Grandparents, Grandchildren, and Caregiving: The Impacts of America’s Substance Use Crisis (partial excerpt)
By Jaia Peterson Lent and Adam Otto

Substance use, most recently the opioid epidemic, is hurting America’s families and often placing greater responsibility upon grandparents to care for their grandchildren. Increasingly, child welfare systems, as they face shortages of foster parents to meet a growing need, are looking to grandparents and other relatives to care for children who have entered foster care due to parental drug and alcohol use.

The growing impact of the opioid crisis is becoming increasingly evident. In a recent survey of programs across the United States that primarily serve grandparents and other relatives raising children (known as grandfamilies), nearly all reported serving families impacted by parental substance use. More than 70 percent identified opioids, including heroin, as one of the most common types of drugs affecting the families (Generations United, 2016a).

Recent data show the percentage of children entering foster care due to parental substance use rose from 22 percent to nearly 30 percent in just five years (National Data Archive on Child Abuse and Neglect [NDACAN], 2009-2017)—the largest increase in any reason for removal to foster care. Some pockets of the country report a 33 percent increase in the numbers of children in state custody (Quinton, 2015).

After years of decline, in 2012 the overall number of children in foster care began to rise (NDACAN, 2009-2017). Experts attribute the increase in large part to the opioid and heroin epidemic affecting many parts of the United States (U.S. Congress, 2016). By 2016, 32 percent of all children in foster care were living with relatives, which is an 8 percent increase since 2008 (NDACAN, 2009-2017). More than a third of all children removed from their homes because of parental alcohol and drug use are placed with relatives (Children and Family Futures, 2016).

Yet it is important to recognize that the impact of parental substance use disorders on grandfamilies is not a new challenge. For decades, grandparents and other relatives have provided safe and stable homes for children whose parents have been unable to parent due to alcohol and-or drug use. As grandparent caregiver Chris Mathews explains, “Grandparents are doing whatever it takes to bring their grandchildren to safety.”

Statistics on Children, Grandfamilies, Foster Care
In total, about 7.6 million children live in households headed by kin—a grandparent, uncle, aunt, or other relative (U.S. Census Bureau, 2017). More than 2.6 million children are living with grandparents, relatives, or close family friends without either of their parents in the home (Annie E. Casey Foundation Kids Count Data Center, 2017)
Supports and Services Help Grandfamilies Thrive
While outcomes for children in foster care with relatives are better than those with unrelated foster parents, grandfamilies still need tailored supports and services. As grandparent caregiver Jan Wagner said, “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 [children in] traditional foster placement and we, as their caregivers, desperately need the same to help them heal” (Generations United, 2017).

Children and caregivers in grandfamilies benefit from services such as support groups, mental health services, case management, caregiver training, and kinship navigator services that help connect families to housing, mental health, financial and legal assistance, and other benefits. Grandfamilies who receive support from such programs experience better social and mental health outcomes than those without support, including improved safety, increased stability, lower rates of foster care re-entry, reduced behavioral problems in children, and increased caregiver strengths (Garcia et al., 2014; HHS, ACF, Children’s Bureau, 2013).

There is increasing recognition that placing children with relatives when they cannot remain with their parents can reduce the trauma of that separation and result in better outcomes for children than in those children who are placed with non-relatives (Generations United, 2016b).

While caregivers in grandfamilies may be aunts, uncles, siblings, or other relatives, the majority are grandparents. More than 2.5 million grandparents report they are responsible for their grandchildren (U.S. Census Bureau, 2017). Forty-one percent are older than age 60, and approximately 57 percent are in the workforce. About 69 percent are married and nearly two-thirds are female. Nearly one in five live in poverty and more than a quarter have a disability. A slim majority (53 percent) are white, approximately 20 percent are black or African American, 20 percent are of Hispanic or Latino origin, 3 percent are Asian, and 2 percent are American Indian or Alaska Native (U.S. Census Bureau, 2017).

While the child welfare system relies heavily on relatives, the number of grandparents, uncles, aunts, and others who step in to care for children and keep them outside the foster care system far exceeds those raising children inside that system. For every child being raised in foster care with a relative, there are twenty children living with grandparents or other relatives outside of the foster care system. (Generations United, 2017).

Outside Foster Care
Some grandparents prefer to care for children outside of foster care. The children may not need the child welfare agency’s ongoing support and oversight, and the grandparents may be uncomfortable not only with their grandchildren being in legal custody of the state, but also with the necessary rules and restrictions that accompany that status. However, their lack of legal custody or guardianship of the children may make it difficult to access information and services and receive adequate financial support on the children’s behalf.

For other families, it’s best for the grandparents to become licensed foster parents, which often comes with greater financial support and services such as case management, counseling, and in-home supports.
The Challenges of Grandfamily Caregiving
Unlike parents or foster parents who plan for months or years to care for a child, these grandparents or other relatives usually take on their caregiving role unexpectedly. Some may get a late-night call telling them to come and pick up their grandchildren or they will end up in foster care. Suddenly, they must navigate complex systems to help meet the physical, emotional, and cognitive health challenges of the children who come into their care.

Grandparent caregivers may struggle with their own mental health issues stemming from feelings of shame, loss, or guilt about their adult child’s inability to parent. They may suffer from social isolation and depression because they do not want their peers to know about their situation, or because their peers are no longer parenting. Caregivers who are relatives often are grieving a host of losses, including that of the traditional grandparent role, control over their future and financial security, or the loss of leisure time (Generations United, 2016a). The stress and additional pressures of caring full time for a grandchild can also negatively impact a caregiver’s physical health.

While many of the grandparents may expect their full-time caregiving role to be temporary, about 42 percent of grandparents responsible for their grandchildren report they have been providing care for five or more years (U.S. Census Bureau, 2017). Many may prioritize the needs of their grandchildren over their own, which can lead to chronic stress, depression, or physical illness such as hypertension (Solomon and Marx, 2000; Minkler et al., 2000).

Supportive Policies for Grandfamilies
Fortunately, recently passed pieces of legislation take significant steps toward helping grandfamilies. In February 2018, Congress passed the bipartisan Family First Prevention Services Act, a wide-sweeping child welfare reform bill that allows states to use Title IV-E funding of the Social Security Act to provide services to children, birth parents, and relative caregivers to prevent children from entering foster care. Previously, this funding was primarily limited to help children only after they entered foster care.

Conclusion
Grandparents and other relatives who step in to raise children when the parents cannot, serve to keep children with family and reduce the trauma of separation. With the proper supports and services, children thrive in grandfamilies and experience better outcomes than those in foster care with non-relatives. Furthermore, grandparents and other relative caregivers save taxpayers $4 billion each year by keeping children out of foster care. Practitioners and lawmakers should help families by tailoring, evaluating, and improving services to grandfamilies and addressing barriers to accessing benefits and supports.