at the age of 12.

“After many years of foster homes, my grandmother became my kinship foster care provider and that changed my life. For the first time, I had a sense of permanency. I’m so thankful and blessed to have my grandmother. She is the most phenomenal woman and I think of her every day,” says Brittney.

However, Brittney says just because foster care ends doesn’t mean the trauma of it ends. “I’ve struggled a lot with healing from foster care,” says Brittney. “It’s a lifelong journey. I still go to therapy.”

Soon after Brittney’s grandmother became her kinship foster care provider, she also became Brittney’s younger sister’s provider. Sadly, within two years, her grandmother was diagnosed with dementia, diabetes, and macular degeneration, so CPS deemed her unfit to care for the children. Brittney was over age 18 by then, but her younger sister was still a minor and was sent to a foster care home. Brittney’s grandmother went to live in a nursing home.

“As soon as I turned 21, I was able to become my sister’s kinship foster care provider. But I was struggling with depression and PTSD. My sister’s dad had just died, and she had a lot of behavioral challenges I couldn’t handle,” says Brittney. Thanks to Section 8 housing support, Brittney had a small apartment; she was enrolled in college. Her landlord said her sister had to go or Brittney would lose her home. At that point, Brittney’s brother became her sister’s foster care provider.

Brittney and her siblings all deal with mental health disorders. “I am diagnosed with depression, anxiety, PTSD, and ADHD,” says Brittney. “My siblings have autism, obsessive-compulsive disorder, oppositional-defiant disorder, and a few other things. I blame most of it on foster care, and some were inherited.”

“My mental health would have been so much worse without my grandmother. She gave me unconditional love, and that turned me into a person who can love unconditionally.”

“My siblings and I had to raise each other, and there is a lot of stuff that comes with that,” Brittney says. “It’s complicated.” Brittney continues to be as supportive of her siblings as possible. One sibling is still in foster care, and the other two live together in her grandmother’s house. “Sometimes I pay for the house. I depend on them to come up with the payments, but they have a lot of disabilities that prevent them from keeping up with a job.”

While in college, Brittney’s boyfriend broke up with her. “I just couldn’t understand how he gave up on me. So, I kept trying to contact him to get closure,” says Brittney. But her ex-boyfriend charged her with stalking him, and she ended up in mental health court. While this experience was traumatic, Brittney credits it with saving her life and getting her on a better course. “Mental health court was a restorative, justice-based program that connected me to counseling, medication, crisis management, dialectical behavioral therapy, peer support, and more. If I didn’t have those things, I would probably be dead or in jail, or not doing well in life,” she shares.

“My mental health conditions affected every area of my life. People gave up on me—they said I had too much negative energy, I was sad and depressed, and miserable. Or I self-destructed and ruined relationships,” says Brittney. “I think having the mental health support from the mental health court uprooted me from such a dark place into a place where I can have hopes and dreams and successfully go after them. I regained my sense of community and my sense of purpose in life. I’ve reclaimed who I am, and I don’t let my demons get the best of me.”

Music has been one of Brittney's important self-care coping skills. "I was in band all my life and taught myself to play clarinet," says Brittney, who was originally a music therapy major in college, but later switched to social work. She graduated from the University of Michigan, subsequently getting a scholarship, and going on to earn a master's degree in social work. Now she is working on her second master's degree in public policy. "I love policy—I love studying it and creating systems-level changes for taking better care of our young people," says Brittney. "I want to work in child welfare policy at the federal level."

When Brittney was 20, she went to Washington, DC for an internship with Senator Gary C. Peters.

As part of her internship, she wrote a report on foster care. "Representative Don Bacon wanted to introduce a bill based on the report," says Brittney. "I helped write the bipartisan bill that was introduced to protect sibling relationships in foster care. This year it was also introduced as a Senate bill."

"I grieve my traumas, but my traumas are what turned my trials and tribulations into testimony. Now I can help other children in foster care who struggle with mental health conditions."

Brittney says she is amazed when she realizes how far she has come. "Sometimes it's still like a culture shock for me. Now I'm a second-time master's student at the best university in the world."

BRITTNEY'S ADVICE FOR OTHER CHILDREN LIVING IN GRANDFAMILIES AND FOSTER CARE:

"Show gratitude to the people who love and support you. Learn how to set healthy boundaries.

You'll come to realize as you transition to adulthood that the healing from foster care may last forever, but the trauma itself eventually will end.

Find a purpose. I'm changing systems that marginalize and harm people like the foster care system. I'm here to create systems change for the betterment of young people in foster care. I'm employed by the Michigan Supreme Court as a youth champion, and I help youth in foster care learn the effective tools and strategies to advocate for themselves in and out of the courtroom. It's my project—I actually created it with my bare hands. It's called the Youth Advocacy Project."



SERVICES AND SUPPORTS

THE IMPORTANCE OF SUPPORTS FOR GRANDFAMILIES

MENTAL HEALTH SUPPORT FOR CAREGIVERS HAS RIPPLE EFFECT:

A study examining the social, emotional, and behavioral (SEB) symptoms among youth in kinship and non-relative foster care settings highlights the positive effect that mental health support for grandfamily caregivers has on the children they are raising. The study found that youth in kinship care *always* showed more positive changes in their SEB outcomes than youth in non-relative foster care—*especially* when their caregivers experienced a reduction in depression over time or were never depressed.¹¹¹

SUPPORTING MATERIAL HARDSHIPS DECREASES STRESS FOR GRANDFAMILIES:

A 2020 study found that, during the COVID-19 pandemic, suffering material hardship (such as housing insecurity, food insecurity, and hardships related to utilities, medical, and daily expenses) was *significantly* associated with parenting stress among “grandparent kinship providers” (e.g., grandfamily caregivers) *and* that their mental health partially mediated this association. The study concluded that addressing material *and* mental health needs among grandparent kinship providers is critical to decreasing their parenting stress.¹¹²

Effective Approaches to Support Mental Health

Research indicates that the social, behavioral, and mental health outcomes for children in grandfamilies are better when they and their caregivers receive the right supportive services.¹¹³ The following are key mental health supports for grandfamilies.

Mental, behavioral, and physical health services, such as psychological assessment, evaluation, testing, diagnostics, counseling, medication prescribing, crisis intervention, and acute and/or long-term trauma support, are services provided by qualified health/mental health professionals and provide grandfamilies with direct assistance and treatment of mental health conditions. Mental health providers are most effective when they: 1) provide person-centered care and counseling; 2) are aware of the unique needs of grandfamilies; and 3) have

training opportunities to familiarize themselves with the approaches and treatments that work best.

Techniques that may be helpful for grandfamilies include counseling, group support, stress management training, play therapy, creative arts therapies, medication, and behavior management skills training.

“As my anxiety and depression increased with the stress, I started seeing a psychiatrist and a counselor, who is my lifesaver—he has worked in the foster care system, so he understands what we have gone through.”

— Kris, age 64, grandfamily caregiver,
North Dakota

BRADLEY UNIVERSITY COUNSELING RESEARCH AND TRAINING CLINIC CAREGIVER PROGRAM

ILLINOIS

For more than 20 years, the Bradley University Counseling Research and Training Clinic Caregiver Program (CRTC) has been providing free counseling services for family caregivers and grandparents raising grandchildren. The program is supported by the University, and a partnership with the Central Illinois Agency on Aging (CIAAA) provides referrals to the program and additional funds for outreach events.

Kaia Bowen, a graduate assistant in clinical mental health counseling, assists with managing the CRTC's day-to-day operations. "I would estimate that probably about 40% of our clients are grandparents raising their grandchildren," she says. "Some of the grandparents have as many as eight grandchildren they are raising," says Ms. Bowen. "It means a lot to all of us to know we are helping. Sometimes they just need someone to talk to."

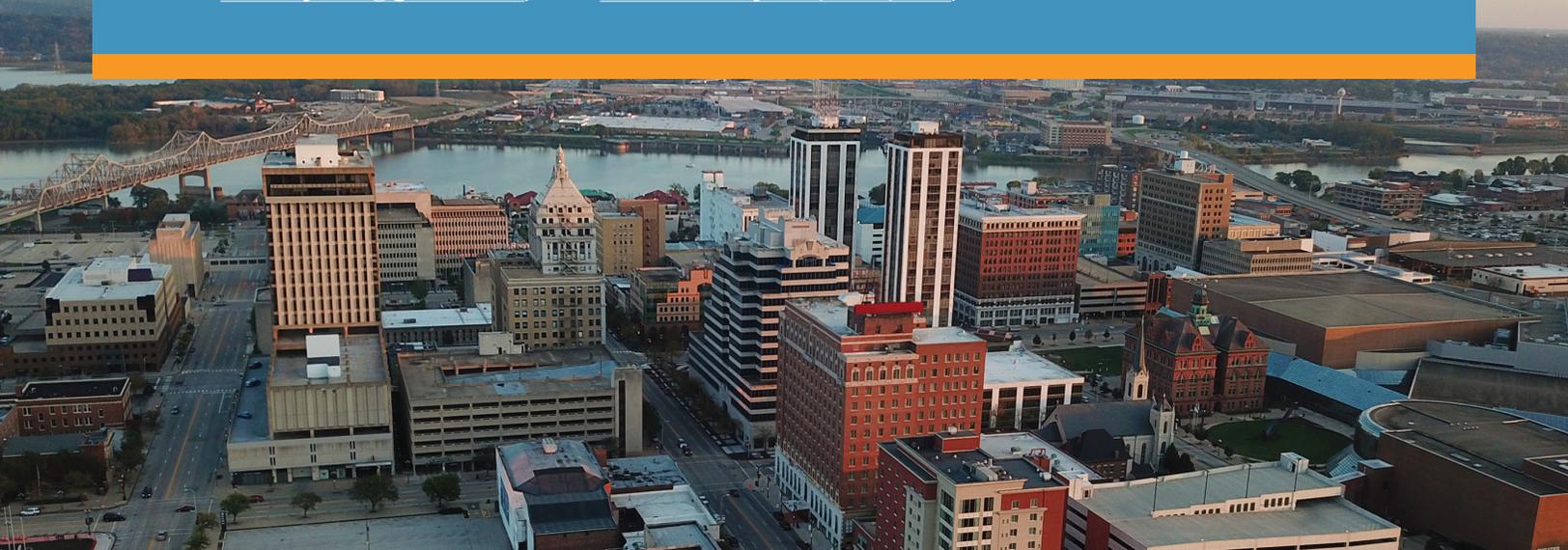
The program's free services include:

- **One-to-one therapeutic counseling** to assist with stress, emotional support, grief and loss, family relationships, and other challenges is provided by interns who are in their third year of the clinical mental health counseling Master of Arts program. Counselors have targeted training
- **A monthly support group** is facilitated by a psychiatrist. In addition to peer support, guest speakers discuss topics like grief and loss, communication skills, and family relationships.
- **Training and education** about mental health conditions and coping skills are provided via presentations, webinars, and workshops that include topics such as communicating with boundaries, stress management, and self-care for caregivers.
- **Outreach events** such as a back-to-school picnic (which also provides more than 80 backpacks stuffed with school supplies), and a holiday party (where grandfamilies receive presents and gift cards) provide socialization, fun, and information about CRTC services.

around the unique challenges of grandfamilies and the clinic has a major focus on trauma-informed care. Interns are supervised by a Licensed Clinical Professional Counselor with a Ph.D. in counselor education and supervision. Caregivers can choose to meet in their homes, at the clinic, or virtually via telephone or video chat.

TO LEARN MORE ABOUT THE BRADLEY UNIVERSITY CRTC:

Email bradleycrtc@gmail.com, visit www.bradley.edu/sites/crtc, or call 309-677-3189.



“Upon early childhood intervention’s recommendation, speech therapy, occupational therapy, physical therapy, play therapy, and other interventions were brought into their lives. These therapies helped immensely, but the thing that made the biggest difference was getting them on the right medications with the help of a child psychiatrist. They are both doing extremely well in school, well beyond their grade level.”

— Kris, age 64, grandfamily caregiver, North Dakota

- **Counseling centers and private practice counselors, therapists, social workers, psychologists, psychiatrists,** and others who provide individual and family counseling provide critical services for both children and their grandfamily caregivers. These services are most effective when the practitioners are well-trained in the unique situations of grandfamilies, as well as culturally sensitive and trauma-informed approaches.
- **Community-based mental health services** are provided through local social service agencies, hospitals, health clinics, or other community-based agencies. These services generally include assessment, diagnosis, treatment (counseling, medication, crisis support, etc.), and case management provided by an interdisciplinary team of psychologists, psychiatrists, social workers, doctors, nurses, and therapists who may provide wrap-around services to help with such issues as housing support, employment services, food and nutrition, and more.
- **School-based mental health services** are important since school is a common denominator among grandfamilies and may serve as both the point of entry and the delivery site for mental health services. The child’s school may also be where mental health concerns are first identified. School-based services are more highly used by grandparents raising grandchildren than community-based services.¹¹⁴
- **In-patient treatment** is provided in a hospital or institutional setting and is generally focused on treating severe mental health episodes and crisis intervention and care.
- **Pediatric care** is a vital touchpoint for grandfamily caregivers and the children they are raising. The child’s pediatrician may be the one professional healthcare provider the family sees and should screen for mental health concerns, explain mental health conditions and behavioral challenges, and refer grandfamilies to much-needed services and supports, including pediatric psychological or psychiatric services.¹¹⁵ Pediatricians should be well-trained in the unique needs of grandfamilies and should bring empathy and compassion as they provide comprehensive health services that are culturally sensitive.¹¹⁶ Additionally, they should be equipped to treat the unique needs of children exposed to alcohol and drugs prenatally.

“Having mental health support as a kid was important for me; I was in play therapy and that was really helpful. I think counseling would be helpful even now because I have so much more awareness of what I went through now than I did when I was 5 in play therapy. My hope is that I can finally move past the trauma and the neglect that I went through and know that it may be a part of my past, but it’s not who I am. I’m stronger than that. And I’ve had such an incredible life. And I’m so grateful for that.”

— Hannah, age 19, raised by her grandparents

- **General practitioners, geriatricians, community health workers, and other healthcare providers** have the opportunity to assess and coach grandfamily caregivers' stress levels, sleep, medication adherence, and self-care practices. They may prescribe medications related to mental health conditions. They may also be critical in terms of providing referrals to mental health professionals.
- **Complementary and alternative therapies** may be provided by qualified professionals, generally in addition to traditional counseling or therapy, and may include creative arts therapies (e.g., music, theater, dance, visual arts, etc.), play therapy, and animal-assisted therapies (e.g., equine therapy with horses). Emotional support animals can sometimes be helpful as well.

Employee assistance programs (EAPs)¹¹⁷ are work-based intervention programs that help employees deal with a wide range of personal challenges, such as mental health and wellness matters, work-life balance, traumatic events, substance use disorders, and relationship challenges. Some also provide support or referrals for child care, eldercare, financial services, or legal concerns (such as adoption assistance). While not all employers

offer EAP services, a 2019 survey by the Society for Human Resource Managers (SHRM) found that 79% of surveyed employers offered an EAP. EAPs can provide counseling to grandfamilies via phone and video-based counseling, online and email chatting, in-person counseling, or providing referrals. Generally, most services are provided at no charge to the employee and are also available to the employee's family.

Kinship navigator programs provide information, referrals, and education to assist grandfamilies in accessing services and supports to promote health and well-being and meet the needs of the children they are raising and their own needs.¹¹⁸ Kinship navigators can help grandfamily caregivers find both mental health supports and supports that help meet their housing, financial, food and nutrition, and other key needs that can be highly stress-inducing without support. Navigators help grandfamilies connect with all of the previously mentioned supports—many of which grandfamilies are not aware of or falsely assume they are not eligible for. A kinship navigator program can be the one connection that makes all the difference for grandfamilies, opening up a world of support for those who are struggling on their own.

“My counselor really helped me. My grandma fought for that. I wish beats were around when I was younger because just throwing on a pair of headphones and drowning out the noise in my head is what I need sometimes, and blasting the music really, really helped me. My grandmother got my sister and me emotional support dogs last year. I wish I would have had that sooner—it really helps.”

— Sheldon, age 24, raised by his grandmother

CHILDREN'S HOME NETWORK'S KINSHIP PROGRAM

FLORIDA, WITH CONSULTING SERVICES FOR REPLICATION NATIONWIDE

The Kinship Program of the Children's Home Network (CHN) helps grandfamilies connect to services and reduce stress to promote family stability. They provide in-home visits; advocacy, monthly caregiver support groups in eight counties, recreational and social activities, a monthly caregiver newsletter, and bi-lingual services and supports.

Recently, CHN developed a grant-funded "Time for Me" program to promote health and wellness. Kinship caregivers helped develop and implement the program and are trained as peer health and wellness specialists.

"Health and wellness specialists on the kinship team go along with our navigators to meet with caregivers from the first contact," says Larry Cooper, executive vice president of innovation at CHN. "They evaluate the caregivers' knowledge of and actions around self-care, discuss their goals, and create a plan to improve self-care."

Larry says the Kinship Program navigators help caregivers deal with key stressors, like getting health insurance, legal representation, and financial support. The program also includes:

- **A health and wellness assessment** of physical well-being, sleep, medications, emotional stress, access to healthcare, resources to pay for healthcare, and other aspects of self-care.
- **A self-care plan that helps grandfamilies create** simple, small, changes around health and wellness self-care, such as accessing more healthy foods, getting health insurance,

getting more sleep, and addressing mental health concerns. The program evaluations have revealed the most improvement in the areas of sleep and coping skills.¹¹⁹

- **Education and training** to develop good self-care practices they can do at home, such as breathing exercises; chair yoga; stretching; inexpensive art activities; and simple things like lighting candles, taking a bath, getting outside, and exercising. The program also addresses stigma and attitudes about mental health care.
- **Short-term mental health services** with up to 12 free counseling sessions provided by contracted therapists, bridging the gap for families until they can get an ongoing counseling solution. The therapists help them get started with understanding and dealing with trauma, crisis management, parenting skills, and difficult behaviors.
- **Short-term respite care** with three to six months of professional respite services in Pinellas County and purchased respite services in Hillsborough County. Respite may be in the form of in-home care, daycare, Head Start, after-school programs, or other community programs. The program also provides a short-term stipend for neighbors, friends, and family to provide respite care in an effort to help build a support system in the future.
- **Training for local mental health providers** to educate them about the unique needs and family dynamics of grandfamilies.

