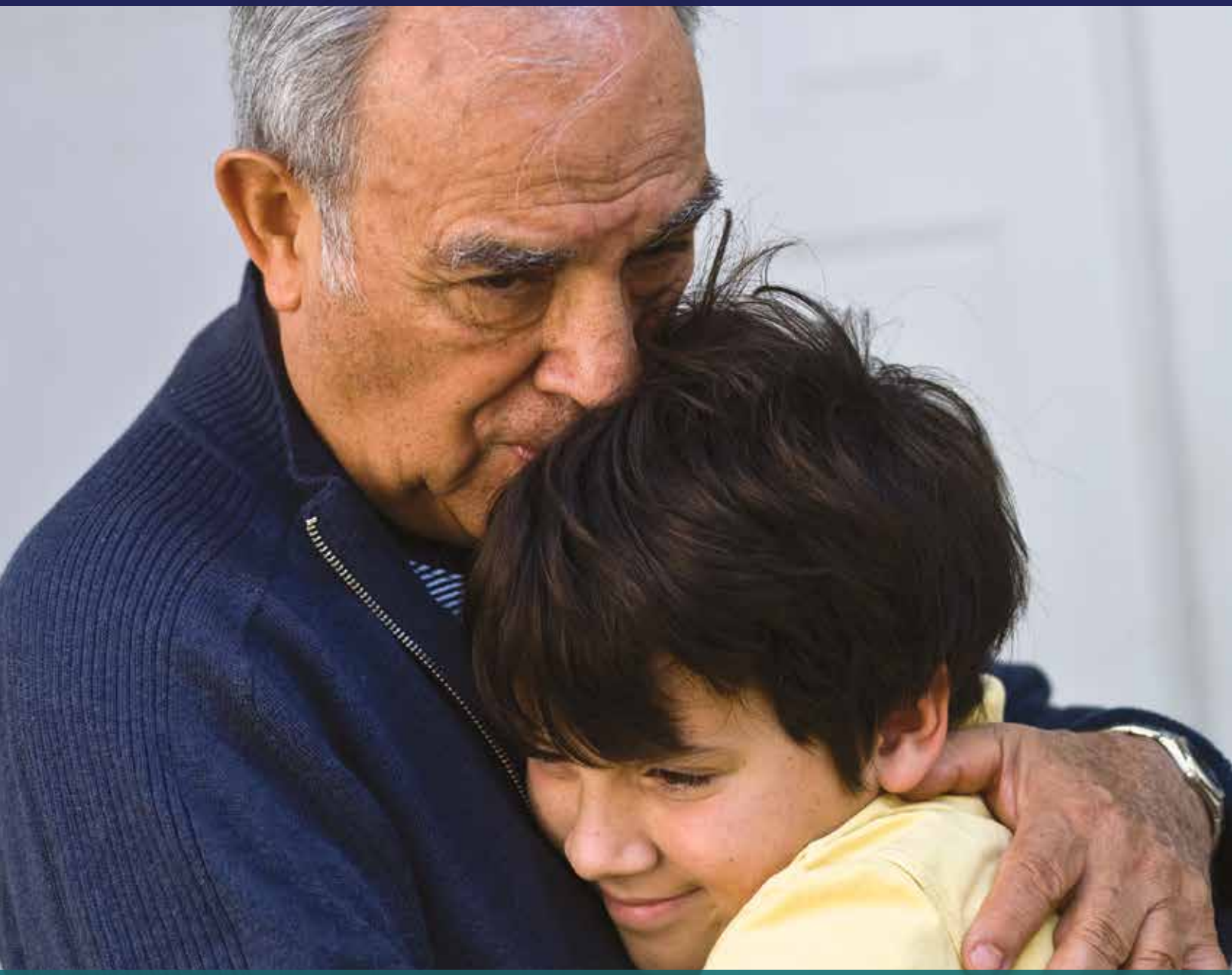
STATE OF GRANDFAMILIES 2017



IN LOVING ARMS

THE PROTECTIVE ROLE OF GRANDPARENTS AND OTHER RELATIVES IN RAISING CHILDREN EXPOSED TO TRAUMA

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Executive Summary

"Kinship caregivers play a critical role in helping traumatized children to heal. By maintaining ties to family, community, and culture, children are spared additional losses. Being sheltered in the loving arms of a familiar adult is an invaluable first step on the road to healing."

– Dr. Sarah Springer, Chair, American Academy of Pediatrics, Council on Foster Care, Adoption and Kinship Care

Most babies, children and youth have traumatic experiences[1] before going to live with their grandparents, aunts, uncles or other relatives in grandfamilies.[2] More than half of children involved with the child welfare system[3] have experienced at least four adverse childhood experiences (ACEs), leaving them 12 times more likely to have negative health outcomes than the general child population.[4] As the number of children in foster care[5] increases, due in part to the nation's opioid crisis,[6] the child welfare system is increasingly relying on grandparents and other relatives to raise the children.[7] Yet grandparents and other relatives are less likely than non-related foster parents to receive supports and services, including those provided by professionals trained in helping children who have experienced trauma.[8]

Children being raised in foster care by relatives have better health outcomes, more stability, and a greater sense of belonging compared to children in foster care with non-relatives.[9]

When children cannot remain with their parents, placing them with grandparents and other relatives reduces future trauma and mitigates the impact of past trauma. The stability, supportive relationships and extended family network that grandfamilies provide to children, align with research-based protective factors that promote resiliency and healing.[10]

Policymakers and practitioners must promote approaches that prioritize placing children with relatives when they cannot stay with their birth parents, provide trauma-informed training and mental health services to the children and caregivers, and connect the family to comprehensive community-based supports such as legal and financial help, respite and health care.

"Grandma took us away from all of the drama and made us feel wanted."

– Kiersten, raised by her grandmother, West Virginia

FACTS AND FINDINGS

- About **2.6 million** children are being raised in grandfamilies or kinship care with no birth parents in the home[11] (3.5% of all children in the U.S.).[12]
- **30%** (127,819) of children in foster care are being raised by relatives. This represents a **6% increase** from 24% of children in foster care in 2008.[13]
- For every child in foster care with relatives, there are **20 children** being raised by grandparents or other relatives outside the foster care system.[14]
- More than half (51%) of the children in the child welfare system have had **four or more adverse childhood experiences**, compared to 13% in the general population.[15]
- Children in foster care are at least **five times more likely** to have anxiety, depression and/or behavioral problems than children not in foster care.[16]
- Compared to children in foster care with non-relatives, children in foster care with relatives have more **stability**, better **mental and behavioral health**, and are more likely to report always **feeling loved**.[17]



RECOMMENDATIONS

- Reform federal child welfare financing to support kinship navigator programs and encourage a continuum of tailored, trauma-informed services and supports for children, birth parents and caregivers to prevent children from entering or re-entering foster care.
- Offer grandfamily support groups in mental health and academic medical centers.
- Protect Medicaid and ensure health care access for both children and caregivers.
- Increase availability of and access to trauma-informed training and supports designed for grandfamilies.
- Address barriers to licensing relatives as foster parents so they can receive necessary financial support and services.
- Ensure grandfamilies not licensed as foster parents can access financial assistance to meet children's needs, child care assistance, and help securing employment.
- Encourage states to maximize use of the National Family Caregiver Support Program (NFCSP) to serve grandfamilies.
- Elevate and promote evidence-based and promising practices through a federal taskforce and a national technical assistance center on grandfamilies.

Grandparents provide loving homes for children who have experienced trauma

"Growing up with a childhood full of trauma and abuse, there were very few moments where I felt safe and very few people with whom I felt protected. Being put into my uncle's care was the best decision that could have ever been made for me. It wasn't an easy road by any means, but I have no doubt in that it completely saved my life."

