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EASTERN KENTUCKY UNIVERSITY

Mountain (Grand)Mamas: Grandparents Raising Grandchildren During the Opioid
Epidemic in Appalachia American and Their Portrayal in Media

Honors Thesis

Submitted

in Partial Fulfillment

of the

Requirements of HON 420

Spring 2023

By

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Mountain (Grand)Mamas: Grandparents Raising Grandchildren During the Opioid
Epidemic in Appalachia American and Their Portrayal in Media

Rosemary P. Kelley

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Deep within the hills of Appalachia grandparents are stepping into the familiar role of parenting as many have become the primary caregivers for their grandchildren. These grandparent-headed households (GHHs), a form of kinship care, have increased largely in response to the opioid epidemic that has ravaged the region; children are often left in the care of grandparents as parents experience substance use disorders and, in turn, incarceration. According to the US Census Bureau, over seven million grandparents live with their own grandchildren; over 32 percent of which serve as caregivers and are responsible for these children. The impact of kinship care weighs heavily on children and their caregivers and many often struggle with the financial and mental toll such situations can play on overall wellbeing. They face numerous challenges, including an increased risk of poverty, lack of food security, and social isolation. However, despite these challenges, many grandparent caregivers appreciate and acknowledge the benefits of raising grandchildren. Mass media also has an impact on these caregiver situations, as journalists serve as the gatekeepers of information to audiences and in turn, bear the weight of informing the public of such community issues. By performing a content analysis of several Appalachian news organizations and their coverage of addiction and grandparent-headed households, over a period of six years, alongside personal journalistic written coverage specific to Kentucky and podcast titled “Homestead”, I will

argue the negative impact of Appalachian opioid use on children and the creation of GHHs, and the issue's overarching portrayal in media.

Keywords and phrases: grandparents raising grandchildren, kinship care, opioid epidemic, Appalachia, journalism, content analysis.

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Mountain (Grand) Mamas: Analyzing the Portrayal of Grandparent-Headed Households within Appalachia

Introduction

Deep within the hills of Appalachia, a unique familial constellation has emerged through the formation of grandparent-headed households (GHHs). Over 2 million grandparents are living with and are responsible for their grandchildren (US Census Bureau, 2020) in these “skipped generation” homes where biological parents are not present (Dolbin-MacNab, O’Connell). These households have largely formed as a result of the prescription drug epidemic and increasing substance use in the region (Moody et al.). Alongside other “diseases of despair” including alcohol abuse and suicide, opioid overdose remains a prevalent cause of death for residents within Appalachia and continues to disproportionately impact the region (Meit et al.). Many of the communities within the region turn to substance use as a response to physical labor and chronic pain, as many families have been actively involved in the coal mining industry (Moody et. al.). However, grandparent-headed households also form as a result of parental incarceration, mental illness and death within the family (Hatcher et. al).

Grandparents rearing grandchildren remains one the fastest growing family styles within the region (Hatcher et al.), and occurs both formally and informally. According to the Kentucky Youth Advocates, an advocacy group working to serve as the voice of the state’s children, a majority of the 96,000 children living in kinship care are raised informally (Kinship Care). Nationally, a quarter of children removed from a home by agencies such as the Department of Community Based Services (DCBS) are placed in

kinship care, an area that has grown six times faster than children in general foster care (Jones et. al).

Kinship care plays a role in the mental wellbeing of grandparents and their grandchildren. Compared to the general population, these children are at a greater risk of developing greater physiological difficulties (Smith, Palmieri). In a 2017 study performed by Bramlett and Blumberg, children in these homes were found to be four times more likely to experience issues with behavior, depression and/or anxiety and emotional problems that would require treatment (Bramlett, Blumberg). The impact of parental substance use is also present. Children of parents experiencing substance use disorders have been found to be at increased risk of academic and emotional problems alongside shortfalls in their social skills and overall functioning (Winstanley et. al). Grandparents caring for these children have also been found to be at a greater risk of depression and other health problems (Musil et. al), as the difficult transition from grandparent to parent and resulting changes to their health and relationships is common (Choi et. al). Many grandparents also struggle with navigating the roles of biological parents within a child's life. This relationship can become an added stressor for grandparents, with many "having to choose between being the indulgent grandparent and disciplining parent," (Baker, Silverstein 287). Often, grandparents are torn between feelings of hopefulness of a child's recovery and fears of the potential effects from substance use, as well as anger and disappointment in their inability to care for their children (Dolbin-MacNab, O'Connell).