FOR MORE INFORMATION ABOUT CHILDREN'S HOME NETWORK AND THEIR TIME FOR ME PROGRAM:

Visit childrenshomenetwork.org or call the toll-free Kinship Intake Line (1-888-920-8761)

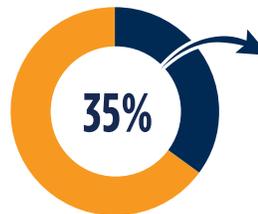


KEY FACTS & FINDINGS



About **7.6 million children** live with a relative other than their parent who is the head of the household.ⁱ

At least **2.4 million children** are being raised by a relative or close family friend and do not have a parent living in the household.ⁱⁱ



of children in foster care are being raised by relatives.ⁱⁱⁱ
(133,873 out of 391,098)



When children cannot stay with their parents, they do best in grandfamilies.^{iv} Youth in kinship care always showed **more positive changes** in their social, emotional, and behavioral outcomes than youth in non-relative foster care—especially when their caregivers experienced a reduction in depression over time or were never depressed.^v



Please reference [page 71](#) for infographic sources and citations.

Children enter grandfamilies as a result of experiences that place them at risk of mental health problems.

Prior to going to live with kinship caregivers:



of children in kinship care have experienced neglect



of children have experienced physical abuse



of children have experienced parental substance abuse^{vi} (also known as substance use disorders)

Grandfamily Caregivers Experience Chronic Stress Due to:



Financial strains



Concerns over the behaviors and needs of the children they are raising



Navigating service systems



Difficult relationships with the children's birth parents^{vii}



Children in grandfamilies experience limited access to mental health services for depression, stress, and behavioral or emotional issues.^{viii}



Improved access to mental health supports and concrete material supports (such as financial, food and nutrition, housing, etc.) improves mental health outcomes for children and caregivers in grandfamilies.^{ix}



Please reference [page 71](#) for infographic sources and citations.

Training and education for grandfamilies can be provided by kinship support centers, kinship navigator programs, grandfamily resource centers, area agencies on aging, counseling centers, support groups, wellness centers, community and senior centers, schools, and other organizations via in-person or virtual webinars, workshops, conferences, and presentations. Topics may include self-care techniques, understanding trauma, navigating resources, communication skills, behavior management, and relationship building.

Grandfamily support groups provide an opportunity for grandfamily caregivers and/or children raised in grandfamilies to connect with each other. Caregivers frequently tell us that the support groups are lifesavers for them because they learn that they are not the only ones raising others' children and facing so many challenges. They gain moral support, advice from other caregivers with lived experience, and education from group facilitators and guest

speakers—as well as a chance to relax, vent, share their triumphs, and be treated with respect and dignity. Having a support group provides a safe place to express their feelings without feeling judged or afraid. There is no substitute for feeling supported by people who “get it.” Likewise, support groups for children being raised in grandfamilies can help them have much-needed social connections, process their emotions and experiences, be with other children in similar situations, and realize that they are not alone.

While support group facilitators and participants widely relate the benefits of the support groups, there has been little data collected to quantify effectiveness and solidify financial and other supports for the groups. One 2012 study found that caregivers who attended support groups experienced a significantly greater increase in social support than those caregivers who did not.¹²⁰

THE GRANDFAMILIES SUPPORT GROUP AT PLAZA WEST

The GrandFamilies Support Group at Plaza West, an affordable rental community in Washington, D.C. that includes 50 apartments specifically for grandfamilies, has been meeting since 2018. Dr. Robert Cosby, Director of the Howard University School of Social Work Multidisciplinary Gerontology Center, facilitates the Support Group and shares how he sees it helping the grandfamilies: “The Support Group provides a safe place for grandparents to discuss issues of importance to them,” explains Dr. Cosby. “The mental health and support needs of the members are significant and real, as many come from difficult backgrounds where they were repeat survivors of trauma and recognize each day is not promised. All the group members and/or their grandkids have endured significant trauma and hardship due to the children’s parents’ death, incarceration, substance abuse, and related issues.”

Through ongoing dialogue and sharing in group sessions, grandparents have relied upon and learned to trust and support one another with issues that are important to them, such as grief, personal setbacks, challenges with grandkids, fear of mental health stressors that they may feel have previously caused them to lose control. Mental Health experts have been brought in to discuss issues they feel are needed; grief and loss have been recurring issues. The Support Group members share that helping one another through crises is easier with the knowledge that together they can succeed and survive. They state that their support comes mostly from their fellow group members.

“Support Group members have learned to better listen to one another and to get things out that they have bottled up inside. They recognize that their coping mechanisms are stronger when their mental health issues and their well-being are recognized and supported,” Dr. Cosby shares.

“When I went to that first support group I was literally in tears because you feel like you are the only one, and I sat in a room with five other grandparents who were going through the same thing as me—who actually gave me advice on a lot of things. So, my going in my backyard and screaming all the time...that stopped. They literally saved me because I didn’t know—we were drowning—I didn’t know what to do, I didn’t know where to go, I had nobody to call.”

— Victoria, grandfamily caregiver to 7 grandchildren, speaking about Duet Grandparents Raising Grandchildren support group in Phoenix, Arizona¹²¹

Community or school-based youth programs can help children raised in grandfamilies find healthy outlets. Being physically active, learning new things, being creative, and socializing can help children develop coping skills to deal with their stress, emotions, and mental health concerns. There are often scholarships and discounts for some of these programs and activities to help offset costs; however, this is not always true for grandfamilies as it is for children in foster care. Programs that offer transportation or are within walking distance are particularly helpful with both time and expenses for grandfamily caregivers who struggle with providing transportation to the various activities when raising multiple children.

“My advice for other gay grandparent caregivers is to seek out others who are in like situations. When you go for help, find the right people you can trust to tell them you are gay. Find a network of people who support you and accept you for who you are whether they are gay or not. We are all the same, going through the same things with our grandchildren.”

— Chris, age 72, grandfamily caregiver, Florida

Respite care provides care for the children so grandfamily caregivers can have a temporary break to care for themselves, visit with family and friends, exercise, go to health care appointments, or rest. While respite care is not available to all grandfamily caregivers equitably,¹²² respite care may be provided through in-home care, center-based care, camps, therapeutic recreation programs, Head Start, state-funded pre-K, community centers, YMCA, afterschool programs, or faith-based organizations.

A limited amount of respite is sometimes available free or at a reduced-cost through local organizations, such as the area agencies on aging or faith-based organizations. Some respite programs involve vouchers so caregivers can use them to pay trusted, familiar people with whom the children feel safe, such as family and friends. In some areas, usually coordinated through their support groups, grandfamily caregivers have cooperative respite care, taking turns caring for each other’s children. For those who are kinship foster care providers, the CWS may provide respite care if they have the capacity (many do not have adequate respite providers).

Informal supports from family, friends, and the community are effective strategies for grandfamily caregivers as they deal with the stress and challenges of raising children in their care.¹²³ In addition to talking through emotions and challenges, family and friends can provide respite care, run errands for caregivers, cook meals, and plan social outings to ease stress, and research indicates that grandparents raising grandchildren with increased social support from family members have lower rates of depression than those who don’t.¹²⁴

“My daughter, and my oldest grandchild, who has moved out, come to help with the younger children sometimes. Although the pandemic was really hard being so isolated.

– Mercedes, age 68, grandfamily caregiver, Texas

The concept of “community care”¹²⁵ in the form of neighbors, friends, and family supporting each other through mutual aid, healing circles, community healing, doulas, faith practices, and peer support can lift grandfamilies up and has existed in BIPOC and QTBIPOC communities for generations.¹²⁶

A 2021 study of grandfamilies in Philadelphia, Pennsylvania found that caregivers relied heavily on these informal supports, naming family and friend support among the top three ways they have dealt with and overcome some of the challenges of raising children again.¹²⁷ Nearly 7 in 10 caregivers (68%) indicated calling friends as a strategy for dealing with the isolation of the pandemic lockdowns, second only to prayer (70%).¹²⁸ A 59-year-old grandmother who participated in the study said her neighbors were helpful in giving her breaks: “My neighbors help me a lot in raising the children. They are grandparents too. They ask me if I need a vacation and if they can take them to sports events. They help with things I need—food for us—they pick it up at the food bank.”

Larry Cooper, executive vice president for innovation at Children’s Home Network in Tampa, Florida, says many grandfamily caregivers haven’t fully tapped into family and friends for support. “As a part of the sustainability planning for our respite program, we meet with the caregivers to help them think about who might be able to give them a break now and then,” says Larry. “We help them start

conversations with neighbors, friends, and family. We will even pay a stipend for a short period of time to get their networks engaged in providing a few hours of respite throughout the month.”

Self-care may be engaging in activities that reduce stress, expressing emotions in healthy ways, socializing, exercising, enjoying hobbies, talking with friends and family, engaging in spirituality or religion, meditating, praying, reading, getting plenty of good quality sleep, connecting with animals, journaling, gardening, taking classes, or utilizing music. Along with treatment, self-care activities can help grandfamily caregivers and the children they raise manage their stress and mental health conditions. Education, training, and coaching can help grandfamilies learn and maintain self-help skills.

“I try to do some things for myself, such as setting aside Friday morning as my time with my plants. I water them, polish their leaves, and enjoy them. I have music playing, and it’s very therapeutic for me. We all have bikes now, so we are going to start biking as a family.”