– Kindra, raised by her uncle, California

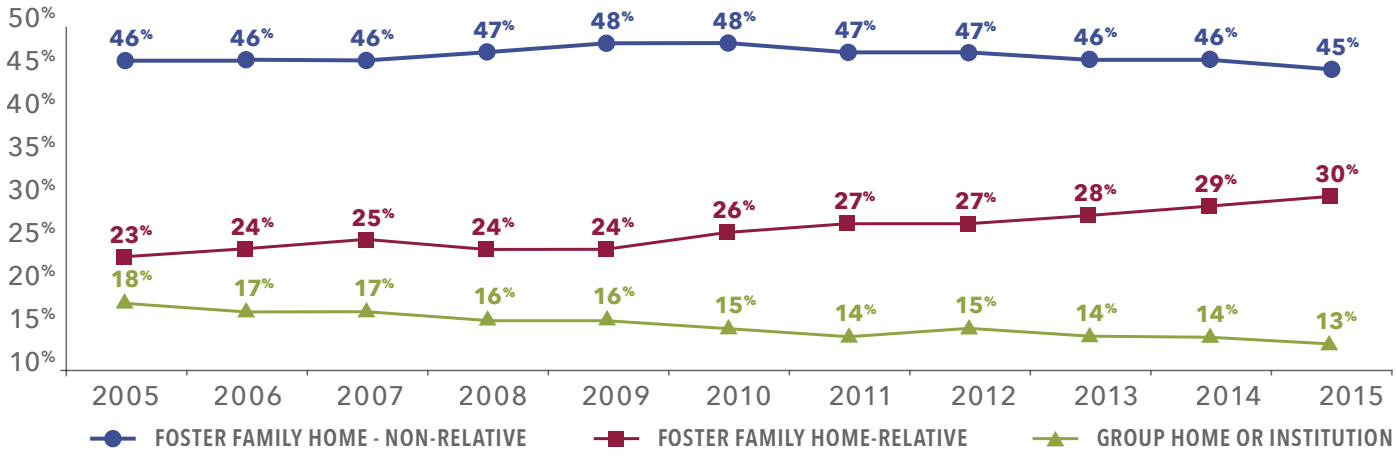
Children end up in grandfamilies for a myriad of reasons, including parental opioid or other substance use, incarceration, mental illness and death. Typically the circumstances that lead children to be removed from their parents' care involve multiple adverse childhood experiences (ACEs), such as parental substance use disorders, physical, emotional or sexual abuse and chronic neglect.[18] [19]

The babies, children and youth who enter a relative's care, either inside or outside the foster care system, often have experienced multiple ACEs, placing them at higher risk for behavior issues and health problems.[20] In fact, 51 percent of children involved with the child welfare system have experienced at least four ACEs compared to 13 percent in the general population.[21] And these adverse experiences often start when children are very young. Thirty-eight percent of children in the child welfare system have had four or more ACES by the time they have reached their third birthday.[22]

Experiencing multiple ACEs can cause toxic stress and trauma, which can lead to a range of physical, mental and behavioral health problems in the children and the need for greater supports and services for the children and their caregivers.[23] Children in foster care are at least five times more likely to have anxiety, depression, and/or behavioral problems than children not in foster care.[24]

After years of decline in the overall numbers of children in foster care, the numbers are increasing, due in part to the opioid crisis.[25] Relatives are caring for 30 percent of all children in the foster care system.[26] This is a six percent increase since 2008.[27] While relatives are caring for more children in foster care, unrelated foster parents and group homes are caring for fewer.[28] Simply put, relatives are increasingly taking on the responsibility for the growing numbers of babies, children and youth, many of whom have been traumatized and impacted by the opioid epidemic. The numbers are even more dramatic in the states hardest hit by the opioid epidemic. For example, in Ohio—often referred to as the epicenter of the crisis—there has been a 62% increase in the number of children placed with relatives in foster care since 2010.[29]

Children in Foster Care[30]



While the foster care system relies heavily on relatives, there are many more children being cared for by relatives outside of the foster care system. About 2.6 million children are being raised by relatives with no birth parents in the home.[31] For each child in foster care with a relative, there are twenty children outside of foster care with a relative.[32] Those outside the system are often left to raise children who have been traumatized, with little to no support. Whether a child in a grandfamily enters the formal foster care system or not is dependent on a complex set of factors which often vary by locality.[33] Regardless of whether they are inside or outside of foster care, children and caregivers in grandfamilies need access to a range of resources and supports from professionals who are trained in helping children who have experienced trauma.

"I thought because my grandkids were babies (6 months, 1 1/2, 2 1/2) they were not going to have any problems. Boy was I wrong! They had problems with separation anxiety; it was so painful to see them go through this. I had to tell them a hundred times a day how much I loved them and was never going to leave them." – Delia Martinez, grandparent caregiver, Texas

Impact of adverse childhood experiences (ACEs) on children

The term "ACE" comes from landmark research done by the Centers for Disease Control and Prevention (CDC) and Kaiser Permanente.[34] That research was one of the largest investigations on the impact of childhood abuse and neglect on later-life health and well-being. In the 1990s, over 17,000 Health Maintenance Organization (HMO) members completed confidential surveys regarding their childhood experiences and current health status and behaviors. The CDC continues to assess the medical status of the study participants through periodic data updates.[35]

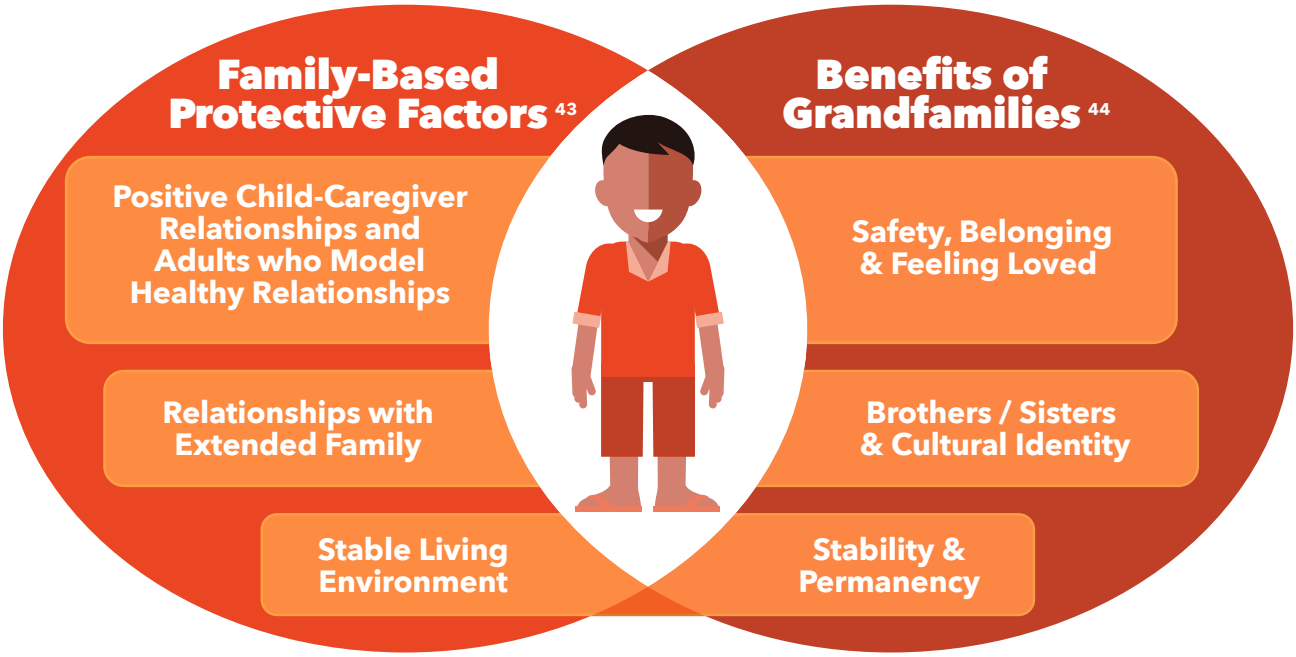
Participants were asked to complete a short questionnaire that asked about their experience with 10 adverse experiences—such as parental substance use, child abuse or neglect—prior to age 18. Findings from the study demonstrated that individuals who reported a higher number of ACEs were more likely to have negative adult outcomes such as substance use disorders, mental health problems, risky sexual behaviors, suicide attempts, aggression, cognitive difficulties and poor work performance.[36] In babies and children, exposure to violence or other ACEs often results in screaming, poor verbal skills, fear of adults, irritability, sadness, anxiety, poor appetite, sleep problems or acting withdrawn.[37] These stress responses typically include elevated blood pressure and heart rate and the release of stress hormones. This stress can disrupt the development of brain architecture and other organ systems, and increase the risk for disease and cognitive impairment throughout the life span.[38] Individuals with four or more ACEs are 12 times more likely than those without such experiences to have serious negative health outcomes in adulthood such as cancer or ischemic heart disease.[39]

