

Supports for Grandfamilies and Other Family Caregiving

Position Statement

Generations United (GU) supports public policies that assist family caregivers of all types in caring for family members. Family-friendly national policies will require eliminating barriers to eligibility and expanding programs to allow greater access, and creating new programs to address the continuing growth in intergenerational caregiving. Special emphasis should be placed on assisting families with low to moderate incomes and limited assets, and other vulnerable populations.

In addition, Generations United supports:

- *Ensuring policies are in place that will help guarantee children and their relative caregivers will fully benefit from the services and protections in the Fostering Connections to Success and Increasing Adoptions Act (P.L. 110-351) and specifically working with the Department of Health and Human Services (HHS) to:*
 - *Issue prompt guidance to states regarding the requirements for implementation of the kinship guardianship assistance program and the requirement that states identify and give notice to relatives.*
 - *Issue a timely request for proposals for the Family Connection Grants so states, tribes, localities, and nonprofits can begin to implement or strengthen Kinship Navigator programs and other programs that will connect children to their relatives.*
 - *Implement a reporting requirement through the Adoption and Foster Care Analysis and Reporting System or other means to help assess the impact of the*

Intergenerational Intersection

Caregiving of many kinds unites the generations. Whether a grandparent is raising a grandchild or an adult child is caring for an aging parent, the wellbeing of two, and sometimes three or more, generations is inextricably linked. The interdependence of family members is also evident during periods of economic insecurity, when they must rely on each other to meet basic needs with diminishing resources. In order for these families to achieve stability and flourish, the needs of both caregivers and those cared for must be considered.

new services and supports for grandfamilies.

- *Issue the required HHS report on the impact of allowing waivers of non-safety licensing standards in a timely manner and follow up on recommendations in that report.*
- *Efforts to keep families and grandfamilies in their homes and assistance to grandparents and other relative caregivers (who own and live in their own homes) to build additional space to accommodate the children who have unexpectedly come into their care.*
- *Expanding and improving federal support for preventive, specialized treatment, and post-permanency services before children enter foster care; while in care; or when they are returned home, placed permanently with relatives, or adopted.*
- *Creating a Permanence Incentive program based on the concept of the Adoption Incentives Program which recognizes two other types of safe and stable permanence*

The closest friends I have made all through life have been people who also grew up close to a loved and living grandmother or grandfather. ~

Margaret Mead

According to the U.S. Census Bureau's 2005 American Community Survey (ACS), there are over 6.7 million children living in grandparent- or other relative-headed households, also known as grandfamilies.

in addition to adoption: guardianship, and reunification with the child's family of origin.

- *Eliminating barriers that keep grandparents and other relative caregivers from enrolling children in school and accessing certain key services for the children in their care such as physical and mental health services; and school services, including special education.*
- *Expanding and improving respite care services for grandparent and other relative caregivers, for example through funding the Lifespan Respite Care Act.*
- *Expanding and improving mental health services for grandparent and other relative caregivers and the children they are raising.*
- *Increased funding for and implementation of the expansion of the National Family Caregiver Support Program (NFCSP) included in the Older Americans Act Amendments of 2006. Changes in this program allow more grandparents raising grandchildren and older adults caring for adult relatives with disabilities to receive assistance through the NFCSP. However, funding must increase proportionally to this expanded group of eligible recipients. Regulations and guidance must be crafted to maximize the effectiveness of this important program.*
- *Maintaining the U.S. Census Bureau's collection of data on children in relative care and grandparents raising grandchildren; and expanding data collection to include information on aunts, uncles, and other non-parent relatives raising children.*

Background Grandparents and Other Relatives Raising Children

Intergenerational family caregiving of all kinds is on the rise. An increasing number of adults are caring for aging parents or other relatives, often while they are raising their

own children. Grandparents and other relatives are helping to help raise their grandchildren, nieces, nephews, and other related children. These family caregivers make tremendous contributions and often, serious sacrifices to keep their families together. If not for their efforts, millions of children and other relatives would be denied the opportunity to remain in stable, loving homes. One study found that children in kinship care are more likely to achieve placement stability than children in the general foster care population.¹

According to the U.S. Census Bureau's 2005 American Community Survey (ACS), there are over 6.7 million children living in grandparent- or other relative-headed households, also known as grandfamilies. Studies show that 23.5 percent (nearly one-fourth) of children in foster care are cared for by relatives, and the vast majority of these children are being raised by grandparents.² This trend, evident in both rural and urban areas, cuts across racial and class lines. Overall, grandparent caregivers are more likely to live in poverty (almost 500,000 live below the poverty level) and to be uninsured than grandparents not raising grandchildren.³ The children in these grandfamilies suffer higher rates of physical, mental, and emotional problems than other children, often due to the same issues that brought them into relative care. The caregivers' own health, regardless of health insurance status, often suffers as a consequence of the strains because of caring for children.