– Kris, age 64, grandfamily caregiver, North Dakota

NATIVE WELLNESS CENTER

NATIONWIDE

Founded in 2000, the Native Wellness Institute (NWI) is a national organization that provides training and technical assistance for individuals and organizations to promote the physical, mental, emotional, and spiritual health of North America's Indigenous peoples with an emphasis on culture, cultural values, trauma, and healing-informed approaches. Jillene Joseph, executive director of NWI, says, "Where there has been trauma, healing is the answer."

The NWI focuses on tips, tools, and strategies around self-care and living in balance. In addition to providing training, community gatherings, and workshops targeting all generations for local tribes and organizations, the NWI offers virtual presentations that anyone can access on their [Facebook page](#) and their [YouTube channel](#), as part of their Native Wellness Power Hours via Facebook Live.

Ms. Joseph says they have a variety of ways for grandfamilies to explore the trauma caused by changes in the family. "We have one experience we do with everyone in a circle, and we talk about what happens when parents leave the circle, and we show how grandparents step in to fill the gap," she explains. "Grandparents have traditionally had a role as secondary caregivers in our families, but being the primary caregiver is not traditional. It requires a conscious awareness that the family is off balance, and we help them create a new balance. When the parents are coming in and out of the home there is no consistency, and we see grandparents really struggling with that too. We help grandfamilies deal with anticipatory grief—always waiting for the next shoe to drop in terms of the behavior of the parents, compounded grief when multiple losses pile up, and ambiguous grief when parents or others are not who they once were—even if they are still involved in the family in some way."

NWI helps people understand the role that the lasting trauma of colonization and genocide plays in current-day trauma and behaviors. "Part of that is understanding why people have addictions and are

"We help people understand the generational ripple effects of the historical trauma, how it affects the current trauma, and how to heal it. It's important to understand the difference between what happened to you in the past, and what's going on with you now. When we hold on to anger, such as anger at our children because we are raising their children, or guilt and regret, it's taxing on our emotional, mental, physical, and spiritual wellbeing."

— Jillene Joseph, executive director of NWI

in prison—breakdowns that started because of the boarding schools and horrific impacts of genocide, and then that trickle down through families," Ms. Joseph explains. "We help people understand the generational ripple effects of the historical trauma, how it affects the current trauma, and how to heal it. It's important to understand the difference between what happened to you in the past, and what's going on with you now. When we hold on to anger, such as anger at our children because we are raising their children, or guilt and regret it's taxing on our emotional, mental, physical, and spiritual wellbeing."

"A lot of people don't love themselves or feel worthy of self-care," Ms. Joseph explains. "So, we start with embracing the viewpoint that we are worthy of self-care, which is vital because we can only give what we have." Some of her top self-care tips include:

- Scheduling self-care.
- Engaging in rest, movement, prayer, deep breathing, being in or near water.

- Having alone time for a nap, reading, walking alone (or with grandchildren).
- Creating a support circle of positive people.
- Attending cultural activities and tribal or community gatherings.
- Growing, harvesting, and eating traditional foods.
- Taking healthy risks—stepping out of your comfort zone to do something you normally don't do to take care of yourself.

“We try to communicate to grandparents the fact that when they focus on their healing it impacts future generations, including their children and grandchildren and maybe even great-grandchildren,” Ms. Joseph says. “When the grandparents heal, it has a ripple effect on their family and their community. Yes, the historical trauma has carried through the generations and created new trauma, but so have the traditional wisdom and values of our ancestors. That’s one of the reasons that grandparents and other relatives are the ideal people to step into that circle and fill the gap to raise the children.”

FOR MORE INFORMATION ABOUT THE NATIVE WELLNESS INSTITUTE:

Visit www.nativewellness.com, YouTube: [@nativewellnessinstitute](https://www.youtube.com/@nativewellnessinstitute), and Facebook: www.facebook.com/NativeWellnessInstitute.



“Grandparents need some help navigating this—it’s been a long time since we raised children.”

— Kris, age 64, grandfamily caregiver, North Dakota

Why Accessing Mental Health Support is Difficult for Grandfamilies

Children in kinship foster care are less likely to use mental health services than children in non-kinship foster care.¹²⁹ Additionally, children in grandfamilies experience limited access to mental health services for depression, stress, and behavioral or emotional issues because of stigma, accessibility, cost, and lack of information about grandfamilies.^{130 131 132 133 134}

Despite the mental health challenges many grandfamilies face, we know that when grandfamilies receive the support they need, both caregivers and the children they raise experience better mental and physical health.¹³⁵ Although some effective mental health supports are available to some grandfamilies as outlined in this report, there are far too many barriers to finding, accessing, and receiving quality supportive services. And many grandfamilies are unaware of the limited supports that do exist. For some grandfamilies, getting support seems to come down to the pure luck of encountering a teacher, counselor, or other professional who identifies their needs and points them in the right direction for assistance.

Availability

- **Mental health workforce shortages:** According to Mental Health America, there are 350 individuals for every one mental health provider in the U.S.¹³⁶ As of June 2022, over 152 million people lived in a mental health workforce shortage area where only 28% of the mental health needs are being met by mental health providers.¹³⁷ This measure is only indicative of the physical presence of mental health providers. It does not account for whether these providers are accepting patients, accepting insurance, providing in-network care, or are culturally or linguistically representative of the communities in which they work. Additionally, these figures may be an overestimate of active mental health professionals, as it may include providers who are no longer practicing or accepting new patients.¹³⁸
- **Lack of mental health providers who are trained and qualified to provide support for grandfamilies** and their pressing needs. We hear from grandfamilies that there is a dearth of mental health providers whose skills include:
 - » Sensitivity to grandfamilies’ unique situations, needs, relationships, and challenges.
 - » Expertise in working with children.

“I’m working with a grandfamily in which a judge ordered a 14-year-old grandchild to have trauma-informed counseling. But there simply isn’t anyone. Even though it was court-ordered, therapists who are properly trained for this are not accepting Medicaid, and the going rate is \$500 per hour. The family can’t afford that.”

— Bette, age 77, grandfamily caregiver, Maine

- » Full understanding of the effects of trauma for people of all ages and how to best help grandfamilies dealing with post-traumatic stress.
- » Ability to help children and youth who are questioning, exploring, transitioning, or experiencing rejection, bullying, or other challenges associated with openly expressing their sexual orientation or gender identity.
- **Lack of culturally sensitive care:** Research indicates that mental health care can be more effective when health care providers are culturally responsive.^{139 140 141} However, a lack of racially, culturally, and linguistically appropriate mental health services stops many grandfamilies from seeking or accessing mental health support. Mental health concerns are complex and influenced by a variety of factors and addressed differently across communities. They are often kept private due to cultural stigmas and fear due to past traumas and systemic failures. Mental health providers who can converse in a patient’s first language and who are of the same racial/ethnic background can be a crucial factor in successful treatment. Sensitivity to cultural practices and viewpoints around family, faith, and mental health concerns is also critical. However, the vast majority of psychology workforce in the United States is white.¹⁴² In 2019, 83% of the psychology workforce self-identified as white, 7% as Hispanic, 4% as Asian, and 3% as Black.¹⁴³
- **Lack of technology:** While telehealth has swept the country since the start of the COVID-19 pandemic, making mental health services more widely available for certain Americans, there are still many grandfamilies who do not have internet access or technology devices needed for virtual mental health appointments. Even if they can access such technology at a public library or community center, there is rarely a private place to discuss personal health concerns via telehealth. Additionally, technology skills vary greatly, and utilizing online appointment scheduling, provider portals, and telehealth appointments can be quite complicated and confusing. People of all ages often need assistance managing these online tasks; some become frustrated and give up.
- **Lack of respite care and peer support groups:** When these services are geared toward grandfamily caregivers and the children they are raising, they are effective and critical supports to help manage chronic stress and mental health concerns. Yet, there are not adequate respite programs or grandfamily support groups available. The National Family Caregiver Support Program (NFCSP) is a federal program that supports family caregivers who care for aging adults, as well as grandparents and older relatives raising minor children or adults with disabilities. Respite care is a major component of the program, but program participants are less likely to be grandfamilies.¹⁴⁵

“My granddaughter and I are both African American. My granddaughter wouldn’t open up to the guardian ad litem investigator¹⁴⁴ about how she had been treated by her mother. I said, give her somebody Black and do it over video. And when they did that, she opened up. It finally worked.”

— Angela, age 50,
grandfamily caregiver, Wisconsin

Legal Authority

Without a legal relationship with the children they are raising, grandfamily caregivers may not be able to access any type of health care for the children, including mental health care. But many grandfamily caregivers avoid creating a legal relationship. They may be reticent to take custody away from the birth parents (sometimes for fear of retaliation), find navigating the legal system confusing and overwhelming, or not be able to afford the associated legal fees.¹⁴⁶ The majority of caregivers do not have a legal relationship with the children they are raising.

Cost of Care

Even when appropriate mental health services and supports are available, many grandfamilies are unable to access them due to prohibitive costs, including:

- Lack of health insurance, inadequate coverage, or lack of insurance that covers mental health care.
- High out-of-pocket costs, such as private pay, out-of-network care, co-pays, deductibles, and complicated insurance policies that carve out mental health benefits so primary care providers are not reimbursed for mental health care, forcing patients to pay out-of-pocket.¹⁴⁷

Mercedes, a grandfamily caregiver, says it's very hard for grandfamilies to find and pay for a good psychological evaluation and services. "A lot of therapists don't want to take Medicaid - and the cost is hundreds of dollars without health insurance coverage," says Mercedes. "Waiting lists are very long; some have to take the children to a residential treatment center if you're having a crisis or can't get help, and that's not always good for them. The schools also need better capacity to get diagnoses and set up special accommodations for the children. It all comes back to money."