People who have had 4 or more Adverse Childhood Experiences (ACEs) are 12 times more likely to have negative health outcomes in adulthood.

38%
of children under 3 in the child welfare system have 4 or more ACEs[40]

Grandfamilies protect against trauma and promote resilience

Fortunately, children with multiple ACEs are not destined to adopt risky behaviors that result in negative health effects. Research shows that a series of protective factors can mitigate the impact of ACEs and promote resiliency.[41] These factors include: positive child-caregiver relationships, stable living environments, and relationships with extended family members. Most important among them is a positive, supportive relationship with a loving adult. Research shows that a positive relationship with even just one caring adult helps children buffer the effects of their stress response systems.[42] With caring adults, these children learn how to cope with stress and develop healthy stress response systems over time. Without supportive adults, children may not develop these healthy responses, and may instead suffer these negative physical consequences for prolonged periods.



Grandparents and other relative caregivers are often uniquely suited to be the supportive adult a child needs to help mitigate the impact of trauma. Compared to children in foster care with non-relatives, children in foster care with relatives have more stable and safe childhoods with a greater likelihood of having a permanent home.[45] They experience fewer school changes,[46] have better behavioral and mental health outcomes,[47] and are more likely to report that they "always feel loved."[48] They keep their connections to brothers, sisters, extended family and their cultural identity.[49] These outcomes align with research on family-based protective factors that promote resiliency among children who have been exposed to violence.[50]

Moreover, children in foster care with relatives are less likely to re-enter the foster care system after returning to their birth parents.[51] If returning to their parents is not possible, relatives are willing to adopt or become permanent guardians.[52] In fact, 34 percent of all children adopted from foster care are adopted by relatives, and nine percent of children exit foster care to guardianship with a relative.[53]

These outcomes demonstrate the critical importance of placing children with relatives whenever safely possible. Trauma-informed supports for the children and caregivers should be made available regardless of whether the grandfamilies are inside or outside of the foster care system.

In addition to the many benefits for children, relative caregivers report benefits from raising the children, often citing an increased sense of purpose, an opportunity to nurture family relationships, continue family histories, and receive love and companionship.[54] Birth parents may also value that their children remain connected to family and friends.

What Is Trauma-Informed Care and Why Is It Needed?

People who have been traumatized need support and understanding from those around them. Children can be re-traumatized by well-meaning professionals, caregivers, and community service providers who do not have proper information and training on the impact of trauma. rauma-informed care is an organizational and treatment framework that involves understanding, recognizing and responding to the effects of all types of trauma. It emphasizes physical, psychological and emotional safety and helps survivors rebuild a sense of control and empowerment.[55] Learn more about child trauma and trauma-informed approaches at the National Child Traumatic Stress Network ***www.nctsn.org*** and the Substance Abuse and Mental Health Services Administration ***www.samhsa.gov/nctic/trauma-interventions.***

"One thing I've noticed is that most people go to grandma's house and get spoiled, but for me it was the only safe place I had. Getting to live with grandma was like 'going to grandma's house' all the time. I had more love there than anywhere else in my life."

– Chad Dingle, raised by grandmother, Oregon

Adam's Story

"My grandparents always let me know that they love me no matter what happens or what I do," says Adam Otto, who was raised by his grandparents, Annie and Jack Otto, in Hedgesville, West Virginia. "Their love and consistent reassurance that they were there for me really made a big difference for me." Before the Ottos won custody of their nine-year-old grandson, Adam faced repeated challenges throughout his early life. While struggling with bipolar disorder, his mother married an abusive stepfather and repeatedly lost custody, once resulting in Adam's placement in foster care. His father later passed away unexpectedly from heart disease.

Adam's traumatic childhood experiences had a significant impact on his behavior and relationships. He was diagnosed with ADHD, had trouble sleeping, acted out in school, and was often afraid that he might be taken away from his grandparents. Given the changes and uncertainty he experienced, Adam had severe separation anxiety from his grandmother, especially when she had to travel for her growing advocacy efforts. Even as a teenager, leaving home to go away to summer camp was particularly difficult. Annie and Jack supported him through his challenges the best way they knew how: by reassuring him that they would always love and care for him, reading to him every night before bed and staying with him until he fell asleep, and making sure he had counselors he could talk to about his feelings. The first year he lived with them, Jack got up early each morning to drive Adam to school every day to ease the difficult transition to a new home, and they continued with this daily ritual well into high school and college.

While they worked hard to give Adam a predictable routine and safe place to heal, Annie explains that the child welfare agency and his schools often failed to understand the impact of his traumatic past. "Sometimes the people whose job it was to help us made it worse for Adam," says Annie. "Behavioral problems are a sign of something else. If something goes wrong, the first question should be what happened to that child last night? Why is he acting that way and what can I do to make it better?" At the same time, there were also caring and attentive adults whose unique understanding of his experiences helped him move forward. "The first year I was with my grandparents, I had an amazing teacher with a background in psychology who had a really positive influence on me," Adam explains. "If I had to go to a different school halfway through the year, in addition to all the change at home, things would have been even harder."

Specialized training is needed to educate caseworkers, teachers, and other professionals to address behavioral issues and mental health needs in a trauma-informed way. "I was lucky because my grandparents were financially stable and able to afford mental health and other supports for me," says Adam, who is now a full-time advocate for grandfamilies at Generations United in Washington, DC. "But more needs to be done to ensure that all children have access to good mental health services and the professionals who work with them really understand how trauma affects children and their families."

Annie, now a nationally-recognized child and family policy advocate, also points out that communities should do more to implement federal and local laws that require grandparents and other caregivers to be the priority placement when children first come to the attention of the child welfare system.

The first line of defense against trauma is the love and unconditional support of family, she says, but the government and broader community also have a responsibility to be "the safety net for the safety net" and make sure that caregivers have the financial and other services they need to help children overcome challenges, tap into their own resilience, and build a stable and happy future. Annie and Jack are proud of their role in creating that pathway, but they are also grateful for their grandson's determination and perseverance. "Adam is his own greatest success story," says Annie. "I tell people he is living proof that children can overcome hardship." Adam also points to the critical role of caregivers in the lives of children: "Remember that you may be the only person standing between this child and an uncertain future. You have to be fierce in protecting and loving them."

photo courtesy of the Otto family

Grandfamilies face unique challenges from navigating family dynamics to health issues and financial needs

Despite numerous strengths, grandfamilies often experience many challenges. Unlike birth parents or foster parents who plan for months or years to care for a child, grandparents or other relative caregivers often step into their roles unexpectedly. Many come into the role suddenly. They may get a call in the middle of the night telling them to pick up the children or they will end up in foster care. At a moment's notice, they are forced to navigate unfamiliar, complex systems to help meet the physical and cognitive health challenges of the children who come into their care, many of whom have experienced significant trauma. Other relatives report they have reached out to child protective services for assistance to intervene when they believed the children were at risk, but they were told help is not available from the child welfare agency until something really bad has happened.