These grandparents and other relative caregivers perform an extraordinary service that allows hundreds of thousands of children to maintain vital ties to their families while simultaneously easing the burden on the public child welfare system. The cost savings – in both human and financial terms – are enormous. Of the approximately 2.1 million children living with grandparents or

other relatives with no parent present, approximately 124,000 are in the foster care system – almost a fourth of the entire system.⁴ The remaining nearly two million are being cared for outside of the system by caregivers who often do not have access to any support services or financial assistance. If even half of these two million children were to enter the formal foster care system, it would cost taxpayers approximately \$6.5 billion dollars each year and would completely overwhelm the system.⁵ The Fostering Connections to Success and Increasing Adoptions Act of 2008 will expand access to the services and financial supports so urgently needed for these families. For more information about grandparents and other relatives raising children, contact GU to obtain our fact sheets.

Statewide Kinship Navigator Programs

Grandfamilies need streamlined information about available programs and services. Statewide kinship navigator programs are toll-free hotlines, help desks, or one-stop-shopping locations that help connect families to benefits programs, local support groups, respite care programs, and other helpful government and nonprofit services. The programs also publish materials and offer helpful websites to share important information. The Fostering Connections to Success and Increasing Adoptions Act of 2008 will guarantee \$5 million in annual funds for grants for kinship navigator programs. This funding will help grandfamilies better use existing programs and provide a centralized mechanism for creating partnerships between government, nonprofit, and community- and faith-based agencies to better serve the needs of these families.

Subsidized Guardianship Programs

The Fostering Connections to Success and Increasing Adoptions Act of 2008 gives



Photo credit: Jaylan A

states the option to use federal Title IV-E funds for kinship guardianship payments for children cared for by relative foster parents who are committed to permanently caring for these children when they leave foster care. The new law allows thousands of children to leave foster care for loving, stable, and permanent homes with relatives. Different states will need to take different actions in order to fully implement the new law and will also need clear and prompt guidance from HHS. GU strongly encourages all states to take advantage of the new federal supports for children in foster care and their relative caregivers; and while guardianship assistance payments are only available to those in foster care, they are an important first step in recognizing the invaluable work of relative caregivers. GU supports additional efforts to support relative caregivers, including those outside the formal foster care system.

Notification of Relatives When a Child is Placed in Foster Care

The new Fostering Connections to Success and Increasing Adoptions Act of 2008 requires agencies to exercise due diligence to notify all grandparents and other adult relatives within 30 days of a child's removal from his or her parents' custody. Some states already have similar requirements; however, in other states and

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sometimes in practice, relatives are often not notified when a child is placed in foster care. Some first learn of a child's placement after the child has been in foster care for several months or years and is moving toward adoption. If relatives step in at this later stage, the child may have already bonded with the foster parent, and the move to relative care could further disrupt the child's life. Requiring notification of adult relatives at the time children are removed from their homes affords opportunities for children to stay with safe family members from the beginning and promotes stability by preventing interruptions at the point of adoption.

Housing and Licensing Standards for Relative Foster Parents

Like families all across America, grandfamilies are finding it difficult to stay in their homes because of the home foreclosure crisis. According to a 2007 report from the Department of Housing and Urban Development, grandfamilies face housing challenges similar to those of single-parent families and families with children who have disabilities.⁶ Grandfamilies who have to leave their current homes may have difficulty finding new ones since many senior residences do not allow children. GU supports efforts to keep families together and in their homes.

