BUILDING RESILIENCE
Supporting Grandfamilies’ Mental Health & Wellness
• **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.
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 states and tribes to use opioid settlement funds to support grandfamilies mental health and wellness.

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.

• 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.

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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.