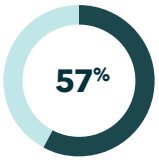
Relative caregivers must cope with the challenges of raising children with high rates of trauma exposure who may have significant physical and behavioral health issues.[56] These children frequently experience depression, anxiety, post-traumatic stress disorder, health problems, and feelings of anger, rejection and guilt.[57] While caring for these children, they must also manage difficult family dynamics with the children's birth parents, who are often their adult children. Many are also often trying to balance the feelings and needs of other children in their home.

For caregivers in grandfamilies, finding the time, energy and resources to attend to their own health is often compromised by stress-related conditions such as high blood pressure and diabetes. They frequently suffer from social isolation, guilt and other psychological distress[58] and may face increased marital stress after taking on the care of the children.[59] They may also be grieving multiple losses such as those related to the death of their adult child (the children's birth parent), the surrender of traditional grandparent roles, or the sacrifice of more carefree retirement years.

Caregivers in grandfamilies often also have challenges meeting the material needs of the children without extra income. Taking on the unexpected expense of a child can be especially devastating to caregivers living on fixed incomes. Countless grandfamilies report spending down their retirement savings to address the health, mental health, food and clothing needs of the children, or to pay legal expenses to obtain legal custody of the children. Others turn their retirement savings into college tuition payments. Many older caregivers live in one-bedroom apartments or senior housing where children are not welcomed and may need to move to larger, more expensive housing.[60]

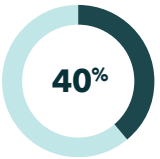
Grandparents Responsible for Grandchildren (2015)

In the U.S. **2,572,146** *grandparents are responsible for grandchildren*[61]



1,458,407

57% of them are in the workforce[62]

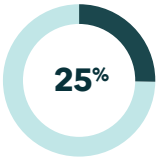


1,022,872

40% of them are over 60[63]

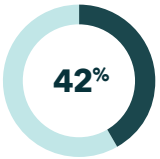
509,285

20% of them live below the poverty line[64]



642,739

25% of them have a disability[65]



1,070,885

42% of them have provided care for 5 years or more[66]

Robert and Claudia's Story

Sunday, May 21, 2006, will forever mark the day that changed the lives of Robert and Claudia Brown and their three grandsons. That morning, during service at their church in Baton Rouge, Louisiana, their estranged son-in-law, Anthony Bell, shot six people attending the service, including Claudia and both her parents. Bell then abducted his wife, the Browns' 24 year old daughter Erica, and her three sons. He was later captured by police at a nearby apartment complex. The three boys were found safe, but their mother had been killed. The youngest one, 8 months old at the time, witnessed his mother's murder.

Claudia, the only survivor of the church shooting, sustained serious gunshot wounds. With the help of medical experts, Claudia thankfully survived and made a full recovery. In the aftermath of these horrific events, Robert and Claudia stepped up to take in their three grandsons: Anthony, Andrew and Aaron. Their grandchildren now had to cope with the pain of losing their mother and the trauma of what they experienced on that day.

In the extraordinarily difficult months that followed their daughter's murder, Robert and Claudia rose to the challenge of raising their grandsons with perseverance and strength. As they did not have contact with the child welfare system, the Browns were on their own to figure out how to feed and clothe their grandsons. With their income spread thin and Robert's retirement savings nearly wiped out, they struggled to pay for the costs of raising three young children on top of other expenses, like their rent. Amidst all of this, the Browns learned that their son-in-law was making threats against their family from prison and they were forced to temporarily move from their home.

"No one is ever prepared for this," Robert explains. "Even though we did not know what our next steps were going to be, our faith in God guided us through the aftermath of this tragedy."

Claudia agrees, "God has been our refuge and strength, a present help in trouble."

Robert and Claudia say the most critical supports in helping them and their grandsons get through these exceptionally trying times were the incredible support of family, friends, and their church community. They also attribute their resilience to counseling from a highly skilled mental health provider with expertise in bereavement and trauma recovery. The counseling not only helped their grandsons process their mother's murder, it also helped Robert and Claudia, who were able to connect with other families who experienced loss so they could support one another.

"It had a tremendous impact on the boys. They felt as though they weren't just going to counseling," Robert recalls. "The counselor made them feel as if she was another member of the family, like another grandmother." That closeness allowed the boys to open up about their experiences.

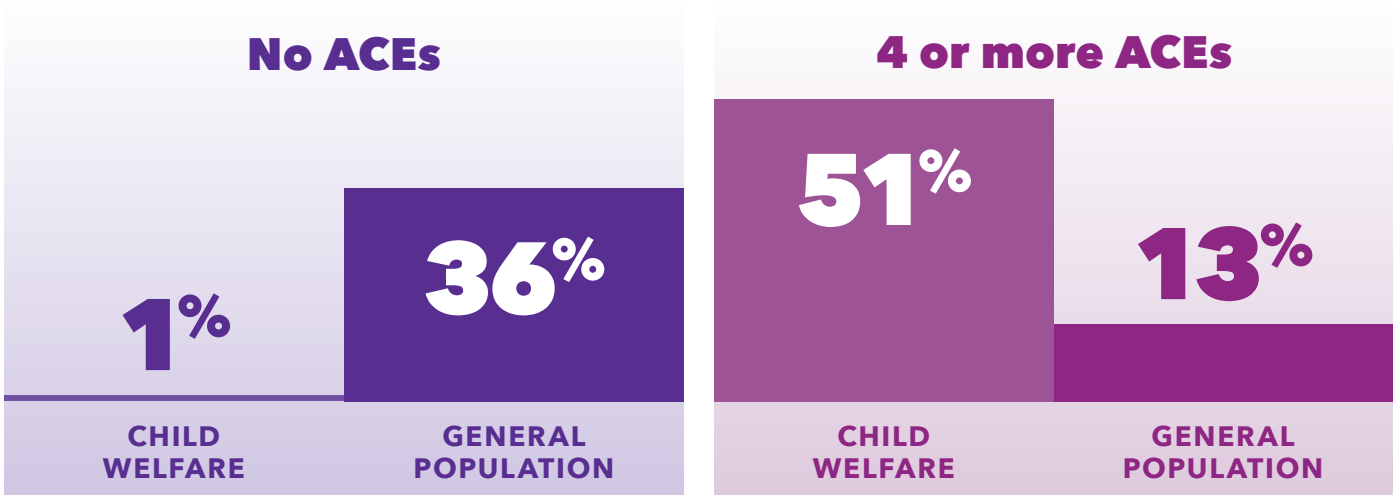
With expertise of trauma-informed professionals and Robert and Claudia's consistent love and care, their resilient grandsons are thriving. Anthony, the oldest, is 16 years old and is on the honor roll and basketball team. Andrew, 13, is making straight A's and was recently named student of the year at his school. Aaron, 11, is involved in sports and is also doing well in school. Robert and Claudia know that things aren't perfect for their family, but more importantly, they know how much it has benefited their grandsons to be able to grow up in a home in which they are comfortable and with family they know and love.

"Family is very important," Robert says. "They embrace us in the good times and the bad."

