



## **Mental, Emotional, and Trauma Disorders Amongst Caregivers and Children in Kinship Care**

Memo in Support of S4692/A4109

Kinship care refers to family members, grandparents, aunts and uncles, siblings, or even family friends who assume the responsibility of raising a child when the child's birth parents are otherwise unable to properly care for the child.<sup>2</sup> Nationally, there are 2.7 million children who are being raised by kinship caregivers, in fact, 3.5% of all children living in the United States live without a birth parent in their home.<sup>1</sup> In New York, there are an estimated 195,000 children being raised by kinship caregivers, most of whom raise children outside of foster care. At the end of 2020, there were 7,444 children in kinship foster care in the state of New York.<sup>13</sup>

There are many reasons children and families find themselves in such a situation. Alcohol and/or drug addiction, physical abuse, sexual abuse, emotional abuse, neglect, death, incarceration, or mental illness are common reasons a child's parent is deemed by themselves, a family member, judge, or caseworker, as being unable to properly care for their child. The reasons children typically end up in kinship care are often traumatic, involving multiple adverse childhood experiences (ACEs).<sup>3</sup> As such, over half of the children involved with the child welfare system or living with kinship caregivers have experienced four or more ACEs.<sup>4</sup>

### **Caregiving Arrangements**

There are many different forms of kinship care. Such arrangements may include private (or informal) kinship care in which the family makes the arrangement, with or without legal recognition of the caregiver via a court order. Kinship foster care, also called public (or formal) care, is when the child is in foster care with a relative who is certified by the local department of social services. Placing children in kinship care instead of foster care with someone who is a stranger to the child reduces the trauma felt by children and gives them the stability of having a family member to care for them. As a result, children in foster care with relatives are more likely to report always feeling loved than children in foster care with non-relatives.<sup>5</sup>

### **The Impact of Trauma**

About 51% of children in the child welfare system have experienced four or more adverse childhood experiences (ACEs). This is in contrast to the general population, in which 13% of children have experienced four or more ACEs.<sup>4</sup> Traumatic events, particularly in childhood or adolescence, can have a lifelong impact on the physical and mental well-being of an individual.<sup>6</sup> Post-traumatic stress disorder, depression, anxiety, and behavioral issues are all common

amongst survivors of trauma. However, other physical health issues can also occur because of traumatic experiences or because of toxic stress, which is prolonged exposure to trauma. Stress increases inflammation in the body, which can lead to cardiovascular problems and autoimmune diseases.<sup>6</sup> Those who experience four or more ACEs are 12 times more likely to suffer from serious diseases in adulthood such as cancer or heart disease.<sup>7</sup> Access to mental health and counseling services helps reduce stress, anxiety, and depression- reducing the physical health effects as well. This is especially important for children because traumatic events during early developmental stages of life can have a greater impact than trauma faced later in life.<sup>6</sup> Kinship caregivers also benefit from these services as trauma is often family-related and thus can impact relative caregivers' well-being as well.

### **The Impact of Covid-19**

Experiencing traumatic events can cause a myriad of health issues both mental and physical. These issues are becoming more commonplace due to the COVID-19 pandemic. Lockdowns force children to stay in homes with abusive parents, and the inability to attend school or other events takes away many opportunities for children to reach out to a trusted adult for help. Children in the child welfare system are much more likely to be survivors of trauma as compared to the general population. Services such as counseling, support groups, and therapy are the most effective ways of healing from trauma. However, these services are often costly, and 44% of children in kinship care live below the federal poverty level.<sup>8</sup>

The average American can expect to pay \$100 to \$200 per therapy session without insurance. For those with insurance, the Affordable Care Act requires that all health plans offer some level of coverage for mental health services; yet it may still be difficult to find a therapist in-network, and there may be copays and other expenses caregivers must pay out of pocket.<sup>11</sup> For those without health insurance, especially because of the inability to afford the cost of coverage, mental health services are often very expensive. Caregivers can receive public benefits in order to support the children in their care, but only 15% of eligible kinship families receive the cash benefits they are eligible for in New York.<sup>9</sup> Thus, providing trauma-related services and support groups at no or low cost to kinship families will help improve the well-being and health of caregivers and children, and improve their quality of life.

Medical and financial services are extremely important to kinship families dealing with trauma, as these give families the support they need to provide stability and permanency for the children in their care. Policymakers can help provide more access to mental health and counseling services for both children in kinship care and their caregivers by enacting the following policy recommendations:

## **Policy Recommendations:**

1. **Provide funding for kinship support programs.** Support groups for kinship families where families may receive social support from one another, education on caregiving, information on resources available to them, and a place to discuss issues they may be facing are an integral part of the kinship service support system. The Legislature provides funding for 14 local kinship case management programs that offer support groups, respite, and other needed services in 25 counties. Increased funding should be appropriated to ensure every kinship child has access to these needed services.
2. **Pass S4692/A4109.** This bill would provide support and services for children who are affected by ACEs. It creates a mechanism for identifying if ACEs are present so children may receive the help they need--enhanced training for mandated reporters on trauma-informed practice, implicit bias, and how to identify abuse in an increasingly virtual society due to the COVID-19 pandemic. This legislation also adds mental health and other supports to those services covered by Child Health Plus. Providing financing now - an estimated \$200,000 will help cover the cost of implementation - will not only aid in preventing and stopping child abuse, it will also ease the heavy economic burden the effects of ACEs impose upon society.
3. **Create an information campaign to inform caregivers of their eligibility for services.** Many kinship families struggle financially, and the cost of trauma-focused and mental health services is often too much to pay out-of-pocket without coverage. Benefits such as Medicaid and public assistance can help cover the cost of medical appointments and transportation, and it is important that caregivers are aware of the benefits available to them.

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### **Consulted and Recommended Sources:**

- (1) Annie E. Casey Foundation Kids Count Data Center. 2014-2016 Current Population Survey Annual Social and Economic Supplement (CPS ASEC). Children in Kinship Care. Estimates represent a three-year average. Accessed February 17, 2021. Retrieved from <http://datacenter.kidscount.org/data/tables/7172-children-in-kinship-care?loc=1&loct=1#detailed/1/any/false/1564/any/14207,14208>
- (2) Generations United calculated this figure based on the following two data sources: Annie E. Casey Foundation Kids Count Data Center. 2014-2016 CPS ASEC. Children in Kinship Care. | United States Census Bureau. 2014-2016 Current Population Survey Annual Social and Economic Supplement (CPS ASEC). Estimates represent a three-year average. Accessed February 17, 2021. Retrieved from <https://www.census.gov/cps/data/>
- (3) A full list of ACEs can be found in the original study: Felitti V. J., Anda, R. F., Nordenberg, D., Williamson, D. F., Spitz, A. M., Edwards, V., ... Marks, J. S. (1998). Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults: the Adverse Childhood Experiences (ACE) study. *American Journal of Preventive Medicine*, 14(4), 245-258. Retrieved from: [http://www.ajpmonline.org/article/S0749-3797\(98\)00017-8/pdf](http://www.ajpmonline.org/article/S0749-3797(98)00017-8/pdf)
- (4) Stambaugh, L.F., Ringeisen, H., Casanueva, C.C., Tueller, S., Smith, K.E., & Dolan, M. (2013). Adverse childhood experiences in National Survey of Child and Adolescent Well-Being (OPRE Report #2013-26). Washington, DC: Office of Planning, Research and Evaluation, Administration for Children and Families,

U.S. Department of Health and Human Services. Accessed February 18, 2021. Retrieved from [https://www.acf.hhs.gov/sites/default/files/opre/aces\\_brief\\_final\\_7\\_23\\_13\\_2.pdf](https://www.acf.hhs.gov/sites/default/files/opre/aces_brief_final_7_23_13_2.pdf) | The ACEs study is an ongoing collaboration between Kaiser Permanente and the U.S. Centers for Disease Control and Prevention (CDC). In this description the phrase “general child population” refers to thousands of adult members of Kaiser Permanente who responded to a retrospective survey.

- (5) Generations United. (2016). Children thrive in grandfamilies.
- (6) “Past Trauma May Haunt Your Future Health.” *Harvard Health*, 12 Feb. 2021, [www.health.harvard.edu/diseases-and-conditions/past-trauma-may-haunt-your-future-health](http://www.health.harvard.edu/diseases-and-conditions/past-trauma-may-haunt-your-future-health).
- (7) Felitti, et al. (1998). The adverse childhood experiences (ACE) study
- (8) US Census Bureau. Families and Living Arrangements. Available at: [www.census.gov/hhes/families/data/cps2012.html](http://www.census.gov/hhes/families/data/cps2012.html). Accessed February 18, 2021
- (9) Beltran, Ana, et al. 2017, *Generations United*, [www.gu.org/app/uploads/2018/05/Grandfamilies-Report-SOGF-2017.pdf](http://www.gu.org/app/uploads/2018/05/Grandfamilies-Report-SOGF-2017.pdf).
- (10) “Help for Kinship Caregivers in All of New York’s 62 Counties.” *New York State Kinship Navigator*, [www.nysnavigator.org/](http://www.nysnavigator.org/).
- (11) Roberts-Grey, Gina. “Therapy Without Insurance: How to Access Affordable Mental Health Services - GoodRx.” *The GoodRx Prescription Savings Blog*, 21 May 2020, [www.goodrx.com/blog/therapy-mental-health-services-without-insurance/](http://www.goodrx.com/blog/therapy-mental-health-services-without-insurance/).
- (12) “GrandsPlace-Grandparents Raising Grandchildren.” *Facebook*, Facebook Groups, [www.facebook.com/groups/113015312049005/](http://www.facebook.com/groups/113015312049005/).
- (13) New York State Office of Children and Family Services, *FFPSA Outcome Monitoring Report*, 2020, <https://ocfs.ny.gov/main/sppd/family-first-data.php>