Foster parents must be licensed by their state authorities before providing homes to children in foster care. Certain licensing standards for non-relative foster parents, such as requiring a separate bedroom for each child, may not be appropriate for foster parents who are related to the child since they are likely to have knowledge of the child's personal history. Often these licensing standards prevent an otherwise willing relative from caring for the child. GU supports a modification in the licensing



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requirements for relative foster parents which recognizes their special status. This change could help some relatives care for children they would otherwise be unable to care for without the assistance of a foster care maintenance payment. The Fostering Connections to Success and Increasing Adoptions Act of 2008 clarifies that states may waive non-safety licensing standards on a case-by-case basis in order to eliminate barriers to placing children safely with relatives in licensed homes. It also requires the Department of Health and Human Services (HHS) to submit a report to Congress within two years examining state licensing standards, states' use of case-by-case waivers, and the effect of these waivers on children in foster care. GU supports states' robust efforts to examine their licensing standards on a case-by-case basis.

Keeping Families Together

Over the past decade, nearly 1 million children have been identified as abused or neglected each year.⁷ Sadly, this is only the tip of the iceberg. True incidences of maltreatment are estimated to be up to three times higher. The capacity to help even those whose maltreatment is detected is sorely lacking. Of those children whose abuse is reported and substantiated, nearly 40 percent receive no services at all—not foster care, counseling, or family supports.⁸ Those who receive services are often not

adequately supported. When a child has been abused or neglected and cannot remain safely at home, the federal government guarantees federal support for room and board for many of these children in foster care or with adoptive parents and at state option, with relatives who have taken guardianship. The federal government does not guarantee federal support for services to prevent abuse and neglect and to keep children safely with their families and out of foster care in the first place. Even the support for children removed from their homes is insufficient. In 2006, less than half of the children in foster care received federal foster care payments.⁹ Grandparents and other relatives who step in beforehand are often not eligible for support. Relatives caring for children in foster care are often not eligible for support due to licensing and other barriers.

Building on the increased uses of Title IV-E funds allowed in the new Fostering Connections to Success and Adoptions Act of 2008, expanding preventive, specialized treatment and post-permanency services could include investing in prevention and early intervention services that help keep children and families out of crisis; specialized treatment services for those children and families in crisis; services to support families after a crisis has stabilized (including birth families, as well as kinship and adoptive families created when parents are unable to care for their children); enhancing the quality of the workforce providing services to children and families; and improving accountability both for dollars spent and outcomes achieved. Expanding investments in these areas would allow grandparents and other relatives caring for children - whether they step in before the child is removed from his/her parents or when a child is placed in foster care - to access services and supports such as respite care, navigator services,

and/or mental health treatment for themselves and their children.

Permanency Incentives

The Adoption Incentives Program established by the Adoption and Safe Families Act of 1997 and reauthorized for the second time by the Fostering Connections to Success and Increasing Adoptions Act of 2008 provides incentive payments to states that increase the number of adoptions from the public child welfare system. States report they have used their incentive payments to recruit and train adoptive families and provide post-adoption services. The program has yielded significant increases in adoptions since its implementation. Since the program began in 1998, more than 440,000 adoptions from foster care have been finalized.¹⁰ For children in relative care, however, adoption is not always the best option. There are nearly 15,000 children in foster care with relatives for whom a court has determined neither returning to their parents nor adoption is viable.¹¹ For these children, options such as subsidized guardianship may be a more appropriate form of permanency. Building on the work of the Adoption Incentives Program, the creation of a permanence incentive program could include returning to the parents' home or subsidized guardianship as two other types of safe and stable permanence when they are determined to be the best option for children.

Medical Care and Education

While grandfamilies often face a host of financial, housing, legal, and emotional problems, they are ineligible for many of the services to which similarly situated families with biological parents are entitled. Grandfamilies also face a range of special physical and mental health challenges. In addition, the health problems of caregivers and care recipients can affect one another.

Custody requirements, which vary widely by state, are a particular challenge and often ignore the role today's grandparents and other relatives play in raising and nurturing children. For example, it is often difficult for grandparents to obtain medical treatment for grandchildren in their care. Many insurance companies do not allow a grandparent to include a grandchild as a dependent on his/her insurance policy unless that grandparent has adopted the child or has legal custody or guardianship. Many schools do not admit children living with grandparents unless one of the parents is living in the household or the grandparent is the legal guardian.



Photo credit: Jeanette DeVore

From July 1, 2006, Medicaid beneficiaries were at risk of losing their health benefits if they were unable to prove their U.S. citizenship. Although many helpful changes in the requirement were implemented by the Tax Relief and Health Care Act of 2006, onerous identification requirements remain for children who are being raised by relatives with no input from child protective services. Paperwork may be difficult to find and in some states, relatives do not have automatic permission to obtain copies of identification documents. Even when relatives are able to request copies, the process can be time-consuming and relatively expensive. Safeguarding access to Medicaid for those most in need should be a priority.