"Family is very important. They embrace us in the good times and the bad."

photo courtesy of Brown family

Number of Adverse Childhood Experiences (ACEs) of Children in Child Welfare System Compared to General Population[67]



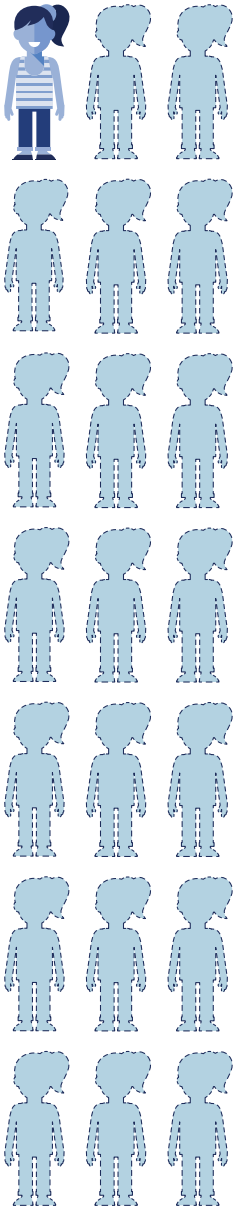
Children in foster care in the U.S. are at least

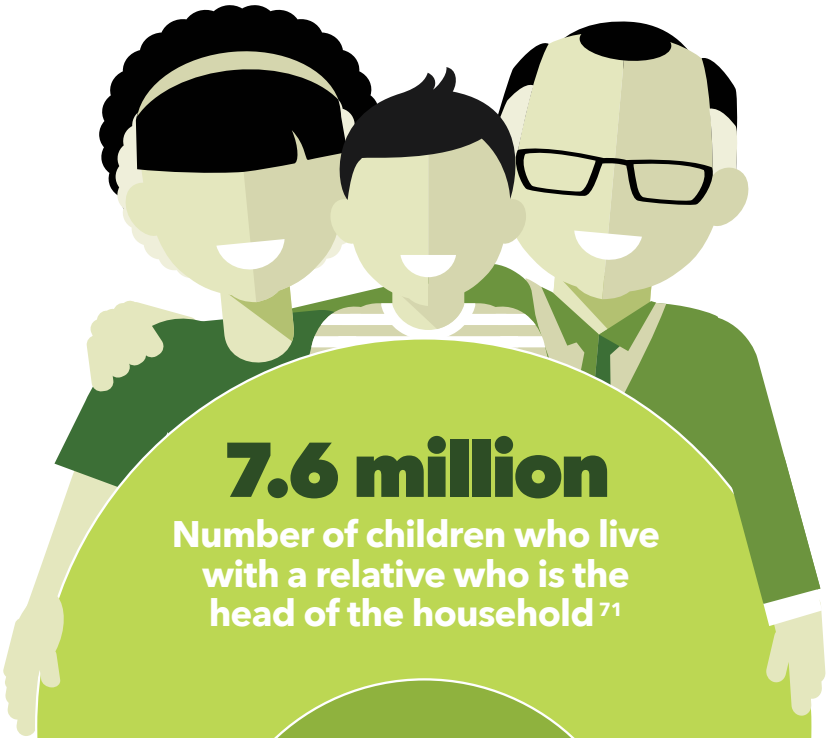
5 times

more likely to have anxiety, depression and/or behavioral problems than children not in foster care.[68]

Children Thrive in Grandfamilies[69]

For every 1 child in foster care with relatives there are 20 children being raised by grand-parents or other relatives outside of the foster care system.[70]





7.6 million

Number of children who live with a relative who is the head of the household[71]

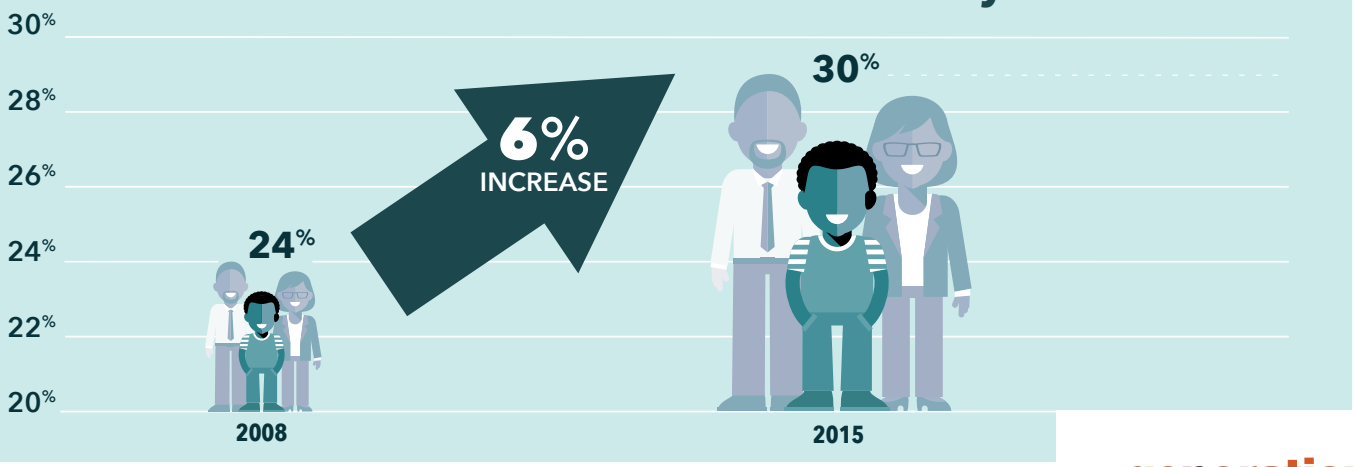
2.6 million

Number of children who are being raised by a relative or close family friend and do not have a parent living in the household[72]

127,819

Number of children being raised by relatives who are also foster parents[73]

Percent of Children in Foster Care Raised by Relatives[74]



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It's hard for grandfamilies to get help

The challenges faced by grandfamilies are compounded by the fact that it can be difficult for families to get the help they need. Although 30 percent of the foster care system is made up of children being raised by relatives, many of these relatives are not licensed foster parents and do not receive monthly maintenance payments for the children in their care.[75] Relatives are often unlicensed either because the state does not offer licensing as an option or because the caregivers face barriers to meeting family foster care licensing standards. Research shows that many state and local licensing standards include arbitrary requirements that have more to do with litigation and socioeconomic biases than with what is safe and appropriate for children.[76]

Licensed foster parents often have access to a wide range of services that are not available to unlicensed grandfamilies. They range from case management and mental health services to in home-supports and training. Increasingly services offered to foster parents are trauma-informed, meaning they adhere to key principles that help service providers understand, recognize and effectively respond to trauma. Even if trauma-informed services are available to unlicensed kin and those outside the system, they typically are not designed with the unique needs and circumstances of kin in mind. For example, training on dealing with trauma for foster parents does not typically address the myriad of unique issues of family dynamics that grandfamilies face.[77]

The challenges for those caring for children outside the foster care system are even more difficult if the relative lacks a legal relationship, such as guardianship or legal custody. For those caring for children in the system, social workers assist the caregivers in accessing health care and educational services; for those outside the system with no legal relationship, accessing educational enrollment, special education and related services, and consenting to health care can prove difficult, if not impossible. In some states, relatives caring for children without a legal relationship might not even be able to obtain necessary immunizations or other life-saving medical care for the children.[78]

Caregivers outside the foster care system also have less access to financial resources necessary to meet the children's needs. They usually are only eligible for Temporary Assistance for Needy Families (TANF) as an available source of monthly support to help meet the needs of the children. TANF payments are typically significantly less than foster care payments, and each child does not receive the same amount to meet his or her needs, unlike multiple foster children in a home.[79] Furthermore, despite the availability of TANF, it can be very difficult for caregivers to access. They may face eligibility barriers, such as asset tests that could disqualify them if they have saved for retirement or own a car. In addition, caseworkers are often unfamiliar with TANF child-only grants that should only consider the needs and income of the child. While about 25 percent of grandparent-headed households are in poverty, only nine percent of those households receive any TANF support.[80] Even more dramatically, almost half of all single grandmothers raising grandchildren live in poverty, yet only 14 percent of these families receive any TANF.[81] In addition to limited support from TANF, housing, food and child care assistance is also minimal for grandfamilies outside the system.[82]