Grandparents also heavily struggle with financially supporting the children placed in their care. Poverty in these families is common, with 38% of children receiving kinship

care living below the federal poverty threshold, and families are often less likely to be aware of financial resources available to them (Jones et. al).

Kinship Care in Kentucky

According to the Kentucky Youth Advocates, kinship care in the state occurs in two ways, depending on the involvement of the Department of Community Services (DCBS) (Kinship Care in 2019). When the agency is involved in the removal and placement of a child, care is classified as being formal. However, informal care remains the primary caregiving situation for families; of the 96,000 children in Kentucky's kinship system, only 15,000 are a result of DCBS removal. Some families also choose to become a certified foster parent; however, the Cabinet for Health and Family Services (CHFS) retains custody.

Families are eligible to receive financial support through the Kentucky Transitional Assistance Program (KTAP), funded by the federal Temporary Assistance for Needy Families grant (TANF). According to the Kentucky Cabinet for Health and Family Services, the program provides financial assistance to children and the relatives they live with, depending on if certain criteria are met (Kentucky Transitional). The maximum amount for one child to receive in KTAP is \$372; as the number of children in a grandparent's care increases, the maximum payment decreases (KY FACES). Families can also receive a one-time payment through the Relative Placement Support Benefit (RPSB) (Kinship Families). Prior to the utilization of KTAP, however, families received funding through the Kinship Care Program. The program provided families a \$300 per-month per-child stipend, but was ended in 2013 following state budget cuts (Yetter).

Media Content Analysis

By performing a content analysis of print newspapers with an online presence located within the service region of Eastern Kentucky University, I will identify and evaluate themes presented concerning grandparent-headed households and kinship care.

EKU's service region is defined as including 22 counties, including: Bell, Knox, Owsley, Boyle, Laurel, Perry, Casey, Lee, Powell, Clay, Leslie, Pulaski, Estill, Lincoln, Rockcastle, Garrard, McCreary, Wayne, Harlan, Madison, Whitley, Jackson (EKU). Twenty counties within that region are currently publishing newspapers, as newspapers in Rockcastle and Powell counties are no longer in print. According to the Appalachian Regional Commission, all of these counties fall in the Appalachian region and are served by the organization (Appalachian Counties). Articles were gathered from each of these newspaper's websites using search terms of: "grandparent house," "grandchildren," "addiction child," "child care," "child out of home", "kinship care", "KTAP," and "grandparents raising children." Qualitative data, including language and themes, was gathered from 2017 to the present, as a majority of publication websites did not yield results before that date.

Limitations

Twenty-eight articles were gathered from 16 publications and were then evaluated with the goal of identifying recurring themes throughout the written works and factors, such as language, included within them. However, some websites did not yield results because of the publication of print media to digital. In at least one publication, results were not searchable as electronic editions of each print edition were published online

rather than stories individually and required a subscription to view. Paywalls presented themselves as a barrier as well; publications of The Casey County News (Casey County), The Sentinel Echo (Laurel County), and the Richmond Register (Madison County), limited articles were and thus made them inaccessible. Coverage of the topic was also sparse in certain areas; in Garrard, Harlan, Whitley, and Owsley counties, no results on the publication's websites were found using the search terms.

Findings

The evaluation of these sources yielded with it a number of prevalent themes, including the negative impact of the opioid epidemic on both children and grandparents caring for them throughout Appalachia. Articles were found to credit the formation of grandparent-headed households to parental addiction, rather than abuse, neglect or other reasonings. More so, the traumatic nature of kinship care on children involved presented itself as a recurring theme throughout the Kentucky publications explored. Addiction was also presented using medically incorrect terminology.

Numerous articles indicated a correlation between addiction and substance abuse within Appalachia, suggesting that grandchildren were placed in the care of grandparents as a result of substance abuse. In a 2018 article published by The Mountain Advocate, author Tasha Stewart writes that, “...it’s no secret that Knox County has a drug problem.” (Stewart). More so, the county is working towards “eradicating” the problem in efforts that are not often known by the public. Stewart goes on to write: “When police make a drug arrest, children often become displaced in the foster system. Furthermore, a lot of Knox County children are currently being raised by grandparents due to parental drug

use, creating a generational gap,” (Stewart). The article’s primary focus surrounds the drug epidemic in Knox County; however, by including this impact on children, specifically displaced children, it creates a connection between both issues. In an opinion piece written by then-Attorney General Andy Beshear and published in the Interior Journal, he writes, “Our drug epidemic is ripping our families apart. Traveling the state, I have met and mourned with hundreds of parents who have lost a child to an overdose. I have met even more children whose parents have become addicted,” (Beshear). He goes on to describe that seniors have “answered the call,” providing children who have “likely seen their parents repeatedly abuse drugs, fall into addiction, and then possibly abuse or abandon the child who loves them,” (Beshear). Yet again, the formation of grandparent-headed households is related to parental addiction.