The reauthorization of the No Child Left Behind Act in 2009, could provide a valuable opportunity to recognize the needs of children being raised in grandfamilies. Reauthorization should emphasize the elimination of barriers that inhibit grandparents and other relative caregivers from promptly enrolling children in school. Furthermore, the reauthorization should

focus on collaboration between grandfamilies and local education agencies, schools, and school districts to ensure that access to additional educational services is readily available. The Fostering Connections to Success and Increasing Adoptions Act of 2008 begins the process of ensuring educational access and stability by requiring states to provide assurances in their Title IV-E state plans that every school-age child in foster care and every school-age child receiving adoption assistance or subsidized guardianship payments are enrolled as full-time elementary or secondary school students or have completed secondary school.

Respite Care

Even caregivers who do not necessarily require substantial financial assistance genuinely need some time away from child care responsibilities to buy groceries, make house repairs, pick up dry cleaning, visit the doctor or dentist, or get needed rest. With one or more young children in the household, these tasks can be extremely difficult to accomplish without some type of episodic relief. Respite care allows caregivers time to attend to matters inside and outside of the home without having to supervise children, take them along to appointments or on errands, or leave them in uncertain or expensive babysitting arrangements.

Respite programs can occur in a variety of settings, including the families' homes, providers' homes, camps, residential facilities, child care centers, recreational facilities, churches, therapeutic child development centers, family resource centers, schools, and senior centers. They are often administered by public or private welfare agencies, mental health agencies, religious institutions, family resource centers, child care centers, aging service providers, or a combination thereof. To this end, GU

supports full funding of the Lifespan Respite Care Act, which authorizes competitive grants to states to make quality respite services available and accessible to family caregivers, regardless of age, disability, or family situation.

Other Family Caregiving

Family caregivers maintain and coordinate care at home for relatives who are elderly, disabled, and chronically or terminally ill. Over 29 million family caregivers provide care for adults (18 years and older) with disabilities or chronic illnesses, with many caregivers holding jobs at the same time.¹² If replaced with paid services, estimates indicate the economic value of informal caregiving would approximate \$257 billion.¹³ Informal caregiving will likely continue to be the largest source of long-term care service in the U.S. for years to come.¹⁴

Though many caregivers feel positive about providing care and appreciated by care recipients, they are more likely to suffer from depression and other mental health problems than people who are not providing such care.¹⁵ Those who care for people with dementia experience even higher levels of depression.¹⁶ Unfortunately, they are often unaware of available support services. A recent study found that 75 percent of caregivers had unmet needs, but only 9 percent used respite services, and only 11 percent of caregivers participated in support groups.¹⁷

The National Family Caregiver Support Program (NFCSP)

In 2006, Congress reauthorized the Older Americans Act, which included the National Family Caregiver Support Program. NFCSP authorized \$125 million in its first year and has slowly increased (to \$187 million in 2011) to fund supportive services

for informal family caregivers providing care to older relatives with serious chronic conditions or disabilities and for older adults caring for adult relatives with disabilities. At state option, 10 percent of funds for the program are available for supportive services to grandparents and other relatives who are age 55 and older and raising children. For more information about the NFCSP, contact GU to obtain a fact sheet or visit www.gu.org.

Child Care

A multi-year Urban Institute project found that 73 percent of children under age three with working mothers have regular child care arrangements, with similar rates of child care for infants and toddlers being used by low-income families.¹⁸ Research shows that high-quality early childhood programs result in better outcomes for children, especially those in low-income families.¹⁹ These low-income families include a substantial portion of grandparent- and other relative-headed families. Additional information and recommendations about child care are found in the Social Supports section of this agenda.

Data Collection

National, state, and district-by-district data on the number of children in relative care are vital to identify and demonstrate the need for ongoing supports for grandfamilies. The U.S. Census Bureau collects information about the number of children in relative care and some demographic and social characteristic data on grandparents raising grandchildren through their decennial Census and the annual American Community Survey. Data compiled in 2008 from the American Community Survey show an increase in the number of grandparents living with children with no parent present in the home. More data on grandfamilies are needed, including information on the numbers and characteristics of other relatives raising children.