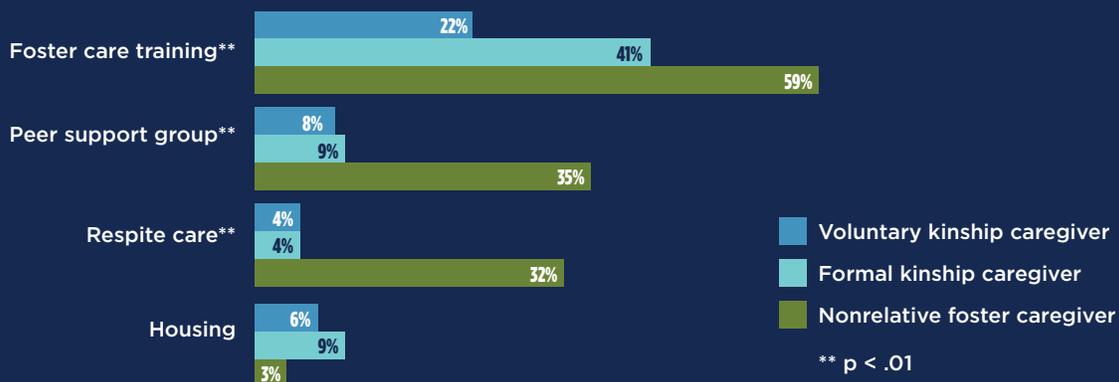
Inequities

Grandfamily caregivers frequently relate stories about not receiving equitable services and support because the children they are caring for were "diverted" by the CWS. Generally, this means a child's abuse, neglect, or maltreatment is brought to the attention of CPS, and CPS places the child with a grandfamily caregiver without the child ever being in the legal custody of the state, thus diverting the child from the CWS—and all the supports that they might receive. While it is best for children to be placed with grandfamily caregivers, they need support whether the child is in the CWS or not.

A report analyzing data from The National Survey of Child and Adolescent Well-Being (NSCAW)¹⁴⁸ highlighted the disparities in services provided for children who have been involved in the CWS and their caregivers. The report defined three categories of care arrangements: "non-relative foster care," "formal kinship care," and "voluntary kinship care." (See full definitions used in the survey and report in the endnote)¹⁴⁹. The research indicated that formal or voluntary kinship caregivers were less likely to receive support services than non-relative foster caregivers (as illustrated in the chart below). Notably, nonrelative foster caregivers were 5 to 10 times more likely than kinship caregivers to receive support services.

NATIONAL SURVEY OF CHILD AND ADOLESCENT WELL-BEING

SERVICES TO SUPPORT CHILDREN INVOLVED WITH THE CHILD WELFARE SYSTEM 2008-2009 (2023)¹⁵⁰



“I think there is a stigma associated with mental health issues – that’s why a lot of kids don’t want to reach out and talk about how they feel. Stigmatizing mental health doesn’t make it go away—it doesn’t mean these kids aren’t living with mental health issues.”

— Anthony, age 23, raised by his grandparents

Foster care training typically includes information about child development, behavior management, and appropriate methods of discipline, attachment, separation, and loss issues.¹⁵¹ Even when kinship foster caregivers are able to go to the foster care training programs, the training is often targeted for non-relative foster parents, and is not tailored for the strengths, needs, and challenges of kinship families. Additionally, some grandfamilies may prefer to be trained separately from non-relative foster parents who may not understand their unique situations.

For grandfamily caregivers who have not been involved with the CWS, access to training is generally quite limited, and the unavailability of respite care and peer support groups is outlined in previous sections of the report.

Stigma, Fear, and Ageism

Despite some progress in normalizing mental health care, stigma persists.¹⁵² Some grandfamilies report that their generational viewpoint or cultural background makes them very uncomfortable being open about or seeking treatment for mental health disorders. Dr. Deborah Langosch says she sees many grandfamilies dealing with stigma and feeling shame in asking for help.

“In some cultures, you only ask for help if someone is severely psychotic and really at risk of hurting themselves or others,” says Dr. Langosch, a psychotherapist. “So, it’s important to educate grandfamilies and talk about their concerns in seeking mental health support. We need to help them see that rather than being something to feel ashamed about, it’s a sign of strength when they can ask for help.”

Angela, a grandfamily caregiver, says she was raised not to talk about mental health issues. “And you

don’t trust strangers. I was told, ‘Don’t tell those white people what’s going on in our lives and our house.’ As African Americans, we have been taught that white people will take us—take our kids—and just want to make money off of us. But, as an adult, I took classes and I learned that wasn’t true. I don’t care if a person is Black or white—I just want to educate whoever is willing to do the best job.”

But Angela says she sees her granddaughter has been taught the same thing. “She wouldn’t tell CPS how her mother and her maternal grandmother were beating her because talking about it was too scary; she knew she would have to go back home and there would be repercussions; she would get beat.”

Mercedes is raising five grandchildren, and she says stigma can keep people from getting help. “I’m Hispanic, and in our culture, no one wants to be singled out or labeled with mental health issues. We didn’t have a whole lot of education on mental health,” she says. “I look back and see that I was depressed as a teenager, but my grandmother just told me to get busy doing housework and get out of my head. So, I think we really need to look at educating people—that it’s not a bad thing to know that you have depression or another mental health issue, and there are ways you can help yourself.”

Grandfamily caregivers may also hesitate to obtain mental health support because they fear their skills as caregivers will be questioned, and CPS could be called in, potentially resulting in the children being taken away. The view that grandfamily caregivers should somehow naturally know how to manage the mental health conditions of children in their care is outdated, but unfortunately still exists among some professionals, thus the fears are not completely unfounded.

GRANDPARENTS RESPONSIBLE FOR GRANDCHILDREN

More than 2.3 million grandparents are householders responsible for grandchildren living with them.



References are located in [page 71](#).

Older grandfamily caregivers may be judged as being too old and unable to raise the children, learn new mental health coping skills, or understand the children's trauma and how to support them.

For working grandfamily caregivers, supports may be available through their workplace, but caregivers may be reticent to let their employers know they are raising grandchildren due to stigma and shame

surrounding their adult children who can't raise their grandchildren. They may be afraid of being viewed as incapable of doing their jobs due to juggling child-rearing and work. They may also experience discrimination in the workplace from employers and co-workers who do not understand why an older adult would be parenting again and, therefore, not afford them the workplace support they might afford younger parents.

"I wish I'd had more support, awareness, and accountability for taking my mental health medication. We need more awareness information and less stigmatizing of mental health medication."

— **Brittney, 25, raised by her grandmother**

POLICY AND PRACTICE RECOMMENDATIONS

“As I learned more, I started getting involved in advocating and standing up for myself and other relative caregivers; it helps me get through this to know that my voice is being heard. I’d like more grandparents and other relative caregivers to speak up, tell their stories, and advocate for themselves to get more education, training, and counseling about the mental health concerns we all deal with, especially about trauma.”

— Bob, age 64, grandfamily caregiver, California

Generations United affirms the Biden Administration’s [recent actions](#) to tackle the nation’s mental health crisis and to support family caregivers in line with their [national mental health strategy](#) and [national strategy to support family caregivers](#), and we make the following complementary recommendations to support grandfamilies’ mental health.

Overarching Recommendations

- Authentically engage kinship caregivers, birth parents, foster parents, and young people raised in grandfamilies in the design and implementation of services that impact them and ensure that they reflect the racial, ethnic, and age diversity of the communities served.
- Promote culturally appropriate services and supports both, formal and informal, in line with recommendations from [Generations United toolkits](#) to serve Latino, Black, African American, American Indian and Alaska Native families available at www.gu.org/racial-equity-toolkits-featuring-grandfamilies.
- Encourage states and tribes to use opioid settlement funds to support grandfamilies mental health and wellness.

Federal Policy Recommendations

Increase access to affordable, quality mental health providers for youth and caregivers in grandfamilies.

- Increase the availability and types of culturally appropriate, trauma-informed counseling and mental health services for grandfamilies/kinship families, including culturally adapted best practices, model approaches, and evidence-based interventions.
 - » Implement strategies to address the shortage of professionals in the mental health field, such as by providing financial incentives to recruit and retain quality professionals representing diverse racial and ethnic perspectives, including those with lived experiences in grandfamilies.
 - » Ensure adequate funding streams for culturally appropriate services, including by encouraging the Title IV-E Prevention Services Clearinghouse to take cultural considerations into account and allow cultural adaptations of evidence-based programs when reviewing services and supports and determining whether they meet evidence-based standards.

- Ensure health care coverage and affordability of mental health services for children and caregivers in grandfamilies both inside and outside of the child welfare system by promoting mental health parity.
 - » Improve and align Medicaid and Medicare for mental health services by:
 - Strengthening the mental health coverage and care offered by Medicaid and Medicare programs.
 - Ensuring equity between mental and physical health services offered by Medicaid and Medicare.
 - Ensuring affordability and coverage of mental health medications.
 - Adapting Medicaid eligibility to ensure caregivers do not have to deplete most of their assets in order to qualify for services and supports.
 - Ensuring access to community-based and culturally-based mental health services and supports.
 - Requiring Medicaid, Medicare, and private insurance companies to cover alternative mental health treatments, such as community-based mental health services and peer-to-peer supports.
 - Ensuring Medicaid eligibility for children in grandfamilies outside of the foster care system.
 - Expanding access to tele- and virtual mental health care options.
 - » Encourage states to establish comprehensive [state health care consent laws](#).
 - » Encourage states to work with tribal nations to allow for billing for culturally- based services.
 - » Improve access to in-home mental health supports, including those that are designed to address trauma, loss, and grief, for grandfamilies inside and outside of the child welfare system.
 - » Increase access to therapeutic foster care for grandfamilies/kinship families.
 - » Continue effective implementation of 988 Suicide Hotline, including providing adequate funding for the 988 call center.