Support for grandfamilies helps children thrive

Research shows that when caregivers in grandfamilies receive services and support, children have significantly better social and mental health outcomes than children of caregivers who do not receive services and support.[83] Examples of services and supports that demonstrate improved outcomes include support groups, mental health services, case management, and kinship navigator programs, which provide a single point of entry for connecting to housing, household resources, physical and mental health services, and financial and legal assistance.[84] Families receiving support from such programs experience increased permanency and stability, improved safety, lower rates of foster care re-entry, reduced behavioral problems in children and youth and increased caregiver strengths.[85]

Policymakers need to consider that the risk of not supporting these families is that children will enter the foster care system. If even half of the children raised by grandparents or other relatives outside the foster care system were to enter foster care, it would cost taxpayers $4 billion each year.[86]

Evidence-Based and Promising Programs & Services

The following are examples of effective programs and services that help support grandfamilies and should be accessible to families across the country:

Kinship Navigator Programs

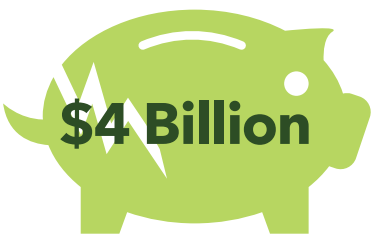
Kinship navigator programs offer grandfamilies a single point of entry for connecting to housing, health services and financial and legal assistance.

Two rounds of Family Connection Grants, authorized by the Fostering Connections to Success and Improving Adoptions Act of 2008, funded several kinship navigator programs, which resulted in many positive outcomes for grandfamilies. According to a 2013 report on these grantees,[87] positive outcomes for those receiving kinship navigator services included:

- ***Safety:*** *Relative caregivers receiving navigator services achieved identified safety goals for their families.*
- ***Permanency:*** *Children in the care of relative caregivers receiving navigation services had higher rates of permanency through legal guardianship and reunification with parents.*
- ***Well-being:*** *Results showed that kinship navigator programs were successful at ameliorating the needs of grandfamilies.*

"Only because of the kinship navigator program have I been able to hang on to this point, through all the conflict and negative emotions. Our grandson's life and ours would never have been the same without it on our pathway."

– grandparent caregiver, Washington State



Amount grandparents and other relatives save taxpayers each year by raising children and keeping them out of foster care

Comprehensive wrap-around services specially designed to help grandfamilies impacted by trauma

Research shows that many practitioners working with grandfamilies recommend a multimodal approach that includes individual counseling for the grandparent and grandchild, as well as family therapy. This type of approach should include a component that connects grandfamilies to community services, public benefits and legal assistance.[88] Kids Matter Inc. in Milwaukee, Wisconsin, offers this comprehensive approach by engaging professionals with expertise in the unique challenges and strengths of kinship families to conduct trauma assessments and referrals, provide comprehensive, supportive mental health and legal services, and help families navigate the complex web of available services and benefits.

Kids Matter Inc: Fostering Healing and Grandfamily Connections

The last seven years held many uncertainties for Paula* and her three grandchildren Alexis (7), Kamaya (10) and Christopher (13). Paula began raising the children on and off after learning there was domestic violence in the grandchildren's home. The father of Alexis and Kamaya physically abused their mother, Sarah. To add to that, Sarah was battling a heroin addiction.

Child Protective Services (CPS) got involved, but they closed the case since Paula was caring for her grandchildren in a family-arranged plan. The single grandmother was left to care for highly traumatized children with little support and without legal custody of the children. Over the years, Sarah would make efforts to get clean by participating in a medication-assisted treatment program, but she struggled and relapsed often.

In 2016, after several months of Sarah staying clean, her oldest son, Christopher, found his mom passed out in the bathroom, overdosed on heroin. He called the paramedics who revived her, but addiction pulled Sarah back to using regularly. Paula stepped in again to raise the children.

As the children got older, Paula struggled to manage their increasing behavioral issues, which resulted from the trauma they experienced at home. Paula met with Christopher's teachers, seeking help to manage his behavior, and told them about her grandchildren's situation. The teachers brought in a social worker who encouraged Paula to reach out to Kids Matter Inc., a child advocacy agency in their hometown of Milwaukee, Wisconsin.

With help from Kids Matter Inc., things began to change for Paula and her grandkids.

"Kids Matter Inc. helps kids resolve behavioral and emotional difficulties resulting from complex trauma experiences and teaches caregivers how to parent," explains Jennifer Hastings, who manages Kids Matter Inc.'s Foster Healing and Family Connections programs.

Kids Matter Inc. helped get medical insurance, school supplies and food assistance for the kids, critical resources to Paula, who had to cut her work hours by half after taking on her grandchildren.

The agency also helped Paula get legal guardianship of the children and worked with Sarah, who agreed to the arrangement. As legal guardian of the children, Paula was eligible for financial help with Alexis, who was born premature, legally blind and with some cognitive deficits. Kids Matter Inc. helped her secure Supplemental Security Income (SSI) support to help with Alexis's care.

The family is in a much better place now, but they continue to need support. Kids Matter Inc. is there for them when they need it.

Paula appreciates the help.

"I felt powerless and confused, and didn't know where to start," Paula explained in a note of thanks to Kids Matter Inc. staff. "Without you, I don't know that we would have made it through this. We are so grateful for all that you have done."

Likewise, Kids Matter Inc. values the role of caregivers like Paula in caring for children.

"Relative caregivers are the front line in the fight to protect kids from trauma. We need to give them support and resources to help them navigate the challenges of raising children who have experienced trauma," Jennifer said. "Putting more money and resources into helping them would save money down the line and help create better child well-being."

**Names were changed to protect the family's privacy.*

"Relative caregivers are the front line in the fight to protect kids from trauma. We need to give them support and resources to help them navigate the challenges of raising children who have experienced trauma."

Quality Mental Health Services for Children and Caregivers

Researchers have found that grandfamily support groups are the most common type of mental health services used by grandparent caregivers. Support groups can provide relative caregivers with social support, a forum to problem solve together, resources and education.[89] Groups may also offer trauma-informed discussion groups and supportive play for children.

Relative caregivers often also want more intensive mental health services, such as family therapy or individual therapy for themselves and the children they are raising. Family therapy "can add value to services for grandfamilies by assessing the contextual systems in which grandfamilies exist and privileging the voices of all members of the family."[90] Individual therapy helps clients manage their symptoms and improve their daily functioning.[91]

Several innovative models show promising approaches that provide families with strong access to a full range of mental health and supportive services, such as offering support groups in mental health centers and child and family mental health services[92] in academic medical centers.[93]

Grandfamilies may also access family and individual mental health services through their local Area Agency on Aging. The National Family Caregiver Support Program (NFCSP) funds states to provide these types of mental health services to relative caregivers age 55 and older. The funds are directed from the State Units on Aging to Area Agencies on Aging, which provide the services locally or contract for their provision. Most states do not make full use of the allowable 10 percent of NFCSP funds for grandfamilies.[94] Those that do provide services can significantly help grandfamilies impacted by trauma. Among the specific services that can be provided are counseling, support groups, respite care and training.

All of these services to relative caregivers should be meaningfully tailored to them and address how to deal with their own health needs and the unique needs of babies, children and youth who have experienced trauma. For all services, cultural sensitivity and humility among professionals working with grandfamilies are very important to grandfamilies' successful outcomes.[95] Furthermore, organizations serving American Indian and Alaska Native children and families must be sensitive to the unique cultural and policy considerations of the families and should coordinate and consult with tribal governments and tribal human service programming.