Another recurring theme is the traumatic nature of kinship care for children involved and the increasing rates of care, both of which are described as an ongoing crisis. A 2020 article published in the Advocate-Messenger describes a local’s walk across the length of the state as a way to bring awareness “about the ongoing crisis that affects children every day,” (Curd). The article goes on to quote the resident as saying children are “the recipients of all of that trauma, and it’s hard for kids to deal with it,” (Curd), referring to the placement of children in the care of grandparents as a result of a parental addiction.

Hand in hand with this theme is the recurring calls for improvements to the kinship care system. Almost all of the 28 reviewed articles mentioned a continued need for improved services and programs, and numerous articles focused on legislative bills working to do so. These bills included the 2022 House Bill 157 aiming at protecting the

rights of grandparents in relation to grandchildren (Wesley's), and 2019's House Bill 2, which established "the development of supportive services, including, but not limited to, monetary supports, for kinship and fictive kin caregivers who step up to care for a child who is a relative or close family friend," (Foster Care). An article published in The Advocate Messenger calls for such changes by title alone, "Fostering Family, part 1: Need for foster and adoptive parents in Kentucky is great," (Talbot). In a profile published by Madison County's Richmond Register about the appointment of Department of Community Based Services (DCBS) Commissioner Marta Miranda-Straub, Straub promised to "do better" in relation to abuse, neglect and kinship care (Kuhl). Straub went on to say, "I find it unacceptable that we're the number one state for child abuse ... when I know who Kentuckians are," (Kuhl). Overall, it is clear that a need for improved resources is prevalent in these articles.

Terminology of addiction within some of these articles, however, was also found to be medically incorrect. A March 2018 article published by The Advocate Messenger referenced statements made by Kentucky Representative David Meade concerning House Bill 1. The bill passed through the House and aimed to allow the state to pursue termination of the rights of a mother "who won't seek drug treatment within 60 days after giving birth to a drug addicted baby," (The Advocate-Messenger). Another article, published by the Knox County's Mountain Advocate refers to a child as being "born on meth and painkillers," (Stansbury). Although it cannot be denied that drug use can greatly affect a baby in utero, they are not born addicted, but dependent (Dependent, Not Addicted); addiction in and of itself, however, is the behavior surrounding dependency. It

is crucial to make information like this known, clear and accurate is crucial as journalists, and inaccuracies as simple as incorrect terminology can mislead the public.

Conclusion

Kinship in Kentucky remains a complex issue intertwined with the region's culture and issues facing it. Media plays an important role in informing residents of the region of not only personal testimonies of caregivers, but legislative changes that could impact both themselves and their lives while caring for their grandchildren. Falsities in terminology of addiction, for example, can sway the public to misunderstand the condition and thus, its impact on grandparent-headed households.

In these publications, grandparent-headed households and their existence as a result of opioid use in Appalachia is clear. The discussion of these issues as well as the continued coverage of improvements to the kinship care system is prevalent and recurring. Ultimately, these articles indicate the tremendous impact of kinship care in numerous ways. Addiction impacts these caregivers, many of whom are also struggling with the financial and mental burdens of raising grandchildren. More so, children remain at the forefront of the issue, bearing the weight of trauma caused by both parental opioid use and the transition into grandparent care.

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Journalistic Coverage: “Kentucky Families Continue to Struggle in the Navigation of the State’s Kinship Care Program”

Deep within the Appalachian hills of Eastern Kentucky, grandparents are stepping into the familiar, worn-in shoes of parenting as they become the primary caregivers for their grandchildren as a result of the opioid epidemic. Barry Strout is one of these grandparents, and like many, Strout never planned to take his four granddaughters into his care. Today, Strout has permanent custody of four of his grandchildren and is raising them alone.

Strout’s situation, however, is not unique; over 90,000 children in the state of Kentucky and more than 2.6 million nationally are being raised in kinship care. As of 2019, Kentucky had the highest rate of kinship care in the US.

Twelve years ago, Strout received a call from Kentucky’s Department of Community Based Services (DCBS) and by the time the call ended, the future of his four year old granddaughter was in his hands. Her mother, said Strout, had just tested positive for opioid use, while his son, the girl’s father, was incarcerated.

“They asked me if I would watch her over the weekend, that they were gonna take her away from her (mother) and place her with someone in the family,” said Strout.