Ensure basic needs of grandfamilies/kinship families both inside and outside of the child welfare system are met to address chronic stress and allow them to prioritize mental health and wellness.

- Provide adequate financial support to grandfamilies by improving adequacy of and [addressing barriers to accessing Temporary Assistance to Needy Families \(TANF\)](#) and foster care maintenance payments.
- Provide adequate social and concrete supports including housing, food, child care, early intervention, and other supports.
- Allow use of Medicaid to support grandfamilies basic/concrete needs impacting mental health.
- Ensure Kinship Navigator Programs receive consistent and adequate funding.

Promote and invest in self-care strategies and practices for caregivers and youth in grandfamilies including respite care and support groups.

- Encourage Area Agencies and Title VI Native American programs on Aging to use National Family Caregiver Support Program and Native American Caregiver Support Programs funding to provide respite care, support groups, and other direct services to grandfamily caregivers, and increase funding to meet the growing need.
- Promote and expand flexible and meaningful respite options for grandfamilies, including those that are self-directed and person and family-centered, such as respite voucher programs that help pay for respite provided by family or friends.
- Retain state flexibilities for respite care in the Medicaid waiver programs that may have been approved during the COVID-19 pandemic, such as allowing respite to be provided by others

living in the home, allowing alternative settings to provide respite, increasing reimbursement rates to providers, and paying family caregivers to provide care.

- Continue and increase investments in the Lifespan Respite Program.

Support and implement strategies to address social isolation

- Implement strategies to advance social connection outlined in the [Surgeon General's report on Loneliness and Isolation](#).
- Fund the Grant Program for Multigenerational Collaboration authorized under Title IV of the Older American's Act which provides opportunities to engage in cross generational activities shown to reduce social isolation.

Create pathways to increase peer-to-peer supports

- Advance opportunities for peer caregivers and youth to get credentialed as peer support specialists and ensure one-on-one support is available for peers with lived experience in grandfamilies.
- Invest in community-based peer-to-peer programs that are operated by people with lived experience in grandfamilies.
- Identify existing funding pathways for peer supports and create new ones to fill in service gaps, including through Titles IV-B and IV-E of the Social Security Act, Medicaid, Older Americans Act, and Chafee Foster Care Program.

State, Tribal, and Local Practice Recommendations

Provide caregivers, health care and mental health providers, and educational providers training and resources on issues related to grandfamilies including:

- *For caregivers:* Provide training and resources on trauma, loss, and grief, the impact and responsible use of technology on mental health,

information about available mental health services, affirming caregiving practices for raising LGBTQIA+ youth; using mental health screening tools; and recognizing how caregiver feelings, triggers, emotions and mental health issues impact their caregiving.

- For health care, mental health and education providers, provide training and resources on:
 - » understanding the unique circumstances and issues affecting grandfamilies and how to do effective assessments (including strengths),
 - » addressing trauma including that related to racial violence and hate crimes,
 - » providing culturally appropriate services,
 - » the importance of preserving cultural Identity as a preventative measure,
 - » identifying implicit and explicit racial biases,
 - » affirming practices for working with LGBTQIA+ youth and caregivers,
 - » understanding stigma, and
 - » how to be a trustworthy provider.

Increase access to quality and culturally appropriate services in schools.

- Use language that is inclusive of grandfamily caregivers in outreach materials about available school-based mental health services.
- Improve student to mental health professional ratio in schools.
- Recognize mental health as a reason for an excused absence.

Develop and implement specialized grandfamilies mental health outreach and communications strategies.

- Use language that is inclusive of grandfamily/ kinship caregivers.
- De-stigmatize mental health supports and services in the workplace and community.

- Encourage employers to specifically name grandparents and other relatives raising children as eligible for mental health, wellness, and other supportive services.

Encourage Kinship Navigator Programs to:

- Develop strong relationships and coordinate services with mental health providers.
- Develop and maintain support groups and other peer-to-peer supports.
- Consider the use of a caregiver stress assessment as part of the intake process.
- Build relationship and collaborate with Lifespan Respite grantees, partners, and respite provider agencies needs.

Encourage and support development and expansion of informal respite opportunities through use of volunteers and faith-communities, university-run respite programs students as providers, recreational facilities, day and overnight camps, and grandparent cooperatives.

- **Support treatment for birth parents and assistance to caregivers with co-parenting and managing relationships with the children's birth parents.** Birth parent mental health is a source of stress for the caregivers and children. Providers serving grandfamilies should include strategies to help refer the children's birth parents to mental health and substance use treatment services and offer training and services to help caregivers and parents with adjusting, co-parenting, understanding the non-custodial or absent parent's role, and how to parent when a birth parent is separated such as through incarceration.
- **Keep provider directories accurate and provide a customer service component in locating appropriate mental health services for the grandfamily member(s).**
- **Invest in culturally appropriate mental health services for Tribal nations.**

Research Recommendations

- Collect national data on mental health indicators, including ACEs, for children in grandfamilies both inside and outside of the child welfare system such as by adding kinship-related questions to the [National Youth Risk Behavior Survey](#).
- Research the impact of chronic stress and community violence on grandfamilies' mental health.
- Invest in research that tracks the trajectory of mental health disorders of caregivers stemming from the stress of caregiving circumstances as well as effective interventions and treatment strategies.
- Assess impact of social media and mobile phone usage on the mental health of youth in grandfamilies.
- Collect more data on children in grandfamilies who are not involved with the child welfare system, children in foster care with relatives, and children who are diverted from the child welfare system. See detailed data recommendations in [2021 State of Grandfamilies Report](#).
- Analyze the racial and ethnic data of grandfamilies both inside and outside the child welfare system.
- Collect and compile national and state data on the need for, benefits of, and availability of respite care and support groups for grandfamilies.
- Advocate that evaluations for family first prevention services and post-permanency supports for kinship families, and Kinship Navigator Programs to consider a variety of cultures and needs, including American Indian/Alaska Native, Black, African American, and Latino cultural needs.
- Advance research on innovative mental health practice models, including models that incorporate a peer-to-peer component.
- Explore and document intergenerational healing opportunities and strategies, including in Native communities and with Native families.

CONCLUSION

“Why did my granddaughter have to go through the same things I went through? Because nobody listened and nobody learned. Listen to the grandbabies’ voices. Listen to people like me who have lived it. We are not going to be quiet anymore.”

— **Angela, age 50, grandfamily caregiver, Wisconsin**

We are experiencing a national child and adolescent mental health emergency in the United States,¹⁵³¹⁵⁴ and children raised in grandfamilies have added layers of trauma creating even more intense mental health concerns among them.¹⁵⁵ They need mental health support. Millions of children live in grandfamilies, and their grandparents, other relatives, and close family friends can provide them with a strong foundation of love and acceptance. Grandfamily caregivers have the ability to moderate and mitigate the trauma these children have experienced.¹⁵⁶¹⁵⁷¹⁵⁸ And research indicates that children do even better when their caregivers receive appropriate supports.¹⁵⁹ Indeed, grandfamily caregivers also need support to optimize their own mental health and help them manage the chronic stress created by their caregiving situations.

As a nation, we must recognize the increasing need for high-quality, culturally responsive, trauma sensitive, person-centered, affordable, easily accessible mental health services and supports for grandfamilies to help them build on their inherent strengths and resilience to heal and thrive together.

“When the grandparents heal, it has a ripple effect on their family and their community. Yes, the historical trauma has carried through the generations and created new trauma, but so have the traditional wisdom and values of our ancestors. That’s one of the reasons that grandparents and other relatives are the ideal people to step into that circle and fill the gap to raise the children.”

— **Jillene Joseph, executive director,
Native Wellness Institute**

GLOSSARY

Definitions

Grandfamilies and Kinship Families: We use the terms “grandfamilies” and “kinship families” interchangeably to mean families in which “kin” (e.g., grandparents, other adult family members, such as great-grandparents, aunts, uncles, cousins, siblings, other family members) or family friends who have a close emotional relationship with the child or the child’s parents (e.g., godparents, aunts, uncles, and others who are not related by blood/birth, marriage or adoption, and are sometimes known as “fictive kin”) are raising children with no parents in the home. These families can be either inside or outside the child welfare system. A common type of grandfamily consists of grandparents and grandchildren is often referred to as “grandparents raising grandchildren.”

Grandparent-Headed Households: Households in which the grandparent is the householder or “household reference person”¹⁶⁰ and there is at least one grandchild under the age of 18 living in the home.

Grandparents Responsible for Grandchildren: Grandparent householders who report being responsible for a grandchild living with them.

Kin Caregiver, Kinship Caregiver, or Grandfamily Caregiver: These terms are used interchangeably to describe the adult who is raising the child in a grandfamily or kinship family. They are also sometimes referred to as “extended family members.” “Grandparent-caregivers” is often used if the grandfamily caregiver is a grandparent.

