

# GRANDPARENTS RAISING GRANDCHILDREN IN NEW MEXICO: UNDERSTANDING THE TREND & STEMMING THE TIDE KEY FINDINGS AND RECOMMENDATIONS

The *Grandparents Raising Grandchildren in New Mexico: Understanding the Trend & Stemming the Tide* baseline report offers a guide for understanding the causes and issues behind the growing trend of grandparents raising grandchildren in New Mexico and how stakeholders, including the families affected, can advocate for and best support this population. New Mexico has a long history of grandparents and extended family members raising grandchildren, a very positive aspect of family tradition. What is new is that grandparents have become a broader “safety net” and are increasingly in the position to assume primary care of grandchildren due to birth parents who are unavailable or unwilling to raise their children for a number of factors described in the following *Key Findings and Recommendations*. This is a critical issue with consequences for New Mexican families, communities, and government.

## KEY FINDINGS

1. The number of Grandparents Raising Grandchildren (GRG) continues to increase in New Mexico as well as nationally.
2. Parental involvement is dwindling (Skipped Generation Families).
3. More households with three, even four generations are living under one roof (Three Generation Families, or Extended Family Grandfamilies).
4. Grandfamilies are disproportionately high among Hispanics or Latinos and Native Americans in New Mexico, with Hispanics making up 53% of NM’s GRG; and Native Americans, who are 9% of NM’s population, making up 20% of GRG.
5. Most GRG are living at or below the poverty level.
6. Mixed immigration status families are at higher risk for facing challenges.
7. Native American grandparents raising grandchildren have unique challenges in that they must navigate two legal systems.
8. Root Causes of GRG nationally and statewide include historical trauma caused by slavery, genocide, colonization, systematic oppression, and racism that continues to affect economic, educational, social, and familial structure.
9. Birth parents who are unable or unwilling to care for their children is due to a number of factors: poverty, the parents are youth who need to be cared for themselves, substance abuse, opioid addiction, incarceration, divorce, working multiple jobs, having to travel long distances for work, job loss, military deployment, mental and behavioral health issues, and domestic violence.
10. Ongoing substance abuse is one of the biggest causes of GRG, and research indicates that there will be ever increasing numbers of GRG until substance abuse and the opioid epidemic is systemically addressed and lasting improvements made.
11. U.S. and state policies make it difficult for GRG, including deportation, the War on Drugs, "Three Strikes" laws, as well as challenges navigating the school and healthcare systems, and accessing benefits to which birth parents are entitled, but not grandfamilies.
12. Kinship care outside of foster care saves the U.S. government app. \$4 billion a year, cost savings that could be reinvested to help address this issue.
13. In 2015, 26,241 grandparents in NM were responsible for grandchildren living with them. 60.5% are under age 60; 57% are in the workforce; 21.7% are in poverty; 25.1% have a disability; 28.9% are unmarried.
14. Most GRG are between their 30s and 50s and still working. This issue is causing GRG to work into their 60s and 70s.
15. Skipped Generation Grandfamilies have significantly higher rates of poverty, as well as risks and burdens than do Extended Family Grandfamilies.

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## RECOMMENDATIONS FOR MOVING FORWARD

1. Further identify the correlations specifically between those grandfamilies at greatest risk and health disparities, fueled by root causes, Social Determinants of Health (SDOH) and health behaviors.
2. Require concerted systemic action through a combination of policy, advocacy, and shifts in funding over decades in order to address root causes which represent deeply embedded issues.
3. Connect this work with other policy work being done related to health disparities in New Mexico and in other states.
4. Analyze and address the primary SDOH factors that are most strongly correlated with health disparities (poverty, race and ethnicity, education); develop partnerships with policy initiatives related to a) economic development and wage equity, b) racial and ethnic justice and parity, and c) educational equity and opportunity. Root causes should be analyzed separately to identify key cornerstone issues, models of excellence, and policies that move populations toward equity as well as reduce health disparities.
5. Identify the primary health behaviors in New Mexico that are contributing to the growth of Skipped Generation Families and create greater life challenges. Some of these include:
  - a. *Behavioral Health Risks*: mental health issues, alcohol and drug abuse, opioid addiction. New Mexico's behavioral health risks are significantly higher than national risks.
  - b. *School Dropout Rate*: in the state is higher than the nation's average.
  - c. *Teenage Pregnancy and Young Single Parent Mothers*: are often poorer, have lower wage jobs, and limited opportunities.
  - d. *Criminogenic Factors*: that lead to often multiple incarcerations, include many behavioral health problems, substance abuse, violence, and lack of connection to community.

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