DCBS officially placed Strout’s granddaughter in his care. The agency waited, giving her mother “time to straighten out,” while the child remained in his custody temporarily, he said. However, within three years, he was granted permanent custody of the child.

Nine years later, DCBS once again made a call to Strout. This time, however, the agency was asking him to not only take one child, but three. His daughter had become involved in substance use and the state was looking for caregivers for her three daughters. Their father, an out-of-state resident, was not actively involved in their lives.

“And then it all started with my daughter, she got reported and I suspect that she was in a situation living with a guy...he was heavily involved, and she was a little bit, but she got more so involved in the situation, you know, with drugs and everything,” said Strout.

Strout didn't hesitate to take them in.

“I didn't want them to be put into the system where, you know, a foster parent was raising them and you didn't know where they were at and how they were being treated,” he said.

Kinship care, said Shannon Moody, the chief officer of strategic initiatives at Kentucky Youth Advocates (KYA), is defined broadly in the state.

“In Kentucky, we use it very generally for kids who are in the care of a relative or close family friend,” said Moody. “This could be due to the state's involvement, so if the Department of Community Based Services has removed a child and placed them with a relative, that's considered kinship care.”

Children are placed in the care of relatives when there are concerns about their safety while in the care of their parents, said Moody. Although other relatives and “fictive kin,” or close family friends, care for children, grandparents continue to serve as the primary caregivers of children in kinship care.

Kinship care in Kentucky occurs both formally and informally, according to the Kinship Families Coalition of Kentucky (KFCK). When there is no state involvement, the care situation is defined as being informal; often, children are “dropped off” at the home of relatives and informal custody arrangements are made within the family, said Moody. Formal care, however, occurs when DCBS is involved with the removal and placement of a child. In these situations, relatives or the agency itself maintains custody. Of the 96,000 children in kinship care in Kentucky, only 15,000 are in formal care due to removal from the home.

Relatives also have the option to become certified foster parents; however, most do not choose to take this route, said Moody, as the state maintains custody rather than the kinship caregivers.

Appalachia’s Drug Crisis

Although children are removed from relative care due to military deployment, death and parental incarceration, substance use is a “very common factor” for kids in kinship care, said Moody.

Over the past two decades, Appalachia has been slammed by the effects of the prescription opioid epidemic. According to the US Department of Justice, the epidemic remains the deadliest drug crisis in American history. The Appalachian Regional Commission reports that in four of the five Appalachian subregions, the percentage of opioid Medicare prescriptions sits above the national average.

Alison Jones Webb, a recovery ally and public health professional, has been actively involved in helping others understand recovery within Appalachia. The region

has experienced a higher level of pain due to decades of heavy labor and a high rate of opioid prescriptions, creating “a perfect storm of pain and prescribers and despair,” said Webb.

With addiction comes misconceptions, said Webb. Although an individual may make the choice to begin using misusing substances, they may be propelled to do so and cannot physically make the choice to quit without assistance. The public is also led to believe that recovery is impossible; however, although it is frustrating and takes time, the evidence is clear: most people recover from addiction, she said.

Addiction leaves behind no innocents, as all people within a substance user’s life are heavily impacted, including their children. Webb, like many within the region, has family members who struggle with substance use disorder and families, upon discovering their relative is using, are thrown into what she describes as a hurricane.

“So the role that the person has in the family certainly affects it, but in all instances, those bonds of trust are broken and people will very often try to avoid the problem. They pretend like it's not, it doesn't exist, or they will try and fix it when it's not a problem that can really be fixed,” she said.

Norma Hatfield’s family has been dramatically altered by the opioid epidemic. Hatfield came to care for her two granddaughters, Kayla and LuJuan, after an 18-month old living alongside them in their mother’s home ingested methamphetamines.

Hatfield, president of the Kentucky Kinship Families Coalition, began working in advocacy following her long-winded fight to receive custody of the two children. In her work, she has found that substance use continues to contribute to the creation of these households.

“It's not apples and oranges, but, you know.... when somebody's home gets completely wiped out from some disaster, all these agencies rush in. Everybody does everything they can to restore as much as possible right to where it was,” said Hatfield. “Now, we have a drug epidemic and the victims in this particular case are the children and the children don't get all the same resources.”

Kentucky's Kinship Care Dilemma

One of the biggest struggles for grandparents raising grandchildren, and all kinship caregivers, is financial support, said Moody.