Non-relative Foster Caregiver: A licensed or certified foster caregiver who is not a relative, family friend or other kin (as defined by the CWS) of the child whom the CWS has placed with them. The non-relative foster caregiver receives payments from the CWS, and the child is in the custody of the state CWS.¹⁶¹

Acronyms

ACE: Adverse childhood experience. Stressful or traumatic event, such as abuse, neglect, household dysfunction or violence, that children may experience before the age of 18.¹⁶²

BIPOC: Black, Indigenous, and People of Color.

QTBIPOC: Queer, Trans, Black, Indigenous, and People of Color.

CPS: Child protective services, a branch of a state’s social services department that is responsible for the assessment, investigation, and intervention regarding cases of child abuse and neglect, including sexual abuse.¹⁶³

CWS: Child welfare system. The CWS is not a single entity, but rather many organizations in each community that work together to strengthen families and keep children safe. Public agencies, such as departments of social services or child and family services, often contract and collaborate with private child welfare agencies and community-based organizations to provide services to families. CWSs are complex, and their specific procedures vary widely by state. Generally, CPS and foster care are part of the child welfare system.¹⁶⁴

LGBTQIA+: Lesbian, gay, bisexual, transgender, queer or questioning, intersex, asexual, and other sexual orientations or gender identities.

PTSD: Post-traumatic stress disorder, a mental health disorder that may occur in people who have experienced or witnessed a traumatic event, series of events, or set of circumstances. An individual may experience this as emotionally or physically harmful or life-threatening and the disorder may affect mental, physical, social, and/or spiritual well-being.¹⁶⁵

2023 STATE OF GRANDFAMILIES REPORT

BUILDING RESILIENCE: SUPPORTING GRANDFAMILIES' MENTAL HEALTH AND WELLNESS

Key Facts & Findings

Children and Caregivers in Grandfamilies

- About 7.6 million children live with a relative other than their parent who is the head of the household.¹⁶⁶
- At least 2.4 million children are being raised by a relative or close family friend and do not have a parent living in the household.¹⁶⁷
- About 35% (133,873 out of 391,098) of children in foster care are being raised by relatives.¹⁶⁸
- For every one child inside the foster care system with relatives, there are 18 children being raised by relatives outside of foster care.¹⁶⁹
- More than 2.3 million grandparents are householders who are responsible for grandchildren living with them.¹⁷⁰

Strength and Resilience in Grandfamilies

- Grandfamily caregiver resilience can counteract the adverse effects of stressors on grandfamilies' physical and mental health and mediates the relationship between grandchild emotional/behavioral difficulties and adjustment among grandparent caregivers.¹⁷¹
- Despite challenges, children thrive in grandfamilies when they get the help they need.¹⁷²

- Compared to children in foster care with non-relatives, children in foster care with relatives experience more stability; better mental and behavioral health; more feelings of belonging and acceptance; greater preservation of cultural identity, community connections, and connections to their families; and are more likely to report always feeling loved.¹⁷³

Grandfamilies and Mental Health

- Improved access to mental health supports and concrete material supports (such as financial, food and nutrition, housing, etc.) improves mental health outcomes for children and caregivers in grandfamilies.¹⁷⁴
- Birth parents of children living in grandfamilies often experience undiagnosed and/or untreated mental and behavioral health conditions.
 - » More than one in four adults living with serious mental health problems also has a substance use problem.¹⁷⁵
 - » Between 2002 and 2019, grandparents reporting parents' substance use as a reason for caregiving jumped from 21% to 40%.¹⁷⁶
 - » The states with the highest percentages of grandparents raising grandchildren are also the states with the highest opioid prescribing rates.^{177, 178}

- Children, youth, and caregivers in grandfamilies are at increased risk for chronic stress and mental health problems.
 - » More than half (51%) of the children who come in contact with the Child Welfare System¹⁷⁹ have had four or more adverse childhood experiences (ACES), compared to 13% in the general population.¹⁸⁰ The odds of those children having negative physical and mental health outcomes in adulthood are up to 12 times that of children without such experiences.¹⁸¹
 - » Children enter grandfamilies as a result of many of the same reasons children enter foster care. Prior to going to live with kinship caregivers, 28% of children in kinship care have experienced neglect, more than one in four (26%) have experienced parental substance abuse (also known as substance use disorders), and 11% have experienced physical abuse.¹⁸²
 - » Kinship caregivers are more likely to become depressed or remain depressed than non-relative foster caregivers.¹⁸³
 - » Youth in kinship care always showed more positive changes in their social, emotional, and behavioral outcomes than youth in non-relative foster care—especially when their caregivers experienced a reduction in depression over time or were never depressed.¹⁸⁴
 - » Grandfamily caregivers experience chronic stress related to financial strains, concerns over the behaviors and needs of the children they are raising, navigating service systems, and difficult relationships with the children’s birth parents.^{185, 186, 187}
- Grandfamilies experience inequities across multiple systems.¹⁸⁸
 - » Due to cultural values and proud traditions,¹⁸⁹ grandfamilies are disproportionately African American,¹⁹⁰ American Indian and Alaska Native,¹⁹¹ and, in some areas, Latino.¹⁹²
 - According to the CDC, many populations that experienced more inequity before the COVID-19 pandemic also had greater risks during the pandemic related to mental health, suicide, substance use, abuse, and racism.¹⁹³
 - Research indicates that the COVID-19 pandemic had a disproportionate impact on Black, Latino, and American Indian communities with implications for poor physical and mental health outcomes.^{194, 195}
 - » Children in kinship foster care are less likely to use mental health services than children in non-kinship foster care. Additionally, children in grandfamilies experience limited access to mental health services for depression, stress, and behavioral or emotional issues because of stigma, accessibility, cost, and lack of information about grandfamilies.^{196, 197, 198, 199, 200, 201}

APPENDIX 2

Mental Health Resources for Grandfamilies

Tips for Finding a Mental Health Provider

Dr. Deborah Langosch, a psychotherapist who works with grandfamilies, suggests grandfamily caregivers ask the following questions when searching for a mental health care provider:

- What is the providers' background, training, and experience?
- Have they worked with other grandfamilies?
- Do they understand the unique circumstances of grandfamilies, including the relationship with the birth parents, and any specific issues in your family, such as substance use disorder and other specific mental health conditions?
- Do they have special training in the treatment of trauma and PTSD?
- Are they familiar with some of the very short-term and effective therapies that have been researched?
- Are they sensitive to your cultural background, including your values and strengths?

Resources to Help You Find Appropriate Mental Health Providers

- [FindHelp.gov](https://www.findhelp.gov)
 - » [988 Suicide and Crisis Lifeline](https://www.988lifeline.org/) - A toll-free number you can call 24/7 to talk with someone if you or someone you know is experiencing a crisis or having suicidal thoughts.
 - » [Find a Treatment Facility](https://www.psychiatry.org/finding-a-therapist) - Find outpatient and inpatient treatment centers, clinics, or hospitals.

- » [Veterans Crisis Line](https://www.veteranscrisisline.net/) - Support for our nation's veterans.
- » [Find Support](https://www.samhsa.gov/2k3/2k3-support) - Tips for finding support for issues with mental health, drugs, alcohol, or healthcare.
- » [SAMHSA's National Helpline](https://www.samhsa.gov/2k3/2k3-help) - 1-800-662-HELP(4357) - A toll-free, confidential, 24/7, 365-day-a-year treatment referral and information service line (in English and Spanish) for individuals and families facing mental health and/or substance use disorders.
- » [Disaster Distress Helpline](https://www.disasterdistresshelpline.org/) - A toll-free, 24/7, multilingual, crisis support service for those experiencing emotional distress related to natural or human-caused disasters.
- » [Screen4Success](https://www.screen4success.org/) - Helps parents and caregivers identify areas where children may benefit from additional support; the screener asks questions about substance use, mental and physical health, general well-being, and family life.
- [Find a Medicare Provider](https://www.medicare.gov/finding-a-provider) - Find and compare Medicare providers who are clinical social workers, psychiatrists, or clinical psychologists.
- [Finding a Mental Health Professional](https://www.nami.org/finding-a-mental-health-professional) (NAMI) - Tips for finding the right mental health professional.
- [Find a Therapist Search Tool](https://www.psychologytoday.com/finding-a-therapist) - Search by location, speciality, insurance coverage, and other factors using this tool provided by Psychology Today.