TIPS AND LESSONS LEARNED FOR EFFECTIVE GRANDFAMILY SUPPORT GROUPS:

- **Involve relative caregivers in the planning of the group.**
- **Collectively name the group something welcoming and social like *"dinner and discussion"*.**
- **Consider offering transportation, gas cards or public transportation vouchers.**
- **Provide on-site child care with activities or facilitated therapeutic programming for children and youth.**
- **Offer healthy and tasty food during the meetings.**
- **When possible engage group facilitators that have both social services experience and lived experience as a kinship caregiver.**
- **In addition to having time for members to share joys and needs, offer opportunities for education and resources from community leaders such as lawyers, school administrators and health care professionals knowledgeable about trauma.**
- **When providing training, frame it as "enrichment" rather than "parent education"–many of these relatives have already parented, but it may have been many years ago. Training may focus on how parenting challenges, culture and expectations have changed.**
- **Facilitate opportunities for advocacy, such as national or state GrandRallies at the Capitol or engagement with legislators.**

Trauma-Informed Training and Therapeutic Kinship Foster Care

The vast majority of grandparents and other relatives raising children are doing so outside of the formal foster care system, leaving them without access to valuable training and resources on the impact of trauma on children and effective ways to address the resulting behavioral and health challenges. Even relatives licensed as foster parents who have access to such training often find it is not designed with the unique challenges of kinship families in mind, such as grief and loss and conflicting loyalties related to protecting the grandchildren and trying to also help the children's birth parents.

Many child welfare agencies have specialized training for foster parents to become licensed as "therapeutic foster parents"–equipping them to raise children who have been traumatized and have high-level needs–yet kinship foster parents are rarely offered the same opportunity.[96] Recently several states and localities in Connecticut, Pennsylvania and Texas have begun licensing grandparents and other relatives as therapeutic foster parents through a specialized curriculum for kinship that is showing promising results.

"One thing I know to be true: you can't love away the effects of trauma from neglect and abuse. Our children need the same amount of intensive therapy and services as a traditional foster placement and we, as their caregivers, desperately need the same to help them heal."

– Jan Wagner, grandparent caregiver, Michigan

Kinship Treatment Foster Care:
A model for supporting relatives raising children who have experienced trauma

Kelly* was placed in a Residential Treatment Center in Texas in December. She was diagnosed with a multitude of disorders and believed to be a threat to others. Allegations of abuse had been made against her mother, and her father gave up caring for her after misbehaviors and accusations that Kelly had threatened to kill him. She had been hospitalized multiple times before Child Protective Services stepped in to place her in the treatment facility. In May, with the support of Kinship Treatment Foster Care, Kelly was able to leave the residential treatment facility care to the home of her grandmother and half-sister. She was able to discontinue psychotropic medications, has had no hospitalizations, and is attending public school.

With the support of the Bair Foundation, communities in Pennsylvania and Texas are engaging relatives to help children and youth like Kelly transition into permanent homes with grandfamilies. They use an approach called Kinship "Treatment Foster Care" (TFC) which equips kin caregivers with the knowledge, skills and support needed to manage difficult behaviors and complex medical issues in children who have experienced trauma. As a result, the relatives receive the support they need to raise children and help them thrive. The children and families in Kinship TFC are showing compelling results.

Two Pennsylvania counties provide Kinship TFC to help children remain permanently with their kin family if they cannot return to their parents, rather than putting them in non-relative foster, residential treatment or group care. The model requires relative caregivers to be certified, a process that includes participating in 32 hours of trauma-related training adapted to address the unique circumstances of kin. The families then receive approximately six months of services through the Structured Intervention Treatment Foster Care model, which uses evidence-based practices. The model includes a focus on key components such as resiliency and rigorously preparing the family to receive the child in their home. An evaluation of the program revealed that all of the children were able to remain in a family setting: half of the children were able to return to their parents' care and the other half were able to stay permanently with kin.

One community in Texas uses Kinship TFC to help address the large numbers of children staying in residential treatment facilities for extended periods of times. Premised on the belief that children can have their treatment needs met in the home of a caring relative, grandfamilies are identified to participate in Kinship TFC to help the children transition to living in a family from institutional care. The program engages a "Kinship Family Finder" to conduct a diligent family search for potential relatives to take the child. Relatives are engaged, screened, trained, verified and provided ongoing support and treatment interventions. A team of Bair Foundation family search and transition specialists coordinate the transition and provide assistance and support to all members of the treatment team.

Treatment staff is available 24 hours a day to respond to issues that arise with the child and family. Participants conveyed that trust and access to Kinship TFC support staff are important components of the program's success. One grandfamily explained they were "very pleased with [Kinship TFC] support regarding all critical incidents…We were able to reach Bair by telephone or email any time of the day or night." Another explained, "Susanna (Kinship TFC staff) was the only person I trusted for support throughout my granddaughter's transition. I speak with her weekly."

An evaluation showed that 80 percent of children participating in the program were able to remain stable with their grandfamily. Not only did the outcomes benefit the children and families, they saved money. The cost to maintain one specialized child in Kinship TFC for a year in Texas is approximately $20,000 less than keeping that child in a residential treatment facility for the same amount of time.

As communities across the country are increasingly looking to relatives to care for children who have experience trauma, Kinship TFC offers a promising approach to ensuring the families have the support they need to help the children thrive. For more information visit the Bair Foundation Child and Family Ministries at ***www.bair.org*** and the Family Focused Treatment Association at ***www.ffta.org***.

**Names were changed to protect the family's privacy.*

Policy and Program Recommendations

"It was not easy for my grandmother to raise a child with serious needs while she was in her early 60s with little support. We need more support for grandparents like her who step up to care for us."

– Shaheed Morris, raised in a grandfamily, New Jersey

The following are recommendations for federal and state policymakers, advocates and other professionals serving grandfamilies:

Reform federal child welfare financing to support kinship navigator programs and to encourage a continuum of tailored, trauma-informed services and supports for children, parents and caregivers to prevent children from entering or re-entering foster care:

Allow states and tribes to use federal child welfare funds for trauma-informed services to prevent children from entering foster care or re-entering foster care if issues arise after they are adopted or in the legal guardianship of a relative. Eligible children should include those at imminent risk of entering or re-entering foster care–but who can safely remain at home or with a relative caregiver if provided services. Relative caregivers and parents of the children must also be eligible for relevant services. Such trauma-informed services should be shown to improve outcomes for children and include mental health treatment, substance abuse prevention and treatment, and in-home, skill-based training and supports.

Reauthorize Family Connection Grants under the Fostering Connections to Success and Increasing Adoptions Act of 2008 and allow states and tribes to receive federal reimbursement for kinship navigator services provided to help grandfamilies connect to the range of services they need. Services may include health care, counseling, child care, financial or legal assistance, housing, and respite care.

Offer grandfamily support groups in mental health and academic medical centers:

About twenty years ago, Generations United and the Brookdale Foundation Group collaborated, with funding from Substance Abuse and Mental Health Services Administration (SAMHSA), to provide support groups for grandfamilies in mental health care centers.[97] This partnership allowed a breadth of mental health services to be available to the families, including support groups for the children, individual and family counseling and other services to address trauma the whole family had often experienced. Research shows offering these mental health services in academic medical centers also has promising outcomes.[98] Federal, state and tribal governments should invest in strategies to promote such initiatives in communities. Private foundations, faith-based organizations, providers of aging services and schools can also play an important role in ensuring that these services are placed in other accessible settings that offer a comprehensive set of additional mental health services. Many tribal governments and local urban Indian organizations offer a broad range of services and supports to tribal citizens both on and off tribal lands, and should be included in strategy discussions with federal, state and private entities that are engaged in supporting relative care providers.

Protect Medicaid and ensure health care access for both children and caregivers:

Access to quality health care coverage and services is critical to meeting the physical and mental health needs of children and caregivers in grandfamilies.

Federal support for Medicaid, the Children's Health Insurance Program (CHIP) and Indian Health Service programs must be protected from caps or cuts that would leave fewer people with coverage or reduce benefits. Early and Periodic Testing and Diagnostic Treatment (EPSDT) benefits must be preserved to ensure that the special health needs of children are diagnosed and treated in a timely way.