Legislation in Kentucky has experienced a number of changes in the way it provides financial assistance to kinship care families. Prior to 2013, families caring for children removed from a home by DCBS due to abuse or neglect were eligible for aid through the Kentucky Kinship Care program. Here, caregivers received a \$300 monthly stipend for each child.

However, under then-Governor Steve Beshear's administration, a moratorium was placed on the program in April 2013. Although families already enrolled in the program continued receiving funding, no new families could do so.

Following the change, families were eligible for the Kentucky Transitional Assistance Program (KTAP). However, KTAP differs from its predecessor; according to Moody, funding through the program totals less than a fifth of the estimated annual cost of raising a child. KTAP also requires families to pursue child support payments from biological parents, something that “turns off a lot of grandparents... because their children, they're trying to get back on their feet,” said Moody.

Barry Strout's oldest granddaughter is enrolled in the Kinship Care program while his three youngest receive funds through KTAP. When he took them into care, he soon realized he would have to return to work full-time.

"Now, the new kinship setup, I couldn't get food stamps or anything with any of that because we didn't qualify. I made too much money," said Strout. "Then once I took the other three on, I realized then that I wasn't gonna be able to work part-time."

In her work, Hatfield has found that the struggles faced by Strout are not uncommon. Early on, she encountered an elderly woman in a support group caring for her grandchildren who couldn't afford something as small as a piece of toast at the local Denny's.

"I mean, I remember when I went home, I was angry, I was really angry. How can this be happening in 2014? In America? It just, it just floored me," said Hatfield.

Unlike kinship caregivers, foster care parents receive more funding and resources from the state, said Hatfield, despite kinship care being cheaper. Hatfield recognizes that foster parents are a valuable resource; however, unlike grandparents caring for grandchildren, they receive continued support. This is frustrating for caregivers as many serve the same role, she said.

"If you're a kinship care person, you're dealing with multiple dynamics. One, no planning. And I can't tell you how many caregivers, grandparents, I've talked to, they have lost their homes and their cars, gone bankrupt, because that was just not in their plan, financially or emotionally," said Hatfield.

Some financial improvements lay on the horizon for caregivers. Recently, KTAP funds doubled, the first increase to the program since the 1990s. In 2017, a court decision

ruled that the Kentucky Cabinet for Health and Family Services pay kinship caregivers that are “approved” to care for children the same as licensed foster parents. Following a denial to hear the state’s appeal of the decision by the Supreme Court, the decision now applies to Ohio, Michigan, Tennessee and Kentucky.

However, the ruling does not provide funds for children in informal care situations and families are only eligible if a child had previously been in foster care. This defeats the purpose of keeping children with their families, said Hatfield.

Kinship Care has a Heavy Impact

Outside of the financial burden of raising grandchildren, grandparents carry a heavy burden in other facets of caregiving, said Moody. Many, she said, also struggle to navigate the legal system and make medical decisions for their children. Even trickier, said Moody, families often don’t have the money to consult or hire an attorney to help them navigate the system.

Characteristic of kinship care is the unique nature of relationships with the biological parents, as many still remain present in a child’s life, said Moody. Families can struggle with navigating their new familial relationships.

“That triad relationship is hard because they want to be supportive to the birth parent or protect the kid or both, and they’re trying to figure out, ‘Do I let them have visitation? Do I let them move into my home? How does this work?’” said Moody.

Even heavier weighs the self-doubt and changing nature of caregiving that grandparents bear. Strout, before taking in his grandchildren, had plans to retire and move out of state. However, he found that taking in his oldest granddaughter was more

important to him. Reminding himself of the positive impact he can have on his grandchildren while raising them keeps him going, despite the struggles he faces. Being able to lay a solid foundation for the girls made it easier for him; although he would have willingly given the children back to their parents had they been able to care for them, he recognizes that his grandchildren need him.

“The satisfaction of being able to, to help them and do something and knowing that I'm accomplishing something, you know, it's, it's more satisfying for me,” said Strout.

Many children experience behavior problems as a result of trauma caregivers are often unaware of. The disruption of “the family situation” can also impact a child’s well being, said Moody.

For Hatfield, the trauma has been evident. Before coming into her care, her granddaughters, Kayla and LuJuan, spent time in foster care. This is something the girls are unable to talk about.

“ If it comes up it's just...they just don't want to talk about it. Which is sad, because if they had the system set up in a way where the kids would just go to family, kids wouldn't have that traumatization near as bad,” she said.

Kayla’s transition into her grandmother’s care was easier than LuJuan’s, said Hatfield. She already saw her grandmother’s home as an “alternate home.” However, the traumatic nature of her foster care experience continued to affect her long after being placed in her grandmother’s care.

