Bureau of Justice Assistance (BJA)
Comprehensive Opioid, Stimulant, and Substance Abuse Program (COSSAP)

Supporting Alternative Family Structures Impacted by Substance Use Disorders

Introduction

Nontraditional, or alternative, family structures can be defined in many ways. For the purpose of this article, nontraditional family structures refer to households in which relatives (or family friends) other than the original parents have the primary responsibility of raising the child(ren), temporarily or long term. In such households, one or more parents may be present while not serving as the primary caregiver. The caregivers in these kinship family structures are most often grandparents.[1] In such scenarios, unofficial custody is most broadly accredited to parental substance use disorders (SUDs).[2] According to the U.S. Census Bureau, "the percentage of children living in a grandparent-headed household increased from 3 percent in 1970 to 6 percent in 2012."[3] Approximately 2.9 million children in the United States are cared for by grandparents with many more cared for by other alternative structures. Although nontraditional families have become more commonplace in recent decades, particularly "grandfamilies," there has been an especially prominent presence in areas most heavily impacted by the opioid epidemic. Salient state data point to this association; state prevalence of households with grandparents as primary caregivers

geographically overlaps with higher rates of opioid prescribing at the state level. When reviewing a five-year average of this overlap, Alabama, Arkansas, Louisiana, and Mississippi maintain the highest state rates of both opioid prescriptions and percentage of adults aged 30 and over raising grandchildren.[4] Notably, Kentucky also has a high prevalence of grandparent-headed households.

Those living in alternative family structures face unique challenges, and research has documented increased risk for negative health, legal, financial, school-based, and social outcomes.[5,6,7] Children in kinship or foster care, and especially those whose biological parents have SUDs, experience disproportionately high

chronic medical conditions. For example, roughly half of youth in foster care are believed to have chronic health conditions, and children involved with the child welfare system in any capacity are substantially more likely to be prescribed psychotropic medications and to be kept on them longer.[8] Not only are individuals in nontraditional family structures impacted by their unanticipated living arrangements, but many are likely simultaneously responding to the parental substance use that initiated the kinship care.

Given the notable overlap between substance use and nontraditional families and the challenges these families face, it is critical that public entities seeking to minimize the impact of substance use consider ways to support those in these family structures. Public sectors that may be well suited to do this include the school system, social services, and public and behavioral health departments.

Working With Schools to Support Children and Caregivers Impacted by SUD

Millions of grade-school-aged Americans live in a household in which someone other than a parent is their primary caregiver as a result of parental SUDs.[9] However, schools today are primarily equipped to communicate and collaborate with parents regarding their children's education. Educators and school administrators may consider implementing the following changes to support children impacted by SUDs, improve relationships with caregivers, and better assist alternative family structures:

1. Use inclusive language

- Transition from strictly "parent" language to "parent or caregiver." Children without a present parent figure may feel like they do not fit in with their classmates, and the addition of "caregiver" may make children feel understood and allow them to better relate to the material presented.

2. Accommodate technological differences

- Consider technological barriers that may arise in working with older generations, including the increasing number of grandparent-led households that reside below the poverty level for whom access to technology may be more limited.[10] Provide material in multiple formats, such as sending an email and a physical copy, to relay class news. It can also be helpful to ask caregivers their preferences for communication and modify messaging to best accommodate them.

3. Understand and monitor for changes in family structure

- It is important to be prepared for changes in the family structure, in order to create as seamless a transition as possible for the child involved. Create an action plan with the student and his or her caregivers for reporting temporary or long-term changes of custody or changes in the family unit that could result in such.
- Acknowledge that students may reside with family members across more than one household and that families may not communicate across households. In such instances, encourage

Because of the exceptional circumstances of nontraditional families resulting from substance use, impacted children may experience increased transience and more frequent changes in their households than other students. The arrest or release of a parent, a family member's relapse or enrollment in a rehabilitation facility, or a domestic dispute or resolution can all result in temporary or long-term household shifts.

established points of contact in each household where the child may reside.

- Identify ways to increase the ease of record transfer between schools. Minimize the burden for families already burdened by other difficulties. Lessening the difficulty of school transfer can make one part of an overwhelming situation simpler.

Regardless of the challenge, discussing caregiver dynamics from the very beginning allows everyone involved to develop the tools necessary to support children's academic well-being. Beginning these relationships early may also help children and their caregivers more easily access support if they encounter future difficulties. Importantly, educators and school administrators can connect students and caregivers in nontraditional family structures to within-school support systems (e.g., guidance counselors or school social workers) or other social services.

Working With Social Services to Support Children and Caregivers Impacted by SUD

Research suggests that there are 20 times more children living in kinship care outside of the foster system than those living with relatives and involved in the foster system.[11] This implies that the vast majority of children living in nontraditional family structures do not necessarily have direct access to a social worker as a result of their alternative placement, nor the resources provided by one. Even if they are aware of the benefits that formal helping systems provide, nontraditional families may be wary of engaging with social services for fear of losing the children in their care.[12] Approaches that social workers can take to serve these families include the following:

1. Partner with local organizations

- Social workers can partner with local organizations to provide services to families participating in unofficial kinship care (see West Virginia State University's [WVSU] Healthy Grandfamilies Program case study below). Social workers may choose to support nontraditional families impacted by SUDs through volunteer social worker appointments, those allotted time by their employers to assist community programs, or those funded by community programs.