Organizations, Articles, Publications, Tools

- The [ARCH Respite Network](#) provides respite information and resources, including a fact sheet, [9 Steps to Respite Care for Grandfamilies](#), and a [National Respite Locator Service](#) search tool to find local respite care programs.
- The Black Mental Health Alliance provides information, resources and a [“Connect with a Therapist” referral service](#) to help individuals find a culturally sensitive and patient-centered licensed mental health professional.
- [Generations United](#)
 - » Grand Resource: Help for Grandfamilies Impacted by Opioids and Other Substance Use [Part 1](#) and [Part 2](#)
 - » [Grandfamily Tip Sheets, including Grandfamily Caregiver Self-Care Tip Sheet, and Youth Mental Health Tip Sheet](#)
 - » [Let’s Talk About It: Supporting Grandfamilies’ Mental Health and Emotional Well-Being Webinar](#)
 - » [Racial Equity Toolkits Featuring Grandfamilies](#) – helping children thrive through connection to family and culture for American Indian, Alaska Native (with National Indian Child Welfare Association), Black, African American, and Latino grandfamilies.
 - » [Connecting with Families in Black and Indigenous Communities Tip Sheet](#)
 - » [The Unique Dynamics of Shared/Co-Parenting in Kinship Families](#)
 - » [Family Dynamics in Kinship Families: Implications for Services and Programs](#)
 - » [Navigating the Relationship with Your Adult Child](#)
 - » [Tips to Include Kinship/Grandfamilies in Programmatic Decision-Making](#)
- [The Indian Health Service](#) provides a [Find Healthcare](#) search tool where individuals can search for Indian Health Service, Tribal, or Urban Indian Health Program behavioral health facilities.
- [Mental Health America \(MHA\)](#)
 - » [Strength in Communities](#), a toolkit that highlights alternative mental health supports created by and for BIPOC and QTBIPOC communities of color.
 - » [Youth Mental Health Resources Hub](#)
 - [For kids and youth who are trying to understand their emotions and overall mental health](#)
 - [For young adults who are navigating life’s challenges and transitions](#)
 - [For parents and caregivers who want to learn more and provide support to the youth in their lives](#)
 - [For schools and educators who are dedicated to creating mental health awareness in their classroom and school communities](#)
 - » [Mental Health Screening](#) – Online screening is one of the quickest and easiest ways to determine whether an individual is experiencing symptoms of a mental health condition. Individuals can access and complete any one of 11 free, anonymous, and confidential mental health tests available from any internet-connected device. Screening can be used by the individual or caregiver.
 - » [Crisis Text Line](#) – A free crisis connection available 24/7 via text message. Text MHA to 741741 to be connected to a trained crisis counselor.

- [National Alliance for Mental Illness \(NAMI\)](#)
 - » [How to Talk to Your Child About Their Mental Health](#) (NAMI)
- [National Asian American Pacific Islander Mental Health Association](#) (NAAPIMHA) provides [a listing of providers](#) of mental health and behavioral health care services for Asian Americans, Native Hawaiians, and Pacific Islanders in every state.
- [National Child Traumatic Stress Network \(NCTSN\)](#)
 - » [Assisting Parents/Caregivers in Coping with Collective Traumas](#)
 - » [Helping Children with Traumatic Grief: Tips for Caregivers](#)
 - » [Helping Teens with Traumatic Grief: Tips for Caregivers](#)
 - » [Tips for Families on Addressing Anniversaries](#)
- [National Native Children's Trauma Center](#) (NNCTC) is a Category II Treatment and Service Adaptation Center within the National Child Traumatic Stress Network whose focus is on increasing service providers' ability to respond to the trauma-related needs of American Indian/Alaska Native children and youth in culturally appropriate ways. They provide [webinars](#) and other [training programs](#) for service providers.
- [Native Wellness Institute](#) provides training, Facebook Lives, and videos to support the wellness of Native Americans.
- [One Sky Center](#) is the American Indian and Alaska Native National Resource Center for Health, Education, and Research, and provides a [Native Programs Directory](#) with a listing of effective and culturally appropriate substance abuse prevention and treatment programs for American Indian and Alaska Natives across the country.
- [SAGE](#) offers the [National LGBTQ+ Elder Hotline](#) at 877-360-LGBT (5428) which is available 24/7 in English and Spanish, with translation in 180 languages. Hotline responders are certified in crisis response, offer support without judgment, and are trained in LGBTQ+ cultural competency.
- [Substance Abuse and Mental Health Services Administration \(SAMHSA\)](#)
 - » [Mental Health Warning Signs in Children: Resource for Parents and Caregivers](#)
 - » [Understanding Child Trauma](#)
 - » [Recognizing and Treating Child Traumatic Stress](#)
 - » [Tips for Talking with and Helping Children and Youth Cope After a Disaster or Traumatic Event: A Guide for Parents, Caregivers, and Teachers](#)
- [The Trevor Project](#) provides [mental health information](#) and free, confidential, non-judgmental support from trained crisis counselors for LGBTQ young people 24/7, through [chats, texts, or calls](#) at 866-488-7386. They also offer [TrevorSpace](#), a free international online community for LGBTQ young people ages 13 to 24.

APPENDIX 3

STATE DATA: CHILDREN IN KINSHIP CARE (GRANDFAMILIES)

State	% of All Children in Kinship Care (Grandfamilies) 2021-2023 ²⁰²	# of All Children in Kinship Care (Grandfamilies) 2021-2023 ²⁰³	% of Children in Foster Care Who Are in Kinship Care (Grandfamilies) 2021 ²⁰⁴	# of Children in Foster Care Who Are in Kinship Care (Grandfamilies) 2021 ²⁰⁵
Alabama	5%	55,000	15%	797
Alaska	4%	8,000	26%	739
Arizona	3%	53,000	52%	7,160
Arkansas	6%	40,000	32%	1,438
California	3%	272,000	36%	17,028
Colorado	3%	34,000	27%	1,097
Connecticut	2%	14,000	37%	1,274
Delaware	5%	10,000	15%	67
District of Columbia	6%	8,000	17%	85
Florida	3%	149,000	42%	9,813
Georgia	4%	90,000	22%	2,301
Hawaii	5%	15,000	49%	690
Idaho	2%	11,000	37%	589
Illinois	2%	62,000	45%	9,220
Indiana	4%	60,000	36%	4,810
Iowa	2%	15,000	42%	1,751
Kansas	4%	25,000	35%	2,467
Kentucky	6%	55,000	14%	1,189
Louisiana	5%	51,000	32%	1,063
Maine	3%	7,000	38%	828
Maryland	4%	58,000	45%	1,592
Massachusetts	2%	32,000	28%	2,539
Michigan	3%	53,000	45%	4,333
Minnesota	2%	20,000	40%	2,726
Mississippi	7%	50,000	33%	1,176
Missouri	3%	38,000	40%	5,336
Montana	4%	10,000	42%	1,310
Nebraska	2%	11,000	34%	1,332
Nevada	4%	26,000	40%	1,668

State	% of All Children in Kinship Care (Grandfamilies) 2021-2023 ²⁰²	# of All Children in Kinship Care (Grandfamilies) 2021-2023 ²⁰³	% of Children in Foster Care Who Are in Kinship Care (Grandfamilies) 2021 ²⁰⁴	# of Children in Foster Care Who Are in Kinship Care (Grandfamilies) 2021 ²⁰⁵
New Hampshire	3%	8,000	30%	327
New Jersey	2%	45,000	40%	1,282
New Mexico	8%	36,000	36%	659
New York	3%	112,000	32%	4,687
North Carolina	3%	79,000	25%	2,671
North Dakota	3%	5,000	25%	365
Ohio	4%	115,000	21%	3,233
Oklahoma	4%	37,000	32%	2,388
Oregon	2%	19,000	35%	1,823
Pennsylvania	2%	56,000	44%	6,010
Rhode Island	1%	3,000	38%	684
South Carolina	5%	57,000	15%	594
South Dakota	4%	8,000	25%	410
Tennessee	4%	57,000	12%	1,090
Texas	4%	272,000	34%	9,457
Utah	2%	24,000	31%	666
Vermont	3%	4,000	33%	350
Virginia	3%	57,000	10%	476
Washington	3%	48,000	34%	3,068
West Virginia	6%	21,000	54%	3,842
Wisconsin	2%	30,000	40%	2,692
Wyoming	4%	5,000	39%	329

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ABOUT

About Generations United

**generations
united**

Because we're stronger together®

Founded in 1986, Generations United's mission is to improve the lives of children, youth, and older adults through intergenerational collaboration, public policies, and programs for the enduring benefit of all. **Generations United's National Center on Grandfamilies** is a leading voice for families headed by grandparents, other relatives, and close family friends. The Center's work is guided by GRAND Voices, a national network of grandfamily caregiver advocates. Through the Center, Generations United leads an advisory group of caregivers and organizations that set the national agenda to advance public interest in support of these families. Center staff conduct federal advocacy, provide training and tailored assistance to practitioners and advocates, and support grandfamilies to elevate their voices to improve policies and practices that impact them. The Center raises awareness about the strengths and needs of grandfamilies through media outreach, weekly communications, and awareness-raising events. It offers an annual State of Grandfamilies report and a broad range of guides, fact sheets, and tools for grandfamilies, which cover issues from educational and health care access to financial and legal supports and can be found at gu.org and grandfamilies.org.



About the Grandfamilies & Kinship Support Network

**GRANDFAMILIES & KINSHIP
SUPPORT NETWORK**
A National Technical Assistance Center

Generations United created the Grandfamilies & Kinship Support Network: A National Technical Assistance Center to help those who serve grandfamilies and kinship families. The Network exists, free of charge, to offer a new way for government agencies and nonprofit organizations in states, tribes, and territories to collaborate and work across jurisdictional and systemic boundaries—all to improve supports and services for grandfamilies and kinship families. Our work is rooted in cultural competence and linguistically appropriate approaches and is fully accessible to people with disabilities. With funding from a five-year cooperative agreement with the U.S. Department of Health and Human Services' Administration for Community Living (ACL), Generations United operates the Network with four managing partners: the National Caucus and Center on Black Aging, the National Indian Child Welfare Association, USAging, and ZERO TO THREE. A fifth partner, Child Trends, evaluates our work. The nation's leading experts on kinship/grandfamilies, including those who bring the fundamental expertise of being a grandfamily member, are working together with our partners to improve services and supports for families. For more information visit GKSNetwork.org.

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