“For two, for almost two years for Kayla, I couldn't walk her into a classroom and turn around and leave without her breaking down,” said Hatfield. “So she kind of, I don't want to call it a panic attack, but it was, it was an emotional thing.”

Seeking assistance for a child's mental health struggles is another difficulty faced by caregivers; for Hatfield, receiving emergency help for her children through state-provided services was clocked to take six weeks. She didn't have that kind of time. Hatfield chose to pay out of pocket for mental health services for her granddaughters, eventually switching them over to services provided by the state.

What's Next?

The future of kinship care and grandparent-headed households is unclear, but both Hatfield and Moody hope for continued improvements to the system. Of these, Moody sees a need for the development of service for informal caregivers.

“I think what we need to see developed is outside of the child welfare or foster care system, an array of services for families trying to navigate this type of placement in the more informal settings,” said Moody. “So, create support groups for families who are stepping in to support kids when mom and dad are not in a position to do so because of whatever issues...”

Moody would also like to see the formation of other supports in the form of family therapy, support groups and the creation of a “system of care for our relative caregivers and the kids, as well as the birth parents when they're ready to come back in and step up if that's appropriate,” she said.

Hatfield has been actively involved in working to improve Kentucky's kinship care system since she took in her granddaughters. Like Moody, she believes that better communication of services, alongside equality of services compared to foster families is crucial.

Thousands of families in Kentucky and across Appalachia will continue to care for their grandchildren as the region continues to bear the weight of an epidemic unseen and still unresolved, twenty years after it began. Although situations are improving for caregivers, many, like Strout, continue to struggle.

Cracks in the Palace Walls: A Personal Essay

Chapter One.

Rosemary. Gracy. Zoe. A young set of twins, followed by their two-year younger counterpart. Like all little girls, they were bright-eyed, full of laughter and the possibilities a single day held. They loved their pile of Barbies and toys strewn about the house, piled in a corner opposite the queen-sized bed they shared. The second floor was their sanctuary, a palace of pink and glitter away from Mom and Dad. Yet, the cracks in the palace walls formed and spread with the passing of each birthday. Orange-tipped needles hidden in the corner of their bathroom, their parents' glazed-over eyes and the familiar, musty smell of Budweiser.

I was — I *am* Rosemary. Today, I am a junior in college pursuing a degree in journalism, but then I was just a little girl, born to a set of parents no older than I am today.

Denise. An artistic mind, she was a Mom who loved her children, each of them as unique as herself. She played the guitar, crooned songs by Amy Winehouse and Alicia Keys, and took more than what felt like a million photos of her girls.

She was also an addict.

I was eight years old when we returned home from school, backpack full of coloring sheets and permission slips, finding her strewn across the couch cushions. “Mom? Mom! Wake up, please!” the three of us shrieked, shaking and pulling at her limp body. I know now she was heavily abusing substances, and addiction ran in her family; then, I was terrified then that she was dead.

More than once, she forgot to pick us up from school or the bus stop and caught up with us as we trekked the thankfully short-distance home. Even today, I cannot forget the sink full of dishes, when I had no clean clothes, when I didn't have a mother.

Ronnie. Dad was my first best friend; he would hold all three of his little girls in his arms, smiling at their shrieking laughter. He played guitar in a cover band and at the shows we attended, the crowd adored him.

He was also an alcoholic.

He had fist fights with his bandmates, fits of rage fueled by beer. He appears in my memory with a mason jar full of the yellow barley liquid, silhouetted by the light of the television screen in our darkened living room.

His presence appears abusing my Mom, in the bruises she carried along her body. Dad also struggled with his mental health and experienced symptoms that mirrored bipolar disorder, often struggling to manage his anger and depression.

We spent a majority of those first few months as babbling babies in our carseats; Mom was scared of what her husband might do, even if she was present. Not long after I was born, Mom left Gracy and I at home while she attended church with her father, my grandfather. *Kenneth.* She returned after the service to our home, a two-story home in Brodhead, Kentucky, to a spotless house and utter silence. Both of these were out of the ordinary; Ronnie tended to lean into the mess. When she looked to the ceiling, a t-shirt covered in blood hung from the fan. Mom panicked, tracking the blood through the house. She found us sound asleep in their bedroom, still in our carseats and Ronnie passed out.

She didn't go to church anymore.

Chapter Two.

Throughout my childhood, it took a while for me to realize what addiction was and the struggle my parents experienced. The screaming, fighting, crumpled aluminum beer cans, cigarette butts and the foggy look in my parents' eyes. Shuffling through the memories like a worn stack of playing cards, I remember.