2. Connect families with the assistance they may need to succeed

- Families who are not directly involved in the child welfare system may not be aware of the resources available through the system. Social workers can direct caregivers to these resources, including obtaining access to financial assistance, such as the Temporary Assistance to Needy Families (TANF), the Supplemental Nutrition Assistance Program (SNAP), and Supplemental Security Income (SSI); providing transportation assistance; or connecting to subsidized or voluntary legal guidance.[13]

3. Develop a permanency goal

- Social workers with experience supporting those impacted by SUDs are uniquely prepared to inform caregivers in alternative family structures of the need for and benefit of permanency. This may be eventual reunification of the child with the parent or adoptive or legal guardianship

granted to the nontraditional caregiver. Social workers can guide families in the reunification process or inform caregivers of the logistics involved in making a kinship arrangement permanent and the services available to do so.

Working With Public and Behavioral Health Departments to Support Children and Caregivers Impacted by SUD

Regardless of the support provided by schools and social workers, children in foster or kinship care as a result of a parent's SUD may still experience difficulties. As previously described, children in alternative family structures as a result of parental SUDs may experience a plethora of adverse health outcomes that warrant the need for additional medical support. Studies suggest that as many as 30 to 80 percent of children entering into alternative family structures like foster care enter with at least one physical health problem, 80 percent with a significant mental health need, and 20 percent with a significant dental need.[14] However, these same children may also experience lapses in health insurance and care as a result of their transitioning family structures. Public and behavioral health entities can best partner with children and families impacted by SUD in a variety of ways:

1. Be aware of possible needs

- When encountering children and families impacted by parental SUDs, it is critical that health providers understand the extra stressors that may be experienced. Health providers can proactively provide support services such as subsidized counseling or nutritional guidance. Although these programs alone may not fully meet a patient's needs, they can play a foundational role in striving toward optimal health and establishing the practitioner as active support. If indicators of mental or physical health concerns are present, the practitioner can pursue early testing and treatment.

In 2015, WVSU's Department of Social Work and WVSU's Extension Service partnered to platform the Healthy Grandfamilies Program (WVSU HGP). Ushered by Ms. Bonnie Dunn and Dr. Brenda Wamsley, the WVSU HGP provides free assistance and education to grandparents raising grandchildren in the state of West Virginia. **Importantly, 85 percent of grandparents participating in the WVSU HGP reported that the guardianship of their grandchild was initiated because of a "drug-related problem of an adult child."** The WVSU HGP is a free initiative that consists of facilitated group discussions and access to social workers.

Nine facilitated discussion groups are held to cover topics ranging from nutrition, to navigating complex family relationships, to parenting in an era of social media. Grandparents are also provided with a social worker committee to connect them with community resources and legal services and provide confidential assistance to support their family's unique situation and needs. WVSU's HGP is made possible by funding from the West Virginia State Legislature, grants, and contributions from state health departments. Since its initiation in 2015, the WVSU HGP has spread to all 55 counties in West Virginia and led trainings in Texas, Virginia, and Guam.

Ms. Dunn herself was raised by her grandparents and credits them with her work ethic and her passion to support those in her state who are in need. The WVSU HGP has shown that grandparent-led households can be a successful family structure. The most important thing grandparents can provide to the grandchildren in their care, according to Ms. Dunn, is all the love and security they can garner. States, local communities, and public domains can partner with grandparents to cover the rest.

2. Look out for caregivers

- As with parents, kinship caregivers may be so committed to providing for the children in their care that they neglect their own health. This may be particularly disconcerting when the caregiver is a grandparent or other older adult; they may be especially susceptible to the detrimental health effects that result from stress such as high blood pressure or a weakened immune system. Caregivers, like children, can benefit from proactive efforts of their practitioners.

Partnership and Sustainability

One critical component for success surfaces in each of the domains discussed: partnership. Alternative family structures can provide children with parents impacted with SUD the opportunity to thrive, but they may not be equipped to do so alone. Dedicated community entities and organizations working together, or task forces between community partners, are the key to supporting both caregivers and children in nontraditional families. One such example of this success is WVSU's HGP, developed to address an identified need and created with a focus on partnerships.

Although WVSU's HGP is specific to grandparents with official or unofficial custody of their grandchildren, similar sentiments apply to other nontraditional family structures. The impact of such services is unequivocally invaluable, but their reach is often hindered by the transience of dedicated funding. Communities seeking to ensure sustainability beyond a single grant cycle may consider that a permanent budget allotted to these efforts at the state level may be necessary. Alternatively, state or local governments can consider providing long-term grants to minimize the burden and increase the efficacy of such programming. As with children, the concept of permanency goes a long way in the opportunity for success.

Endnotes

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