States should enhance Medicaid outreach efforts to kinship families. Less than half of eligible children in kinship care receive Medicaid.[99] Efforts should also include tribal governments to improve outreach to American Indian and Alaska Native grandfamilies and leverage Medicaid services agreements that many tribes have with the states.

Private health care insurers should allow grandparents and other relatives raising children to include those children on their health care plans without requiring adoption, which is not always feasible or appropriate.

Increase availability and access to trauma-informed training and supports designed for grandfamilies:

Federal agencies should direct states and work with tribes to offer trainings on the impact of adverse childhood experiences (ACEs) and trauma on children's mental, emotional, physical and behavioral health and effective strategies for helping

impacted children thrive. Trainings should be offered in a variety of settings, including schools, health centers, in caregivers' homes and online, to better ensure access for relative caregivers.

Address barriers to licensing relatives and foster parents so they can receive necessary financial support and services:

States should adopt the Model Family Foster Home Licensing Standards,[100] which Generations United developed with the National Association for Regulatory Administration and the American Bar Association (ABA) Center on Children and the Law, with support from the Annie E. Casey Foundation, to eliminate unnecessary barriers that prevent suitable relatives and non-relatives from becoming licensed foster parents. For examples of licensing practices and other tools and resources for creating a "kin first" child welfare agency, state and local agencies should consult the wikiHow for Kinship Foster Care[101] created by Generations United, ChildFocus, and the ABA Center on Children and the Law, with support from the Annie E. Casey Foundation. More information about the model licensing standards and wikiHow are available at ***www.grandfamilies.org.***

In addition to adopting the model standards and other recommendations in the wikiHow, states and localities should provide kinship foster parents with opportunities to become licensed as therapeutic foster parents and ensure access to ongoing supportive services after securing adoption or permanent guardianship of the children.

Tribal governments also license foster and relative family care providers. Many have developed important strategies and supports for supporting relative family care providers. Federal and state governments should engage tribal governments and examine how they can support innovative tribal practices and ensure model federal or state standards provide culturally-appropriate supports to American Indian and Alaska Native grandfamilies.

Ensure grandfamilies not licensed as foster parents can access financial assistance to meet children's needs, child care assistance and help securing employment:

States, tribes and localities must improve access to TANF for grandfamilies by ensuring that caregivers know it is available, streamlining the application process, facilitating the application for child-only TANF by offering it through its own short application, and defining "good cause" for caregivers not to comply with assigning parental child support to the state. Such assignment is often a huge barrier for grandfamilies.

The federal government can take steps, including requiring that each child on a TANF child-only grant in a family receive the same amount of assistance and eliminating asset tests for older caregivers so they can have savings for retirement. Detailed recommendations for addressing TANF issues for grandfamilies are available at http://www.gu.org/OURWORK/Grandfamilies.

Caregivers who seek and are able to return to the work force while still meeting the needs of the children should receive child care assistance and support in their efforts to secure employment as needed.

Encourage states to maximize use of the National Family Caregiver Support Program (NFCSP) to serve grandfamilies:

Urge all states to use the full 10 percent allowed under the NFCSP to serve grandfamilies by providing support groups, individual and family counseling and respite care with service providers who are trained to work with grandfamilies who have been impacted by trauma. Area Agencies on Aging can partner with local mental health centers or other community providers to provide such services.

Elevate and promote best and promising practices through a federal taskforce and a national technical assistance center on grandfamilies:

Create a taskforce of federal agencies that can coordinate and address supports to grandfamilies and encourage parallel task forces in each state. As a related effort, create a national technical assistance center on grandfamilies that engages experienced experts to promote best or promising practices and programs for serving children, parents and caregivers in grandfamilies. This includes coordinating with the California Evidence-Based Clearinghouse on Child Welfare and providing guidelines for developing comprehensive, wraparound service programs for families impacted by trauma. The center can facilitate learning across states and provide technical assistance and resources to those who directly work with all three generations in grandfamilies.

Tribal governments should also be engaged with and consulted by federal agencies and state task forces to examine the unique issues related to supports for grandfamilies in their communities. Many states have state-tribal forums on child welfare and other human service programming, as well as health services. Federal agencies have also established tribal advisory committees that serve critical roles in improving policies and supports, including technical assistance, to tribal communities.

State	(%) Children in Foster Care Raised in Grandfamiles or Kinship Care [102] 2015	(#) Children in Foster Care Raised in Grandfamiles or Kinship Care 2015 [103]	(%) Children in Kinship Care [104] 2014 - 2016	(#) Children in Kinship Care 2014-2016 [105]
United States	**30%**	**127,819**	**3%**	**2,562,000**
Alabama	11%	532	5%	59,000
Alaska	24%	634	4%	8,000
Arizona	47%	8,222	4%	71,000
Arkansas	16%	724	6%	40,000
California	33%	18,319	3%	269,000
Colorado	24%	1,338	4%	48,000
Connecticut	36%	1,412	2%	18,000
Delaware	11%	76	5%	10,000
District of Columbia	17%	164	4%	5,000
Florida	45%	9,996	4%	170,000
Georgia	24%	2,609	4%	90,000
Hawaii	45%	608	5%	17,000
Idaho	30%	408	2%	10,000
Illinois	37%	6,136	2%	72,000
Indiana	36%	6,210	4%	59,000
Iowa	29%	1,727	3%	20,000
Kansas	30%	2,154	3%	21,000
Kentucky	3%	258	7%	70,000
Louisiana	38%	1,712	5%	57,000
Maine	29%	533	2%	5,000
Maryland	37%	1,445	3%	41,000
Massachusetts	26%	2,649	3%	37,000
Michigan	35%	4,221	2%	47,000
Minnesota	31%	2,371	2%	25,000
Mississippi	37%	1,705	6%	42,000
Missouri	27%	3,310	3%	41,000
Montana	47%	1,321	4%	10,000
Nebraska	31%	1,199	2%	11,000
Nevada	34%	1,524	5%	31,000
New Hampshire	17%	163	3%	8,000
New Jersey	36%	2,509	3%	57,000
New Mexico	19%	464	6%	29,000
New York	21%	3,679	3%	121,000
North Carolina	27%	2,720	4%	89,000
North Dakota	17%	231	3%	6,000
Ohio	16%	2,178	5%	124,000
Oklahoma	34%	3,745	5%	47,000
Oregon	28%	2,038	2%	19,000
Pennsylvania	32%	5,156	4%	103,000
Rhode Island	38%	701	3%	7,000
South Carolina	6%	232	5%	57,000
South Dakota	22%	286	4%	8,000
Tennessee	10%	801	4%	62,000
Texas	33%	9,898	4%	259,000
Utah	23%	624	1%	13,000
Vermont	34%	458	3%	4,000
Virginia	6%	275	3%	55,000
Washington	35%	3,687	2%	39,000
West Virginia	20%	984	6%	22,000
Wisconsin	36%	2,571	2%	28,000
Wyoming	31%	339	3%	5,000

Generations United's National Center on Grandfamilies is a leading voice for issues affecting families headed by grandparents and other relatives. Through the Center, Generations United leads an advisory group of organizations, caregivers and youth that sets the national agenda to advance public will in support of these families. Center staff conduct federal advocacy, provide technical assistance to state-level practitioners and advocates, and train grandfamilies to advocate for themselves. The Center raises awareness about the strengths and needs of the families through media outreach, weekly communications and awareness-raising events. It offers 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 **www.gu.org.**

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COLOPHON

Typography: Avenir Next & Avenir Next Condensed set in 10.875 point :
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2. Grandfamilies or kinship families are families in which children reside with and are being raised by grandparents, other extended family members, and adults with whom they have a close family-like relationship such as godparents and close family friends.
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