On a late spring evening, my parents' shouts filled the night air. Although we never experienced physical violence ourselves, we did often watch it unfold. We were used to it, but the fear never dissipated; as the sun set, tensions flared. Huddled in the corner of our bedroom alongside the Barbies, our uncertainty and terror was almost mirrored in the dolls' blue, painted eyes. Their argument fluttered into the driveway like a plot of loose gravel sitting to the left of the house. We followed.

I found my mother hunched over the air conditioning unit that was adjacent to the small back porch. She clawed at something inside it: an orange-capped needle. At that moment, I understood that my mother wasn't sober. I looked to the driveway, alight with the yellow glow of Dad's headlights. He sat in the driver's seat of his pickup, engine revving, the aroma of Budweiser serving as his cologne. He inched the truck closer to Denise, eventually reaching the air conditioner and pinning her body against it. Her back faced away from the house, unable to see her husband's face.

We screamed, salty tears making streaks in our small, sticky faces. I plead with my father to free my mother.

I don't remember how it ended, but I know we never talked about it again. These events weren't rare, but the next day it was almost as though they didn't happen. The sun rose again, as if it were painting over the horror of the past evening with its wide stroking brush.

Some years later, my parents had separated but each continued to abuse substances. Dad began dating another woman named Heather, and she served as my mother's foil during those years. They both pitted us against the other.

"Do you love her?" Mom would ask us. "I'm your mom, remember that. She can't love you as much as I do."

Once, she asked us if we missed the way things used to be. Of course we did, but what did we really miss? Dad and Heather fought just as hard as Mom and he did, another evil to watch unfold. We missed our Mom, but we missed the idea of a mother, a woman we never really knew, one who didn't need the needles and the bottles of pills scattered throughout the house.

One cool summer evening, Ronnie was upset with his half-brother. Itching for a fight, we all headed out to his house, a small bungalow next door to their mother's in Mt. Vernon. Heather drove my father's truck while he sat in the passenger seat and clutched a mason jar of beer in his hands. The city was familiar to me. The rundown, empty homes made faces at us as we drove by, and worry filled their darkened windows.

Heather turned the vehicle up the hill leading up to my grandmother's home where it sat above a culvert fenced in by silver guardrails. She parked almost instinctively. Ronnie handed his youngest, my sister Zoe, the jar and bolted from his seat,

his fists filled with the need to fight. Heather grabbed at his shirt, and upon realizing he was long gone, she followed.

In her rush, she knocked the truck out of gear and into reverse. My sisters and I remained in the truck's back bench seat as the vehicle began to inch down the hill towards that culvert.

Time slowed as our terror filled the night air. At that moment, I came to terms with whatever our future might be — I didn't want to die, but I realized that it was a possibility. I was nine years old, and I was okay with leaving this world, because what could be worse than this life? This fear, this terror, this sadness?

Chapter Three.

A screech filled the open, cloudless sky. I opened my eyes and looked to my right; the door my father had left open was caught by a wooden telephone pole which seemed to have materialized from nowhere. Moments like these occurred throughout my childhood. They didn't make sense, and often, we brushed the cold presence of death. Something, somewhere was protecting us, making sure we survived.

I took the jar of beer from Zoe as she clamored out of the truck, crying, reeking of the malt barley liquid she had spilled on herself and across the floorboard. Gracy and Zoe ran towards our grandmother, who stood in her front yard watching the scene unfold.

Only a few months later, everything changed. The lives of those three young girls would come to a screeching halt, their light-up sneakers almost burned by the speed in which their futures jackknifed. Uncharted territory and trauma, all three bruised and broken.

Chapter Four.

It was a cold, December evening in 2011. Christmas was close enough to taste it, but tensions remained high. Dad was sipping on the second of his evening beers, and Mom was high from whatever drug she was able to find at the time.

Almost like clockwork, the screaming started.

Huddled together, we were terrified. We could not understand the life we had been given, the parents who did not and could not replicate those we saw on TV. As the bleak, yellow ceiling light shone over us and reflected the tears on our faces, I knew something had to be done. At nine years old, I was my sisters' protector. I had to get my sisters out of that home, and if I couldn't, I would die trying.

A week earlier, Denise's mother had visited us. *Sharon*. She had scribbled her phone number on the back of a paper Disney fan.

"Call if things get bad," she said.

That fan was tacked to our bedroom wall. I don't remember what happened, but I'm told that somehow, I snuck down the staircase, found the phone, and made the call.

"Mamaw, things are bad," I told her.

Sharon struggled with addiction much like her daughter and, knowing that she could do little to help us, she made a call to the one person she could: her ex-husband, my mother's father. Kenneth was now married to Paulette, and lived a county over. He had just taken custody of our cousins, whose parents also struggled with addiction, and Sharon thought he could help intervene. Kenneth made a call to the Kentucky State Police, who arrested Ronnie later that evening.

Chapter Five.

The next morning, we left that house for the last time. Sometimes, I like to look it up on Google Maps; the family that lives there now added a nice tire swing, planted some flowers and a couple trees in the yard. I wonder if they know the trauma that those walls hold.

For the next week, the four of us — Zoe, Gracy, Mom and I — lived in a women's shelter on the outside of Mt. Vernon ran and operated by the Christian Appalachian Project. During those days, I got to be a kid again. All the girls would play together, imagining their prince or their future as a scientist. We took trips to the Kentucky Horse Park and admired the glow of the holiday lights, watched a show at Rentfrow Valley where we made an appearance on stage as children listening to the story of Christmas.

Staff and social workers involved in our case were working behind the scenes, orchestrating what I thought of as a sick joke and on December 22, I got to hear the punchline. Mom had been given two options: enroll the girls in school and continue living at the shelter while you work to get back on your feet, or give custody of the girls to Kenneth.

She chose the latter.

Climbing into his maroon and cream colored pickup, I cried. I pleaded with my mother to let us stay. I begged her to not leave us or let us go, and yet, I watched her figure fade in the distance as we drove away. I watched as I lost my mother.

That night, I laid in a bed with my twin sister in a strange home with grandparents I didn't know, and I wept. I couldn't catch my breath as if my lungs were filled with tears.

Confusion, fear, and uncertainty — I knew these emotions, but they were different this time. I wanted my old life back, something I could not have. In reality, I wanted a life in which my parents loved each other and were willing to fight their addictions for us, and that was an unreachable dream.

Those next days, months, years, were some of the hardest moments of my life.

Chapter Six: Epilogue.

It took almost five years to understand what I had experienced, what we survived. During that time, I came to know my grandparents. I watched them struggle financially and emotionally to raise five children, but when I needed them, they were there. I have struggled with depression and anxiety throughout my childhood and even today, and they supported me through my struggles. I've got to travel and learn and explore the United States on numerous family vacations and I had a wonderful childhood with them.

During that time, I came to an understanding of faith and became a follower of Christ. Something, somewhere ensured that I lived and fought to be where I am today, a higher being orchestrated my path and protected me throughout it. Faith has brought me from the lowest of valleys to the highest of heights; God has never left me or forsaken me, even if I have wandered. I have found my greatest father, something I so desperately needed, in him.

Despite the trauma, the weight of a childhood as heavy as my own, I cannot think of another life I would have been more blessed to have lived. I have found my family, a web of friends and relatives who have fought for me. Today, it's so easy to forget where I come from, the Appalachian hills of Eastern Kentucky; and then, I remember.

I am a child of addiction.

I am a child of abuse.

I am a child of survival, of strength.

I am a child of grit, courage and bravery.

**Worth a Thousand Words: Telling a Kinship Care Family's Story Through
Photography**

Image 1



Denise Kelley (left) pictured with her biological daughter, Zoe. Denise's children, Zoe and two older daughters, twins Rosemary and Gracy, were placed in the care of her father in 2011.

Image 2

Denise's father, Kenneth, looks at an old photograph of his daughter. Denise has long struggled with addiction and substance use and until recently, remained in active rehabilitation. Upon release, she has returned to the home of a previous boyfriend who is actively using substances.

Image 3



Zoe sits in her bedroom in the home of her grandparents turned adoptive parents. She is one of the over 90,000 children in kinship care in Kentucky, many of whom remain in the care of grandparents as a result of parental substance abuse.

Image 4

Kenneth and wife, Paulette, have been married for over twenty years. Collectively, they have 13 children together, five of whom are adopted grandchildren previously placed in their care by the Kentucky Department of Community Based Services (DCBS).

Image 5

Kenneth sits in the kitchen of his family's home. Often, he says, the family struggled to make ends meet while raising five grandchildren, but they received support through their church, Kirksville Baptist, and other community resources.

Image 6

(From left): Paulette, Zoe and Kenneth Kelley sit on their front porch, built by Kenneth himself. Zoe remains the only grandchild living at home and plans to attend Eastern Kentucky University as her sisters, Rosemary and Gracy, finish out their senior year. All three were officially adopted by the couple in 2017.